

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

December 1-2, 2021

Zoom

<https://zoom.us/j/5886256671>

Meeting ID: 5886256671

Please do not remove the book from the meeting room.



Nevada State Board of Pharmacy

985 DAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521
 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
 E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

Date Posted: November 10, 2021

AMENDED AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday December 1, 2021. The meeting will continue, Thursday, December 2, 2021 at 9:00 am if necessary or until the Board concludes its business. Public access for the meeting is:

Pursuant to Governor Steve Sisolak's Emergency Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or attend at the following location:

Hilton Garden Inn
 7830 S Las Vegas Boulevard
 Las Vegas, NV 89123

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833
 Meeting ID: 588 625 6671

Please Note:

In regulating the practice of pharmacy, the Nevada State Board of Pharmacy has a duty to carry out and enforce the provisions of Nevada law to protect the health, safety and welfare of the public.

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.

The Nevada State Board of Pharmacy 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.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to three minutes per person. You may call into the videoconference by

following the link or calling the phone number listed above. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Public comment may also be submitted to the Board at pharmacy@pharmacy.nv.gov.

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 has rendered a decision in the contested case and, assuming this happens before adjournment, the board or commission may entertain public comment on the proceeding at that time.

1. Call to Order and Roll Call – Establishment of Quorum
2. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

◆ 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.

3. Approval of the October 13-14, 2021 Meeting Minutes (**FOR POSSIBLE ACTION**)
4. 4.1 Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance (**FOR POSSIBLE ACTION**)
 - A. Axonics, Inc. – Irvine, CA
 - B. Karuna Labs, Inc – San Francisco, CA
 - C. LifeNet Health – Virginia Beach, VA
 - D. Lincare Inc. – St. George, UT
 - E. Onestep Med LLC – Plainsboro, NJ
- 4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

Background Check Not Required by Law.

- 4.2.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))
- 4.2.2 Manufacturer (NAC 639.593(7)(d))
 - F. Bausch & Lomb Americas Inc. – Bridgewater, NJ
 - G. Hikma Specialty USA Inc. – Columbus, OH
 - H. Medunik USA, Inc. – Rosemont, PA

- I. Nipro Medical Corporation – Miami, FL
- J. ONY Biotech Inc. – Amherst, NY
- K. Wellstat Therapeutics Corporation – Rockville, MD

4.2.3 Publicly Traded (NAC 639.593(7)(a))

- L. Heron Therapeutics, Inc. – San Diego, CA
- M. Stericycle, Inc. – Warren, OH

4.2.4 VAWD-Accredited (NAC 639.593(7)(c))

4.2.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

4.2.6 Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

- N. Impel NeuroPharma, Inc. – Seattle, WA
- O. Masimo Corporation – Irvine, CA
- P. Novartis Gene Therapies, Inc. – Bannockburn, IL

4.2.6 Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))

4.2.7 Background checks completed in compliance with NRS 639.500. No Disqualifying Events.

- Q. Camber Pharmaceuticals, Inc. – Piscataway, NJ
- R. Dockside Partners, LLC – Scottsville, KY

4.3 Application for Nevada Pharmacy License (NRS 639.230) – Non-appearance
(FOR POSSIBLE ACTION)

4.4 Application for Nevada Compounding Pharmacy License (NRS 639.230) – Non-appearance
(FOR POSSIBLE ACTION)

4.5 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-appearance
(FOR POSSIBLE ACTION)

- S. The Medicine Shoppe – Palm Springs, CA
- T. Roman Health Pharmacy LLC – Boynton Beach, FL

4.6 Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Non-appearance – **(FOR POSSIBLE ACTION)**

- U. Apri Fertility Pharmacy – San Diego, CA

4.7 Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6942) – Non-appearance **(FOR POSSIBLE ACTION)**

◆ REGULAR AGENDA ◆

5. Disciplinary hearings pursuant to NRS 639.247. **(FOR POSSIBLE ACTION)**

- | | |
|--|-----------------|
| A. Nathan Dahl, RPH | (21-069-RPH-N) |
| B. Dahl's Specialty Pharmacy of Carson | (21-069-PH-N) |
| C. Jean-Marie Swaine, APRN | (19-237-CS-B-S) |
| D. Nevada Health Rx, Inc. dba Prax-Rx | (18-043-PH-S) |
| E. Scot Silber, RPH | (18-043-RPH-S) |
| F. Omnicare of Las Vegas | (18-052-PH-S) |
| G. Uri Assa Krutilin, RPH | (18-052-RPH-S) |
| H. Stephen Dubin, MD | (20-020-CS-S) |
| I. James Forsythe, MD, HMD | (19-114-CS-N) |
| J. Kinex Medical Company, LLC | (21-039-MP-S) |
| K. Dana Forte, DO | (18-118-CS-A-S) |
| L. Dominic Etli, APRN | (18-118-CS-B-S) |
| M. Abdel M. Khalek, MD | (19-003-CS-A-S) |
| N. Robert Chancellor, MD | (19-003-CS-B-S) |
| O. Lindsay Hoffman, PA-C | (19-003-CS-C-S) |

6. Appeal hearing pursuant to NRS 639.2895(2) **(FOR POSSIBLE ACTION)**

- | | |
|-------------------------------------|-------------------------|
| A. Vinay Bararia | (19-003-S) |
| B. Sandra Bledsoe, D/B/A VIP Faces | (21-042-S) |
| C. Sandra Bledsoe, D/B/A Revenge MD | (21-042-B-S/21-042-C-S) |

7. Petition for Reconsideration of Denial of Controlled Substance Registration pursuant to NRS 639.139. **(FOR POSSIBLE ACTION)**

Victor Bruce, MD

8. Application for Pharmacist Registration Renewal (NRS 639.127) – Appearance. **(FOR POSSIBLE ACTION)**

- A. David England
- B. Timothy Walsh

9. Applications for Pharmaceutical Technician in Training Registration (NAC 639.242) – Appearance. **(FOR POSSIBLE ACTION)**

- A. Abigail Martinez
- B. Jerissa Williams

10. Application for Pharmacist Registration by Reciprocity (NRS 639.134) – Appearance **(FOR POSSIBLE ACTION)**

- A. Joseph Cherian

- B. Jiten Sidhu
 - C. Jill Smith
 - D. Reed Smith
 - E. Linda Trinh
11. Application for Nevada Pharmacy License (NRS 639.230)
– Appearance (**FOR POSSIBLE ACTION**)

Complete Care Pharmacy – Las Vegas, NV
 12. Application for Nevada Compounding Pharmacy License (NRS 639.230) –
Appearance (**FOR POSSIBLE ACTION**)

First Choice Pharmacy, LLC – Las Vegas, NV
 13. Applications for Out-of-State Pharmacy License (NRS 639.2328) – Appearance (**FOR POSSIBLE ACTION**)
 - A. Amazon Pharmacy #005 - Kent, WA
 - B. Amazon Pharmacy #006 – Indianapolis, IN
 - C. Amazon Pharmacy #007 – Meridian, ID
 - D. Hy-Vee Mail Order – Des Moines, IA
 14. Application for Out-of-State Compounding Pharmacy License (NRS 639.230) –
Appearance – (**FOR POSSIBLE ACTION**)

Superior Compounding Pharmacy – Plymouth, MI
 15. Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Appearance (**FOR POSSIBLE ACTION**)

BioWave Corporation – Norwalk, CT
 16. Applications for Out-of-State Wholesaler License (NRS 639.233)
– Appearance (**FOR POSSIBLE ACTION**)
 - A. Atrium Medical Corporation – Merrimack, NH – Background Check Not Required -
Manufacturer (NAC 639.593(7)(d)) – Disclosure
 - B. Cardinal Health – Roanoke, TX – Background Check Not Required – Publicly Traded
(NAC 639.593(7)(a)) - Disclosure
 - C. Nortru LLC – Detroit, MI – Background Check completed in compliance with NRS
639.500 – No Disqualifying Events - Disclosure
 - D. VGM Group, Inc. – Waterloo, IA – Background Check completed in compliance with
NRS 639.500 – Disqualifying Events – Disclosure
 - E. VGM Group, Inc. – Phoenix, AZ - Background Check completed in compliance with
NRS 639.500 – No Disqualifying Events – Disclosure

- F. VGM Group, Inc. – Nashville, TN – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events - Disclosure
- 17. Applications for Nevada Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)
 - A. The Dentists Supply Company (TDSC) – Reno, NV - Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure
 - B. NDC Homecare, LLC – North Las Vegas, NV – Background Check completed in compliance with NRS 639.500 – Disqualifying Events - Disclosure
- 18. Discussion on audit by Eide Bailly LLP pursuant to NRS 218G.400 for fiscal year ending June 30, 2021.
- 19. Discussion and Possible Action on Adoption of Emergency Regulation pursuant to NRS 233B.0613 to authorize pharmacists and other healthcare professionals to dispense oral medications for the treatment of COVID-19 subject to certain conditions. (**FOR POSSIBLE ACTION**)
- 20. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).
- 21. Executive Secretary Report:
 - A. Financial Report
 - B. Issuance of Temporary Licenses and Registrations
 - C. Change of Address Business List
 - D. Meetings with Other Health Care Regulatory Boards
 - E. COVID-19 Response
 - F. Licensing Software Update
 - G. Licensing Activities Report
 - H. PMP Integration

◆ WORKSHOP ◆

Thursday December 2, 2021 – 9:00 am

- 22. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2) (**FOR POSSIBLE ACTION**):
 - A. **Amendment of Nevada Administrative Code (NAC 639).** The proposed amendments will add a new section to implement the provisions of Assembly Bill 177 requiring the Board to adopt regulations that establish requirements for certain pharmacies to provide certain information regarding a prescription in English and another language upon the request of a prescribing practitioner, a patient or an authorized representative of a patient.

- B. **Amendment of Nevada Administrative Code (NAC) 639.360.** The proposed amendment to NAC 639.360 will allow an accredited school or college of pharmacy located in Nevada to offer a course of continuing education, along with the designated number of units of continuing education, without submission to the Board for approval.

◆ PUBLIC HEARING ◆

Thursday December 2, 2021 – 9:00 am

23. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2)
(FOR POSSIBLE ACTION):

- A. **Amendment of Nevada Administrative Code (NAC) 453.510: Schedule I.** The proposed amendment to NAC 453.510 will add certain benzodiazepines and fentanyl related substances to the controlled substances listed in Schedule 1.
(LCB File R023-21)

- B. **Amendment of Nevada Administrative Code (NAC) 639:** The proposed amendments impose limitations concerning the dispensing, selling, supplying, furnishing and administration of certain compounded drugs; requiring outsourcing facilities to establish policies and procedures.
(LCB File R002-21)

24. Date and Location of Next Scheduled Board Meeting:

January 12-13, 2022 – Las Vegas, NV

25. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

26. Adjournment

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, 985 Damonte Ranch Parkway, Suite 206, Reno, NV, 89521, or call Kristopher Mangosing at (775) 850-1440, as soon as possible.

Supporting materials or additional information regarding the meeting may be obtained from Shirley Hunting at (775) 850-1440, email shunting@pharmacy.nv.gov or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521.

No Continuing Education credit, will be given for attending this Board meeting.

This notice has been posted at www.notice.nv.gov and www.bop.nv.gov pursuant to Governor's Declaration of Emergency Directive 006.

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MINUTES

October 13-14, 2021

BOARD MEETING

Pursuant to Governor Steve Sisolak's Emergency Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
Las Vegas, NV 89123

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Board Members Present:

Helen Park	Jade Jacobo	Krystal Freitas	Gener Tejero
Wayne Mitchell	Rolf Zakariassen	Richard Tomasso	

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Joe Dodge	Dena McClish	Sophia Long
Courtney Lee	Darlene Nases	Leo Basch	Ken Scheuber
Monica Segedy	Sophia Long	Luis Curras	Peter Keegan

President Park read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Yenh Long stated that this Board Meeting is being held over Zoom and is in compliance with the Governor's directive and Open Meeting Laws for Nevada.

1. Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. All Board members were present except Richard Tomasso and a quorum was established.

2. Public Comment October 13 2021, 9:00 AM

Roger Morris, Registered Pharmacist and Attorney for Quarles & Brady, commented that he wants to follow up on whether Nevada law requires any pharmacist compounding or dispensing any prescription for a patient in Nevada to be registered with the Board. He would like the Board to amend their opinion request to the Attorney General Office to provide context so that a good interpretation of the law is provided.

Liz McMenamin from the Retail Association of Nevada commented that she supports Mr. Morris comments and would like this item added to the December Board Meeting.

David Webb, Retired Pharmacist and OB-GYN, commented that he would like to work with Board members on the language for SB190 which relates to the dispensing of self-administered hormonal contraceptives.

◆ CONSENT AGENDA ◆

3. Approval of the August 31 – September 2, 2021 Meeting Minutes (**FOR POSSIBLE ACTION**)

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the August 31 – September 2, 2021 Meeting Minutes.

Second: Wayne Mitchell

Action: Passed unanimously.

4. 4.1 Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance (**FOR POSSIBLE ACTION**)

- A. ABF/ ROMCare Health Services, LLC – Sunset Hills, MO
- B. Access Closure, Inc. – Santa Clara, CA
- C. Biom'Up USA, Inc. – New York, NY
- D. Elevate Pharmacy – Leon Valley, TX
- E. Exact Sciences Corporation – Maidson, WI
- F. Koya Medical Inc. – Oakland, CA
- G. Livongo Health Inc. – Mountain View, CA
- H. Medivators Inc. – Minneapolis, MN
- I. NDC Homecare LLC – LaVergne, TN

- J. Penumbra Headquarters – Alameda, CA
- K. Somnics Health – Redwood City, CA
- L. Summit Services & Supplies LLC – Kemmerer, WY

4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

Background Check Not Required by Law.

4.2.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))

4.2.2 Manufacturer (NAC 639.593(7)(d))

- M. Abraxis BioScience, LLC – Phoenix, AZ
- N. Akorn, Inc. – Decatur, IL
- O. Cipla Therapeutics, Inc. – Warren, NJ
- P. Datascope Corp. – Mahwah, NJ
- Q. Getinge USA Sales, LLC – Wayne, NJ
- R. Medexus Pharma, Inc. – Chicago, IL
- S. Kartha Pharmaceuticals, Inc. – Matthews, NC
- T. Ossur Americas, Inc. – West Deptford, NJ
- U. Organon LLC – Jersey City, NJ
- V. Provepharm, Inc. – Collegeville, PA
- W. Radha Pharmaceuticals Inc. – Hauppauge, NY
- X. Sun Pharmaceutical Industries, Inc. – Cranbury, NJ
- Y. ZyVet Animal Health Inc. – Pennington, NJ

4.2.3 Publicly Traded (NAC 639.593(7)(a))

4.2.4 VAWD-Accredited (NAC 639.593(7)(c))

- Z. Akorn, Inc. – Gurnee, IL
- AA. UPS Supply Chain Solutions, Inc. – Moreno Valley, CA
- BB. Wellgistics LLC – Lakeland, FL

4.2.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

- CC. Vertical Pharmaceuticals, LLC – Sayreville, NJ

4.2.6 Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

- DD. Jazz Pharmaceuticals, Inc. – Palo Alto, CA
- EE. Phatham Pharmaceuticals, Inc. – Florham Park, NJ

4.2.6 Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))

4.2.7 **Background checks completed in compliance with NRS 639.500. No Disqualifying Events.**

FF. PMW, Inc. – West Valley City, UT

4.3 Application for Nevada Pharmacy License (NRS 639.230) – Non-appearance
(FOR POSSIBLE ACTION)

GG. Smith's Pharmacy #331 – Henderson, NV

HH. Well Care Apothecary, LLC – Reno, NV

4.4 Application for Nevada Compounding Pharmacy License (NRS 639.230) – Non-appearance
(FOR POSSIBLE ACTION)

II. Northern Nevada Sierra Medical Center Pharmacy – Reno, NV

4.5 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-appearance
(FOR POSSIBLE ACTION)

JJ. Coastline Pharmacy LLC – Jupiter, FL

KK. Covetrus Pharmacy Services, LLC – Fort Worth, TX

LL. Prescription Mart – Beaumont, TX

MM. Roman Health Pharmacy LLC – Grand Prairie, TX

NN. Walgreens Central Fil #21372 – Tolleson, AZ

4.6 Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Non-appearance – **(FOR POSSIBLE ACTION)**

OO. Medsync Pharmacy – Boise, ID

PP. Mixlab, Inc. – Los Angeles, CA

4.7 Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6942) – Non-appearance **(FOR POSSIBLE ACTION)**

QQ. Dia-Foot - Las Vegas, NV

Yenh Long, Deputy Secretary of the Nevada Board of Pharmacy, commented that Item 4QQ will be removed from the Consent Agenda. Also, Item 4HH has several Designated Representatives (DR) provided, but a DR is not required as the pharmacy is owned by a pharmacist.

Krystal Freitas recused herself from Item 4II due to her employment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda excluding Item 4II and 4QQ.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda Item 4II.

Second: Wayne Mitchell

Action: Passed unanimously (Freitas recused).

Richard Tomasso joined the meeting at 9:13 AM.

◆ REGULAR AGENDA ◆

5. Disciplinary hearings pursuant to NRS 639.247. **(FOR POSSIBLE ACTION)**

A. Walmart Stores Inc. (20-226-PH-N)

Cheryl O'Connor and Kimberly Frazier appeared as counsel representing Walmart Stores Inc.

Brett Kandt, Nevada Board of Pharmacy Counsel, made an opening statement noting that the Board on September 4 entered an order upholding a citation and fine against American Buffalo Xpress for engaging in the business of receiving, storing and delivering prescription drugs for Walmart, Inc., from Sacramento, CA, to pharmacies located in Nevada. American Buffalo Xpress is not licensed to engage in business as an authorized warehouse in Nevada.

Mr. Kandt presented a proposed stipulation and order on pages 1592-1595.

Walmart Stores Inc., License Nos. PH02899, PH02072, PH02112, PH01660, PH01026, PH00816, stipulates to the following penalties: 1) public reprimand 2) a fine of \$2,000 per named pharmacy; for a total of \$12,000 3) \$500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 4) respondent represents and warrants that it will take all reasonable corrective action necessary to ensure that Walmart Inc. contracts with and/or utilizes wholesalers and authorized warehouse licensed to engage in business in Nevada to deliver prescription drugs to their pharmacies in Nevada.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the proposed stipulation and order for Walmart Stores Inc.

Second: Wayne Mitchell

Action: Passed unanimously.

C. Robert Webb, PA

(18-115-CS-S)

Kathleen Janssen appeared as counsel representing Robert Webb, PA.

Mr. Webb was not present for the hearing.

Mr. Kandt made an opening statement on the charges that Mr. Webb permitted unauthorized persons to act under his authority to operate CIMA Medical Center and/or Modern Wellness Clinic and to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs

Mr. Kandt presented a proposed stipulation and order on pages 1629-1634.

Robert Webb, Certificate of Registration Nos. CS00063 and CS19994, stipulates to the following penalties: the registrations are suspended, the suspensions are stayed and Mr. Webb is placed on probation for two years subject to the following penalties: 1) public reprimand; 2) a fine of \$5,000; 3) \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 4) respondent establish policies and procedures within his practice; 5) respondent shall not dispense controlled substances and dangerous drugs without first obtaining a dispensing practitioner registration form the Board; and 5) respondent shall have no new charges filed against him while on probation.

The Board questioned Ms. Jassen on how Mr. Webb minimized his scope of work, his work relationship with his son, and his practice.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed stipulation and order for Robert Webb.

Second: Rolf Zakariassen

Action: Passed unanimously.

G. Sassan Kaveh, MD

(21-051-CS-N)

Melanie Thomas appeared as counsel representing Sassan Kaveh, MD.

Dr. Kaveh appeared and was sworn in by President Park prior to answering questions and testimony.

Mr. Kandt made an opening statement on the charges that Dr. Kaveh re-dispensed unused medication.

Mr. Kandt presented a proposed stipulation and order on pages 1686-1690.

Dr. Kaveh, Certificate of Registration No. CS08877, stipulates to the following penalties: 1) public reprimand; 2) a fine of \$3,000; 3) \$1,500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 4) respondent establish policies and procedures within in his practice; and 5) respondent shall comply with all federal and state laws regarding controlled substances and dangerous drugs.

The Board questioned Dr. Kaveh regarding if illegal dispensing is a common practice at his office and assurances that he will not do this again.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed stipulation and order Sassan Kaveh.

Second: Wayne Mitchell

Action: Passed unanimously.

D. Akindele E. Kolade, MD

(19-237-CS-A-S)

E. Jean-Marie Swaine, APRN

(19-237-CS-B-S)

F. Nnenna A. Olubajo, APRN

(19-237-CS-C-S)

Bridget Kelly appeared as counsel representing Akindele Kolade, MD.

Dr. Kolade was not present for the hearing.

Kevin Murphy appeared as counsel representing Nnenna Olubajo, APRN.

Ms. Olubajo was not present for the hearing.

Jean-Marie Swaine failed to appear for the hearing.

Mr. Kandt made an opening statement on the charges that Dr. Kolade pre-signed prescriptions and/or provided a signature stamp to Respondents Swain and Olubajo to unlawfully issue controlled substance prescriptions under Kolade's name and credentials while Kolade was engaged in overseas travel, and that Olubajo prescribed controlled substances prior to being registered to do so.

Mr. Kandt presented a proposed stipulation and order for Dr. Kolade on pages 1653-1657.

Dr. Kolade, Certificate of Registration No. CS21917, stipulates to the following penalties: the registration is suspended; the suspension is stayed and Dr. Kolade is placed on probation for two years subject to the following penalties: 1) public reprimand; 2) a fine of \$5,000; 3) \$2,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 4) respondent shall comply with all federal and state laws regarding controlled substances and dangerous drugs, and 5) respondent shall have no new charges filed against him by the Board while on probation.

Ms. Kelly requested clarification on if the fourth cause of action can be dismissed on the basis that Dr. Kolade did have a bona fide therapeutic relationship with his patients.

Board discussion ensued.

Gener Tejero and Richard Tomasso would like to come back to this item after hearing Olubajo's and Swaine's agenda item.

President Park agreed.

Mr. Kandt presented a proposed stipulation and order for Ms. Olubajo with hard copies provided to the Board.

The first, second and third causes of action are dismissed. Ms. Olubajo, Certificate of Registration No. CS27850, stipulates to the following penalties: 1) public reprimand; 2) a fine of \$1,000; and 3) \$500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the proposed stipulation and order for Nnenna Olubajo.

Second: Jade Jacobo

Action: Passed unanimously.

The Board returned to agenda item 5D for Dr. Kolade and Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed stipulation and order for Akindede Kolade.

Second: Richard Tomasso

Action: Passed unanimously.

The Board returned to agenda item 5E for Jean-Marie Swaine and continued the hearing to a future Board Meeting.

B. Kimberly Astorino

(18-051-RPH-S)

Kevin Murphy appeared as counsel on behalf of Ms. Kimberly Astorino, RPH.

Ms. Astorino was not present for the hearing.

Jade Jacobo disclosed that she is friends with Ms. Astorino but stated that she could participate in this matter fairly and without bias.

Mr. Kandt made an opening statement on the charges that Ms. Astorino directed a pharmaceutical technician to reconstitute medication for a prescription with an open and partially consumed bottle of drinking water.

Mr. Kandt presented a proposed stipulation and order with hard copies provided to the Board.

Ms. Astorino, Certificate of Registration No. 11536, stipulates to the following penalties: 1) public reprimand; 2) a fine of \$1,000 3) \$500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 4) shall complete two additional continuing education (CE) hours on supervising pharmaceutical technicians and two additional CEs on non-sterile compounding that include medication reconstitution.

Mr. Murphy commented that Ms. Astorino disputes the claims, but she will take responsibility as she was responsible for supervising the pharmaceutical technician.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the proposed stipulation and order for Kimberly Astorino.

Second: Jade Jacobo

Action: Passed unanimously.

P. Ghayda Alrass, RPH

(21-065-RPH-N)

Persi Mishel appeared as counsel on behalf of Ghayda Alrass.

Ghayda Alrass appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Mishel presented a motion to suppress evidence of Ms. Alrass July 19th statement.

Mr. Kandt argued that Ms. Alrass has made no showing of unfair prejudice or presented evidence that she was not competent when she provided her statement to Board staff.

President Park denied the motion to suppress the evidence.

Mr. Mishel requested the sequestration of witnesses. President Park ordered the witnesses to be sequestered.

Mr. Kandt called Jennifer Hall, Raley's Pharmacy Regional Manager, as a witness. Ms. Hall appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt examined Ms. Hall on documents bate-stamped 0001-0004 and requested that they be entered into evidence as Exhibit A.

Mr. Mishel objected.

President Park overruled Mr. Mishel's objection and admitted pages 0001-0004 into evidence as Exhibit A.

Mr. Kandt examined Ms. Hall on documents bate-stamped 0011-0017 and requested that they be entered into evidence as Exhibit B.

President Park admitted pages 0011-0017 into evidence as Exhibit B.

Mr. Kandt examined Ms. Hall on documents bate-stamped 0018-0022 and requested that they be entered into evidence as Exhibit C.

President Park admitted pages 0018-0022 into evidence as Exhibit C.

Mr. Kandt examined Ms. Hall on a document bate-stamped 0023 and requested that it be entered into evidence as Exhibit D.

President Park admitted page 0023 into evidence as Exhibit D.

Mr. Kandt examined Ms. Hall on documents bate-stamped 0024-0028 and requested that they be entered into evidence as Exhibit E.

President Park admitted pages 0024-0028 into evidence as Exhibit E.

Mr. Kandt examined Ms. Hall on documents bate-stamped 0029-0042 and requested that they be entered into evidence as Exhibit F.

President Park admitted pages 0029-0042 into evidence as Exhibit F.

Mr. Kandt examined Ms. Hall on Raley's surveillance video of Ms. Alrass in the pharmacy diverting drugs and requested that the video be entered into evidence as Exhibit G.

President Park admitted the video into evidence as Exhibit G.

Mr. Kandt examined Ms. Hall regarding the Raley's investigation and the supporting documentation provided.

Mr. Mishel cross-examined Ms. Hall on if she saw Ms. Alrass divert drugs personally and if she worked on certain dates that he provided.

The Board questioned Ms. Hall.

Mr. Kandt called Rajdeep Bhanver, Raley's Regional Pharmacy Supervisor, as a witness. Ms. Bhanver appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt examined Ms. Bhanver regarding the Raley's investigation and the video previously admitted as Exhibit G.

Mr. Mishel cross-examined Ms. Bhanver.

The Board questioned Ms. Bhanver.

Mr. Kandt called Joseph Scurry, Raley's Asset Protection, as a witness. Mr. Scurry appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt examined Mr. Scurry about investigating Ms. Alrass and pages 0018-0022 previously into evidence as Exhibit C.

Mr. Mishel cross-examined Mr. Scurry.

Mr. Kandt called Monica Segedy, Nevada Board of Pharmacy Investigator, as a witness. Ms. Segedy appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt examined Ms. Segedy on documents date-stamped 0005-0010 and requested that they be entered into evidence as Exhibit H.

President Park admitted pages 0005-0010 into evidence as Exhibit H.

Mr. Mishel cross-examined Ms. Segedy on if Ms. Alrass commented that she was on medication, if Ms. Alrass was threatened with suspension of her license if she did not do the written statement, and if Ms. Alrass showed dissatisfaction for Raley's.

Mr. Kandt called Dave Jones, Nevada Board of Pharmacy Compliance Coordinator, as a witness. Mr. Jones appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt examined Mr. Jones on pages 0005-0010 previously entered into evidence as Exhibit H.

Mr. Mishel called Ms. Alrass as a witness and examined her on a list of medications that she was on at the time she signed the statements on pages 0005-007 previously entered into evidence as Exhibit H.

Mr. Kandt objected that it was not clear what documents Mr. Mishel is referring to.

The hearing was recessed so the documents could be identified.

Mr. Mishel requested that pages 1748-1755 of the Board Book be entered into evidence as Exhibit I, and that Ms. Alrass' Statement on pages 1728-1730 be entered into evidence as Exhibit J. Mr. Kandt had no objection.

President Park admitted pages 1748-1755 of the Board Book into evidence as Exhibit I and pages 1728-1730 as Exhibit J.

Mr. Mishel continued to question Ms. Alrass on if she had a rebuttal for these allegations, why she takes medicine, and the video previously entered into evidence as Exhibit G.

Mr. Kandt cross-examined Ms. Alrass on Exhibit G.

The Board questioned Ms. Alrass.

Mr. Kandt requested that the Board move to make findings of fact consistent with paragraphs 1-5 of the Notice of Intended Action and Accusation.

Board Action:

Motion: Jade Jacobo moved to make findings of fact consistent with paragraphs 1-5 of the Notice of Intended Action and Accusation.

Second: Rolf Zakariassen

Board discussion ensued.

Aye: Park, Jacobo, Freitas, Tomasso, Zakariassen, Mitchell

Nay: Tejero

Action: Motion carries.

Mr. Kandt requested that the Board make conclusions of law consistent with paragraphs 6-13 and find respondent guilty of all five causes of action as set forth in paragraphs 14-18 of the Notice of Intended Action and Accusation.

Board Action:

Motion: Wayne Mitchell moved to make conclusions of law consistent with paragraphs 6-18 of the Notice of Intended Action and Accusation.

Second: Jade Jacobo

Board discussion ensued.

Action: Passed unanimously.

Mr. Kandt provided documentation of attorney's fees and costs totaling \$4,649.00 and requested that it be entered into evidence as Exhibit K. Mr. Mishel had no objection.

President Park admitted the documentation of attorney's fees and costs into evidence as Exhibit K.

Mr. Kandt proposed the following penalties for Ms. Alrass: 1) respondent's Certificate of Registration No. 13706 be revoked effective immediately; 2) respondent may not work in any facility licensed by the Board of Pharmacy until she petitions for reinstatement; 3) respondent may not petition for reinstatement for a period of two years; 4) respondent pay a fine of \$5,000; and 5) respondent pay \$4,649.00 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Mr. Mishel objected to the proposed discipline as not reasonable and recommends suspension rather than a revocation of Ms. Alrass' registration.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to revoke Ms. Alrass' Certificate of Registration No. 13706 effective immediately; 2) respondent may not work in any facility licensed by the Board until she petitions for reinstatement; 3) respondent may not petition for reinstatement for a period of two years and if she does petition must appear before the Board; 4) respondent pay a fine of \$5,000 within 60 days; and 5) respondent pay \$4,649.00 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter within 60 days.

Second: Rolf Zakariassen

Action: Passed unanimously.

X. Trinity Pharmacy	(19-240-PH-S)
Y. Ma Lourdes Jauregui, RPH	(19-240-RPH-S)

Lyn Beggs appeared as counsel on behalf of Trinity Pharmacy.

Francis Flaherty appeared as counsel on behalf of Ms. Ma Lourdes Jauregui.

Ma Lourdes Jauregui (Registered Pharmacist), Mark Hui (Operations Manager), and Jo Ann Bhatia (Owner) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee, Nevada Board of Pharmacy Counsel, provided background on appearance regarding an annual Board inspection done on September 4, 2019. Board Inspector found unsigned faxed prescriptions for schedule II controlled substances. A total of forty-two controlled substance schedule II (CII) prescriptions were dispensed without a valid practitioners' handwritten signature, and none of the prescriptions meet the legal requirements to qualify as dispensing CII's by oral authorization in an emergency.

Ms. Lee presented a proposed Stipulation and Order for Trinity Pharmacy on pages 1873-1879.

Trinity Pharmacy, License No. PH03287, stipulates to the following penalties: 1) public reprimand; 2) pay a fine of \$8,400 for the violations; 3) \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 4) quarterly inspections for one year at Trinity's expense.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Trinity Pharmacy as presented by Ms. Lee.

Second: Jade Jacobo

Action: Passed unanimously.

Ms. Lee presented a proposed Stipulation Order for Ms. Lourdes Jauregui on pages 1893-1899.

Ms. Jauregui, Certificate of Registration No. 17035 was placed on probation for one (1) year and stipulates to the following penalties: 1) public reprimand; 2) pay a fine of \$4,200 for the violations; 3) \$500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 4) respondent completes an additional four hours of CE's within 90 days of this Order regarding controlled substance prescriptions; and 5) shall comply with all federal and state laws regarding controlled substances and dangerous drugs, and have no new charges filed against her by the Board while on probation. Upon completion, Ms. Jauregui's Certificate of Registration No. 17035 will be fully restored.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Ma Lourdes Jauregui as presented by Ms. Lee.

Second: Jade Jacobo

Action: Passed unanimously.

DD. Lin's Supermarket, Inc.	(18-028-PH-S)(20-063-PH-S)(21-107-PH-S)
EE. Katila Pipitone, RPh	(18-028-RPH-A-S)(20-063-RPH-S)
FF. Timothy Johnson, RPh	(18-028-RPH-B-S) (21-107-RPH-S)

William Stilling appeared as counsel on behalf of Lin's Supermarket, Katila Pipitone, RPh, and Timothy Johnson, RPh.

Chris Sheard (Operations Manager), Katila Pipitone (Managing Pharmacist), and Timothy Johnson (Staff Pharmacist) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Gener Tejero disclosed that he has a business relationship with Mr. Stilling but stated that he could participate in this matter fairly and without bias.

Ms. Lee provided background on case number 18-028 where Ms. Pipitone and Mr. Johnson failed to timely report loss of controlled substances and failed to accurately keep records of controlled substances maintained and dispensed.

Ms. Lee presented a proposed Stipulation and Order on pages 1976-1979 for Lin's Supermarket, Katilla Pipitone, and Timothy Johnson for case number 18-028. The Stipulation was modified by the Board.

Ms. Pipitone, Certificate of Registration No. 18500, stipulates to the following penalties: 1) pay a fine of \$2,000 for the violations; and 2) \$500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Mr. Johnson, Certificate of Registration No. 19232, stipulates to the following penalties: 1) pay a fine of \$2,000 for the violations; and 2) \$500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Lin's Pharmacy, License No. PH01395, stipulates to the following penalties: 1) pay a fine of \$5,000 for the violations; 2) \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 3) produce policies and procedures that require checking each bulk prescription against prescriptions listed in the computer screen within 30 days of the Order.

The Stipulation was modified to dismiss case number 20-063.

Ms. Lee provided background on case number 21-107 where Mr. Johnson mistakenly dispensed a controlled substance to the incorrect patient with the same last name.

Ms. Lee presented a proposed Stipulation and Order on pages 1976-1979 for Mr. Johnson and Lin's Pharmacy for case number 21-107.

Lin's Pharmacy, License No. PH01395 placed on probation for one (1) year, and stipulates to the following penalties: 1) pay a fine of \$5,000 for the violations; 2) \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 3) quarterly inspections for one year at Lin's expense; and 4) produce policies and procedures that require checking each bulk prescription against prescriptions listed in the computer screen within 30 days of the Order. Upon successful completion of probation, Lin's pharmacy license PH01395 will be fully restored.

Mr. Johnson, Certificate of Registration No. 19232 placed on probation for one (1) year, and stipulates to the following penalties: 1) pay a fine of \$2,000 violations; 2) \$500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 3) Respondent shall comply with all federal and state laws regarding controlled substances and dangerous drugs, and have no new charges filed against him by the Board while on probation. Upon successful completion of probation, Mr. Johnson's Certificate of Registration No. 19232 will be fully restored.

Board discussion ensued.

Jade Jacobo commented that she would like case number 20-063 dismissed.
For the best interest of her patient, she would do the same actions as Ms. Pipitone.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order as presented by Ms. Lee with the removal of any paragraphs related to case number 20-063. Also, Ms. Pipitone probation is removed from the record.

Second: Wayne Mitchell

Action: Passed unanimously.

T. David Howard Babit, PT (21-098-PT-S)

David Babit failed to appear.

Mr. Kandt made an opening statement on the charges that Mr. Babit was convicted on two felony counts of coercion and enticement of a minor to engage in sexual activity in violation of 21 U.S.C. § 2422(b).

Mr. Kandt called Shirley Hunting, Ken Scheuber, and Kristopher Mangosing from the Nevada Board of Pharmacy as witnesses.

Ms. Hunting, Mr. Scheuber, and Mr. Mangosing were sworn in by President Park prior to answering questions and offering testimony on attempted service of the Notice of Intended Action and Accusation, Statement to Respondent and Notice of Hearing on Mr. Babit by personal service and by certified mail, return receipt requested, addressed to the Respondent at his last address of record.

Mr. Kandt requested Mr. Scheuber's written statement on the attempted service of Mr. Babit be entered into evidence as Exhibit A.

President Park admitted the statement into evidence as Exhibit A.

Mr. Kandt requested Mr. Babit's 21-day notice of appearance letter be entered into evidence as Exhibit B.

President Park admitted the notice into evidence as Exhibit B.

Mr. Kandt submitted that Mr. Babit was given sufficient legal notice of the hearing and that the allegations may be accepted as true.

Mr. Kandt requested Mr. Babit's plea agreement be entered into evidence as Exhibit C and his notice of suspension into evidence as Exhibit D.

President Park admitted the documents into evidence as Exhibit C and D.

Mr. Kandt requested that the Board make findings of fact consistent with paragraphs 1-3 of the Notice of Intended Action and Accusation and that Mr. Babit was given sufficient legal notice of the hearing.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to make findings of fact consistent with paragraphs 1-3 of the Notice of Intended Action and Accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt requested that the Board make conclusions of law consistent with paragraphs 4-8 of the Notice of Intended Action and Accusation.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to make conclusions of law consistent with paragraphs 4-8 of the Notice of Intended Action and Accusation.

Second: Rolf Zakariassen

Action: Passed unanimously.

Mr. Kandt proposed the following penalties for Mr. Babit: 1) respondent's Certificate of Registration No. PT10272 be revoked effective immediately; 2) respondent may not work in any facility licensed by the Board until he petitions for reinstatement; 3) respondent may not petition for reinstatement for a period of one year and if he does petition must appear before the Board.

Board discussion ensued regarding the penalties being too lenient.

Board Action:

Motion: Jade Jacobo moved to revoke Mr. Babit's: Certificate of Registration No. PT10272; respondent may not work in any facility licensed by the Board until

he petitions for reinstatement; and respondent may not petition for reinstatement for a period of ten years and if he does petition must appear before the Board.

Second: Richard Tomasso

Action: Passed unanimously.

CC. Salvador Borromeo

(20-210-CS-A-S)

Larry Weinstein was retained counsel on behalf of Salvador Borromeo but did not appear at the hearing.

Dr. Borromeo was not present for the hearing.

Ms. Lee provided background on case regarding Dr. Borromeo unlawfully prescribed controlled substances and dangerous drugs without a bona fide therapeutic relationship with four patients. In addition, Mr. Borromeo permitted MaryAnne Phillips, anesthesiologist/pain management doctor, and Tammy Hankins, physician's assistant, to possess, administer, furnish or dispense controlled substances without a valid certificate of registration.

Ms. Lee presented a proposed Stipulation and Order on pages 1958-1961.

Dr. Borromeo, Certificate of Registration No. CS09487 placed on probation for two (2) years and stipulates to the following penalties: 1) public reprimand; 2) pay a fine of \$5,000 for the violations; 3) \$2,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 4) complete 4 hours of CE's regarding proper prescribing of controlled substances and dangerous drugs to be completed within 90 days of this Order; and 5) shall comply with all federal and state laws regarding controlled substances and dangerous drugs, and have no new charges filed against him by the Board while on probation. Upon completion, Dr. Borromeo's Certificate of Registration No. CS09487 will be fully restored.

Jade Jacobo was excused from this meeting at 4:40 PM.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Salvador Borromeo as presented by Ms. Lee.

Second: Krystal Freitas

Action: Passed unanimously.

Jade Jacobo returned to the meeting at 4:42 PM.

6. Appeal hearing pursuant to NRS 639.2895(2) (**FOR POSSIBLE ACTION**)

Aircare SMRT, LLC

(20-062-S)

Neil McKay, Owner, and Beatrice Erni, Corporate Secretary, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on Mr. McKay's appeal hearing regarding unlicensed practice. Aircare SMRT had a temporary license beginning in July or August 2020. Mr. McKay admitted to unlicensed activity prior to receiving a temporary license.

Mr. McKay provided his appeal before the Board. He commented that he should not be fined because the unlicensed activity only occurred for about a month.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to uphold the cite and fine for Aircare SMRT, LLC.

Second: Richard Tomasso

Action: Passed unanimously.

14. Applications for Out-of-State Wholesaler License (NRS 639.233)
– Appearance (**FOR POSSIBLE ACTION**)

E. VGM Group, Inc. – Waterloo, IA – Background Check completed in compliance with NRS 639.500 – Disqualifying Events – Disclosure

F. VGM Group, Inc. – Phoenix, AZ - Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure

G. VGM Group, Inc. – Nashville, TN – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure

These matters were continued to a future Board Meeting.

5. Disciplinary hearings pursuant to NRS 639.247. (**FOR POSSIBLE ACTION**)

- | | |
|---------------------------|-----------------|
| H. Alyssa Cocjin | (20-109-TD-N) |
| I. Sowjanya Reganti, MD | (20-109-CS-A-N) |
| J. Vodur Suresh Reddy, MD | (20-109-CS-B-N) |
| K. Emily Guerard, MD | (20-109-CS-C-N) |
| L. Santhosh Ambika, MD | (20-109-CS-D-N) |
| M. Tejvir Singh, MD | (20-109-CS-E-N) |

N.	Aaron Bowman, MD	(20-109-CS-F-N)
O.	Juan Cattoni, MD	(20-109-CS-G-N)
Q.	Kord T. Strebel, MD	(19-053-CS-S)
R.	Thomas E Strebel, RPH	(19-053-RPH-S)
S.	James Forsythe, MD	(19-144-CS-N)
U.	Nathan Dahl, RPH	(21-069-RPH-N)
V.	Dahl's Specialty Pharmacy of Carson	(21-069-PH-N)
W.	Stephen Dubin, MD	(20-020-CS-S)
Z.	Nevada Health RX, Inc. D/B/A Prax-Rx	(18-043-PH-S)
AA.	Scot Silber, RPH	(18-043-RPH-S)
BB.	Chad Hall, DO	(21-108-CS-S)

These matters were continued to a future Board Meeting.

Public Comment October 13 2021, 5:00 PM

Michelle Huntsman from King and Spalding Law wanted to confirm when Agenda Item 10B will be addressed.

Dave Wuest, Executive Secretary of the Nevada Board of Pharmacy, commented that it will be addressed on October 14 after 1:30 PM.

Board Members Present:

Helen Park	Jade Jacobo	Krystal Freitas	Gener Tejero
Wayne Mitchell	Rolf Zakariassen		

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Joe Dodge	Dena McClish	Sophia Long
Courtney Lee	Darlene Nases	Leo Basch	Ken Scheuber
Luis Curras	Darla Zarley	Christian Schonlau	Peter Keegan

President Park read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Dave Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Governor's directive and Open Meeting Laws for Nevada.

Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. All Board members were present except Richard Tomasso and a quorum was established.

Joe Dodge, Nevada Board of Pharmacy Staff, read the proclamation from Governor Sisolak into the record. Governor Sisolak announced that October 2021 is Pharmacist Month in Nevada.

Public Comment October 14 2021, 9:00 AM

Liz McMenamin from the Retail Association of Nevada appreciates the proclamation from Governor Sisolak being read into the record. She applauds all pharmacists and the work that they have done.

◆ PUBLIC HEARING ◆

Thursday October 14, 2021 – 9:00 am

21. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2)
(FOR POSSIBLE ACTION):

- A. Amendment of Nevada Administrative Code (NAC) 639.220 Schedule of fees; penalty for late renewal; exemptions from certain fees.** The proposed amendment to NAC 639.220 will provide medical interns and residents reduced fees to prescribe or possess controlled substances and to biennially renew such authorization.
(LCB File No. R003-21)

Ms. Long provided background information on the proposed amendment.

President Park opened public comment.

There was no public comment for the proposed amendment.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed language for Amendment of Nevada Administrative Code (NAC) 639.220 Schedule of fees; penalty for late renewal; exemptions from certain fees.

Second: President Park

Action: Passed unanimously.

- B. Amendment Of Nevada Administrative Code (NAC) Chapter 453: Prescription Monitoring Program Integration.** The proposed amendments will regulate the integration of the records of patients in the database of the computerized program established pursuant to [NRS 453.162](#) with the electronic health records of practitioners.
(LCB File No. R008-21)

Brett Kandt provided background information on the proposed amendment.

Board staff would like Section 5 of the proposed amendment to be removed.

President Park opened public comment.

Liz McMenamin from the Retail Association of Nevada is not in favor of the removal of section 5 and wants to know why it should be removed from the language.

Mr. Kandt commented that Nevada Law does not allow the Prescription Monitoring Program (PMP) be used as public data. If section 5 is kept in the proposed amendment, the PMP might be downloaded for an unauthorized purpose.

Mr. Wuest clarified that section 5 is not being removed, but it was never in the original language. It is new language.

Darla Zarley, Nevada Board of Pharmacy Staff, commented that this is to protect people's personal information.

Ms. McMenamin commented that she feels comfortable with language after explanation from Board staff.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed language for Amendment of Nevada Administrative Code (NAC) Chapter 453: Prescription Monitoring Program Integration with the exclusion of section 5.

Second: Krystal Freitas

Action: Passed unanimously.

- C. Amendment of Nevada Administrative Code (NAC) 453.540: Schedule IV.** The proposed amendment to NAC 453.540 will add lemborexant and remimazolam, to the list of controlled substances listed in Schedule IV.
(LCB File No. R024-21)

Ms. Long provided background information on the proposed amendment.

President Park opened public comment.

There was no public comment for the proposed amendment.

Board Action:

Motion: Krystal Freitas moved to adopt the proposed language for Amendment of Nevada Administrative Code (NAC) 453.540: Schedule IV.

Second: Rolf Zakariassen

Action: Passed unanimously.

17. Request to Engage in the Practice of Pharmacy at a Site Other than a Licensed Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

Sandra Schroeder

Ms. Schroeder provided background on request and is asking for the Board's approval to engage in the practice of pharmacy at a site other than a licensed pharmacy.

The Board questioned Ms. Schroeder on what company she works for and what they do.

Ms. Schroeder answered questions to the Board's satisfaction.

Mr. Wuest provided clarification of Ms. Schroeder's request to Board.

Board Action:

Motion: Jade Jacobo moved to approve Sandra Schroeder's request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Second: Wayne Mitchell

Action: Passed unanimously.

11. Applications for Out-of-State Pharmacy License (NRS 639.2328) – Appearance **(FOR POSSIBLE ACTION)**

A. Humana Pharmacy, Inc. – Tampa, FL

Roger Morris from Quarrels & Brady appeared as counsel on behalf of Humana Pharmacy.

Melissa Meyers, Managing Pharmacist, and William Clark, Pharmacy Professional Practice, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan, Nevada Board of Pharmacy Counsel, provided background on application and their disciplinary actions relating to filling prescriptions without sufficient documentation or approval and improper licensing issues.

Mr. Clark clarified that these disclosures occurred prior to the change of ownership of the pharmacy. The pharmacy is under new management and has a different quality compliance team to ensure that they are compliant.

The Board questioned Humana Pharmacy on the products that they are shipping into Nevada and if they have other pharmacies that are licensed with the Board.

Mr. Clark and Mr. Morris answered questions to the Board's satisfaction.

Board Action:

Motion: Krystal Freitas moved to approve Humana's out-of-state pharmacy license.

Second: Gener Tejero

Action: Passed unanimously.

B. Pyramids Infusion Center – Webster, TX

Rawad Nasr, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization for Mr. Nasr to speak on behalf of the company.

Mr. Dodge provided background on application and asked if they would like to remove the affidavit stating that they will not ship sterile products into Nevada.

Mr. Nasr confirmed that he would like the affidavit removed as it was a clerical error.

The Board questioned Mr. Nasr on what type of products that they are shipping into Nevada, their business model, Mr. Nasr's experience with sterile compounding, how many people they currently service, and who are they accredited with.

Mr. Nasr answered questions to the Board's satisfaction.

Mr. Dodge provided Pyramids Infusion Center's inspection results from 2019.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Pyramids Infusion Center out-of-state pharmacy license pending Letter of Authorization.

Second: Gener Tejero

Action: Passed unanimously.

C. Revival Animal Health – Orange City, IA

Lori Sheehan, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization for Ms. Sheehan to speak on behalf of the company.

Mr. Keegan provided background on application for a change of ownership and their disclosures regarding not properly notifying the Board of a Pharmacist in Charge (PIC) change in a timely manner.

The Board questioned Ms. Sheehan regarding what services they provide, how do they plan to get business, what processes are in place to ensure timely notification of changes, and who they are shipping to.

Ms. Sheehan answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve change of ownership for Revival Animal Health out-of-state pharmacy license pending Letter of Authorization.

Second: Gener Tejero

Action: Passed unanimously.

12. Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**

A. MedQuest Pharmacy, Inc. – North Salt Lake, UT

Jeffrey Bray, Chief Executive Officer, and Hali O'Malley, Vice President of Pharmacy and Compliance, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Dodge provided background on application regarding a change in ownership.

The Board questioned Mr. Bray regarding any operational changes, services that the company provides, and information regarding last inspection.

Mr. Bray answered questions to the Board's satisfaction.

Mr. Dodge provided background regarding MedQuest Pharmacy's disciplinary actions relating to a license lapsing, not being properly licensed, and not timely notifying Board of a change, and not properly record keeping.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve change of ownership for out-of-state compounding pharmacy license for MedQuest Pharmacy, Inc.

Second: Rolf Zakariassen.

Action: Passed unanimously.

B. Optum Infusion Services 500, Inc. – Irwindale, CA

Jade Jacobo recused herself due to her employment.

Yatin Patel, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization for Mr. Patel to speak on behalf of the company.

Mr. Dodge provided background on the application.

The Board questioned Mr. Patel regarding his work history, the business model of the company, Mr. Patel's background as a pharmacist, how they ship the products, and the results of their last inspection.

Mr. Patel answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve out-of-state compounding pharmacy license for Optum Infusion Service 500, Inc. pending Letter of Authorization.

Second: Wayne Mitchell

Action: Passed unanimously (Jacobo recused).

C. Tailor Made Compounding – Nicholasville, KY

Ross Jordan, Owner, and Blake McCleod, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Dodge provided background on application regarding a change in ownership.

The Board questioned Tailor Made Compounding on any operation changes, background on their disclosure, results of their Board inspection, their business model, and information about the ownership change.

Mr. McCleod and Mr. Jordan answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve change of ownership for out-of-state compounding pharmacy license for Tailor Made Compounding.

Second: Krystal Freitas

Action: Passed unanimously.

14. Applications for Out-of-State Wholesaler License (NRS 639.233)
– Appearance (**FOR POSSIBLE ACTION**)

- A. Hikma Specialty USA Inc. – Columbus, OH – Background Check Not Required – Manufacturer (NAC 639.593(7)(d)) – Disclosure

This matter was continued to a future Board Meeting.

- B. Medline Industries, Inc. – Greyslake, IL – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure
- C. Medline Industries, Inc. – Southaven, MS – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure

Tommy Roberts, Senior Director of Operations for Pharmacy Practice and Operations, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt provided background on application.

Mr. Kandt clarified that Medline Industries appeared previously with no new disclosures. Their appearance is just to request approval to move locations.

The Board questioned Mr. Roberts about why they are moving locations and any changes that they need to know.

Mr. Roberts answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state wholesaler license for Medline Industries Inc. for Greyslake, IL and Southaven, MS.

Second: Krystal Freitas

Action: Passed unanimously.

D. The Compounding Center – Phoenix, AZ – Background Check completed in compliance with NRS 639.500 – Disqualifying Events – Disclosure

Joel Gomez, President, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Keegan provided background on application and disclosure regarding a DUI for Mr. Gomez.

The Board questioned Mr. Gomez about the business model, what veterinarians they plan to work with, and what services they provide.

Mr. Gomez answered questions to the Board's satisfaction.

Board discussion ensued.

Krystal Freitas was excused from the meeting at 11:05 AM.

Board Action:

Motion: Jade Jacobo moved to approve change of ownership for out-of-state wholesaler license for The Compounding Center.

Second: Rolf Zakariassen

Action: Passed unanimously (No Freitas).

15. Application for Out-of-State Outsourcing Facility (NRS 639.100) – Appearance
(FOR POSSIBLE ACTION)

STAQ Pharma, Inc. – Denver, CO

Joe Bagan (Chief Executive Officer), Jeff Hval (Chief Pharmacy Officer), and Emily Reyes (Supervising Pharmacist) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Dodge provided background on application.

The Board questioned STAQ Pharma on their business model, the products that they plan to ship into Nevada, Ms. Reyes background with sterile compounding, and their process for sterile compounding.

Ms. Bagan and Ms. Reyes answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Rolf Zakarissen moved to approve out-of-state outsourcing facility license for STAQ Pharma, Inc.

Second: Jade Jacobo

Action: Passed unanimously.

9. Applications for Controlled Substance Registration – Appearance (**FOR POSSIBLE ACTION**)

Orlandis Wells

Gener Tejero recused himself from this matter as he knows Mr. Wells personally.

Orlandis Wells appeared and was sworn in by President Park prior to answering questions and offering testimony.

Rachael Stewart appeared as counsel on behalf of Mr. Wells.

Mr. Kandt provided background on disclosure regarding an accusation where Mr. Wells failed to comply with Federal requirements related to controlled substances, and Mr. Wells voluntarily surrendered his DEA registration.

Ms. Stewart commented that no disposition has been set yet as the hearing keeps getting pushed back.

Mr. Wells is requesting the Board to approve his controlled substance license with limitations.

The Board is not comfortable approving a registration when the case is still pending.

Board discussion ensued.

President Park offered Mr. Wells the option to table his application.

President Park tabled application on Mr. Wells request.

10. Application for Nevada Pharmacy License (NRS 639.230)
– Appearance (**FOR POSSIBLE ACTION**)

B. Comprehensive Digestive Surgicenter, LLC – Las Vegas, NV

Michelle Huntsman appeared as counsel on behalf of Comprehensive Digestive Surgicenter.

Rose Millero, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Keegan provided background on application for a change in ownership. He presented disclosures listed on page 2218 of the Board Book. The litigation for the physicians' relates to an inappropriate referral by a doctor for a mass, complications of an endoscopic ultrasound, failure to provide proper medicine to a patient, and failure to properly diagnose cancer in a patient.

Ms. Huntsman commented that the authorized person for this application has changed to Kathy King, and the updated documentation was sent to the Board.

The Board questioned Ms. Millero on her work experience, relationship with the company, how often she will visit the location, and the policy for single use items.

Ms. Millero answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve change of ownership for Comprehensive Digestive Surgicenter, LLC.

Second: Rolf Zakariassen

Action: Passed unanimously.

20. Executive Secretary Report:

A. Financial Report

Christian Schonlau, Chief Financial Officer, presented the financial report to the Board's satisfaction.

- B. Issuance of Temporary Licenses and Registrations
- C. Change of Address Business List
- D. Meetings with Other Health Care Regulatory Boards
- E. COVID-19 Response
- F. Licensing Software Update
- G. Licensing Activities Report
- H. PMP Integration

Mr. Wuest provided Executive Secretary Report to the Board's satisfaction.

Board discussion ensued.

- 19. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).

Mr. Kandt had no items to report for the General Counsel Report.

- 7. Applications for Pharmaceutical Technician in Training Registration (NAC 639.242) – Appearance. **(FOR POSSIBLE ACTION)**

- A. Christina Fidel

The applicant withdrew her application.

- B. Pagan Silveira

Pagan Silveira appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on application and disclosures regarding an assault charge, child neglect, and drug paraphernalia.

The Board questioned Ms. Silveira on why she wants to be a pharmaceutical technician, the details of the child neglect, if she still drinks and smokes, any recent issues with law enforcement, and her work history.

Ms. Silveira answered questions to the Board's satisfaction.

Board discussion ensued on if an evaluation is needed for Ms. Silveira.

Board Action:

Motion: Jade Jacobo moved to approve pharmaceutical technician in training registration pending a positive evaluation for substance use disorder.

Second: Wayne Mitchell

Action: Passed unanimously.

C. David Tilsen

No representative was present on behalf of David Tilsen.

10. Application for Nevada Pharmacy License (NRS 639.230)
– Appearance (**FOR POSSIBLE ACTION**)

A. Complete Care Pharmacy – Las Vegas, NV

Parag Choksi, Regional Director for Pharmacy Operations for ReCept Pharmacy, and Basil Blake, Owner, appeared and was sworn in by President Park prior to answering questions and offering testimony.

The Board questioned Mr. Blake on why he wants to open a pharmacy and what 340B means.

The Board expressed concerns about the pharmacy model, and Mr. Blake's lack of pharmacy experience.

President Park offered the option to table the application to gather more information and to have the Managing Pharmacist appear in a future meeting.

Mr. Blake and Mr. Choksi agreed to table application.

President Park tabled application at Complete Care Pharmacy's request.

C. First Choice Pharmacy, LLC – Las Vegas, NV

James Beckstrom appeared as counsel on behalf of First Choice Pharmacy.

Anja Palazova, Managing Pharmacist, and Hamid Djam, Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

The Board questioned Mr. Djam on why he wants to open a pharmacy, how he met Ms. Palazova, if the pharmacy will take insurance, and if the pharmacy has policies and procedures in place.

Mr. Djam answered questions to the Board's satisfaction.

The Board questioned Ms. Palazova on her work experience and if she is familiar with Nevada law.

Ms. Palazova answered Board's questions.

Ms. Long commented to Ms. Palazova that Board approval is needed if she engages in the practice of pharmacy at a site other than a licensed pharmacy. She requested Ms. Palazova to contact Board staff to get everything compliant.

Board discussion ensued about the qualifications of the managing pharmacist and designated representative.

President Park asked Mr. Djam if he would like to table the application to get the designated representative corrected.

Mr. Djam agreed to table application.

President Park tabled application at First Choice Pharmacy's request.

D. Greenbay Specialty Pharmacy – Las Vegas, NV

Jade Jacobo disclosed that she is friends with Jose Ferran but stated that she could participate in this matter fairly and without bias.

Kardam Panjabi, Pharmaceutical Operations Analyst, and Jose Ferran, Managing Pharmacist appeared and were sworn in by President Park prior to answering questions and offering testimony.

The Board questioned Mr. Ferran on when he completed his Order, what his current role at the pharmacy is, why he is not able to do sterile compounding, and what assurances he can provide to ensure that he will not repeat his past mistakes.

The Board questioned Mr. Panjabi on his current role and if he will have keys to the pharmacy.

Mr. Ferran and Mr. Panjabi answered questions to the Board's satisfaction.

Board discussion ensued and commented that they would like to speak to the owner.

Parag Patel appeared and was sworn in by President Park prior to answering questions and offering testimony.

The Board questioned Mr. Patel on the business model, how he knows Mr. Panjabi, if he plans to move to Las Vegas, and where he currently works.

Mr. Patel answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve pharmacy license for Las Vegas Community Pharmacy pending favorable inspection and quarterly inspections for one year at the company's expense.

Second: Rolf Zakariassen

Action: Passed unanimously.

E. Las Vegas Community Pharmacy – Las Vegas, NV

Krishna Patel, Owner, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that the Managing Pharmacist was a student at Roseman University but stated that she could participate in this matter fairly and without bias.

The Board questioned Ms. Patel on the business model, why she is not listed as the Managing Pharmacist, if the pharmacy has policies and procedures in place, and what software does will the pharmacy use.

Ms. Patel answered questions to the Board's satisfaction.

Rithy Khim, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

The Board questioned Mr. Khim on his work experience, his current responsibilities, and the compliance measures in place.

Mr. Khim answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve pharmacy license for Las Vegas Community Pharmacy pending favorable inspection and quarterly inspections for one year at the company's expense.

Second: Krystal Freitas

Action: Passed unanimously.

16. Application for Recovery Center License- Appearance **(FOR POSSIBLE ACTION)**

Parkway Recovery Care Center, LLC – Henderson, NV

Scott Weiss (Administrator), Mary Gear (Managing Pharmacist), Brandon Dabu (Clinical Director), and Jena Midgette (Clinical Administrator) appeared and were sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she knows Ms. Gear through her employer but stated that she could participate in this matter fairly and without bias.

Mr. Kandt provided background on application for a change of ownership.

The Board asked questions on the business model and what type of services that they will provide.

Ms. Gear answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve change of ownership for Parkway Recovery Care Center.

Second: Jade Jacobo

Action: Passed unanimously.

10. Application for Nevada Pharmacy License (NRS 639.230)

F. TMS Pharmacy LLC – Las Vegas, NV

Tansin Shanan, Owner and Registered Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on application.

The Board questioned Mr. Shanan on why he wants to open a pharmacy, the business model, his business partner, how they are marketing the business, and his work experience.

Mr. Shanan answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve pharmacy license for TMS Pharmacy LLC.

Second: Wayne Mitchell

Action: Passed unanimously.

13. Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6942) – Appearance (**FOR POSSIBLE ACTION**)

A. NDC Homecare LLC – North Las Vegas, NV

This matter was continued to a future Board Meeting.

B. Orthopedic Services of Utah, Inc. – Las Vegas, NV

Brandon Cotton, Operations Director, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Keegan provided background on application.

Mr. Cotton commented that the MDEG Administrator has changed to Jessika Tompkins.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve Medical Devices, Equipment, and Gases license for Orthopedic Services of Utah, Inc.

Second: Wayne Mitchell

Action: Passed unanimously.

C. Platinum Medical Supplies, LLC – Las Vegas, NV

Leizel Jacobsen, Owner, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Keegan provided background on application and commented that Ms. Jacobsen is actively working as a Respiratory Therapist.

Mr. Dodge read into the record the law which advises that Board will not provide a license to a health professional.

Ms. Jacobsen commented that she will quit her job when Platinum Medical Supplies gets the license.

The Board questioned Ms. Jacobsen on when she incorporated the company and clarification on the business ownership.

Ms. Jacobsen answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Medical Devices, Equipment, and Gases license for Platinum Medical Supplies, LLC pending resignation of Leizel Jacobsen's position as a respiratory therapist.

Second: Gener Tejero

Action: Passed unanimously.

8. Application for Pharmacist Registration by Reciprocity – Appearance (**FOR POSSIBLE ACTION**)

Joseph Cherian

This matter was continued to a future Board Meeting.

18. Request for Approval of Change of Managing Pharmacist pursuant to NRS 639.220 (**FOR POSSIBLE ACTION**)

Walgreens Pharmacy #11227

This matter was removed from the agenda.

22. Date and Location of Next Scheduled Board Meeting:

December 1-2, 2021 – Las Vegas, NV

23. Public Comment October 14 2021, 5:00 PM

There was no public comment.

24. Adjournment

4

4A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable \$500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State	
Type of Application (check applicable box)	MDEG Business Type (check applicable box)
☒ New MDEG ☐ Ownership Change* ☐ Name Change* ☐ Location Change*	☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)
* If making a change, provide current license number: M _____	

Section 1: General Information	
Facility Name: <u>Axonics, Inc. (formerly known as Axonics Modulation Technologies, Inc.)</u>	
MDEG Physical Address: <u>26 Technology Dr</u>	
City: <u>Irvine</u>	State: <u>CA</u> Zip: <u>92618</u>
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: <u>949-396-6320</u>	Website: <u>www.axonics.com</u>
Email: <u>customersupport@axonics.com</u>	
Name of MDEG Administrator (NAC 639.694): <u>Karen Noblett, M.D.</u>	
Type of MDEG products that will be sold (check all applicable)	
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment**	☐ Assistive Equipment ☐ Diabetic Supplies ☐ Orthotics and Prosthetics ☒ Others: <u>Please see attached</u>
** If providing these products, 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 (NAC 639.6954): Name: _____ Telephone: _____	
Days and Hours of Operation	
Mon: <u>8:00 a.m. - 5:00 p.m. (Pacific)</u>	
Tues: <u>8:00 a.m. - 5:00 p.m. (Pacific)</u>	
Wed: <u>8:00 a.m. - 5:00 p.m. (Pacific)</u>	
Thurs: <u>8:00 a.m. - 5:00 p.m. (Pacific)</u>	
Fri: <u>8:00 a.m. - 5:00 p.m. (Pacific)</u>	
Sat: <u>Closed</u>	
Sun: <u>Closed</u>	
Holidays: <u>Closed</u>	

Section 2: History of Company		Yes	No
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)?		✓
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?		✓
3.	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.			

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)		
Name: <u>Please see attached</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to: a) A <u>practicing</u> health professional; or b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.		
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.		

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware
 Parent Company (if any): None
 Corporation Name: Axonics, Inc.
 Mailing Address: 26 Tecnology Dr
 City: Irvine State: CA Zip: 92618
 Telephone: 949-396-6320 Email: APettit@axonics.com
 Contact Person Name: Aaron Pettit, General Counsel & Chief Compliance Officer
 Date of SEC Registration: 10-30-2018 SEC Registration Number: 333-227732 Stock Exchange Symbol: AXNX

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____
 Parent Company (if any): _____
 Corporation/Organization Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____
 Business Name: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

**Attachment to Axonics, Inc. Nevada State Board of Pharmacy Medical Products
Provider – Medical Devices, Equipment and Gases (MDEG) Application**

Re Section 1:

Urology and Urogynecology equipment (urethral bulking agent and sacral neuromodulation devices)

Re Section 4:

Axonics, Inc. is a public company whose stock is publicly traded on the NASDAQ stock exchange. Axonics has over 46,134,513 shares outstanding and over \$2.5B in market cap. No Practitioner owns more than 1% of Axonics' outstanding stock or has any ability to control or influence business decisions by Axonics. It would be unduly burdensome and difficult to identify all Practitioners who might own Axonics stock.

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List of <u>all</u> general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).	✓	✓	✓	✓
• Copy of proof of insurance (NAC 639.6946). The MDEG provider shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• MDEG Administrator Application (NAC 639.694). Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Aaron Pettit

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

9/14/2021

Date

Board Use Only	Date Received: _____	Amount: <u>500</u> <u>CHK # 21746</u>
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List of Officers and Directors for Axonics, Inc.

Officers:

Raymond Cohen, Chief Executive Officer

Dan Dearden, President & Chief Financial Officer

Rinda Sama, Chief Operating Officer

Karen Noblett, M.D., Chief Medical Officer

John Woock, Ph.D., Chief Marketing Officer

Al Ford, Chief Commercial Officer

Directors:

Michael H. Carrel, Chairman

Raymond W. Cohen

David Demski

Jane E. Kiernan

Esteban Lopez

Robert McNamara

Nancy L. Snyderman, M.D.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AXONICS, INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2021.



5115951 8300

SR# 20213069021

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204032106

Date: 08-28-21

Client#: 444803

AXONIMODUL

ACORD™**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/19/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC Marsh & McLennan Ins Agency LLC 1340 Treat Blvd #250 Walnut Creek, CA 94597		CONTACT NAME: Felicia McAroy PHONE (A/C, No, Ext): 925 482-9337 FAX (A/C, No): 925 482-9390 E-MAIL ADDRESS: Felicia.McAroy@MarshMMA.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Atlantic Specialty Insurance Company	
		INSURER B: Federal Insurance Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

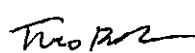
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC OTHER:		7110169320001	11/20/2020	11/20/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$Excluded
A	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒		7110169320001	11/20/2020	11/20/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$		7110169320001	11/20/2020	11/20/2021	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☒ Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	4060464440001	11/20/2020	11/20/2021	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	BI & EE		7110169320001	11/20/2020	11/20/2021	\$1,200,000
A	Global Products		7500001930001	11/20/2020	11/20/2021	\$10M Agg/\$10M Occ
B	Excess Products		78191319	11/20/2020	11/20/2021	\$5M Agg/\$5M Occ

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Liability coverage

CERTIFICATE HOLDER Evidence of Liability	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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STATE OF CALIFORNIA**DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH****MEDICAL DEVICE MANUFACTURING LICENSE**

Axonics Modulation Technologies, Inc
Axonics Modulation Technologies, Inc.
26 Technology Drive
Irvine, Ca 92618

LICENSE NUMBER: 105810
EXPIRATION DATE: 7/19/2022

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Dr. Shirley N. Weber
California Secretary of State

Business Search - Entity Detail

The California Business Search is updated daily and reflects work processed through Monday, September 13, 2021. Please refer to document [Processing Times](#) for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity. Not all images are available online.

C3609237 AXONICS, INC.

Registration Date:	10/03/2013
Jurisdiction:	DELAWARE
Entity Type:	FOREIGN STOCK
Status:	ACTIVE
Agent for Service of Process:	KARI KEESE 26 TECHNOLOGY DRIVE IRVINE CA 92618
Entity Address:	26 TECHNOLOGY DRIVE IRVINE CA 92618
Entity Mailing Address:	26 TECHNOLOGY DRIVE IRVINE CA 92618

 [Certificate of Status](#)

A Statement of Information is due EVERY year beginning five months before and through the end of October.

Document Type	↑↓ File Date	↓↑ PDF
SI-COMPLETE	04/28/2021	
AMENDED REGISTRATION	04/27/2021	
SI-COMPLETE	06/18/2019	
REGISTRATION	10/03/2013	

* Indicates the information is not contained in the California Secretary of State's database.

- If the status of the corporation is "Surrender," the agent for service of process is automatically revoked. Please refer to California Corporations Code [section 2114](#) for information relating to service upon corporations that have surrendered.
- For information on checking or reserving a name, refer to [Name Availability](#).
- If the image is not available online, for information on ordering a copy refer to [Information Requests](#).
- For information on ordering certificates, status reports, certified copies of documents and copies of documents not currently available in the Business Search or to request a more extensive search for records, refer to [Information Requests](#).
- For help with searching an entity name, refer to [Search Tips](#).
- For descriptions of the various fields and status types, refer to [Frequently Asked Questions](#).

[Modify Search](#)

[New Search](#)

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Establishment Registration & Device Listing

New Search

[Back To Search Results](#)

Establishment:

AXONICS, INC.
26 Technology Dr.
Irvine, CA 92618

Registration Number: 3002968685

FEI Number*: 3002968685

Status: Active

Date Of Registration Status: 2021

Owner/Operator:

[Axonics, Inc.](#)⁶
26 Technology Dr.
Irvine, CA US 92618

Owner/Operator Number: [10061191](#)⁷

Official Correspondent:

Rinda Sama
26 Technology Dr.
Irvine, CA 92618
Phone: 1-949-3966329

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 09/13/2021

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U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA



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U.S. Department of Health & Human Services

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG)

Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Axonics, inc MDEG License # (if applicable) _____
 Physical Address 26 Technology Dr.
 City Irvine State CA Zip 92618
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone _____ Website www.axonics.com
 Licensing Company Email www.axonics.com

Section 2: Personal Information

First Karen Middle Lyn Last Noblett
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address 26 Technology Dr.
 City Irvine State CA Zip 92618
 Telephone 559-250-8082 Email knoblett@axonics.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Bullard High School		From - To (MM/YY – MM/YY) 1979-1981	
Address 5445 Palm Ave.	City Fresno	State CA	Zip 93704
Diploma/Degree obtained, if any High School Diploma			
School Name California State University, Fresno		From - To (MM/YY – MM/YY) 1981-1986	
Address 5421 Maple Ave.	City Fresno	State CA	Zip 93740
Diploma/Degree obtained, if any BA Biology			
School Name University of California, Irvine		From - To (MM/YY – MM/YY) 1986-1991	
Address	City Irvine	State CA	Zip 92697
Diploma/Degree obtained, if any MD			
School Name University of California, Irvine		From - To (MM/YY – MM/YY) 2017-2019	
Address	City Irvine	State CA	Zip 92697
Diploma/Degree obtained, if any MBA			
School Name University of California, San Diego		From - To (MM/YY – MM/YY) 2004-2008	
Address 9500 Gilman Dr.	City San Diego	State CA	Zip 92093
Diploma/Degree obtained, if any MS Clinical Research			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 03/11-08/21	Address E. Magdalena Dr.	City Orange	State CA	Zip 92867
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name Axonics, Inc.		From - To (MM/YY – MM/YY) 10/17 - 08/21	
Business Address 26 Technology Dr.	City Irvine	State CA	Zip 92618
Phone 559-250-8082	Title Chief Medical Officer	Number of Employed Hours 7,904	
Description of Duties Oversee clinical research trials involving our product, train physicians and sales force on the use of our products			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.			
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Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Personal and Professional History		Yes	No
1.	Have you 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?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. **A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Karen Noblett, certify that as the MDEG Administrator for
Axonics, Inc.

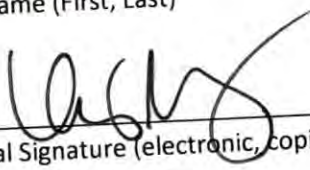
that I (initial that you have read and meet the following requirements):

1. KN Have a high school diploma or its equivalent;
2. KN Have
 - a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by 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;
3. KN Will be employed by 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
4. KN Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Karen Noblett

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

08/19/2021

Date

Board Use Only

Date Received: _____

4B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable \$500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State		
Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG ☐ Ownership Change* ☐ Name Change* ☐ Location Change*	* If making a change, provide current license number: M _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information		
Facility Name: <u>Karuna Labs, Inc</u>		
MDEG Physical Address: <u>424B Treat Ave.</u>		
City: <u>San Francisco, CA</u>	State: <u>CA</u>	Zip: <u>94110</u>
Mailing Address (if different from physical address): _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Website: _____	
Email: _____		
Name of MDEG Administrator (NAC 639.694): _____		
Type of MDEG products that will be sold (check all applicable)		
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment**	☐ Assistive Equipment ☐ Diabetic Supplies ☐ Orthotics and Prosthetics ☒ Others: <u>Digital Therapeutic</u>	
** If providing these products, 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 (NAC 639.6954): Name: _____ Telephone: _____		
Days and Hours of Operation		
Mon: 9:00 am to 5:00 pm		
Tues: 9:00 am to 5:00 pm		
Wed: 9:00 am to 5:00 pm		
Thurs: 9:00 am to 5:00 pm		
Fri: 9:00 am to 5:00 pm		
Sat: Closed		
Sun: Closed		
Holidays: Closed federal holidays		

Section 2: History of Company		Yes	No
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)?		✓
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?		✓
3.	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)		
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

- A practicing health professional; or
- A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____	SEC Registration Number: _____	Stock Exchange Symbol: _____
---------------------------------	--------------------------------	------------------------------

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Karuna Labs, Inc

Mailing Address: 424B Treat Ave.

City: San Francisco State: CA Zip: 94110

Telephone: (424) 248-9314 Email: michael.trujillo@karunalabs.com

Contact Person Name: Michael Trujillo

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

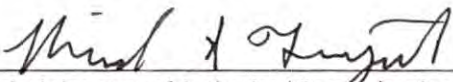
Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List of <u>all</u> general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Medical products provider located <u>outside of this State</u> must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).	✓	✓	✓	✓
• Copy of proof of insurance (NAC 639.6946). The MDEG provider shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• MDEG Administrator Application (NAC 639.694). Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Trujillo, PhD

Print Name of Authorized Person Submitting Application


Original signature of Authorized Person (copies or stamps not accepted)

09/02/2021

Date

Board Use Only	Date Received: _____	Amount: <u>500</u> <u>cc</u>
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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG)

Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Karuna Labs, Inc. MDEG License # (if applicable) _____
 Physical Address 424B Treat Ave.
 City San Francisco State CA Zip 94110
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone _____ Website _____
 Licensing Company Email _____

Section 2: Personal Information

First Michael Middle Scott Last Trujillo
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
 Mailing Address 424B Treat Ave.
 City San Francisco State CA Zip 94110
 Telephone Email michael.trujillo@karunalabs.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520; NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Aloha High School		From - To (MM/YY - MM/YY) 09/94-06/97	
Address 18550 SW Kinnaman Rd.	City Aloha	State OR	Zip 97078
Diploma/Degree obtained, if any High School Diploma			
School Name San Francisco State University		From - To (MM/YY - MM/YY) 08/00-05/03	
Address 1600 Holloway Ave	City San Francisco	State CA	Zip 94132
Diploma/Degree obtained, if any Bachelor of Science in Kinesiology			
School Name San Francisco State University		From - To (MM/YY - MM/YY) 08/03-05/05	
Address 1600 Holloway Ave.	City San Francisco	State CA	Zip 94132
Diploma/Degree obtained, if any Masters of Science in Kinesiology			
School Name University of California, Riverside		From - To (MM/YY - MM/YY) 09/07-06/12	
Address 900 University Ave	City Riverside	State CA	Zip 92521
Diploma/Degree obtained, if any Doctor of Philosophy in Cellular and Molecular Neuroscience			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 07/08-6/12	Address 3488 Kentucky St	City Riverside	State CA	Zip 92507
From - To (MM/YY - MM/YY) 6/12-3/13	Address 713 Kearny St.	City Benicia	State CA	Zip 94510
From - To (MM/YY - MM/YY) 3/13-9/21	Address [REDACTED] Camellia Court	City Benicia	State CA	Zip 94510
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name Karuna Labs, Inc.		From - To (MM/YY - MM/YY) 01/19-09/21	
Business Address 424B Treat Ave.	City San Francisco	State CA	Zip 94110
Phone (424) 248-9314	Title VP, Clinical Affairs and Exemptee	Number of Employed Hours 5440	
Description of Duties Currently serving as California Licensed Exemptee #28522, for California licensed HMDR (DME)Firm License #111716.			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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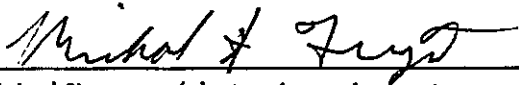
Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

09/02/2021

Date

I, Michael Scott Trujillo, PhD, certify that as the MDEG Administrator for
Karuna Labs, Inc.

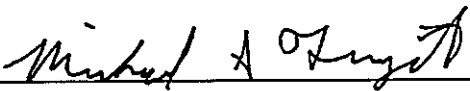
that I (initial that you have read and meet the following requirements):

1. MT Have a high school diploma or its equivalent;
2. MT Have
 - a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by 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;
3. MT Will be employed by 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
4. MT Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Trujillo

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

09/02/2021

Date

Board Use Only

Date Received: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Karuna Labs, Inc.
 Physical Address 424B Treat Ave.
 City San Francisco State CA Zip 94110
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone (714) 580-8826 Website _____
 Licensing Company Email lincoln@karunalabs.com

Section 2: Personal Information

First Lincoln Middle _____ Last Nguyen
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] clinton ave apt [REDACTED]
 City brooklyn State NY Zip 11238
 Telephone [REDACTED] Email lincoln@karunalabs.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

- | | Yes | No |
|--|-----|----|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

- | | Yes | No |
|--|-----|----|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the 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 initials LN

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Ocean View High School		From - To (MM/YY – MM/YY) 09/99-09/03	
Address 17071 Gothard St	City huntington beach	State ca	Zip 92647
Diploma/Degree obtained, if any High School			
School Name University California Los Angeles		From - To (MM/YY – MM/YY) 09/04-09/07	
Address	City Los Angeles	State CA	Zip 90095
Diploma/Degree obtained, if any Bachelors of Science			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 03/21-present	Address clinton ave. apt	City brooklyn	State ny	Zip 11238
From - To (MM/YY – MM/YY) 02/16-07/20	Address 1600 15th st. apt 211	City san francisco	State ca	Zip 94103
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Karuna Labs		From - To (MM/YY – MM/YY) 04/17-Present	
Business Address 424b treat ave	City san francisco	State ca	Zip 94112
Phone 714-580-8826	Title CEO		
Description of Duties Member of the executive team at medical device company			

Business Name Lincoln Nguyen - Sole proprietorship		From - To (MM/YY – MM/YY) 01/10-12/16	
Business Address 1600 15th st. apt 211	City san francisco	State ca	Zip 94103
Phone	Title Software Engineer		
Description of Duties Freelance software engineer			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


 Original Signature (electronic, copies or stamps not accepted)

9/2/21

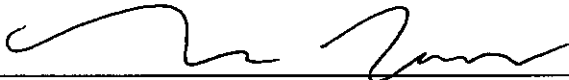
Date

Applicant's initials LN

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lincoln, Nguyen

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

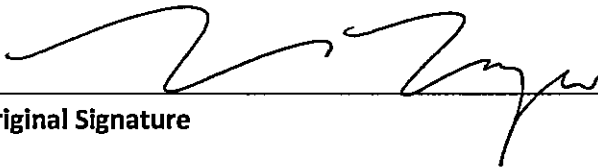
9/2/21

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Francisco

I, Lincoln Nguyen, 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 the license, registration, permit, certificate or certification for which I am applying for.



Original Signature

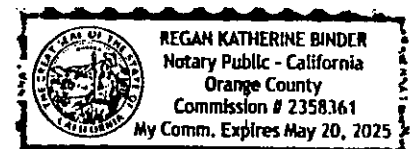
9/7/21

Date

Subscribed and Sworn to before me this 7 day of September, 2021



Notary Public Signature



(Seal)

RKB* see attached CA Jurat
for California wording

Applicant's initials LN 7

CALIFORNIA JURAT WITH AFFIANT STATEMENT**GOVERNMENT CODE § 8202**

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1

3

4

5

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me

on this 7 day of September, 2021,
 by _____ Date _____ Month _____ Year _____

(1) Lincoln Nguyen

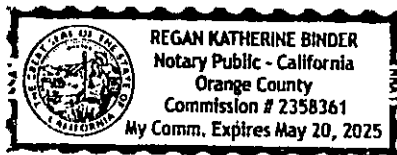
(and (2) _____),

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature

Regan Binder
 Signature of Notary Public



Seal

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Personal History Application Document Date: 9/2/2021

Number of Pages: 7 Signer(s) Other Than Named Above: _____

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WHICH ISSUED

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

SELLER'S PERMIT

November 10, 2020

ACCOUNT NUMBER

240498240 - 00001

Office of Control:
San Francisco Office

NOTICE TO PERMITTEE:
You are required to obey all
Federal and State laws that
regulate or control your
business. This permit does
not allow you to do
otherwise.

KARUNA LABS, INC.
424 TREAT AVE STE B
SAN FRANCISCO CA 94110-2095

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE
PERSONAL PROPERTY AT THE ABOVE LOCATION. THIS PERMIT IS VALID ONLY AT THE ABOVE ADDRESS.

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED AND IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS OR DROP OUT
OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES OWED BY THE NEW OPERATOR
OF THE BUSINESS.

Not valid at any other address

For general tax questions, please call our Customer Service Center at 1-800-400-7115 (TTY:711).
For information on your rights, contact the Taxpayers' Rights Advocate Office at 1-888-324-2798 or 1-916-324-2798.

CDTFA-442-R REV. 18 (5-18)

A MESSAGE TO OUR NEW PERMIT HOLDER

As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:

- Visiting our website at www.cdtfa.ca.gov
- Visiting an office
- Attending a Basic Sales and Use Tax Law class offered at one of our offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Customer Service Center at 1-800-400-7115 (TTY:711)

As a seller, you have the right to issue resale certificates for merchandise that you intend to resell. You also have the responsibility of not misusing resale certificates. While the sales tax is imposed upon the retailer,

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees of the California Department of Tax and Fee Administration (CDTFA)
- You are responsible for following the regulations set forth by the CDTFA

As a seller, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a CDTFA representative when requested. You are also required to know and charge the correct sales or use tax rate, including any local and district taxes. The tax rate applicable to your sales or use may not necessarily correspond to the tax rate of your business address displayed on this permit. You are also expected to notify us if you are buying, selling, adding a location, or discontinuing your business, adding or dropping a partner, officer, or member, or when you are moving any or all of your business locations. If it becomes necessary to surrender this permit, you should only do so by mailing it to a CDTFA office, or giving it to a CDTFA representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with CDTFA, please contact the Taxpayers' Rights Advocate Office for help by calling toll-free, 1-888-324-2798 or 1-916-324-2798. Their fax number is 1-916-323-3319.

Please post this permit at the address for which it was issued and at a location visible to your customers.

California Department of Tax and Fee Administration

Business Tax and Fee Division

State of California

Department of Public Health
Food and Drug Branch

Home Medical Device Retail Exemptee License

Michael Scott Trujillo
424B Treat Avenue
San Francisco, CA 94110

LICENSE NUMBER: 28522
FIRM LICENSE NUMBER: 111716

EXPIRATION DATE: 12/29/

The person named herein is licensed as a Home Medical Device Retail Facility Exemptee from the issue date to ar including the expiration date. This license is issued in accordance with the provisions of Part 5, SEC. 36. Section 111656.4 inclusive, of the California Health and Safety Code, and is not transferable to any other person.

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Karuna Labs Inc.
Karuna Labs
424B Treat Avenue
San Francisco, CA 94110

LICENSE NUMBER: 111716

EXPIRATION DATE: 12/2/2021

Instate Retail Firm

The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Karuna Labs Inc.
Karuna Labs
424B Treat Avenue
San Francisco, CA 94110

LICENSE NUMBER: 111716
EXPIRATION DATE: 12/2/2022

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: KARUNA LABS INC.
File Number: C4242649
Registration Date: 02/15/2019
Entity Type: FOREIGN STOCK CORPORATION
Jurisdiction: DELAWARE
Status: ACTIVE (GOOD STANDING)

As of September 13, 2021 (Certification Date), the entity is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 14, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RGPBV9R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/14/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Woodruff-Sawyer & Co.
50 California Street, Floor 12
San Francisco, CA 94111

CONTACT NAME:

PHONE (A/C, No, Ext):

FAX (A/C, No):

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

License#: 0329598

KARUNAV-01

INSURER A: Lloyds of London - Beazley

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Karuna Labs, Inc.
424B Treat Avenue,
San Francisco, CA 94110

COVERAGES

CERTIFICATE NUMBER: 1818198421

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Retrodate: ☒ 5/1/18 GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			W303F7210401	8/27/2021	7/27/2022	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Deductible \$2,500 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY ☐ AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Technology Liability			W303F7210401	8/27/2021	7/27/2022	Tech/Product Liability Aggregate Limit 2,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CHJH Management, LLC, SF Gulch, LLC, York SF, LLC is included as additional insured to the extent provided per forms to follow.

CERTIFICATE HOLDER

CANCELLATION

CHJH Management, LLC, SF Gulch, LLC
York SF, LLC
1234 Mariposa Street
San Francisco CA 94107

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Olivia Mora

From: Michael Trujillo <michael.trujillo@karunalabs.com>
Sent: Thursday, September 16, 2021 9:39 AM
To: Olivia Mora
Subject: Re: Nevada MDEG Application - Karuna Labs Inc - San Francisco, CA - Need more information
Attachments: CHJH-Management,-LL_Karuna-Labs,-In_21-22-GL,-E&O_9-14-2021_1818198421_1.pdf; Certificate of Status.pdf

Hi Olivia,

Thanks for reaching out. Please find attached a copy of our liability insurance and certificate of good standing.

Here is our list of officers:

Chief Executive Officer: Lincoln Nguyen
Chief Operating Officer: Jon Weinberg
Chief Medical Officer: Dr. James Petros
Chief Technical Officer: Andy Riedel

Please let me know if you need any additional information.

On Tue, Sep 14, 2021 at 1:59 PM Olivia Mora <o.mora@pharmacy.nv.gov> wrote:

To whom it may concern:

We received your MDEG Application for Karuna Labs Inc- San Francisco, CA. Please be advised that we are missing the below documentation -

- Copy of proof of insurance of at least one million dollars (\$1,000,000.00)
- Certificate of Corporate status or Certificate of Good Standing within the last **6 months**.
- List of all Officers and Directors

Can you please provide? We can attach it to your application and work to process this request.

Regards,

Olivia Mora

Licensing Specialist

Nevada State Board of Pharmacy

(775) 850-1440

o.mora@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

--

Michael Trujillo, PhD

VP of Clinical Affairs Karuna Labs Inc.

<http://karunalabs.com/>

CONFIDENTIALITY NOTICE:

This email, including any attached files, is for the sole use of the intended recipient and may contain confidential and privileged information, including patient information protected by federal and state privacy laws. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message. This email is subject to the Electronic Act, 18 USC 2510-2521

4C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable \$500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State		
Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG ☐ Ownership Change* ☐ Name Change* ☐ Location Change*	* If making a change, provide current license number: M	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information		
Facility Name: <u>LifeNet Health</u>		
MDEG Physical Address: <u>1864 Concert Drive</u>		
City: <u>Virginia Beach</u>	State: <u>VA</u>	Zip: <u>23453</u>
Mailing Address (if different from physical address): _____		
City: _____	State: _____	Zip: _____
Telephone: <u>757-464-4761</u>	Website: <u>www.lifenethealth.org</u>	
Email: <u>michael_plew@lifenethealth.org</u>		
Name of MDEG Administrator (NAC 639.694): <u>Michael Plew</u>		
Type of MDEG products that will be sold (check all applicable)		
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment**	☐ Assistive Equipment ☐ Diabetic Supplies ☐ Orthotics and Prosthetics ☒ Others:	
** If providing these products, 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 (NAC 639.6954): Name: <u>Michael Plew</u> Telephone: <u>757-464-4761 x4648</u>		
Days and Hours of Operation		
Mon: <u>8:15am-5:00am EST</u>		
Tues: <u>8:15am-5:00am EST</u>		
Wed: <u>8:15am-5:00am EST</u>		
Thurs: <u>8:15am-5:00am EST</u>		
Fri: <u>8:15am-5:00am EST</u>		
Sat: _____		
Sun: _____		
Holidays: _____		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
LifeNet Health is the federally designated Organ Procurement Organization for the State of Virginia
LifeNet Health's OPO Provider Number is 49P001

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125; Advanced Practice Registered Nurse; Physician's Assistant; Physical Therapist; Occupational Therapist; Registered Nurse; Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943; NAC 693.6933)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

- a) A practicing health professional; or
- b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____	SEC Registration Number: _____	Stock Exchange Symbol: _____
---------------------------------	--------------------------------	------------------------------

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Virginia

Parent Company (if any): _____

Corporation/Organization Name: LifeNet Health

Mailing Address: 1864 Concert Drive

City: Virginia Beach State: VA Zip: 23453

Telephone: 757-609-4256 (W) Email: amanda_kutz@lifenethealth.org

Contact Person Name: Amanda L. Kutz, Esq. Corporate Attorney, LifeNet Health

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List of <u>all</u> general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).	✓	✓	✓	✓
• Copy of proof of insurance (NAC 639.6946). The MDEG provider shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• MDEG Administrator Application (NAC 639.694). Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Prew

Print Name of Authorized Person Submitting Application

[Signature]

Original signature of Authorized Person (copies or stamps not accepted)

8/25/2021

Date

Board Use Only	Date Received: _____	Amount: <u>500</u> check # <u>5106152</u>
----------------	----------------------	---



LifeNet Health Board of Directors Roster 2021/2022

CHAIRMAN

John M. Herre, MD

Medical Director, Sentara Cardiovascular
Research Institute
Professor of Medicine, Eastern Virginia
Medical School
Norfolk, VA

VICE CHAIRMAN

Lee Riley, III, MD

Vice Director, Clinical Operations
Professor of Orthopedic Surgery
Johns Hopkins University, School of
Medicine *Baltimore, MD*

Jonathan Barton

General Minister
Retired - Virginia Council of Churches
Richmond, VA

Gerald M. Bowers, DDS, MS

Diplomate
Retired Periodontist
Esterro, FL

John Cardea, MD

Surgeon, H.H. McGuire VA Hospital
Retired Professor and Chairman Emeritus -
Department of Orthopaedic Surgery, Virginia
Commonwealth University
Richmond, VA

Linda Cross, CPA

Retired - KPMG
Boynton Beach, FL

William T. Greer, PhD

Retired - Virginia Wesleyan University
Norfolk, VA

Lenneal J. Henderson, Jr., PhD

Dean of the College of Humanities and Social
Sciences at Virginia State University,
Petersburg, VA
Claremont, VA

Ann Lange, RN

Retired Nurse
Virginia Beach, VA

Adam Landsman, DPM, PhD

Assistant Professor of Surgery, Harvard
Medical School, Cambridge Health Alliance
Cambridge, MA

Mark Allan Reynolds, DDS

Dean of the School of Dentistry
University of Maryland, School of Dentistry
Department of Advanced Oral Sciences and
Therapeutics
Baltimore, MD

Rony Thomas, MS, MBA

President and CEO
LifeNet Health
Virginia Beach, VA

CORPORATE SECRETARY

Darrell Jessee

Chief Financial Officer
LifeNet Health
Virginia Beach, VA



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
04/01/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Underwriters at Lloyd's London NAIC # 15792	
INSURER B: Travelers Property Casualty Company of America NAIC # 25674	
INSURER C: Capitol Specialty Insurance Corporation NAIC # 10328	
INSURER D: Charter Oak Fire Insurance Company NAIC # 25615	
INSURER E:	
INSURER F:	

COVERAGES
CERTIFICATE NUMBER: W20619161

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY			B0572MR212755	04/01/2021	04/01/2022	EACH OCCURRENCE	\$ 10,000,000
	☒ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	☒ Incl Prof Liab						MED EXP (Any one person)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	☐ POLICY ☐ PROJECT ☐ LOC						GENERAL AGGREGATE	\$ 10,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 10,000,000
B	AUTOMOBILE LIABILITY			BA8MB14531	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	☒ ANY AUTO						BODILY INJURY (Per person)	\$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
C	UMBRELLA LIAB			MM2019210403	04/01/2021	04/01/2022	EACH OCCURRENCE	\$ 10,000,000
	☒ EXCESS LIAB ☒ CLAIMS-MADE						AGGREGATE	\$ 10,000,000
	☐ DED ☐ RETENTION \$						Xs GL/PL Only	\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB6P276283	04/01/2021	04/01/2022	☒ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	No	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Excess Auto / EL			ZUP15S6670421NF	04/01/2021	04/01/2022	Each Occ/Aggregate:	\$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER
CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

SR ID: 20919342

BATCH: 2042887

 Lifenet Health
 1864 Concert Drive
 Virginia Beach, VA 23453

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That LifeNet Health is duly incorporated under the law of the Commonwealth of Virginia;

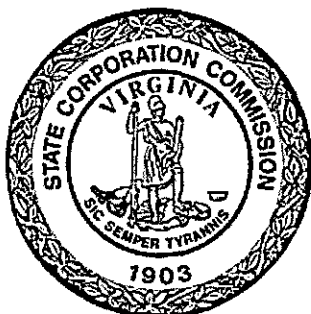
That the corporation was incorporated on November 17, 1982;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

LifeNet Health is a Virginia nonstock corporation.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

June 25, 2021

Bernard J. Logan, Clerk of the Commission

CAREFULLY DETACH CARD HERE



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Warehouser
Number 0216000074
LifeNet Health

To verify the current status of any license, permit or registration, visit our website at www.dhp.virginia.gov.

Any name or address change requires the submission of a new application. Please visit our website at www.dhp.virginia.gov/pharmacy.

Renewal instructions will be furnished via email approximately 60 days in advance of expiration. Please refer to the Regulations for standards of practice.

To verify the current status and expiration date of this permit, visit our website at www.dhp.virginia.gov.

PLEASE NOTE: This is the final copy of your permit that contains no expiration date and should be maintained, carried, or posted, in accordance with applicable laws and regulations, for the duration of your practice. You will not receive another paper permit at your next renewal.

FOLD, CREASE AND TEAR ALONG PERFORATION

LISTING OF SECURITY FEATURES ON REVERSE SIDE

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

David E. Brown, D.C., Director

Caroline D. Juran
Executive Director
(804) 367-4456

BOARD OF PHARMACY

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/pharmacy

Warehouser Permit

LifeNet Health

1864 Concert Drive
Virginia Beach VA 23453

Number
0216000074

To verify the status of this permit, visit our website www.dhp.virginia.gov, which is a primary source verification of the credential issued by the Commonwealth of Virginia. To File a Complaint About a Licensee, Call: 1-800-533-1560.

4/8/2021

License Lookup



Virginia Department of Health Professions License Lookup

Current as of 04/08/2021 13:52

License Information

License Number	0216000074
Occupation	Warehouser
Name	LifeNet Health
Address	1864 Concert Drive Virginia Beach, VA 23453
Initial License Date	07/21/2008
Expire Date	02/28/2022
License Status	Current Active
Additional Public Information*	No

[Back to License Lookup Result](#)

This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.

* "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.H of the Code of Virginia; please note that this may also include proceedings in which a finding of "no violation" was made. For additional information click on the "Yes" link above. "No" means no documents are available.

[Back to License Lookup](#)

8/10/2021

display detailed registration information

 [Help \(./help/index.html\)](#)[DRLM Home \(mainMenu.htm\)](#) > [View Your Registrations and Listings](#)

Registration Information

Facility

Registration Number

3005064037

FEL Number

3005064037

Registration Status

Active

Registration Status Reason

Legacy Data - Registration activated

Initial Importer

N

Facility Name

LIFENET HEALTH

Legal Name**Facility Address**

1864 CONCERT DR. ,
VIRGINIA BEACH , VIRGINIA , 23453 , UNITED STATES
Establishment located on a campus

Owner/Operator

Owner/Operator Number

9079121

Contact Name

MICHAEL A PLEW

Business Name

LIFENET HEALTH

Address

1864 CONCERT DR.
VIRGINIA BEACH , VIRGINIA , 23453 , UNITED STATES

Phone Number

757 - 4644761

Fax Number**E-mail**

michael_plew@lifenethealth.org

Official Correspondent

Contact Name

MICHAEL A PLEW

Business Name

LIFENET HEALTH

Address

1864 CONCERT DR.
VIRGINIA BEACH , VIRGINIA , 23453 , UNITED STATES

Phone Number

757 - 4644648

8/10/2021

display detailed registration information

Fax Number
757 - 4645721

E-mail michael_plew@lifenehealth.org

Registration Status

Expiration Date
2021-12-31

PIN - PCN
50314911 - 21471816

[← Previous \(drlm.htm?_flowExecutionKey=_c9DDE9568-8C62-5F9B-D952-2A6DFF4CD4D2_k22706243-5FE8-38F5-01E9-B3216EC1E37A&_eventId=back\)](#)



By Royal Charter

Certificate of Registration

QUALITY MANAGEMENT SYSTEM - ISO 13485:2016

This is to certify that:

LifeNet Health
1864 Concert Drive
Virginia Beach
Virginia
23453
USA

DUNS Number: 12-182-8156

Holds Certificate No:

MDSAP 702586

Statement of Conformity: The company listed on this certificate has been audited to and found to conform with the following criteria: ISO 13485:2016 and Canada - Medical Devices Regulations - Part 1 - SOR 98/282; USA - 21 CFR 820, 21 CFR 803, 21 CFR 806, 21 CFR 807 - Subparts A to D, 21 CFR 821

Design, development, manufacture and distribution of human cellular and tissue based products and medical devices for surgical applications including dermis, musculoskeletal and cardiovascular tissue.

Gary E Slack

For and on behalf of BSI:

Gary E Slack, Senior Vice President - Medical Devices

Original Registration Date: 2020-01-21

Effective Date: 2020-01-21

Expiry Date: 2022-09-28



BSI Group America Inc. is an MDSAP authorized auditing organization

Page: 1 of 2

...making excellence a habit.™

This certificate remains the property of BSI and shall be returned immediately upon request.

An electronic certificate can be authenticated [online](http://www.bsigroup.com/ClientDirectory). Printed copies can be validated at www.bsigroup.com/ClientDirectory
To be read in conjunction with the scope above or the attached appendix.

Americas Headquarters: BSI Group America Inc., 12950 Worldgate Drive, Suite 800, Herndon, VA 20170-6007 USA
A Member of the BSI Group of Companies.

Certificate No: **MDSAP 702586**

Location	Registered Activities
LifeNet Health 1864 Concert Drive Virginia Beach Virginia 23453 USA DUNS Number: 12-182-8156	Design, development, manufacture and distribution of human cellular and tissue based products and medical devices for surgical applications including skin, musculoskeletal and cardiovascular tissue.
LifeNet Health 5733 Bayside Road Suite 104 Virginia Beach Virginia 23455 USA	Processing of human bone tissue based products for surgical applications.
LifeNet Health 5809 Ward Court Virginia Beach Virginia 23455 USA	Processing of cardiovascular, dermis and human tissue based products for surgical applications.
LifeNet Health 1444 London Bridge Road Suite 100 Virginia Beach Virginia 23453 USA	Storage of human cellular and tissue-based products and medical devices for surgical applications including dermis, musculoskeletal and cardiovascular tissue; Storage of supplies and reagents used in the manufacture of human cellular and tissue based products and medical devices.
LifeNet Health 501 SW 39th Street Renton Washington 98057 USA DUNS Number: 07-848-8476	Manufacture of human cellular and tissue based products (HCT/P) including cardiac, vascular and musculoskeletal. Distribution of human cellular and tissue based products (HCT/P) and medical devices for surgical applications including musculoskeletal, cardiac, skin and vascular tissue.

Original Registration Date: 2020-01-21

Effective Date: 2020-01-21

Expiry Date: 2022-09-28

Page: 2 of 2

This certificate remains the property of BSI and shall be returned immediately upon request.
An electronic certificate can be authenticated [online](http://www.bsigroup.com/ClientDirectory). Printed copies can be validated at www.bsigroup.com/ClientDirectory
To be read in conjunction with the scope above or the attached appendix.

Americas Headquarters: BSI Group America Inc., 12950 Worldgate Drive, Suite 800, Herndon, VA 20170-6007 USA
A Member of the BSI Group of Companies.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG)**Administrator Application**

Rev (06/08/2021)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of MDEG LifeNet Health MDEG License # (if applicable) _____

Physical Address 1864 Concert Drive

City Virginia Beach State VA Zip 23453

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 757-464-4761 Website www.lifenethealth.org

Licensing Company Email michael_plew@lifenethealth.org

Section 2: Personal Information

First MICHAEL Middle ALLAN Last PLEW

Alias(es, nicknames, name changes, etc.) NA

Date of Birth [REDACTED] SSN or ITIN _____ Sex ☒ M ☐ F ☐ X

Mailing Address [REDACTED] GRAFTON ST.

City CARMEL State IN Zip 46032

Telephone [REDACTED] Email MICHAEL_PLEW@LIFENETHEALTH.ORG

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

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☒	☐
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☒

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name INDIANA WESLEYAN UNIVERSITY		From - To (MM/YY - MM/YY) Jan 1988 - Dec 1989	
Address 4201 S. WASHINGTON ST.	City MARION	State INDIANA	Zip 46953
Diploma/Degree obtained, if any B.S. BUSINESS ADMINISTRATION			
School Name ASM METALS ENGINEERING INSTITUTE		From - To (MM/YY - MM/YY) Jan 1986 Dec 1987	
Address METALS PARK (General Delivery)	City METALS PARK	State OH.	Zip 44037
Diploma/Degree obtained, if any METALLURGY Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 3/2021 - Present	Address [REDACTED] GRAFTON ST.	City CARMEL	State IN	Zip 46032
From - To (MM/YY - MM/YY) 8/2017 - 6/2021	Address 135 HERON POINTE DR.	City CADZ CHARLES	State VA	Zip 23310
From - To (MM/YY - MM/YY) 9/2014 - 6/2021	Address 309 TURNBERRY AVE	City CADZ CHARLES	State VA	Zip 23310
From - To (MM/YY - MM/YY) 6/2008 - 8/2014	Address 2464 LITCHFIELD WAY	City VIRGINIA BEACH	State VA	Zip 23453
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name LIFE NET HEALTH		From - To (MM/YY - MM/YY) 2/2006 - Present	
Business Address 1864 CONCEPT DR		City VIRGINIA BEACH	State VA
Phone 757-284-6148	Title Sr. Vice President Global Quality Assurance	Number of Employed Hours Full-time 40hrs. per week	
Description of Duties a Compliance - TISSUE BANK Director - Managing Director LIFE NET HEALTH GLOBAL Quality & Compliance Operations. Health Europe. LIFE NET HEALTH TISSUE BANK Director. 140 STAFF			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

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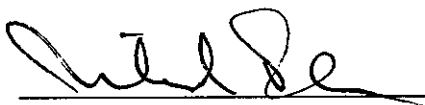
Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		☒
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		☒
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		☒

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

8/25/2021
Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler LifeNet Health
 Physical Address 1864 Concert Drive
 City Virginia Beach State VA Zip 23453
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 757-464-4761 Website www.lifenethealth.org
 Licensing Company Email _____

Section 2: Personal Information

First Michael Middle Alan Last Plew
 Alias(es, nicknames, name changes, etc.) NA
 Date of Birth [REDACTED] SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] GRAFTON ST.
 City Carmel State IN Zip 46032
 Telephone [REDACTED] Email MICHAEL_PLEW@LIFENETHHEALTH.ORG
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☒	☐
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒

Date of Service: From: 4/1968 to: 1/72
 Military Occupation/Specialty 2nd Class Petty Officer AME USS SARATOGA CV60
 Branch: ☐ Army/Reserves ☒ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520; NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☒
2. Are you in compliance with the order or the 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 initials

Map

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name INDIANA WESLEYAN UNIVERSITY		From - To (MM/YY - MM/YY) JAN 1988 - DEC 1989	
Address 4201 S. WASHINGTON ST	City MARION	State IN	Zip 46953
Diploma/Degree obtained, if any B.S. BUSINESS ADMINISTRATION			
School Name ASM METALS ENGINEERING INSTITUTE		From - To (MM/YY - MM/YY)	
Address METALS PARK (General Delivery)	City METALS PARK	State OH	Zip 44037
Diploma/Degree obtained, if any METALLURGY Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 3/2021 - Present	Address [REDACTED] GRAFTON ST.	City CAEMEL	State IN	Zip 46032
From - To (MM/YY - MM/YY) 8/2017 - 6/2021	Address 135 HERON POINTE DR.	City CAPE CHARLES	State VA	Zip 23310
From - To (MM/YY - MM/YY) 9/2014 - 6/2021	Address 809 TUNBERRY AVE	City CAPE CHARLES	State VA	Zip 23310
From - To (MM/YY - MM/YY) 6/2008 - 8/2014	Address 2464 LAFAYETTE WAY	City VIRGINIA BEACH	State VA	Zip 23453
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials

MB

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name LIFE NET HEALTH		From - To (MM/YY - MM/YY) 2/2006 - Present	
Business Address 1864 CONCEPT DR.		City Virginia Beach	State VA
Phone 1-757-609-4648	Title SR. Vice President Global Quality Assurance & Regulatory Compliance		
Description of Duties TISSUE BANK DIRECTOR Responsible for LIFE NET Health Corporate Quality Assurance and Regulatory Compliance Oversight.			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

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Applicant's initials Shaf. 3

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

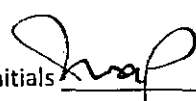
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials 

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	—	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials



Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

NA

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

mas

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Flew

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

9/10/2021

Date

Please have this section completed in the presence of a Notary Public.

CV

State of VIRGINIA

City

ss. County of VIRGINIA BEACH

I, Michael Flew, 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 the license, registration, permit, certificate or certification for which I am applying for.

[Signature]

Original Signature

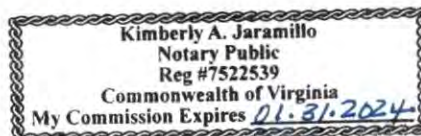
9/10/2021

Date

Subscribed and Sworn to before me this 10TH day of SEPTEMBER.

[Signature]

Notary Public Signature



(Seal)

Applicant's initials [Signature]

I, Michael Plew, certify that as the MDEG Administrator for
LIFE Net Health,

that I (initial that you have read and meet the following requirements):

1. ☒ Have a high school diploma or its equivalent;
2. ☒ Have
 - a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by 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;
3. ☒ Will be employed by 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
4. ☒ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Plew

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

8/25/2021

Date

Board Use Only

Date Received: _____

Michael A. Plew BS, CTBS

Grafton Street, Carmel, IN 46032

PROFESSIONAL EXPERIENCE

LIFENET HEALTH

Virginia Beach, VA

2006 – Present

Sr. Vice President Quality & Regulatory Compliance / Tissue Bank Director / Managing Director LNH Europe

- Plans, executes, and controls the regulatory and quality assurance policies, strategies, and organizational requirements for the Quality Assurance Laboratory Services, Quality Systems / Regulatory Affairs functions for LifeNet Health Tissue Bank and Organ Procurement Organization.
- Develops methods and procedures for inspecting, processing, testing, and evaluating tissues and tissue products.
- Ensures proper compliance with validation requirements, GMP and GTP compliance profiles.
- Maintains effective communication with all regulatory agencies.
- Management Representative and Tissue Bank Director for LifeNet Health.
- Functions reporting to this position: Quality Systems, Quality Engineering, Regulatory Compliance, Regulatory Affairs, Donor and Processing Records, CAPA and Complaints, Safety Program, Quality Control CLIA Lab. Medical Directors, Internal and External Audits, OPO Quality / Compliance & LifeNet Health Florida Operations Quality and Compliance, Pensacola, Florida / LifeNet Health Northwest Operations Quality, Compliance & Quality Control CLIA Lab, Renton Washington, LifeNet Health Europe Quality, All LifeNet Health facilities
- Member LifeNet Health Executive Leadership Team (ELT)
- Member LifeNet Health Board of Directors Canada
- Established LifeNet Health LEAN University
- Implemented / Updated Quality Manual / System related Procedures and Policies LifeNet Health
- Championed Company through following certifications/audits
 - AATB Certification (American Association of Tissue Banks)
 - MDSAP – ((EU, Canada, 21 CFR 820 FDA)
 - ISO 13485 certification – SGS UK
 - New York State / Florida State - Tissue Bank Audits
 - FDA Audits – LNH operations 50 audits

REGENERATION TECHNOLOGIES, INC.

Alachua, FL

2001- 2005

Senior Corporate Quality Assurance / Regulatory Compliance Manager

- Developed and implemented Recovery Agency, Internal, External Audit Programs
- Management Representative
 - Alabama Tissue Center, Birmingham, AL, Regeneration Technologies, Inc. Alachua, FL
- Supervise Professional managers (2) sites Quality, Compliance Programs, Complaints, Document Control
- Championed Company through following certifications
 - AATB Certification (American Association of Tissue Banks)
 - CAMCAS – Canadian Medical Regulations
 - ISO 13485 certification – SGS UK
 - New York State / Florida State - Tissue Bank Audits
 - FDA Audits – RTI – ATC Operations - 2004
- Implemented / Updated Quality Manual / System related Procedures and Policies
- Responsible for over (40 +) Recovery Agency sites Approval / Compliance – Human & Cardiovascular Tissue

MENTOR CORPORATION

Irving, TX

1999-2001

Director, Regulatory Compliance and Quality Systems

- Managed total Quality/Regulatory Systems to ensure compliance standards were met
- Supervise four professional managers from Quality System Training, Plant Documentation, Regulatory Compliance and Software Validation
- Received ISO 9001 re-certification audit in February 2000 (no observations)

- Received third party certification audit in May 2000 (no observations)
- Received ISO 9001/13485, MDD May 2001 (no observations)
- Updated and implemented Quality Manual. Streamlined Internal and Supplier Audit Systems
- Key role implementing new work order and change control systems
- Plant wide instructor, cGMP, QSR, ISO9000/13485, MDD

MAITLAND ENGINEERING, INC.

South Bend, IN

1998-1999

VP, Quality and Regulatory Affairs

- Managed total Quality/Regulatory Systems to ensure Quality standards were met.
- Championed ISO 9002 certification process in a three-month timeframe, passed initial pre-audit.
- Increased shop floor production by 70% through newly developed receiving, in-process and final inspection systems.
- Implemented and authored quality manual, including second and third level quality documents.
- Developed company brochure and Internet Website.
- Implemented new supplier system.

WRIGHT MEDICAL TECHNOLOGY, INC.

Arlington, TN

1994-1998

Director, Regulatory Compliance/Quality Systems

1995-1998

- Managed Quality and Regulatory Compliance Systems to ensure Quality standards were met.
- Supervised three professional managers from Quality Assurance, Quality Engineering, and Regulatory Compliance to include production and technical staff of 50.
- Authored and implemented Wright Medical Technology, Inc. Quality Manual Company wide.
- Championed ISO 9001 certification process for both Quality System and CE Mark registration in a record ten-month period.
- Managed and maintained Quality/Regulatory Department's three-million-dollar budget.
- Championed initial ISO 9001 certification audit in October 1996.
- Championed FDA audit with no 483's in January 1997.
- Implemented Certified Instrument Supplier Program through team committee effort sufficiently eliminating inspection time by 50%.
- Championed ISO 9001 re-certification audit (2 sites, no observations) in October 1998.
- Instituted and facilitated company audit and internal GMP/ISO training program for entire company.

Manager, Regulatory Compliance

1994-1995

- Managed vendor/supplier audit program that included special processes, products and raw materials worldwide.
- Managed documentation program, which included all Operation/Quality Procedures, Engineering Specifications, Foundry Procedures, Forms and Quality Manual.
- Supervised records review area. Assured device history records were accurate and complete prior to distribution of product. Program was utilized as training tool for employees to eliminate errors and increase accuracy.
- Coordinated company audits from FDA, ISO 9000, DOH and other Regulatory Agencies to assure Domestic/International standards were met.
- Instituted and facilitated company audit and internal GMP/ISO training program for entire company.

ZIMMER, INC. DIVISION OF BRISTOL-MYERS SQUIBB

Warsaw, IN

Manager, Compliance Assessments, Corporate Regulatory Compliance

1987-1994

- Directed and Implemented Vendor/Supplier Audit Program (150+) throughout the United States, Canada, and European Countries. This required dealing with top level management for vendor qualification/certification.
- Organized internal audit programs at Zimmer U.S. Division. This included scheduling and auditing of all departments which involved the following systems: Manufacturing, engineering, Quality, Material Management and Design Assurance Systems.
- Facilitated GMP training and supervised two professionals in the performance of audit and response task.
- Represented Zimmer during onsite audit evaluations by auditors from Bristol-Myers Squibb, FDA, DOH and other Regulatory Agencies.
- Implemented ISO 9000 certification, company wide Quality Manual, Quality Procedure System, Device History/Device Master Record System to comply with industry related standards.

EDUCATION

B.S. Business Administration
Metallurgy Diploma

Indiana Wesleyan University
 ASM Metals Engineering Institute

1989
 1987

QUALIFICATIONS

- CTBS -Certified Tissue Bank Specialist
- Tissue Bank Director
- Developed and Implemented (3) complete ISO Quality Systems
- Design Control Training Provided to FDA Investigators
- ISO Standards Lead Assessor Certification (Certification Number 774) Victoria Group UK
- Auditor Training GMP Certification (Certification Number P-7263) Stat-A-Matrix
- HACCP – Certified FDA Medical Instructor – Virginia Tech University
- Six Sigma Green Belt Certification – Villanova University
- Lean Enterprise Institute (LEI) 2014
- 2007,2017,,2019 Presidents Awards 2019 Founders Circle Award

PROFESSIONAL ASSOCIATIONS

- AAMI (American Association for the Advancement of Medical Instrumentation)
- ASQ (American Quality Society)
- RAPS (Regulatory Affairs Professional Society)
- AATB (American Association of Tissue Banks)

4D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable \$500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State	
Type of Application (check applicable box)	MDEG Business Type (check applicable box)
☒ New MDEG ☐ Ownership Change* ☐ Name Change* ☐ Location Change*	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)
* If making a change, provide current license number: M _____	

Section 1: General Information	
Facility Name: <u>Lincare Inc.</u>	
MDEG Physical Address: <u>291 E. 1400 S., Suite 7</u>	
City: <u>St. George</u>	State: <u>Utah</u> Zip: <u>84790</u>
Mailing Address (if different from physical address): <u>PO Box 9004 ATTN: Licensing Dept.</u>	
City: <u>Clearwater</u>	State: <u>Florida</u> Zip: <u>33758-9004</u>
Telephone: <u>888-409-9436</u>	Website: <u>www.lincare.com</u>
Email: <u>CWaller1@lincare.com</u>	
Name of MDEG Administrator (NAC 639.694): <u>Heather Nielson</u>	
Type of MDEG products that will be sold (check all applicable)	
☒ Medical Gases** ☒ Respiratory Equipment** ☐ Life-sustaining equipment** ☒ Parenteral and Enteral Equipment**	☐ Assistive Equipment ☐ Diabetic Supplies ☐ Orthotics and Prosthetics ☐ Others:
** If providing these products, 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 (NAC 639.6954): Name: <u>Lincare Inc. We offer 24/7 emergency service.</u> Telephone: <u>888-409-9436</u>	
Days and Hours of Operation	
Mon: 8:00 AM - 5:00 PM	
Tues: 8:00 AM - 5:00 PM	
Wed: 8:00 AM - 5:00 PM	
Thurs: 8:00 AM - 5:00 PM	
Fri: 8:00 AM - 5:00 PM	
Sat: On call	
Sun: On call	
Holidays: On call	

Section 2: History of Company		Yes	No
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)?		✓
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?		✓
3.	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
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?		✓
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)?	✓	
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.			

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Lincare Inc. as a company possesses several hundred provider numbers for our nationwide network of centers.
The Medicare NPI for this particular facility is 1154490753 and the Medicaid ID is 592852900006

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)		
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to: - A <u>practicing</u> health professional; or - A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.		
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.		

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:
---------------------------	--------------------------	------------------------

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Lincare Holdings Inc.

Corporation/Organization Name: Lincare Inc.

Mailing Address: PO Box 9004 ATTN: Licensing Dept.

City: Clearwater State: Florida Zip: 33758-9004

Telephone: 800-284-2006 Email: Licensing@lincare.com

Contact Person Name: Collin Waller, Licensing Administrator

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List of <u>all</u> general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).	✓	✓	✓	✓
• Copy of proof of insurance (NAC 639.6946). The MDEG provider shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• MDEG Administrator Application (NAC 639.694). Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gregory G. McCarthy
 Print Name of Authorized Person Submitting Application

[Signature]
 Original signature of Authorized Person (copies or stamps not accepted)

9/9/21

Date

Board Use Only	Date Received: _____	Amount: <u>\$500 check 64-1278 611</u>
----------------	----------------------	--



LINCARE INC
19387 US HIGHWAY 19 NORTH
CLEARWATER, FL 33764
Ph: 727-530-7700

Tax ID: 59-2852900

State of Incorporation: Delaware, 11/03/1987

CORPORATE OFFICERS

CHIEF EXECUTIVE OFFICER

0% Controlling Interest

Crispin Teufel
19387 US Highway 19 North
Clearwater, FL 33764
(727) 530-7700

CHIEF OPERATIONS OFFICER

0% Controlling Interest

Gregory G. McCarthy
19387 US Highway 19 North
Clearwater, FL 33764
(727) 530-7700

CHIEF REIMBURSEMENT OFFICER

0% Controlling Interest

Stacy Thompson
14839 W. 95th Street
Lenexa, KS 66215
(727) 530-7700

Ownership Information

Lincare Inc. (DE Corporation) Tax ID: 59-2852900

100% Owned by

Lincare Holdings Inc. (DE Corporation) Tax ID: 51-0331330

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINCARE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINCARE INC." WAS INCORPORATED ON THE THIRD DAY OF NOVEMBER, A.D. 1987.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2142540 8300

SR# 20211473764

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203374251

Date: 06-05-21



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/20/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER EPIC Insurance Brokers & Consultants 350 Hudson Street – 4 th Floor New York, NY 10014	Phone No.: (212) 488-0200 Fax No.: (212) 488-0220	CONTACT NAME: Haendel Conil PHONE (A/C, No, Ext): 212.488.0445 FAX (A/C, No): E-MAIL ADDRESS: Haendel.Conil@enlbroskers.com <table style="width: 100%;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: ALLIANZ GLOBAL RISKS US INSURANCE CO.</td> <td>35300</td> </tr> <tr> <td>INSURER B: TRAVELERS PROPERTY CASUALTY CO. OF AMERICA</td> <td>25674</td> </tr> <tr> <td>INSURER C: TRAVELERS INDEMNITY COMPANY</td> <td>25658</td> </tr> <tr> <td>INSURER D: ALLIANZ UNDERWRITERS INSURANCE CO</td> <td>36420</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ALLIANZ GLOBAL RISKS US INSURANCE CO.	35300	INSURER B: TRAVELERS PROPERTY CASUALTY CO. OF AMERICA	25674	INSURER C: TRAVELERS INDEMNITY COMPANY	25658	INSURER D: ALLIANZ UNDERWRITERS INSURANCE CO	36420	INSURER E:		INSURER F:	
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INSURER F:																
INSURED Lincare Inc. 19387 US 19 North Clearwater, FL 33764																

COVERAGES
CERTIFICATE NUMBER:
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			USL00157021	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS			CAP-7440L676	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED \$ RETENTION \$			USL00157121	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB-1R81742A-21-51-K UB-1R814596-21-51-R	01/01/2021 01/01/2021	01/01/2022 01/01/2022	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	PROFESSIONAL LIABILITY			U5F00031621	10/01/2021	10/01/2022	\$1,000,000 Each Act / \$3,000,000 Aggregate

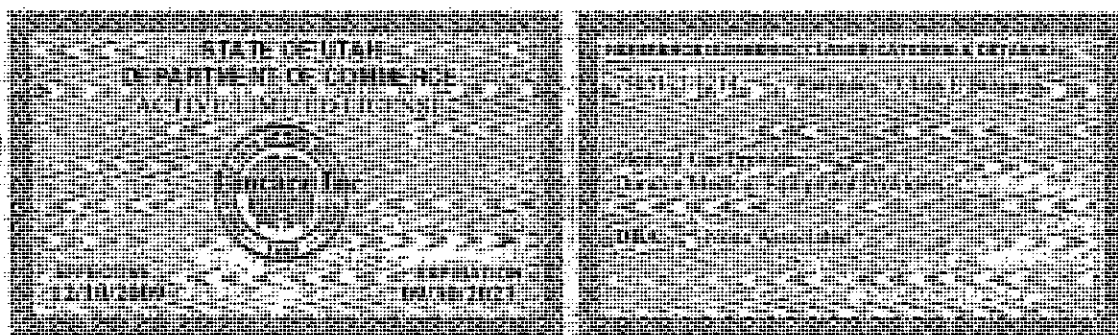
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate issued as evidence of the above insurance for Any and All Named Insured occupied locations anywhere in the United States.

CERTIFICATE HOLDER
CANCELLATION

EVIDENCE OF INSURANCE COVERAGE 	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 2
---	---

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IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

LINCARE INC
291 E 1400 S STE 7
SAINT GEORGE UT 84790

Please visit our web site at
www.dopl.utah.gov should you have any
questions in the future.

STATE OF UTAH DEPARTMENT OF COMMERCE DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING ACTIVE LIMITED LICENSE	
EFFECTIVE DATE:	12/10/2009
EXPIRATION DATE:	09/30/2023
ISSUED TO:	LinCare Inc 291 E 1400 S Ste 7 Saint George UT 84790
	
REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)	
7505177-1714	Pharmacy - Class E Business
	Medical Gas Provider
	Durable Medical Equipment Providers
DHA: None Associated	



**State of Utah
Department of Commerce**

Division of Occupational and Professional Licensing

160 E 300 S

P.O. Box 146741

Salt Lake City, Utah 84114-6741

Email: DOPLInvestigations@utah.gov

Telephone: (801) 530-6628

Toll Free in Utah: (866) 275-3675

Investigation Fax: (801) 530-6301

Website: www.dopl.utah.gov

Case Number: 112459

CLASS E

Medical Gas Provider

INSPECTION

☒ New Opening ☐ Regular

INFORMATION

(Please print clearly or type information)

Facility Name: Lincare INC. Date: 09/16/2019
 Facility Email: hlewis2@secure.lincare.com Facility Telephone: 435-674-4477
 Facility FEIN Number: 592852900
 Facility Hours (Monday-Friday): 8-5 (Saturday): on call/closed (Sunday): on call/closed
 Facility Street Address: 291 E 1400 S Suite 7 Facility Fax: 435-656-4751
 City: St. George State: UT Zip: 84790
 Pharmacy License Number: 11399889-1710 Expiration Date: 12-29-2019
 FDA Registration Number: N/A Expiration Date: _____
 Responsible Person: James King Phone Number: 435-674-4477

INSPECTION

In respect to Medical Gas prescription drugs which are held, stored, or otherwise under the control of the facility, please answer the following questions:

- | | Yes ☒ | No ☐ | |
|----|---|-----------------------------|---|
| 1. | ☒ | ☐ | The facility will/does have an annual FDA registration form. |
| 2. | ☒ | ☐ | The facility will/does have a written pharmacy care protocol which includes: [R156-17b-617a (1)]
☒ the identity of the supervisor or director;
☒ a detailed plan of care;
☒ the identity of the drugs that will be purchased, stored, used and accounted for; and
☒ the identity of any licensed healthcare provider associated with the operation. |
| 3. | ☒ | ☐ | The facility shall develop standard operating policy and procedures manual; [R156-17b-617f (1) (a)] |
| 4. | ☒ | ☐ | The facility will/does conduct training and maintain evidence of employee training programs and completion certificates; [R156-17b-617f (1) (b)] |
| 5. | ☒ | ☐ | The facility will/does maintain documentation and records of all transactions to include: [R156-17b-617f (1) (c)]
☒ batch production records
☒ certificates of analysis
☒ dates of calibration of gauges; |
| 6. | ☒ | ☐ | The facility will/does provide adequate space for orderly placement of equipment and finished product; [R156-17b-617f (1) (d)] |
| 7. | ☒ | ☐ | The facility will/does maintain gas tanks securely; [R156-17b-617f (1) (e)] |
| 8. | ☒ | ☐ | The facility will/does designate return and quarantine areas for separation of products; and [R156-17b-617f (1) (f)] |



CLASS E

INSPECTION

(Page 2 of 2)

9. ☒ Yes ☐ No The facility will/does label all products; [R156-17b-617f(1)(g)]
10. ☒ Yes ☐ No The facility will/does fill cylinders without using adapters; and [R156-17b-617f(1)(h)]
11. ☒ Yes ☐ No The facility will/does comply with all FDA standards and requirements. [R156-17b-617f(1)(i)]

COMMENTS

Center Manager Jimmy King assisted me during inspection. Scott Hoyt is a Respiratory Care Therapist employed by Lincare, Inc. Lic. #. 10582213-5701.

There is plenty of storage, adequate lighting, space to ensure proper operation.

O₂ is kept under 125° at all times

Tanks are not filled at the facility, instead they're filled offsite by Airgas. No FDA registration is needed.

As I have no concerns from this inspection, I recommend a license be issued.

Signature of Responsible Person:

Date of Signature: 1 / 1

Signature of Division Investigator:

Date of Signature: 09 / 16 / 2015



State of Utah
Department of Commerce

Case Number: 112459

Division of Occupational and Professional Licensing

160 E 300 S

P.O. Box 146741

Salt Lake City, Utah 84114-6741

Email: DOPLInvestigations@utah.gov

Telephone: (801) 530-6628

Toll Free in Utah: (866) 275-3675

Investigation Fax: (801) 530-6301

Website: www.dopl.utah.gov

CLASS C

Wholesaler/Distributor
Manufacturer

INSPECTION

☒ New Opening ☐ Regular

INFORMATION

(Please print clearly or type information)

Facility Name: Lincare, Inc.

Date: 09/16/2019

Facility Owner(s): Lincare, Inc. A Linde Company

(owner/sole proprietor name or names of all partners/LLC partners or name of corporation and state of incorporation, attach a separate sheet if necessary)

Facility License Number: 11399889-1710

Expiration Date: 12-29-2019

Controlled Substance License Number: (if applicable) N/A

Expiration Date: _____

FDA Registration Number: (if applicable) N/A

Expiration Date: _____

DEA Registration Number: (if applicable) N/A

Expiration Date: _____

Facility FBIN Number: 592852900

Facility Telephone: 435-674-4477

Facility Fax: 435-656-4751

Facility Street Address: 291 E 1400 S Suite 7

City: St. George

State: UT Zip: 84790

Hours: (Monday-Friday) 8-5

(Saturday) on call only

(Sunday) closed

Responsible Person: James King

Telephone Number: 435-674-4477

(responsible person must be 21, must have 3 years pharmacy/wholesaler experience, must be in a full-time manager position, must be actively involved in and aware of daily operations, must be physically present at the facility during business hours, and must only be a designated representative of one licensee at a time)

INSPECTION

- | | Yes | No | |
|----|-------------------------------------|--------------------------|--|
| 1. | ☒ | ☐ | Every pharmaceutical wholesaler or manufacturer that engages in the wholesale distribution and manufacturing of drugs or medical devices located in this state shall be licensed by the Division. The facility will/has obtained a separate license for each separate location engaged in the distribution or manufacturing of prescription drugs. (Manufacturers distributing only their own FDA-approved prescription drugs or co-licensed product shall satisfy this requirement by registering their establishment with the FDA pursuant to 21 CFR Part 207 and submitting the information required by 21 CFR Part 205, including any amendments thereto, to the Division.) [UAC R156-17b-615 (1-2)] |
| 2. | ☒ | ☐ | The facility will be/is of suitable size and construction to facilitate cleaning, maintenance and proper operations. [UAC R156-17b-615 (7) (a)] |
| 3. | ☒ | ☐ | The facility will/does have storage areas are provided with adequate lighting, ventilation, sanitation, space, equipment, and security conditions. [UAC R156-17b-615 (7) (b)] |
| 4. | ☒ | ☐ | The facility will/does have the ability to control temperature and humidity within tolerances required by all prescription drugs and prescription drug precursors handles or used in the distribution or manufacturing activities. [UAC R156-17b-615 (7) (c)] |



CLASS C

INSPECTION

(Page 2 of 6)

5. ☒ Yes ☐ No The facility will/does have a quarantine area for storage of prescription drugs and prescription drug precursors that are outdated, damaged, deteriorated, misbranded, adulterated, opened or unsealed containers that have once been appropriately sealed or closed or in any other way unsuitable for use or entry into distribution or manufacturing. [UAC R156-17b-615 (7) (d)]
6. ☒ Yes ☐ No The facility will be/is maintained in a clean and orderly condition. [UAC R156-17b-615 (7) (e)]
7. ☒ Yes ☐ No The facility will be/is free from infestation by insects, rodents, birds or vermin of any kind. [UAC R156-17b-615 (7) (f)]
8. ☒ Yes ☐ No The facility will be/is secure from unauthorized entry. [UAC R156-17b-615 (8) (a)]
9. ☒ Yes ☐ No The facility will/does limit access from the outside to a minimum in conformance with local building codes, life and safety codes and control access to persons, to ensure unauthorized entry is not made. [UAC R156-17b-615 (8) (b)]
10. ☒ Yes ☐ No The facility will/does limit entry into areas where prescriptions drugs or prescription drug precursors are held to authorized persons who have a need to be in those areas. [UAC R156-17b-615 (8) (c)]
11. ☒ Yes ☐ No The facility will be/is well lighted on the outside perimeter. [UAC R156-17b-615 (8) (d)]
12. ☒ Yes ☐ No The facility will be/is equipped with an alarm system to permit detection of entry and notification of appropriate authorities at all times when the facility is not occupied for the purpose of engaging in distribution or manufacturing of prescription drugs. [UAC R156-17b-615 (8) (e)]
13. ☒ Yes ☐ No The facility will be/is equipped with security measures, systems and procedures necessary to provide reasonable security against theft and diversion of prescription drugs or alteration or tampering with computers and records pertaining to prescription drugs or prescription drug precursors. [UAC R156-17b-615 (8) (f)]
14. ☒ Yes ☐ No The facility provides for the storage of prescription drugs and prescription drug precursors in accordance with the following: [UAC R156-17b-615 (9)]
- ☒ All prescription drugs and prescription drug precursors are stored at the appropriate temperature, humidity and other conditions in accordance with labeling of such prescription drug or prescription drug precursors or with the requirements in the USP-NF;
 - ☒ If no storage requirements are established for a specific prescription drug or prescription drug precursor, the products shall be held in a condition of controlled temperature and humidity as defined in the USP-NF to ensure that its identity, strength, quality and purity are not adversely affected; and
 - ☒ There is an established system of manual, electromechanical or electronic recording of temperature and humidity in the areas in which prescription drugs or prescription drug precursors are held to permit review of the record and ensure that the products have not been subjected to conditions which are outside of established limits.
15. ☒ Yes ☐ No The facility engaged in pharmaceutical wholesale distribution of prescription drugs for human use that leave, or have ever left, the normal distribution channel will/does, before each pharmaceutical wholesale distribution of such drug, provide a pedigree to the person who receives such drug. The pedigree shall be maintained by the purchaser and the pharmaceutical wholesaler for five years from the date of sale or transfer and be available for inspection or use upon a request of an authorized officer of the law; and include all necessary identifying information concerning each sale in the chain of distribution of the product from the manufacturer, through acquisition and sale by any pharmaceutical wholesaler, until sale to a pharmacy or other person dispensing or administering the prescription drug. At minimum, the necessary chain of distribution information shall include: [UAC R156-17b-615 (10)]
- ☒ name, address, telephone number, and if available, the email address of each owner of the prescription drug, and each pharmaceutical wholesaler of the prescription drug;
 - ☒ name and address of each location from which the product was shipped, if different from the owner's;
 - ☒ transaction dates;
 - ☒ name of the prescription drug;
 - ☒ dosage form and strength of the prescription drug;
 - ☒ size of the container;



CLASS C

INSPECTION

(Page 3 of 6)

- ☒ number of containers;
☒ lot number of the prescription drug;
☒ name of the manufacturer of the finished dose form; and
☒ National Drug Code (NDC) number.

16. ☒ Yes ☐ No The facility will/does establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of the prescription drugs. These records shall include pedigrees for all prescription drugs that leave the normal distribution channel. [UAC R156-17b-615 (11) (a)]
17. ☒ ☐ The facility will/does ensure that upon receipt, each outside shipping container containing prescription drugs or prescription drug precursors shall be visibly examined for identity and to prevent the acceptance of prescription drugs or prescription drug precursors that are contaminated, reveal damage to the containers or are otherwise unfit for distribution. [UAC R156-17b-615 (11) (b)]
18. ☒ ☐ The facility will/does ensure that prescription drugs or prescription drug precursors that are outdated, damaged, deteriorated, misbranded, adulterated or in any other way unfit for distribution or use in manufacturing shall be quarantined and physically separated from other prescription drugs or prescription drug precursors until they are appropriately destroyed or returned to their supplier. [UAC R156-17b-615 (11) (b) (i)]
19. ☒ ☐ The facility will/does ensure that any prescription drug or prescription drug precursor whose immediate sealed or outer secondary sealed container has been opened or in any other way breached shall be identified as such and shall be quarantined and physically separated from other prescription drugs and prescription drug precursors until they are appropriately destroyed or returned to their supplier. [UAC R156-17b-615 (11) (b) (ii)]
20. ☒ ☐ The facility will/does ensure that each outgoing shipment shall be carefully inspected for identity of the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions. [UAC R156-17b-615 (11) (c)]
21. ☒ ☐ The facility will/does ensure that if the conditions or circumstances surrounding the return of any prescription drug or prescription drug precursor cast any doubt on the product's safety, identity, strength, quality or purity, then the drug shall be appropriately destroyed or returned to the supplier, unless examination, testing or other investigation proves that the product meets appropriate and applicable standards related to the product's safety, identity, strength, quality and purity. [UAC R156-17b-615 (11) (c) (i)]
22. ☒ ☐ Returns of expired, damaged, recalled, or otherwise non-saleable prescription drugs will be/are distributed by the receiving pharmaceutical wholesale distributor only to the original manufacturer or a third party returns processor that is licensed as a pharmaceutical wholesale distributor under this chapter. [UAC R156-17b-615 (11) (c) (ii)]
23. ☒ ☐ Returns or exchanges of prescription drugs (saleable or otherwise), including any redistribution by a receiving pharmaceutical wholesaler, shall not be subject to the pedigree requirements, so long as they are exempt from the pedigree requirement under the FDA's Prescription Drug Marketing Act guidance or regulations. [UAC R156-17b-615 (11) (c) (iii)]
24. ☒ ☐ As a facility authorized by law to dispense or administer prescription drugs for use by a patient, the facility is accountable for administering their returns process and ensuring that all aspects of their operation are secure and do not permit the entry of adulterated and counterfeit prescription drugs. [UAC R156-17b-615 (11) (d)]
25. ☒ ☐ The facility will/does only furnish prescription drugs to a person licensed by the Division or to another appropriate state licensing authority to possess, dispense, or administer such drugs for use by a patient. [UAC R156-17b-615 (12)]
26. ☒ ☐ Prescription drugs furnished by the facility shall be delivered only to the business address of a person described in Subsection R156-17b-615 (13), or to the premises listed on the license, or to an authorized person or agent of the licensee at the premises of the manufacturer or pharmaceutical wholesaler if the identity and authority of the authorized agent is properly established. [UAC R156-17b-615 (13)]



CLASS C

INSPECTION

(Page 4 of 6)

27. ☒ Yes ☐ No
- The facility shall establish and maintain records of all transactions regarding the receipt and distribution or other disposition of prescription drugs and prescription drug precursors and shall make inventories of prescription drugs and prescription drug precursors and required records available for inspection by authorized representatives of the federal, state and local law enforcement agencies in accordance with the following: [UAC R156-17b-615 (14)]
- ☒ there shall be a record of the source of the prescription drugs or prescription drug precursors to include the name and principal address of the seller or transferor and the address of the location from which the drugs were shipped;
 - ☒ there shall be a record of the identity and quantity of the prescription drug or prescription drug precursor received, manufactured, distributed or shipped or otherwise disposed of by specific product and strength;
 - ☒ there shall be a record of the dates of receipt and distribution or other disposal of any product;
 - ☒ there shall be a record of the identity of persons to whom distribution is made to include name and principal address of the receiver and the address of the location to which the products were shipped;
 - ☒ inventories of prescription drugs and prescription drug precursors shall be made available during regular business hours to authorized representatives of federal, state and local law enforcement authorities;
 - ☒ required records shall be made available for inspection during regular business hours to authorized representatives of federal, state and local law enforcement authorities and such records shall be maintained for a period of two years following disposition of the products; and
 - ☒ records that are maintained on site or immediately retrievable from computer or other electronic means shall be made readily available for authorized inspection during the retention period; or if records are stored at another location, they shall be made available within two working days after request by an authorized law enforcement authority during the two year period of retention.
28. ☒ Yes ☐ No
- The facility shall establish, maintain and adhere to written policies and procedures which shall be followed for the receipt, security, storage, inventory, manufacturing, distribution or other disposal of prescription drugs or prescription drug precursors, including policies and procedures for identifying, recording and reporting losses or thefts, and for correcting all errors and inaccuracies in inventories. In addition, the policies shall include the following: [UAC R156-17b-615 (15)]
- ☒ a procedure whereby the oldest approved stock of a prescription drug or precursor product is distributed or used first with a provision for deviation from the requirement if such deviation is temporary and appropriate;
 - ☒ a procedure to be followed for handling recalls and withdrawals of prescription drugs adequate to deal with recalls and withdrawals due to:
 - (i) any action initiated at the request of the FDA or other federal, state or local law enforcement or other authorized administrative or regulatory agency;
 - (ii) any voluntary action to remove defective or potentially defective drugs from the market; or (iii) any action undertaken to promote public health, safety or welfare by replacement of existing product with an improved product or new package design;
 - ☒ a procedure to prepare for, protect against or handle any crisis that affects security or operation of any facility in the event of strike, fire, flood or other natural disaster or other situations of local, state or national emergency;
 - ☒ a procedure to ensure that any outdated prescription drugs or prescription drug precursors shall be segregated from other drugs or precursors and either returned to the manufacturer, other appropriate party or appropriately destroyed; and
 - ☒ a procedure for providing for documentation of the disposition of outdated, adulterated or otherwise unsafe prescription drugs or prescription drug precursors and the maintenance of that documentation available for inspection by authorized federal, state or local authorities for a period of two years after disposition of the product.
 - ☒ a procedure for identifying, investigating and reporting significant drug inventory discrepancies (involving counterfeit drugs suspected of being counterfeit, contraband, or suspect of being contraband) and reporting of such discrepancies within three business days to the Division and/or appropriate federal or state agency upon discovery of such discrepancies; and
 - ☒ a procedure for reporting criminal or suspected criminal activities involving the inventory of drugs and devices to the Division, FDA, and if applicable, Drug Enforcement Administration (DEA), within three business days.



CLASS C

INSPECTION

(Page 5 of 6)

29. ☒ Yes ☐ No The facility shall establish, maintain and make available for inspection by authorized federal, state and local law enforcement authorities, lists of all officers, directors, managers and other persons in charge which lists shall include a description of their duties and a summary of their background and qualifications. [UAC R156-17b-615 (16)]
30. ☒ Yes ☐ No The facility will/does comply with laws including: [UAC R156-17b-615 (17)]
☒ operating within applicable federal, state, and local laws and regulations;
☒ permitting the state licensing authority and authorized federal, state, and local law enforcement officials, upon presentation of proper credentials, to enter and inspect their premises and delivery vehicles and to audit their records and written operating policies and procedures, at reasonable times and in a reasonable manner, to the extent authorized by law; and
☒ obtaining a controlled substance license from the Division and registering with the Drug Enforcement Administration (DEA) if they engage in distribution or manufacturing of controlled substances and shall comply with all federal, state, and local regulations applicable to the distribution or manufacturing of controlled substances.
31. ☒ Yes ☐ No The facility will be/is subject to and abides by applicable federal, state, and local laws that relate to the salvaging or reprocessing of prescription drug products. [UAC R156-17b-615 (18)]
32. ☒ Yes ☐ No The facility is not licensed in the same location as both a Class C pharmacy and any other classification of pharmacy. [UAC R156-17b-615 (19)]

COMMENTS

Center Manager Jimmy King assisted me during the inspection. Facility already possesses a class E (DME) license, but as they are a medical grade oxygen distributor, they now need to have a class C pharmacy classification.

The medical gas is not filled at the facility, it is instead filled by Airgas offsite. For that reason, a FDA registration is not required.

No concerns arose during the inspection.

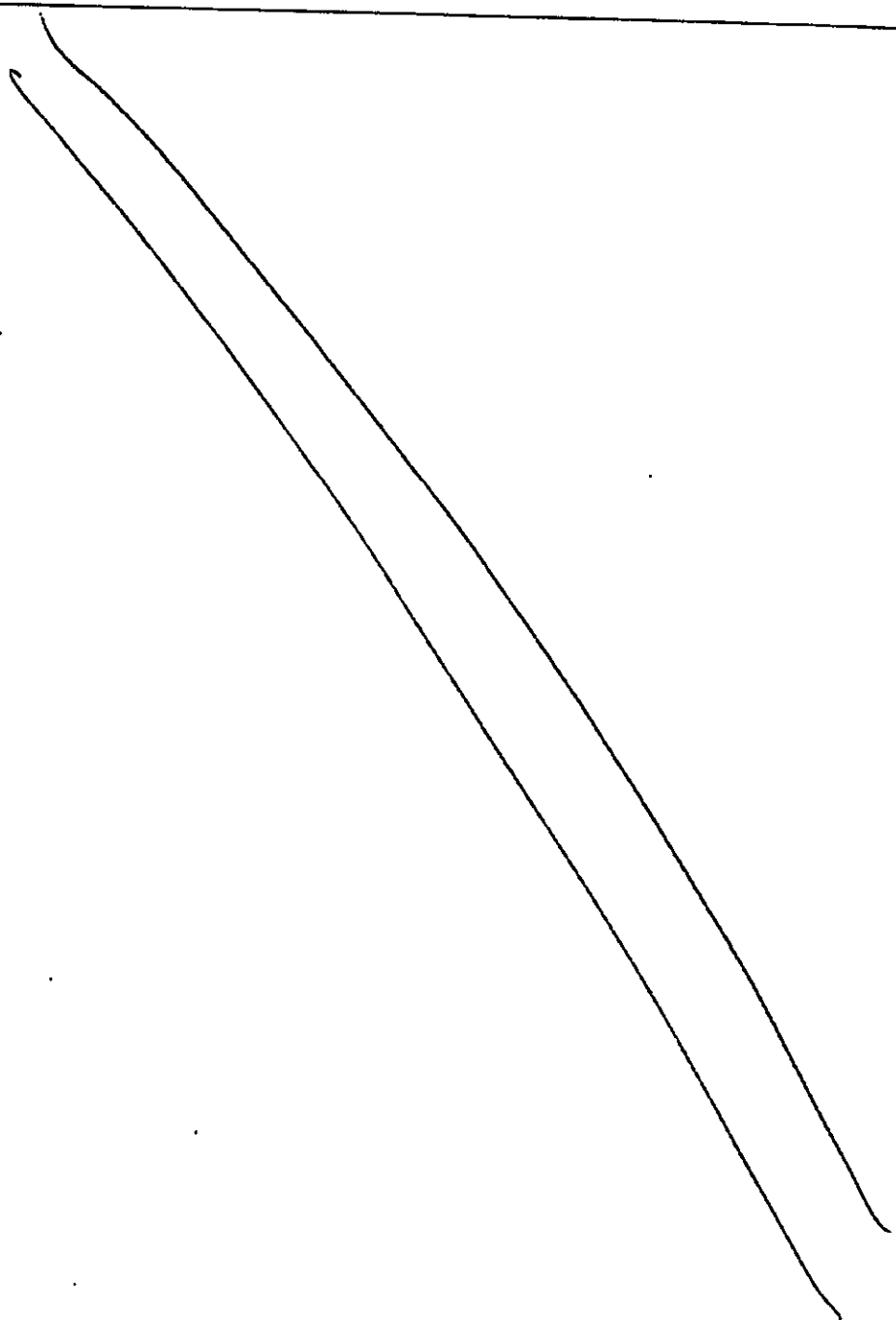
I am recommending license be issued.



CLASS C

INSPECTION

(Page 6 of 6)



Signature of Responsible Person:

Date of Signature:

Signature of Division Investigator:

Date of Signature:

09/16/2019

• Heber M. Wells Building • 160 East 300 South • P.O. Box 146741 • Salt Lake City, UT 84114-6741 •
Telephone (801) 530-6628 • Toll-free in Utah (866) 275-3675 • Fax (801) 530-6301 • www.dopl.utah.gov

UTAH
LIFE ELEVATED

LINCARE INC
19387 US HIGHWAY 19 N
CLEARWATER, FL 33764

TEL: 727-530-7700
FAX: 877-524-9504

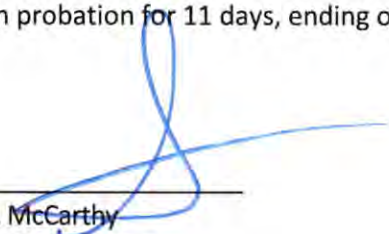


The Lincare Inc. facility located at 291 E. 1400 S. Suite 7, St. George, UT 84790 has not been subjected to any administrative actions or proceedings related to the pharmaceutical industry. Other facilities owned by Lincare Inc., however, have been subject to such action. These are as follows:

1. The Alabama State Board of Pharmacy found deficiencies regarding compounding, which resulted in disciplinary action against Lincare's pharmacy license in November 2011. This license has been active since its issuance. This pharmacy has been sold, and is no longer under the ownership of Lincare.
2. The Missouri State Board of Pharmacy identified deficiencies during the permit application process, which resulted in issuance of Wholesale Drug Distributor to the Lincare Inc. location in Hannibal, MO, subject to probation for four years, which ended on May 31, 2013. This license has been active since its issuance.
3. Lincare, at its Indianapolis, IN infusion pharmacy location, received a routine BOP inspection, which resulted in a finding of deficiencies regarding compounding. On August 14, 2017, Lincare and the BOP agreed to a summary suspension of Lincare's permit until the BOP's September 11, 2017 meeting. On September 11, the BOP agreed to allow the summary suspension to lapse and Lincare was permitted to resume compounding. The matter was concluded with a settlement agreement and payment of a fine in March 2018. This pharmacy has been sold, and is no longer under the ownership of Lincare.
4. The Florida Department of Business and Professional Regulation alleged Lincare, at its St. Augustine location, violated certain Florida Statutes and administrative rules regarding medical oxygen. The matter was resolved with a settlement agreement in August 2018 and payment of a fine. This license has been active since its issuance.
5. Florida Department of Business and Professional Regulation alleged Lincare, at its Panama City location, violated certain Florida Statutes and administrative rules regarding distribution of medical oxygen. The matter was resolved with a settlement agreement on February 06, 2019 and payment of a fine. This license has been surrendered for business purposes unrelated to the settlement agreement.
6. On July 15, 2019, Lincare's Indianapolis, IN infusion pharmacy location entered into a Consent Order with the Illinois Department of financial and Professional Regulation, Division of Professional Regulation, resolving the entity's complaint against the pharmacy. The complaint alleged sister-state discipline stemming from the pharmacy's March 2018 settlement agreement with the Indiana Board of Pharmacy. This pharmacy has been sold, and is no longer under the ownership of Lincare.
7. Lincare, at its Ocala, FL location, received an inspection from the Florida Department of Business and Professional Regulation, which resulted in a finding of deficiencies related to medical oxygen on September 24, 2019. The matter was concluded with an agreement as to the deficiencies and the payment of a fine.
8. Lincare, at its Gainesville, FL location, received an inspection from the Florida Department of Business and Professional Regulation, which resulted in a finding of deficiencies related to medical oxygen on or around July 24, 2019. The matter was concluded by entering into a settlement agreement and the payment of a fine.
9. Lincare, at its Lake City, FL location, received an inspection from the Florida Department of Business and Professional Regulation, which resulted in a finding of deficiencies related to medical oxygen on or around August 26, 2019. The matter was concluded by entering into a settlement agreement and the payment of a fine.

10. Lincare, at its Chesapeake, VA location, received a routine BOP inspection on November 01, 2011 which resulted in a finding of deficiencies regarding compounding. The matter was concluded with a settlement agreement and the payment of a fine. This license has been active since its issuance. This pharmacy has been sold, and is no longer under the ownership of Lincare.
11. Lincare, at its Chesapeake, VA location, received a routine BOP inspection on November 19, 2014, which resulted in a finding of deficiencies regarding compounding. The matter was concluded with a settlement agreement and the payment of a fine. This license has been active since its issuance. This pharmacy has been sold, and is no longer under the ownership of Lincare.
12. Lincare was subject to a consent agreement and payment of a fine to the Maine Board of Pharmacy in March 2015 for not disclosing prior disciplinary actions in other states. All licenses are and have always been active, except for two licenses surrendered for business reasons not related to this issue.
13. Lincare, at its Chesapeake, VA location, received a routine BOP inspection on September 12, 2017, which resulted in a finding of deficiencies regarding compounding. The matter was concluded with an agreement as to the deficiencies and the payment of a fine. This license has been active since its issuance. This pharmacy has been sold, and is no longer under the ownership of Lincare.
14. Lincare, at its Chesapeake, VA location, received a routine BOP inspection on March 11 - 12, 2019, which resulted in a finding of a deficiency regarding timely inventory after a change in the pharmacist in charge. The matter was concluded with an agreement as to the deficiency and the payment of a fine. This license has been active since its issuance. This pharmacy has been sold, and is no longer under the ownership of Lincare.
15. Lincare, at its Peoria, AZ location, received a routine BOP inspection on May 30, 2019, which resulted in a finding of deficiencies regarding temperature controls. The matter was concluded with a consent agreement which placed the licenses on probation for 11 days, ending on March 06, 2020.

Signed,



Gregory G. McCarthy
Chief Operations Officer
Lincare Inc.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG)

Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Lincare Inc. MDEG License # (if applicable) _____
 Physical Address 291 E. 1400 S. Suite 7
 City St. George State Utah Zip 84790
 Mailing Address (if different from physical address) PO Box 9004 ATTN: Licensing Dept.
 City Clearwater State Florida Zip 33758-9004
 Telephone 435-674-4477 Website www.lincare.com
 Licensing Company Email CWALLER1@LINCARE.COM

Section 2: Personal Information

First Heather Middle Joyce Last Nielson
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
 Mailing Address n. Sevier Hwy
 City Joseph State Ut Zip 84739
 Telephone _____ Email _____
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name <i>Senier Valley Tech.</i>		From - To (MM/YY - MM/YY) <i>1-98 - 4-98</i>		
Address <i>Richfield</i>		State <i>Ut</i>	Zip <i>84701</i>	
Diploma/Degree obtained, if any <i>CNA</i>				
School Name <i>North Senier High</i>		From - To (MM/YY - MM/YY) <i>95 - 99</i>		
Address <i>Palma</i>		State <i>Ut</i>	Zip <i>84654</i>	
Diploma/Degree obtained, if any <i>HS diploma</i>				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY) <i>2005 - Current</i>	Address <i>N. Senier Hwy</i>	City <i>Joseph</i>	State <i>Ut</i>	Zip <i>84739</i>
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name Lincare		From - To (MM/YY - MM/YY) 7/15 - Current	
Business Address 291 E. 1400 S Suite 7		City St. George	State Ut
Phone 435-674-4477	Title Center Manager		Zip 84790
Description of Duties Work with Drs. & patients for their needs with home medical products, set up pt with products, Training Employees on products & services.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Continue on next page if additional space is needed.			

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Make copies of this page OR use a separate piece of paper if additional space is needed.				

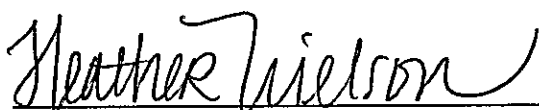
Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, Licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)



Date

I, Heather Nielson, certify that as the MDEG Administrator for Lincare,

that I (initial that you have read and meet the following requirements):

1. HN Have a high school diploma or its equivalent;
2. HN Have
 - a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by 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;
3. HN Will be employed by 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
4. HN Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Heather Nielson

Print Name (First, Last)

Heather Nielson

Original Signature (electronic, copies or stamps not accepted)

9/20/2021

Date

Board Use Only

Date Received: _____

4E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable \$500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State		
Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG ☐ Ownership Change* ☐ Name Change* ☐ Location Change*	* If making a change, provide current license number: M _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) ☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information		
Facility Name: <u>Onestep Med LLC</u>		
MDEG Physical Address: <u>3 Market St STE 404</u>		
City: <u>Plainsboro</u>	State: <u>NJ</u>	Zip: <u>08536</u>
Mailing Address (if different from physical address): <u>Same as Physical address</u>		
City: _____	State: _____	Zip: _____
Telephone: <u>7325332328</u>	Website: _____	
Email: <u>onestepmed2020@gmail.com</u>		
Name of MDEG Administrator (NAC 639.694): <u>Brian Denbigh</u>		
Type of MDEG products that will be sold (check all applicable)		
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment**	☐ Assistive Equipment ☒ Diabetic Supplies ☐ Orthotics and Prosthetics ☐ Others: _____	
** If providing these products, 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 (NAC 639.6954): Name: _____ Telephone: _____		
Days and Hours of Operation		
Mon: <u>10:00 AM-4:00 PM</u>		
Tues: <u>10:00 AM-4:00 PM</u>		
Wed: <u>10:00 AM-4:00 PM</u>		
Thurs: <u>10:00 AM-4:00 PM</u>		
Fri: <u>10:00 AM-4:00 PM</u>		
Sat: <u>Closed</u>		
Sun: <u>Closed</u>		
Holidays: <u>Closed</u>		

Section 2: History of Company		Yes	No
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)?		✓
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?		✓
3.	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare: 7812820001

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)		
Name: N/A	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

- A practicing health professional; or
- A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:
---------------------------	--------------------------	------------------------

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: Brian Denbigh

Business Name: Onestep Med LLC

Business Address: 3 Market St STE 404

City: Plainsboro State: NJ Zip: 08536

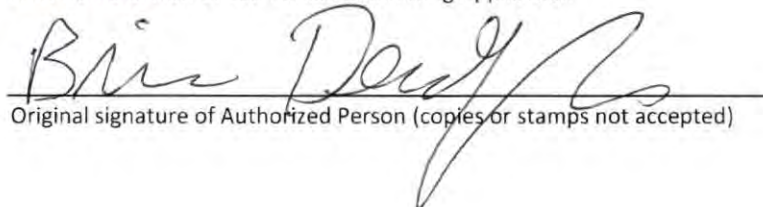
Telephone: 7325332328 Email: onestepmed2020@gmail.com

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of all Officers and Directors.	✓	✓		
• List of all general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).	✓	✓	✓	✓
• Copy of proof of insurance (NAC 639.6946). The MDEG provider shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• MDEG Administrator Application (NAC 639.694). Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Denbigh

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

08/23/2021

Date

Board Use Only	Date Received: _____	Amount: <u>500</u> <u>CHECK # 9179</u>
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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG)

Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Onestep Med LLC MDEG License # (if applicable) _____
 Physical Address 3 Market Street, Suite 404
 City Plainsboro State NJ Zip 08536
 Mailing Address (if different from physical address) Same as Physical Address
 City _____ State _____ Zip _____
 Telephone 732-533-2328 Website _____
 Licensing Company Email onestepmed2020@gmail.com

Section 2: Personal Information

First Brian Middle Thomas Last Denbigh
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
 Mailing Address Stokes St
 City Freehold State NJ Zip 07728
 Telephone 732-533-2328 Email
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Brookdale Community College		From - To (MM/YY – MM/YY) 09/2009 - 08/2012	
Address 765 Newman Springs Rd	City Lincroft	State NJ	Zip 07738
Diploma/Degree obtained, if any			
School Name Freehold High School		From - To (MM/YY – MM/YY) 09/2004 - 06/2009*	
Address 2 Robertsville Rd	City Freehold	State NJ	Zip 07728
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 04/1991 - present	Address [REDACTED] Stokes St	City Freehold	State NJ	Zip 07728
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name OneStep Med LLC		From - To (MM/YY – MM/YY) 04/2020 - Present	
Business Address 3 Market Street Suite 404	City Plainsboro	State NJ	Zip 08536
Phone 732-533-2328	Title Owner	Number of Employed Hours > 2000 hours	

Description of Duties
Responsible for management, education and training of all staff associated with Durable Medical Equipment: Building and maintaining effective relationships and coordination of the CGM program.

Business Name OneStep Insurance Agency		From - To (MM/YY – MM/YY) 08/2019 - Present	
Business Address 200 Craig Road	City Manalapan	State NJ	Zip 07726
Phone 908-839-7714	Title Manager	Number of Employed Hours > 2000 hours	

Description of Duties
Establish and manag relationships with Medicare sale agents and brokers. Build relationships with healthcare plans, providers, brokers and agents that lead to increased sale opportunities.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials

BD

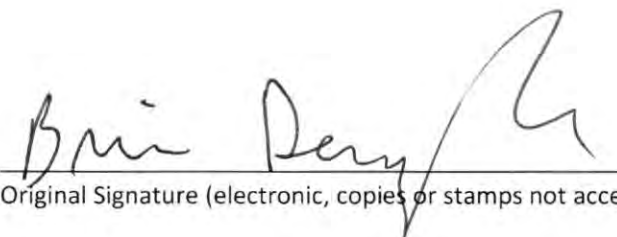
Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

9/16/2021
Date

I, Brian Denbigh, certify that as the MDEG Administrator for
OneStep Med LLC,

that I (initial that you have read and meet the following requirements):

1. BD Have a high school diploma or its equivalent;
2. BD Have
 - a. BD At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by 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;
3. BD Will be employed by 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
4. BD Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Denbigh

Print Name (First, Last)

Brian Denbigh

Original Signature (electronic, copies or stamps not accepted)

08/26/2021

Date

Board Use Only

Date Received: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Onestep Med, LLC
 Physical Address 3 Market Street, Suite 404
 City Plainsboro State NJ Zip 08536
 Mailing Address (if different from physical address) Same as physical address
 City _____ State _____ Zip _____
 Telephone 732-533-2328 Website _____
 Licensing Company Email onestepmed2020@gmail.com

Section 2: Personal Information

First Brian Middle Thomas Last Denbigh
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] Stokes St.
 City Freehold State NJ Zip 07728
 Telephone 732-533-2328 Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the 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 initials

BD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Brookdale Community College		From - To (MM/YY - MM/YY) 09/2009 - 08/2012	
Address 765 Newman Springs Rd	City Lincroft	State NJ	Zip 07738
Diploma/Degree obtained, if any			
School Name Freehold High School		From - To (MM/YY - MM/YY) 09/2004 - 06/2009	
Address 2 Robertsville Rd	City Freehold	State NJ	Zip 07728
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 04/91 - present	Address [REDACTED] Stokes St	City Freehold	State NJ	Zip 07728
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

 Applicant's initials BD

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name OneStep Med LLC		From - To (MM/YY – MM/YY) 04/20 - present	
Business Address 3 Market Street, STE. 404		City Plainsboro	State NJ
Phone 732-533-2328	Title Owner		
Description of Duties Responsible for management, education and training of all staff associated with Durable Medical Equipment; Building and maintaining an effective relationships and coordination of the CGM program.			
Business Name OneStep Insurance Agency		From - To (MM/YY – MM/YY) 08/2019 - present	
Business Address 200 Craig road		City Manalapan	State NJ
Phone 908-839-7714	Title Manager		
Description of Duties Establish and manage relationships with Medicare sales agents and brokers. Build relationships with healthcare plans, providers, brokers and agents that lead to increased sales opportunities.			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials

BD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Denbigh

Print Name (First, Last)

Brian Denbigh
Original Signature (electronic, copies or stamps not accepted)

9/16/2021
Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MONMOUTH

I, Brian Denbigh, 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 the license, registration, permit, certificate or certification for which I am applying for.

Brian Denbigh
Original Signature

9/16/2021
Date

Subscribed and Sworn to before me this 16th day of September, 2021

Kathleen Ruddy
Notary Public Signature

KATHLEEN RUDDY
A Notary Public of New Jersey
My Commission Expires May 16, 2022

(Seal)

Applicant's initials BD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/24/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER VGM Insurance Services, Inc. 1111 W. San Marnan Dr. Waterloo IA 50701	CONTACT Kim Kulish PHONE (A/C, No, Ext): (866) 859-0172 FAX (A/C, No): E-MAIL ADDRESS: Kim.Kulish@vgm.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: BENCHMARK INSURANCE COMPANY 41394 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Onestep Med LLC 3 Market Street Suite 404 Plainsboro NJ 08536	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER. ☒ POLICY ☐ PROJECT ☐ LOC OTHER:		D1020 G6260-2	04/23/2021	04/23/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☐ N / A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Nevada State Board of Pharmacy 985 Damonte Ranch Pkwy, Ste 206 Reno NV 89521	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

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PO BOX 100142 | COLUMBIA, SC 29202-3142 | PALMETTOGBA.COM | ISO 9001
NATIONAL SUPPLIER CLEARINGHOUSE MEDICARE ADMINISTRATIVE CONTRACTOR



May 26, 2020

Onestep Med LLC
3 Market St
#404
Plainsboro, NJ 08536-2080

NPI: 1659991164
PTAN: 7812820001
RE: 20261003000099

Reference # 1659991164

Dear Onestep Med LLC:

We are pleased to inform you that your initial Medicare enrollment application is approved. Listed below are your National Provider Identifier (NPI) and Provider Transaction Access Number (PTAN).

To start billing, you must use your NPI on all Medicare claim submissions. Because the PTAN is not considered a Medicare legacy identifier, do not report it as an "other" provider identification number to the National Plan and Provider Enumeration System (NPPES).

Your PTAN has been activated and may be the required authentication element for all inquiries to customer service representatives (CSRs), written inquiry units, and the interactive voice response (IVR) system. The IVR allows you to inquire about claims status, beneficiary eligibility and transaction information.

If you plan to file claims electronically, please contact our EDI department at 866-311-9184.

Medicare Enrollment Information

Provider/Supplier name:	Onestep Med LLC
Physical Address location:	3 Market St #404 Plainsboro, NJ 08536-2080
National Provider Identifier (NPI):	1659991164
Provider Transaction Access Number (PTAN):	7812820001
You are:	Non Participating
Effective date:	March 1, 2020

Please verify the accuracy of your enrollment information.

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**ONESTEP MED LLC
0450481739**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 14, 2020.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**BRIAN DENBIGH
21 STOKES ST
FREEHOLD, NJ 07728**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
6th day of August, 2021*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6121871513

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

CENSE DIRECTORY State/Territory ▾ Map Filter Product/Services: ▾  

NJ

Jump to a Product/Service:

▼

License required (In-state)	Req. for suppliers (Out-of-state)	Licensing Agency	Verify Online	Req. for Pharmacies (In-state)	Notes
Automatic Ext Defibrillator (AEDS) and/or Supplies (DM01)					
No License Required	No			No	
Blood Glucose Monitors/ Supplies (Non-Mail Order) (DM05)					
No License Required	No			No	
Blood Glucose Monitors/Supplies (Mail Order) (DM06)					
No License Required	No			No	

OneStep Med LLC

3 Market Street, Suite 404

Plainsboro, New Jersey 08536

NPI: 1659991164
PTAN: 7812820001
TIN: 850713808

09/16/2021

To whom it may concern,

I am submitting for my organization, OneStep Med, to request approval of being a Medical Product Provider for the State of Nevada. According to the website [NSC State Licensure Information - NJ \(palmettogba.com\)](https://www.palmettogba.com/licensure/licdirect.nsf/StateLicenseInformation_N7openform&State=NJ) https://www.palmettogba.com/licensure/licdirect.nsf/StateLicenseInformation_N7openform&State=NJ a New Jersey state license is not required to operate a Blood Glucose Monitors/Supplies (Mail Order / DM06). I have included the following supporting documents:

- NJ Certificate of Good Standing
- BOC Certification of Accredited Facility
- A Signed Medical Products Provider – Medical Devices, Equipment and Gasses (MDEG) Application
- A Signed and Notarized Personal History Application
- A Signed Medical Products Provider – Medical Devices, Equipment and Gasses (MDEG) Administrator Application
- Proof of Liability Insurance
- Medicare Approval Letter
- Screenshot of Palmetto GBA website showing NJ doesn't required a state license for DM06
- Check made out to Nevada State Board of Pharmacy

OneStep Med LLC

P: 732-533-2328
F: 609-842-6792

The Board of Certification / Accreditation, International

• Owings Mills, Maryland, USA

Accredited Facility

Practice limited to DMEPOS supplier categories:

DM05,DM06,M01,DM08,OR03,OR04,PD06,M02,M04,DM20,DM26,S01,PD08,DM22,PD09,M05,M10

The Board of Certification / Accreditation attests that the Facility named below complies with all requirements for Facility accreditation.

One Step Med LLC

3 Market St

Plainsboro, NJ 08536-2080

This accreditation is awarded for meeting the professional standards of BOC, together with all the honors, rights, privileges and responsibilities in pursuit of our mission to assure patients, physicians, professional organizations, the public-at-large, and government agencies and representatives of the competence and professionalism of BOC-Accredited Facilities. In witness whereof, we have affixed the seal of the Board and subscribed our names in acknowledgement.



Matthew Gruskin, MBA, BOOO, BOCPD, Credentialing Director



Claudia Zacharias, MBA, CAE, President & CEO



S62102

Facility Number

December 2023

Accredited Through

Accredited Since: **2020**

BOC is a CMS deemed accrediting organization.

This accreditation is the property of BOC — the certificate holder agrees to abide by the BOC / CMS standards.

4F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State	
Type of Application (check applicable box)	Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☐ Yes ☒ No	

Section 1: General Information	
Facility Name: <u>Bausch & Lomb Americas Inc.</u>	
Physical Address: <u>400 Somerset Corporate Blvd., 8th Floor</u>	
City: <u>Bridgewater</u>	State: <u>NJ</u> Zip: <u>08807</u>
Mailing Address (if different from physical address): <u>15273 Alton Parkway, Suite 200, Attn: Sharath Gadasally</u>	
City: <u>Irvine</u>	State: <u>CA</u> Zip: <u>92618</u>
Telephone: <u>908-541-8688</u>	Website: <u>www.bausch.com</u>
Name of Designated Representative (DR): <u>David Marlow</u>	
Licensing Company Email: <u>Statelicensing@bausch.com</u>	DR Email: <u>David.Marlow@bauschhealth.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Others:	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ Others:

Section 2: History of Company	Yes	No
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)?		✓
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?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Bausch & Lomb Incorporated

Corporation Name: Bausch & Lomb Americas Inc.

Mailing Address: 15273 Alton Parkway, Suite 200, Attn: Sharath Gadasally

City: Irvine State: CA Zip: 92618

Telephone: 908-541-8688 Email: Statelicensing@bausch.com

Contact Person Name: David Marlow

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration		Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:			✓
N/A	1. Copy of Certification		
	2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓	
	1. Copy of FDA registration See Attachment B		
	2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ . See Attachment C		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.		Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
	• List of <u>all</u> Officers and Directors. See Attachment D	✓	✓		
N/A	• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
	• List of <u>all</u> corporation shareholders and their percent ownership. See Attachment D		✓		
N/A	• List of <u>all</u> partners and their percent ownership.			✓	
	• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months. See Attachment E	✓	✓	✓	✓
	• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ . See Attachment F		✓	✓	✓
	• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at N/A - See Attachment A http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
N/A	• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
N/A	• Copy of current SEC 10K or 8K	✓			
	• A list containing each employee, agent, independent contractor, ^{See Attachment A} consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
N/A	ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
	• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
	• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Marlow

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date

Board Use Only	Date Received: _____	Amount: <u>500</u> <u>CHECK # 8954</u>
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**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

P.O. Box 369, Trenton, New Jersey 08625-0369

0745048

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of \$20.00 shall accompany such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

400 SOMERSET CORPORATE BLVD, FL 8 BRIDGEWATER, NJ 08807-

Reg. No.
5005999

BAUSCH & LOMB AMERICAS INC
400 SOMERSET CORPORATE BLVD, FL 8
BRIDGEWATER, NJ 08807-

**ISSUED PURSUANT TO
N.J.S.A. 24:6B**

EXPIRES: January 31, 2022

Establishment Copy

Attachment D**Employee and Ownership Information**

Bausch & Lomb Americas Inc.
400 Somerset Corporate Blvd., 8th Floor
Bridgewater, NJ 08807

Parent Company:

Bausch and Lomb, Inc.
1400 N. Goodman Street
Rochester, NY 14609

Bausch & Lomb Americas Inc. is wholly-owned by its parent company, Bausch and Lomb, Inc.

Corporate Officers:

Jeremy M. Lipshy
Senior Vice President, Tax

William N. Woodfield
Vice President and Treasurer

John F. LaFave
Vice President

Designated Representative:

David B. Marlow
Director of Distribution

Attachment A

Nature of Business

Bausch & Lomb Americas Inc. (B&L) is a virtual manufacturer of human non-controlled prescription drugs, over-the-counter drugs, cosmetics, and prescription and non-prescription medical devices. The facility is located in Bridgewater, NJ.

B&L utilizes affiliated sites and third parties to produce, manufacture, and distribute its products to its customers (wholesalers, distributors, hospitals, and pharmacies). **At no time does this facility handle, store, produce, or distribute its own products.** Provided below is the information for the third party logistics provider and contract manufacturers:

Third Party Logistics Providers:

Kenco Logistic Services LLC
4309 Distribution Drive, Chattanooga, TN 37416

Contract Manufacturers:

Bausch and Lomb, Inc.
8500 Hidden River Parkway, Tampa, FL 33637
FDA Registration #: 1000113778

Bausch and Lomb, Inc.
1400 N. Goodman Street, Rochester, NY 14609
FDA Registration #: 1317628

Bausch and Lomb, Inc.
15273 Alton Parkway, Suite 200, Irvine, CA 92618
FDA Registration #: 3003434767

Gadasally, Sharath

Subject: RE: Labeler Code Request Approved

EMAIL FROM FDA

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Monday, September 13, 2021 5:52 AM
To: Henderson, Yvette <Yvette.Henderson@bauschhealth.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 13-SEP-2021
Labeler DUNS: 118287629
Labeler Name: Bausch & Lomb Americas Inc.
Labeler Code Assigned: 82260

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment.** Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.

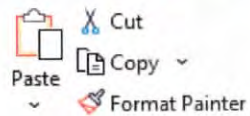
For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit [Drug Registration and Listing System](#) or reply back to this email (edrls@fda.hhs.gov).

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Number



Conditional Formatting

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Styles

A8428 82260

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	NDC/NHRIC Labeler	Firm Name																
8407	90089	TKC Holdings, Inc.																
8408	69246	Playaction LLC																
8409	66689	VistaPharm Inc.																
8410	70043	ASCOT PHARMACEUTICALS, INC.																
8411	52249	OPPORTUNITIES, INC.																
8412	42694	Crescent Marketing dba Crescent Mfg																
8413	72429	Eosera Inc																
8414	61579	Advantage Home Medical LLC																
8415	72348	Lhasa OMS, Inc.																
8416	79009	Mitchell Cosmetics, Inc.																
8417	78012	G.E.O MARKETING CORP																
8418	51681	JELMA PHILIPPINES INC																
8419	67313	NPS Holdings LLC																
8420	53054	Sentry Fire and Welding Supply, Inc.																
8421	90011	Brk, L.L.P.																
8422	68391	BJWC																
8423	42515	Intercell Biomedical Limited																
8424	75672	Kie Industries																
8425	76264	Dong Sung World Wide USA, Inc.																
8426	59573	Fujian Kerui Pharmaceutical Co. Ltd																
8427	551	Guangzhou HanWindBeauty Commerce Co.,Ltd																
8428	82260	Bausch & Lomb Americas Inc.																
8429	58479	Crossing Cultures, LLC dba Goddess Garden																
8430	80849	American Ethanol Companv. LLC																

✓ Verified
m.h 10/7/21

R I D E R

To be attached to and form part of:

Bond Number 08836635
 dated October 4, 2006
 issued by the FIDELITY AND DEPOSIT COMPANY OF MARYLAND
 in the amount of \$ 100,000.00
 on behalf of BAUSCH & LOMB INCORPORATED
 (Principal)
 and in favor of THE STATE OF NEVADA
 (Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The following facility should be added to the bond:

BAUSCH & LOMB AMERICAS INC.
 400 Somerset Corporate Blvd., 8th floor
 Bridgewater, NJ 08807

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

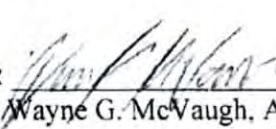
This Rider is to be Effective this 14th day of September, 2021.

Signed, Sealed & Dated this 14th day of September, 2021.

BAUSCH & LOMB INCORPORATED,
BAUSCH & LOMB AMERICAS INC.
 (Principal)

By: 

Jeremy M. Lipshy, SR. VP Tax
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
 (Surety)

By: 

Wayne G. McVaugh, Attorney-in-Fact

**ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Wayne G. MCVAUGH, Elizabeth MARRERO, Patricia A. RAMBO, Sara OWENS, Kimberly G. SHERRROD, Joanne C. WAGNER, Vicki JOHNSTON, Cathy H. HO, George GIONIS, Lori SHELTON, Jaquanda MARTIN and Kaitlyn MALKOWSKI all of Philadelphia, Pennsylvania, EACH**, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York, the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland, and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland, in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 15th day of May, A.D. 2019.



ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: *Robert D. Murray*
Vice President

By: *Dawn E. Brown*
Secretary

**State of Maryland
County of Baltimore**

On this 15th day of May, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.



Constance A. Dunn

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2019

NEVADA STATE BOARD OF PHARMACY

586 Double Eagle Court #1100

Reno, Nevada 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 08836635

Application/License No. _____

Bausch & Lomb Incorporated, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
One Bausch & Lomb Place, Rochester, NY 14604, as
Address of Applicant/Principal

PRINCIPAL, and Fidelity and Deposit Company of Maryland, a
Surety Company
corporation organized under the laws of the state of Maryland
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
105 E. 17th St., 4th Fl., New York, NY 10003, 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 October 4, 2006
Effective Date

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 822.400 or 822.410 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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAUSCH & LOMB AMERICAS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAUSCH & LOMB AMERICAS INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4479664 8300

SR# 20213216772

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204130252

Date: 09-10-21

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Bausch & Lomb Americas Inc.
 Physical Address 400 Somerset Corporate Blvd., 8th Floor
 City Bridgewater State NJ Zip 08807
 Mailing Address (if different from physical address) 15273 Alton Parkway, Suite 200, Attn: Sharath Gadasally
 City Irvine State CA Zip 92618
 Telephone 908-541-8688 Website www.bausch.com
 Licensing Company Email Statelicensing@bausch.com

Section 2: Personal Information

First David Middle Brian Last Marlow
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address 400 Somerset Corporate Blvd., 8th Floor
 City Bridgewater State NJ Zip 08807
 Telephone 908-541-8688 Email David.Marlow@bauschhealth.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☒	☐
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒
Date of Service: From: <u>05/31/1996</u> to: <u>11/01/2002</u>		
Military Occupation/Specialty <u>Airfield Operations / 13M3</u>		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☒ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☐

N/A

Applicant's initials

DM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name		From - To (MM/YY - MM/YY)		
Wilmington University		04/99-05/00		
Address	City	State	Zip	
321 Dupont Highway	New Castle	DE	19720	
Diploma/Degree obtained, if any				
MS Human Resources Management				
School Name		From - To (MM/YY - MM/YY)		
Virginia Military Institute		07/92-05/96		
Address	City	State	Zip	
319 Letcher Ave	Lexington	VA	24450	
Diploma/Degree obtained, if any				
BS Mechanical Engineering				
School Name		From - To (MM/YY - MM/YY)		
Chancellor High School		09/89 - 05/92		
Address	City	State	Zip	
6300 Harrison Road	Fredericksburg	VA	22407	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
07/12-09/21	Chalfonte Drive	Lebanon	NJ	08833
From - To (MM/YY - MM/YY)	Address	City	State	Zip
08/03-07/12	371 Bergen Street	Union	NJ	07093
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.				
Business Name Bausch & Lomb Americas, Inc.			From - To (MM/YY - MM/YY) 06/21 - current	
Business Address 400 Somerset Corporate Blvd., 8th Floor		City Bridgewater	State NJ	Zip 08807
Phone 908-541-8688	Title Director of Distribution		Number of Employed Hours 40/week	
Description of Duties Director of Distribution				
Business Name Alvogen			From - To (MM/YY - MM/YY) 10/15-05/18	
Business Address 10 Bloomfield Ave		City Pine Brook	State NJ	Zip 07058
Phone 973-796-3400	Title Director , Regional Alliance Management		Number of Employed Hours 40/week	
Description of Duties In charge of US third party operations and US logistics supporting 30 different third party suppliers.				
Business Name Actavis (Allergan) <i>Interface Sep 2/21/21</i>			From - To (MM/YY - MM/YY) 03/03-10/15	
Business Address 400 Interface Parkway		City Parsippany	State NJ	Zip 07054
Phone 862-261-7000	Title Director , Transportation		Number of Employed Hours 40/week	
Description of Duties US transportation, US third party operations, materials, management, production planner, manufacturing supervisor.				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City <i>9/21/21</i>	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Continue on next page if additional space is needed.				

Applicant's initials

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials Sm 5

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials 

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A
Sofu
9/21/21

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

Sofu 7

David B. Marlow

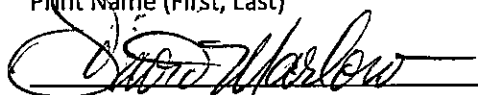
I, _____, certify that as the designated representative for
Bausch & Lomb Americas Inc.

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

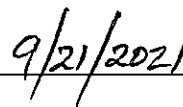
David Marlow

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

Date



Applicant's initials



I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Marlow

Print Name (First, Last)

David Marlow

Original Signature (electronic, copies or stamps not accepted)

9/21/2021
Date

Please have this section completed in the presence of a Notary Public.

State of *New Jersey*, ss. County of *Somerset*

I, _____, 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 the license, registration, permit, certificate or certification for which I am applying for.

David Marlow

Original Signature

Sept 21, 2021

Date

Subscribed and Sworn to before me this *21st* day of *Sept 2021*

Stacey Ann Trabold

Notary Public Signature

(Seal)



Applicant's initials *DM*

4G

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH _____)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Hikma Specialty USA Inc.

Physical Address: 1900 Arlingate Lane

City: Columbus State: OH Zip Code: 43228

Telephone Number: (614) 241-4125 Fax Number: N/A

Toll Free Number: N/A

E-mail: cbonny@hikma.com Website: https://hikma-specialty.com/

Facility Manager: Christopher Bonny

Professional qualifications and experience of facility manager: _____
See attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration)

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 regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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 ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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 ☒

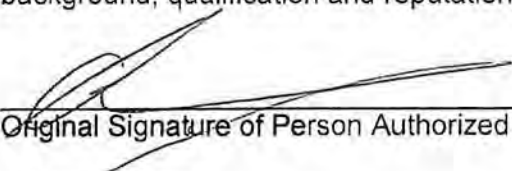
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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.


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

Christopher Bonny

Print Name of Authorized Person

October 14th, 2021
Date

Board Use Only

Date Processed: _____

Amount: _____



Ownership Information

Hikma Specialty USA Inc.
1900 Arlingate Lane
Columbus, OH 43228
(614)241-4125
<https://www.hikma.com/products/us-products/>
E-mail: cbonny@hikma.com

FEIN: 46-3018191
State of Formation: DE
Date Incorporated: 6/4/1991
File Number: 2264775

Hikma Specialty USA, Inc. is 100% owned by Eurohealth (U.S.A.) Inc.

Parent Company Address: Eurohealth (U.S.A.), Inc.
Parent Company Phone: (732)542-1191
Parent Company FEIN: 13-3629829

Officers

Christopher Bonny, President

Business Address: 1900 Arlingate Lane, Columbus, OH 43228
Business Phone: (614)241-4125
Email: cbonny@hikma.com
Ownership %: 0

George J. Muench, Treasurer

Business Address: 2 Esterbrook Lane, Cherry Hill, New Jersey 08003
Business Phone: (856)616-1239
Email: gmuench@hikma.com
Ownership %: 0



Ownership Information

Hikma Specialty USA Inc.
1900 Arlingate Lane
Columbus, OH 43228
(614)241-4125
<https://www.hikma.com/products/us-products/>
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Email: cbonny@hikma.com
Ownership %: 0

George J. Muench, Treasurer

Business Address: 2 Esterbrook Lane, Cherry Hill, New Jersey 08003
Business Phone: (856)616-1239
Email: gmuench@hikma.com
Ownership %: 0



**STATE OF
OHIO**
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2023.

Hikma Specialty USA Inc.

1900 Arlingate Ln

Columbus, OH 43228-4112

License Number: 0130000236

Wholesaler - Category 2

Expiration Date: June 30, 2023

CLASS: Wholesaler - Category 2
BUSINESS TYPE: VW - Virtual Wholesaler

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
---------------------------------	---------------------------------

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HIKMA SPECIALTY USA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



7435862 8300

SR# 20210122757

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202295859

Date: 01-15-21



Description of Operations

Hikma Specialty USA Inc. is a VirtualManufacturer. Hikma Specialty USA Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Wholesalers by their Third-Party Logistics Provider, Cardinal Health dba Specialty Pharmaceutical Services , who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:

We are using the following contract manufacturer to produce our product:

Hikma Pharmaceuticals USA Inc.
1809 Wilson Road
Columbus, OH 43228
FDA Establishment Number: 1510690

Hikma Pharmaceuticals USA Inc. manufactures Hikma Specialty USA Inc.'s product and packages finished product. At no time does Hikma Pharmaceuticals USA Inc. own the product, contract with Hikma Specialty USA Inc.'s customers, invoice, nor sell a Hikma Specialty USA Inc. product. Hikma Specialty USA Inc.'s products are not Controlled Substances.

Labeler Code:

59467

Third Party Logistic information:

For distribution into the commercial supply channels, Cardinal Health dba Specialty Pharmaceutical Services acts as Hikma Specialty USA Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Hikma Specialty USA Inc.'s product to Wholesalers throughout the United States. Cardinal Health dba Specialty Pharmaceutical Services's address is:

Cardinal Health dba Specialty Pharmaceutical Services
15 Ingram Blvd.
La Vergne, TN 37086
Cynthia Rhodes (614)757-5000

Hikma Specialty USA Inc.'s hours of operation are 8:00 am – 5:00pm Monday through Friday.

National Drug Code Directory

SHARE TWEET LINKEDIN PRINT EMAIL PRINT

Current through July 01, 2021

You have searched Finished drug products

Search Results: '59467'

Back to Search Page | Search Again

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
KLOXXADO	59467-679-01	8 mg/ 1mL	SPRAY	NASAL	NDA212045	Hikma Specialty USA Inc.	59467-679	Naloxone HCL	NALOXONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2021	N/A	NDA	1 mL in 1 VIAL SINGLE-DOSE (59467-679-01)	Opioid Antagonist [EPC], Opioid Antagonists [MoA]
MITIGARE	59467-316-10	6 mg/1	CAPSULE	ORAL	NDA204620	Hikma Specialty USA Inc	59467-316	Colchicine	COLCHICINE	HUMAN PRESCRIPTION DRUG	10/01/2014	N/A	NDA	1000 CAPSULE in 1 BOTTLE (59467-316-10)	Cytochrome P450 3A4 Inhibitors [MoA], P-Glycoprotein Interactions [MoA]
MITIGARE	59467-316-01	6 mg/1	CAPSULE	ORAL	NDA204620	Hikma Specialty USA Inc	59467-316	Colchicine	COLCHICINE	HUMAN PRESCRIPTION DRUG	10/01/2014	N/A	NDA	100 CAPSULE in 1 BOTTLE (59467-316-01)	Cytochrome P450 3A4 Inhibitors [MoA], P-Glycoprotein Interactions [MoA]
MITIGARE	59467-316-30	6 mg/1	CAPSULE	ORAL	NDA204620	Hikma Specialty USA Inc	59467-316	Colchicine	COLCHICINE	HUMAN PRESCRIPTION DRUG	07/26/2018	N/A	NDA	30 CAPSULE in 1 BOTTLE (59467-316-30)	Cytochrome P450 3A4 Inhibitors [MoA], P-Glycoprotein Interactions [MoA]

Showing 1 to 4 of 4 entries

Previous 1 Next

Verified
M.H 7/1/21

National Drug Code Directory

[f SHARE \(https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWITTER \(https://twitter.com/intent/tweet?text=NATIONAL DRUG CODE DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm\)](https://twitter.com/intent/tweet?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[in LINKEDIN \(https://www.linkedin.com/shareArticle?mini=true&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm&title=NATIONAL DRUG CODE DIRECTORY&source=fda\)](https://www.linkedin.com/shareArticle?mini=true&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm&title=NATIONAL%20DRUG%20CODE%20DIRECTORY&source=fda)

[PIN IT \(https://www.pinterest.com/pin/create/button/?url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm\)](https://www.pinterest.com/pin/create/button/?url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[EMAIL \(mailto:7SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDG/DSP_SEARCHRESULT.CFM\)](mailto:7SUBJECT=NATIONAL%20DRUG%20CODE%20DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDG/DSP_SEARCHRESULT.CFM) [PRINT](#)

Current through February 26, 2021

You have searched Finished drug products

Search Results: '59467'

[Back to Search Page \(\)](#) | [Search Again \(\)](#)

CSV Excel

Display records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
MITIGARE	59467-318-10	.8 mg/1	CAPSULE	ORAL	NDA204820	Hikma Specialty USA Inc.	59467-318	Colchicine	COLCHICINE	HUMAN PRESCRIPTION DRUG	10/01/2014	N/A	NDA	1000 CAPSULE in 1 BOTTLE (59467-318-10)	Cytoc P450 Inhibitor [MoA], Glycop Interac [MoA]
MITIGARE	59467-318-01	.8 mg/1	CAPSULE	ORAL	NDA204820	Hikma Specialty USA Inc.	59467-318	Colchicine	COLCHICINE	HUMAN PRESCRIPTION DRUG	10/01/2014	N/A	NDA	100 CAPSULE in 1 BOTTLE (59467-318-01)	Cytoc P450 Inhibitor [MoA], Glycop Interac [MoA]

✓ Verified
Mr. H

CHRISTOPHER BONNY

SUMMARY OF QUALIFICATIONS

Seasoned pharmaceuticals commercial and corporate development executive with 20+ years of progressive experience in building and leading teams, owning strategic planning and tactical activities, and driving results across the P&L. Significant experience in traditional brand and generic pharmaceuticals, biologics, and drug-device combination products:

- Strong leader with experience in building and leading teams and collaborating cross-functionally with both internal and external stakeholders to achieve operational goals.
- Experienced leader of multiple field-based commercial teams in traditional pharmaceutical sales, generic accounts, managed markets, and government contracting.
- Demonstrated ability to thoroughly review, understand, and interpret available scientific and commercial information in order to support portfolio decisions and prioritization.
- Proven proficiencies in identifying and evaluating significant corporate partnerships, negotiating deal structures, executing strategic transactions, and leading integrations and alliances in large and small pharma/biotech companies.

Recognized as results-oriented with the talent to “roll-up my sleeves” and act independently, or effectively manage cross-functional teams, as necessary to achieve corporate goals.

EXPERIENCE

2018 - Present Hikma Pharmaceuticals USA

Columbus, OH

Vice President, Marketing and Brand Rx Operations

- Member of the Executive Leadership Team managing a portfolio of business exceeding \$1.2bln annually.
- Established and lead the Product Launch Excellence function for the planning and execution of pipeline programs
 - Manage all commercial launch activities with a multi-disciplinary team;
 - Ownership of the 5-YR Business Plan for the business units (Brand and Generic);
 - Determination of financial and commercial viability of products in development in the US;
 - Evaluation of external programs and/or entities to augment internal pipeline.
- Leader of all commercial activities for differentiated and brand products in the mature product portfolio.
- Principal member of the Hikma Pharmaceuticals USA long-term strategic planning committee.

2016 - 2018 West-Ward Pharmaceuticals, Inc.

Columbus, OH

Senior Director, Differentiated and Brand Products

- Lead all commercial activities with full P&L responsibility for the brand products business.
 - Double-digit market share within 18 months of launch into an incumbent, highly competitive space.
 - Net Revenues of >\$50M in 2017e and guiding to >\$100M by YE2019.
- Lead all commercial activities for differentiated generic products, including generic Advair® and the West-Ward Addiction Therapy Services business.
- Manage multiple field sales teams, a comprehensive managed markets team, and in-house and external marketing teams.
- Responsible for continued growth (organic and inorganic) of the differentiated products portfolio through multiple avenues, including acquisition, in-license, and internal development.

2014 - 2016 Roxane Laboratories, Inc. (A Division of Boehringer-Ingelheim GmbH)

Columbus, OH

Executive Director, Commercial and Business Development

- Responsible for all commercial and corporate development activities for a top 10 U.S. generic company; forecast to contribute an incremental \$400 million in annual revenue by 2020.
- Lead a pipeline optimization process to identify strategic gaps in the long-term plan, as well as material opportunities for out-license/divestiture.
- Chief liaison for all business-related processes in the separation activities of Roxane Laboratories from Boehringer-Ingelheim GmbH, including overall management of ongoing manufacturing and distribution relationship between the companies post-close.
- Lead and manage staff with direct accountability and oversight of all business terms and contract negotiations for technology deals, in-licensing deals, asset purchase deals, acquisitions, and divestitures.

2013 - 2014 Baxter Healthcare Corporation**Deerfield, IL***Brand Director, Hemophilia - FEIBA*

- Responsible for U.S. commercial strategy, operations, marketing and lifecycle management for a leading specialty biological product with annual sales of more than \$200 million.
- Accountable for all elements of the FEIBA brand in the US – healthcare professional, medical education, consumer/patient, reimbursement, and payer channel.
- Reinvigorated a 36-year old product and increased overall revenue by 9.9% in 2013, while maintaining stable margins and pricing.
- Led the launch of a new indication with renewed branding in Q1, 2014 with expectations of continued double-digit growth through 2015 (trending at >15% growth YTD).

2009 - 2013 Baxter Healthcare Corporation**Deerfield, IL***Director, Corporate Development & Strategy (2011 –2013)**Director, Business Development (2009-2011)*

- Led the overall integration of Synovis Life Technologies, Inc. (acquired in February 2012 for \$325 million) into the Baxter corporate structure; principal of the Integration Management Office tasked with managing the entire Synovis business during the transition, including the closure of the Orthopedic and Wound Care Division.
- Directed the strategic establishment of Baxter Ventures (Baxter's venture capital arm) and the Baxter BioScience oncology franchise strategy (solidified with the acquisition of rights to Rigosertib).
- Led material strategic transactions to increase corporate top-line revenues while managing profit margin erosion and/or EPS dilution.
- Key member of the corporate strategy team tasked with identifying, evaluating, and presenting to executive management new franchise areas for inorganic portfolio expansion.

2008 - 2009 Avaan Therapeutics, Inc.**Denver, CO***Vice President, Business Development & Licensing*

- Led all business/corporate development functions reporting directly to CEO and Board of Directors.
- In collaboration with the CEO, directed a comprehensive plan for private placement round (Series A).
- Directed Avaan's negotiations in all corporate transactions.
- Established and managed an internal international scientific and clinical evaluation team for the review of all Avaan licensing, acquisition, and co-development transactions.

2006 - 2008 MGI PHARMA, Inc.**Baltimore, MD***Director, Business Development***2005-2006 Aradigm Corporation****Hayward, CA***Senior Manager, Business Development***2000-2005 RxKinetix, Inc.****Louisville, CO***Manager, Business Development (2002-2005)**Business Development Associate (2000 – 2002)***1996-1999 Affinity BioReagents, Inc.****Golden, CO***Marketing Manager***EDUCATION****2002-2005 Leeds School of Business, University of Colorado****Boulder, CO***Masters of Business Administration***1992-1996 Trinity College****Hartford, CT***Bachelor of Science (Neuroscience)*

Citibank, N.A.

DATE : JUN. 30, 2021

IRREVOCABLE STANDBY LETTER OF CREDIT NO. 69622792

ISSUING BANK:

CITIBANK, N.A.

C/O CITICORP NORTH AMERICA, INC.

ATTN: US STANDBY UNIT

3800 CITIBANK CENTER, BUILDING B, 1ST FLOOR

TAMPA, FL 33610

PHONE: 866-945-6284

FAX NO.: 609-681-2734

BENEFICIARY:

NEVADA STATE BOARD OF PHARMACY

985 DAMONTE RANCH PKWY, SUITE 206

RENO, NV 89521

APPLICANT:

HIKMA PHARMACEUTICALS USA INC.

ON BEHALF OF HIKMA SPECIALTY USA INC

(AN AFFILIATE OF HIKMA PHARMACEUTICALS USA INC.)

1900 ARLINGATE LANE

COLUMBUS, OH 43228

BY ORDER OF OUR CLIENT, HIKMA PHARMACEUTICALS USA INC., ON BEHALF OF ITS AFFILIATE HIKMA SPECIALTY USA INC. (THE 'APPLICANT/PRINCIPAL'), WE HEREBY OPEN OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. 69622792, IN YOUR FAVOR FOR AN AMOUNT NOT TO EXCEED IN USD 25,000.00 (TWENTY FIVE THOUSAND AND 00/100 UNITED STATES DOLLARS), EFFECTIVE IMMEDIATELY AND EXPIRING AT THE OFFICE OF OUR SERVICER, CITICORP NORTH AMERICA, INC. AT 3800 CITIBANK CENTER, BUILDING B, 1ST FLOOR, TAMPA, FL 33610, ATTN: U.S. STANDBY LETTER OF CREDIT UNIT OR SUCH OTHER OFFICE AS WE MAY ADVISE YOU FROM TIME TO TIME (THE 'OFFICE'), ON JUNE 30, 2022.

WE HAVE BEEN INFORMED THIS IRREVOCABLE STANDBY LETTER OF CREDIT SECURES PAYMENT OF ANY ADMINISTRATIVE FINES IMPOSED BY THE NEVADA STATE BOARD OF PHARMACY PURSUANT TO NRS 639.255 AND ANY COSTS INCURRED BY THE NEVADA STATE BOARD OF PHARMACY REGARDING THE LICENSE OF THE APPLICANT/PRINCIPAL THAT ARE IMPOSED PURSUANT TO NRS 622.400 OR 622.410 WHICH THE APPLICANT/PRINCIPAL FAILS TO PAY.

FUNDS HEREUNDER ARE AVAILABLE TO YOU AGAINST PRESENTATION OF YOUR SIGHT DRAFT(S), DRAWN ON US, MENTIONING THEREON OUR LETTER OF CREDIT NUMBER 69622792, ACCOMPANIED BY YOUR WRITTEN AND DATED STATEMENT, SIGNED BY AN AUTHORIZED PERSON OF THE KANSAS BOARD OF PHARMACY, STATING THE FOLLOWING:

"NEVADA BOARD OF PHARMACY PENALTIES, FEES OR COSTS HAVE NOT BEEN PAID BY APPLICANT/PERMIT HOLDER WITHIN 30 DAYS ACCORDING TO THE WHOLESALE DISTRIBUTOR'S LICENSE."

IT IS A CONDITION OF THIS LETTER OF CREDIT THAT IT SHALL BE DEEMED AUTOMATICALLY EXTENDED, WITHOUT AMENDMENT, FOR ADDITIONAL PERIOD(S) OF ONE

Citibank, N.A.

YEAR FROM THE EXPIRY DATE HEREOF, OR ANY FUTURE EXPIRATION DATE, UNLESS AT LEAST THIRTY (30) DAYS PRIOR TO ANY EXPIRATION DATE WE NOTIFY YOU BY REGISTERED MAIL OR BY ANY OTHER RECEIPTED MEANS THAT WE ELECT NOT TO CONSIDER THIS LETTER OF CREDIT RENEWED FOR ANY SUCH ADDITIONAL PERIOD, WHEREUPON YOU MAY DRAW FOR THE AVAILABLE AMOUNT UNDER THIS LETTER OF CREDIT BY MEANS OF YOUR SIGHT DRAFT(S), DRAWN ON US, MENTIONING OUR LETTER OF CREDIT NUMBER.

WE HEREBY AGREE WITH YOU TO HONOR EACH DRAFT DRAWN UNDER AND IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT IF PRESENTED, TOGETHER WITH THE DOCUMENTS SPECIFIED AT THIS OFFICE ON OR BEFORE THE STATED EXPIRATION DATE.

SHOULD YOU HAVE OCCASION TO COMMUNICATE WITH US REGARDING THIS LETTER OF CREDIT, PLEASE DIRECT YOUR CORRESPONDENCE TO OUR OFFICE, MAKING SPECIFIC MENTION OF THE LETTER OF CREDIT NUMBER INDICATED ABOVE. FOR INQUIRIES YOU MAY CONTACT US AT 1-866-945-6284.

ALL PARTIES TO THIS LETTER OF CREDIT ARE ADVISED THAT THE U.S. GOVERNMENT HAS IN PLACE CERTAIN SANCTIONS AGAINST CERTAIN COUNTRIES, TERRITORIES, INDIVIDUALS, ENTITIES, AND VESSELS. CITIGROUP ENTITIES, INCLUDING BRANCHES AND, IN CERTAIN CIRCUMSTANCES, SUBSIDIARIES, ARE/WILL BE PROHIBITED FROM ENGAGING IN TRANSACTIONS OR OTHER ACTIVITIES WITHIN THE SCOPE OF APPLICABLE SANCTIONS.

EXCEPT AS FAR AS OTHERWISE EXPRESSLY STATED HEREIN, THIS STANDBY LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES ("ISP98"), INTERNATIONAL CHAMBER OF COMMERCE, PUBLICATION NO. 590, AND AS TO MATTERS NOT GOVERNED BY THE ISP98, SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF NEW YORK AND APPLICABLE U.S. FEDERAL LAW.

Johnman

AUTHORIZED SIGNATURE(S).
CITIBANK, N.A.

Citibank, N.A.

OUR REFERENCE NO : 69622792

NOW TO READ AS:

HIKMA PHARMACEUTICALS USA INC
ON BEHALF OF HIKMA SPECIALTY USA INC. AND HIKMA INJECTABLES USA
INC.

(AN AFFILIATES OF HIKMA PHARMACEUTICALS USA INC)

1900 ARLINGATE LANE

ARLINGATE LANE

COLUMBUS, OH 43228

ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL CREDIT INSTRUMENT REMAIN UNCHANGED.

THIS AMENDMENT(S) IS AN INTEGRAL PART OF THE ORIGINAL CREDIT AND MUST BE ATTACHED THERETO.

PLEASE DIRECT ANY INQUIRIES, QUOTING OUR REFERENCE NUMBER, TO:

CUSTOMER SERVICE DEPARTMENT,

CITIBANK, N.A. C/O ITS SERVICER, CITICORP NORTH AMERICA, INC. 3800 CITIBANK CENTER BUILDING B, 1ST FLOOR TAM

TEL: 866-498-8670()

FAX: ()

WEBSITE: WEBSITE: WWW.CITIDIRECT.COM (CLICK ON THE TRADE ADVISOR TAB)



AUTHORIZED SIGNATURE
CITIBANK, N.A.



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License APP-000322441

Hikma Specialty Usa Inc.

1900 Arlingate Ln
Columbus, OH 43228-4112
Franklin County

Wholesaler - Category 2

Wholesale Drug Distributor

May 26, 2020



License APP-000322441 - Hikma Specialty Usa Inc.

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
 (614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by Andrea R. Wagner
Start 5/26/2020 10:00 AM
End 5/26/2020 10:56 AM

Organization

Name Hikma Specialty Usa Inc.	License Type Wholesaler - Category 2	Category
License Number APP-000322441	Business Type VW - Virtual Wholesaler	DEA Number
Responsible Person Christopher B Bonny	Hours of Operation Mon-Fri 8a-5p	

Contact

Address 1900 Arlingate Ln Columbus, OH 43228-4112 Franklin County	Primary Number (614) 241-4125	Fax Number	Website
---	---	-------------------	----------------

Personnel

<u>Name</u>	<u>Initials</u>	<u>Position</u>	<u>I.D. No.</u>	<u>Phone</u>	<u>Email</u>
Christopher B Bonny		Responsible Person			cbonny@hikma.com
Natalie Weekley					nweekley@hikma.com

1) Initial Inspection Information

3) Facility Description

Observation

This is a telephone inspection for a new virtual wholesaler license.

3) Security

1) Dangerous drugs are stored in a secure area with access by authorized personnel only?

No

Observation

The facility will not have any dangerous drug onsite.

3) Adequate systems are in place to detect and deter drug diversion and to prevent unauthorized access to drug stock.

Yes

Observation

Entrance to the premises of facility is badge access/gated. The facility is secured with badge access. The facility has two entrance doors and one warehouse door. Employees including security and maintenance are considered badged employees.

6) References

1) The licensee is able to access current federal and state drug laws and rules.

Yes

Observation

The facility has access to online resources.

8) Drug Purchases

1) Wholesale and Terminal Distributors of Dangerous Drugs utilized by the licensee include:

Cardinal
Amerisource
McKesson

Observation

The facility will sell dangerous drugs to Amerisource Bergen, McKesson and Cardinal.

2) The licensee has a policy/procedure in place to verify the TDDD/WDDD of the distributor/wholesaler prior to purchasing dangerous drugs or controlled substances from them.

Yes

Observation

The facility has a policy in place to ensure proper licensure from distributors. The facility obtains copies of the distributors licenses.

10) Drug Records and Inventories**1) The facility maintains all drug records on-site for a period of three years.**

Yes

Observation

The facility will maintain drug records for at least three years.

2) The facility has been granted permission by the State of Ohio Board of Pharmacy to maintain drug records at an off-site location

No

Observation

The facility currently does not need to store records offsite. Discussed the requirement to obtain permission to store records offsite.

7) Theft or loss of dangerous drugs, controlled substances and/or drug documents has been reported to the Ohio State Board of Pharmacy.

No

Observation

Discussed the requirement to report any theft or loss of dangerous drugs to the Board of Pharmacy.

Any theft or loss of dangerous drugs must be reported by law to the Ohio State Board of Pharmacy and local law enforcement immediately upon discovery. Notify the DEA if controlled substances were involved.

Theft or loss must be reported verbally to the Ohio State Board of Pharmacy (614-466-4143) or a local Pharmacy Board Employee immediately upon discovery and in writing to the Ohio State Board of Pharmacy (dea106reporting@pharmacy.ohio.gov) within 30 days of the discovery of the theft or loss.

14) Wholesale Facilities

3) The facility is secure from unauthorized entry.

Yes

Observation

The facility is secured by badge access. The facility also has an alarm system and onsite security.

4) The facility is equipped with an alarm system to detect unauthorized entry after hours.

Yes

Observation

The facility is secured by badge access. The facility also has an alarm system and onsite security.

8) The wholesaler obtains certificates from licensed terminal distributors of dangerous drugs prior to a sale being made.

Yes

Observation

The facility has a policy in place to ensure proper licensure from distributors. The facility obtains copies of the distributors licenses.

9) The facility has a system in place to identify and report suspicious orders for drugs to the Ohio State Board of Pharmacy.

Yes

Observation

The facility has suspicious ordering monitoring system in place that identifies suspicious orders. Discussed the requirement to report suspicious orders the the Board of Pharmacy.

11) The facility maintains written policies and procedures for the receipt, security, storage, inventory and distribution of dangerous drugs.

Yes

12) Employees have appropriate education and/or experience to assume responsibility for positions related to compliance with licensing regulations.

Yes

16) Additional Findings**1) Additional findings observed on inspection include the following:**Observation

Discussed Ohio Administrative Codes:

4729:6-5-01 Wholesale distributors - general operations.

4729:6-6-01 Virtual wholesalers - general operations.

Also discussed, the facility is subject to routine inspections by the Board of Pharmacy.

18) Inspection Affirmation**1) Inspection Affirmation**Observation

As the person in charge, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 30 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required. Responses can be emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or they may be mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

No Issue Found

Reviewed by Christopher B Bonny

*Inspection conducted by Bonny with Christopher
and related meeting.*

Inspector: Christopher Bonny

(signature)

4H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State	
Type of Application (check applicable box)	Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
* If making a change, provide current license number: WH WH02484	
Is your facility a reverse distributor? ☐ Yes ☒ No	

Section 1: General Information	
Facility Name: Medunik USA, Inc.	
Physical Address: 919 Conestoga Road, Building ONE, Suite 202	
City: Rosemont	State: PA Zip: 19010
Mailing Address (if different from physical address): 919 Conestoga Drive, Building One, Suite 202	
City: Rosemont	State: PA Zip: 19010
Telephone: (484) 380-2641	Website: www.medunikusa.com
Name of Designated Representative (DR): Tanya Carro	
Licensing Company Email: info@medunikusa.com	DR Email: tcarro@medunik.com
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☒ Others: Specialty Distributors	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ Others:

Section 2: History of Company	Yes	No
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)?		x
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?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
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?		x
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)?		x
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): 9249-5746 QC, Inc.

Corporation Name: Medunik USA, Inc.

Mailing Address: 919 Conestoga Drive, Building One, Suite 202

City: Rosemont State: PA Zip: 19010

Telephone: 450-433-7734 Email: info@medunikusa.com

Contact Person Name: Tonya Carro

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tanya Carro

Print Name of Authorized Person Submitting Application

Tanya Carro

Original signature of Authorized Person (copies or stamps not accepted)

9/22/21

Date

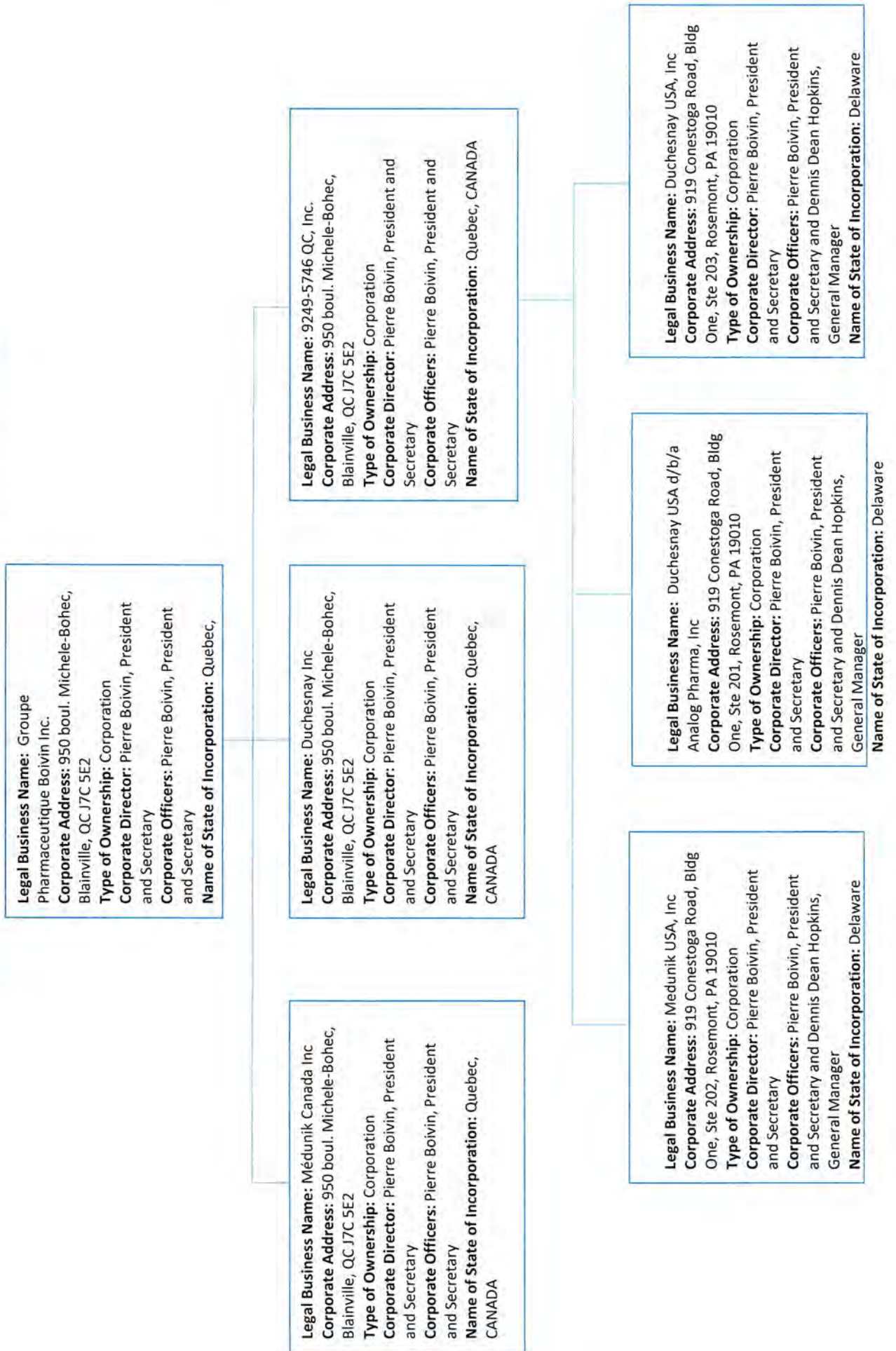
Board Use Only	Date Received: _____	Amount: <u>500</u> Check # <u>13910</u>
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DUCHESNAY USA

Exhibit A:

Previous Legal Business Entities Organizational Chart



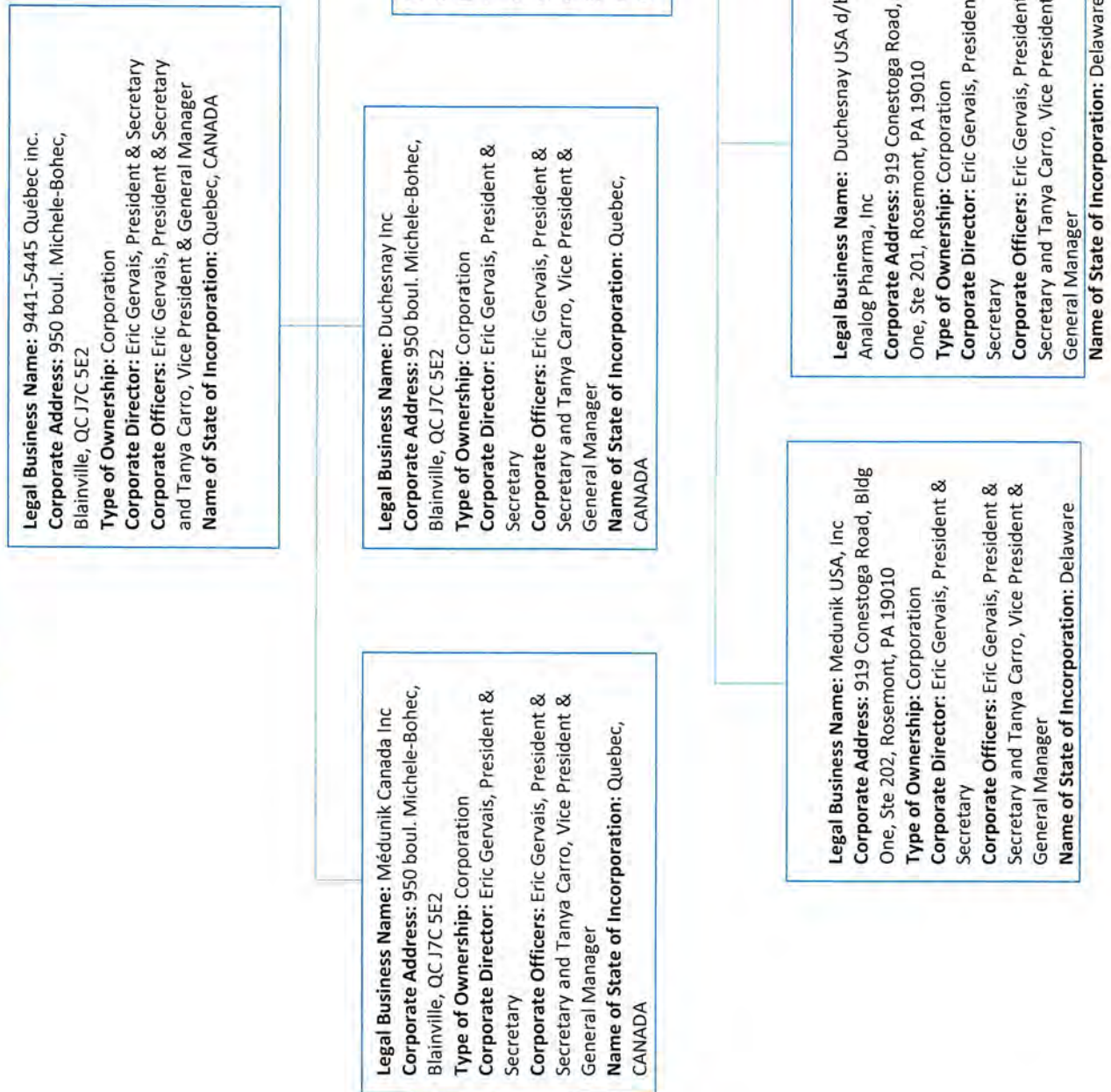


DUCHESNAY USA



Exhibit B:

Legal Business Entities Organizational Chart as of 6/1/2021



Pennsylvania Department of Health
Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

- **Medunik USA, Inc.** 919 Conestoga Drive Building One, Suite 202; Rosemont, PA 19010
Certificate(s): 9500000184 issued: 9/6/2018 3:19:00 PM expires: 9/30/2022

[Back to DD&C Home](#)

[Home](#) : [Press Releases](#) : [Office of the Secretary](#)
[Bureau of Community Program Licensure and Certification](#) : [Drug, Device and Cosmetic Program](#) : [Quality Assurance](#)

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Assembly
Version
4.0.18274.4
Database
Version Could
not retrieve
database
version.
Check that
the database
is registered
as a Data-tier
Application.



Certificate of Record

Certificate No. 9500000184

Drug & Device Registration

555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Office/Corporate Location
No product onsite

MEDUNIK USA, INC.

919 CONESTOGA DRIVE
BUILDING ONE, SUITE 202
ROSEMONT, PA 19010

The above business is recognized by the Department of Health as an entity that is doing business in the Commonwealth of Pennsylvania related to pharmaceuticals, medical devices, or cosmetics for which said entity **does not** physically handle, possess, transfer, manufacture, distribute, or retail pharmaceuticals, medical devices or cosmetics at the location on the certificate of record.

Issuance Date: September 06, 2018

Expiration Date: The Last Day of September, 2021

Susan Coble

Susan Coble
Deputy Secretary for Quality Assurance



Rachel L. Levine

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDUNIK USA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDUNIK USA, INC." WAS INCORPORATED ON THE FIFTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5905704 8300

SR# 20212451329

You may verify this certificate online at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State

Authentication: 203448321

Date: 06-15-21



Description of Operations

Medunik USA, Inc. is a "virtual manufacturer" that distributes non-controlled prescription drugs to wholesalers, and specialty pharmacies.

Medunik USA, Inc. has recently obtained the distribution rights for its first product, Siklos® (hydroxyurea) (NDA 208843). The market authorization holder for Siklos® is Addmedica SAS. The latter appointed Medunik Canada Inc. (which in turn appointed its affiliate Medunik USA, Inc.) as its sole distributor for Siklos® in the United States of America.

Delpharm Lille SAS in France manufactures and packages Siklos® at the following address (please note that the manufacturing contract is between Delpharm Lill SAS and Addmedica SAS and that Medunik USA, Inc. will be ordering the product from Addmedica SAS):

Delpharm Lille SAS
 Parc d'activités Roubaix-Est
 22, rue de Toufflers
 CS 50070
 59452 Lys-Lès-Lannoy Cedex
 Tel. : 33 (0)3 20 20 80 00
 Fax : 33 (0)3 20 20 81 00
lille@delpharm.com

Product Name (Molecular): Hydroxyurea, 100mg and 1000mg

Product Name (Brand): Siklos® 100mg and 1000mg

Dosage Form: Oral tablet

NDC: 71770

Medunik USA, Inc. has appointed its affiliate Duchesnay USA, Inc. as its agent to perform certain distribution activities, including contracting with Integrated Commercialization Solutions, LLC (ICS) as Third Party Logistics provider to manage the storage and distribution of the Siklos® products to wholesalers, specialty pharmacies and specialty distributors. ICS is located at 420 International Blvd., Suite 500, Brooks, KY 40109.

Our hours of operation are 8:30 a.m. to 5:30 p.m., EST, Monday through Friday.

National Drug Code Directory

[f SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm) [+](#)

[EMAIL \(MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](mailto:?SUBJECT=NATIONAL%20DRUG%20CODE%20DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through September 27, 2021

You have searched Finished drug products

Search Results: '71770'

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Display records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
Siklos	71770-105-60	100 mg/1	TABLET, FILM COATED	ORAL	NDA208843	Medunik	71770-105	hydroxyurea	HYDROXYUREA	HUMAN PRESCRIPTION DRUG	10/15/2020
Siklos	71770-120-30	1000 mg/1	TABLET, FILM COATED	ORAL	NDA208843	Medunik	71770-120	hydroxyurea	HYDROXYUREA	HUMAN PRESCRIPTION DRUG	02/06/2018

Showing 1 to 2 of 2 entries

Previous 1 Next

[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (<mailto:DRUGINFO@FDA.HHS.GOV>)

See also: [Drug Registration and Listing Instructions](#)

<https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm>

[National Drug Code Directory Data Files \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

verified
with 10/5/21



Ownership

Medunik USA, Inc. is a wholly owned subsidiary of 9249-5746 QC, Inc., a Canadian pharmaceutical company located at 9249-5746 QC, Inc., 950 Michele-Bohec, Blainville, Quebec, Canada J7C 5E2.

Company Information

Medunik USA, Inc.
919 Conestoga Road, Building ONE, Suite 202
Rosemont, PA 19010
Phone: 484-380-2641
info@medunikusa.com

FEIN: 32-0488806
State of Formation: Delaware
Date of Incorporation: 2/5/2016

Corporate Officers

Eric Gervais, President
919 Conestoga Road, Building ONE, Suite 203

Tanya Carro, General Manager
919 Conestoga Road, Building ONE, Suite 203

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 106873018 (50012218)

Application/License No. _____

MEDUNIK USA, INC., doing or intending to do business as a
Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

919 Conestoga Rd, building One, suite 202, Rosemount, Pennsylvania 19010-1352, as

Address of Applicant/Principal

PRINCIPAL, and TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, a

Surety Company

corporation organized under the laws of the state of Connecticut

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

Travelers Bond & FP - One Tower Square S203A, Hartford, CT 06183 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 TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00), 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 September 22, 2020.

Effective Date

WHEREAS, the provisions of Nevada Revised Statute (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 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 NAC 639.5937 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 and NAC 639.5937. 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 22nd day of September, 2020.

APPLICANT/PRINCIPAL
MEDUNIK USA, INC.



Authorized Representative

SURETY COMPANY

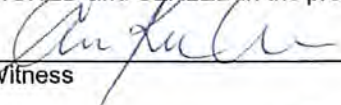
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA



Surety Company's Representative

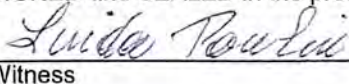
Diane Poulin, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

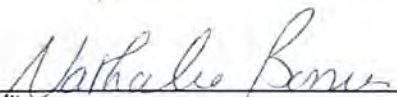


Witness

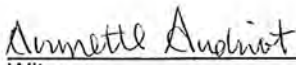
SIGNED and SEALED in the presence of:



Witness

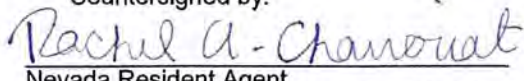


Witness



Witness

Countersigned by:



Nevada Resident Agent
Rachel A. Chaveriat, Nonresident Agent
Nonresident License # 1962986


TRAVELERS
**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Diane Poulin** of Montreal, Quebec, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 17th day of January, 2019.



State of Connecticut

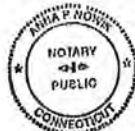
City of Hartford ss.

 By: 
Robert L. Raney, Senior Vice President

On this the 17th day of January, 2019, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2021



Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

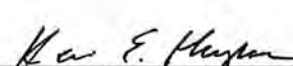
FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 22nd day of September, 2020



Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.**

CONTINUATION CERTIFICATE

Travelers Insurance Company of Canada

, Surety upon

a certain Bond No. 50012218-1/106873018

dated effective September 22, 2020
(MONTH-DAY-YEAR)

on behalf of MEDUNIK USA, Inc.

(PRINCIPAL)

and in favor of State of Nevada

(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on September 22, 2021
(MONTH-DAY-YEAR)

and ending on September 22, 2022
(MONTH-DAY-YEAR)

Amount of bond \$ 25,000.00

Description of bond Travelers Bond & FP - One Tower Square S203A, Hartford, CT 06183

PROVIDED: That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on October 7, 2021

(MONTH-DAY-YEAR)

Travelers Insurance Company of Canada

By

Yeshel Mervyn

Yeshel Mervyn , Attorney-In-Fact

Employees

MedunikUSA Employees

919 Conestoga Road, Building One, Suite 202, Rosemont, PA 19010

Telephone: 844-633-8645 Fax: 267-428-1809

Name	EXT	Work Cellular	Personal Cellular	Title	
Barker, Erik				National Sales Director	ebarker@medunik.com
Carro, Tanya	209	267-512-9222		General Manager	tcarro@duchesnayusa.com
Clark, Jionna	101			Receptionist/Customer Service Representative	jclark@duchesnayusa.com
Conville, John	115			Operations Manager	jconville@duchesnayusa.com
Schottin, Gretchen	120	610-937-4429		Executive Assistant	gschottin@duchesnayusa.com
Medical Affairs - Help Line Patients/Physicians - (844) 884-5520					medicalinfo@medunikusa.com
Medical Affairs - Pharmacovigilance/Adverse Events/Product Quality Complaints - (844) 884-5520					drugsafety@medunik.com
TransitionRx Pharmacy "Siklos At Home" Program - (866) 610-7787					

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Medunik USA, Inc.
 Physical Address 919 Conestoga Road, Building ONE, Suite 202
 City Rosemont State PA Zip 19010
 Mailing Address (if different from physical address) 919 Conestoga Drive, Building One, Suite 202
 City Rosemont State PA Zip 19010
 Telephone (484) 380-2641 Website www.medunikusa.com
 Licensing Company Email info@medunikusa.com

Section 2: Personal Information

First Tanya Middle Rochelle Last Carro
 Alias(es, nicknames, name changes, etc.) Tanya Rochelle Petriccione
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address 919 Conestoga Rd., Building One, Suite 202
 City Rosemont State PA Zip 19010
 Telephone [REDACTED] Email tcarro@medunik.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the 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 initials TC 2

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name See attached resume.		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name See attached resume.		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address [REDACTED] Ronan Way	City Neshanic Station	State NJ	Zip 08853
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials TL

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name See attached resume.		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name See attached resume.		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name See attached resume.		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

Applicant's initials TL

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		x
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you 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?		x

Applicant's initials

TL

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Sanya Cano
Original Signature (electronic, copies or stamps not accepted)

9/22/21
Date

Applicant's initials TC

I, Tanya Carro, certify that as the designated representative for

Medunik USA, Inc.

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Tanya Carro

Print Name (First, Last)

Tanya Carro

Original Signature (electronic, copies or stamps not accepted)

9/22/21

Date

Applicant's initials TZ

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tanya Carro

Print Name (First, Last)

Tanya Carro

Original Signature (electronic, copies or stamps not accepted)

9/22/21

Date

Please have this section completed in the presence of a Notary Public.

State of NJ, ss. County of Somerset

I, Tanya Carro, 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 the license, registration, permit, certificate or certification for which I am applying for.

Tanya Carro

Original Signature

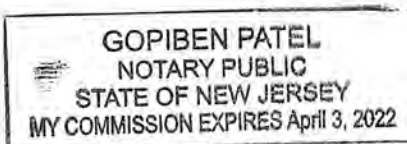
9/22/21

Date

Subscribed and Sworn to before me this 22nd day of Sep 2021.

[Signature]

Notary Public Signature



(Seal)

Applicant's initials

TC

TANYA R. CARRO
Ronan Way, Neshanic Station, NJ 08853

An accomplished leader with over twenty-five years of diverse and challenging experience within the life sciences industry including: U.S. and international commercial operations, business development, strategic planning, internal audit and big four public accounting with a record of productivity, effective leadership, quality and integrity.

EXPERIENCE:

DUCHESNAY USA, MEDUNIK USA and ANALOG PHARMA

General Manager, Duchesnay USA, Medunik USA and Analog Pharma, Inc. 2/17-Present

- Oversee the planning, budgeting and execution of all commercialization strategies/tactics for each of the businesses to ensure delivery on time and within budget
- Ensure that all necessary licensing and agreements (3PL, Distributor, Customer) are executed and properly maintained
- Oversee all U.S. distribution functions including management of activities of Third Party Logistics provider and relationships with all wholesale and retail customers.
- Prepare the market, plan and execute product launches
- Develop a long-term strategic plan for future products and life-cycle management initiatives
- Regularly interact with customers (wholesalers, retail pharmacy chains, generic purchasing consortiums.)
- Work closely with team members from shared-service functions, incl. Regulatory, Supply Chain, Finance, Legal, and Marketing/Communications
- Collaborate closely with Business Development to identify and evaluate M&A/licensing and partnering opportunities to expand product portfolio

BAUSCH HEALTH COMPANIES (formerly VALEANT PHARMACEUTICALS) Bridgewater, NJ

Senior Vice President, Finance and Controller 4/11 - 10/16

Reporting to the Chief Financial Officer, with responsibility for global financial operations Canada's largest pharmaceutical company with over \$10B in annual revenues.

- Responsible for preparation of internal and external financial reporting, including presentation to Executive Management, the Audit and Risk Committee and Board of Directors.
- Direct a staff of >750 financial professionals located in >30 countries.
- Direct U.S. trade activities, including management of wholesale distribution agreements
- Led global integration planning efforts for >50 acquisitions, ranging in size from small privately owned to large, global, publicly traded companies, which resulted in combined cost synergies >\$1B. Acquisitions include Bausch & Lomb and Salix Pharmaceuticals.
- Responsible for integration of people, processes and technologies within the finance function for >50 acquisitions.
- Chairperson of Capital Committee, responsible for review and approval of all significant capital investment requests.
- Business Development Team Member responsible for financial modeling and evaluation of product licensing, acquisition, co-promotion, divestment, and life cycle management opportunities.

Vice President, Global Financial Planning and Analysis**11/08 - 4/11**

Reporting to the Chief Financial Officer, with responsibility for the global budgeting, forecasting and management reporting of Canada's largest pharmaceutical company with over \$2B in revenues.

- Finance lead for integration activities following the 2010 merger between Biovail Pharmaceuticals and Valeant Pharmaceuticals, resulting in >\$175M in cost synergies.
- Responsible for annual budgeting process across all business units and geographies, including consolidation and presentation to the Executive Management Team.
- Responsible for monthly forecasting process across all business units and geographies, including consolidation and presentation to the Executive Management Team.
- Responsible for preparation of monthly internal management reporting and presentation of results to the Executive Management Team.
- Business Development Team Member responsible for financial modeling and evaluation of product licensing, acquisition, co-promotion, divestment, and life cycle management opportunities. Presented valuations and recommendations to Executive Management.
- Responsible for financial management of Research & Development investment, comprised of >15 projects with ~ M\$ 100 in annual spend at four international locations and preparation of portfolio prioritization/rationalization analysis aligned with strategic imperatives.
- Lead Director of the board of Biovail Laboratories International, SRL

Vice President, Finance, U.S. Operations**2/07 - 11/08**

Reporting to the Chief Financial Officer, with responsibility for the financial operations and infrastructure of the four U.S. subsidiaries of Canada's largest pharmaceutical company with M\$ 700 in revenues and M\$ 500 in operating income. Responsibilities include accounting, financial planning and analysis, business development and licensing, supply chain, accounts receivable, accounts payable, Medicaid/managed care rebate processing, chargeback processing, payroll and travel & expense reporting.

- Manage U.S. commercial operations of Biovail Pharmaceuticals, Inc., including trade, customer service and commercial/government contracting, exceeding revenue and income goals for 2007 by 7% and 10%, respectively.
- Direct a staff of >20 professionals at two U.S. locations and successfully implemented a shared services model for the finance department through the integration of people, business process and technology, resulting in >25% reduction in operating costs.
- Responsible for financial management of partnership arrangements with Glaxo-SmithKline, Johnson & Johnson, Astra-Zeneca and Abbott Laboratories. Proactive management of contract compliance identified incremental revenues >\$12 MM.
- Review and approve all security filings as an active member of the Disclosure Compliance Committee.
- Manage assets of 401 K and Deferred Compensation plans as a senior member of the Investment Committee.

Controller, Biovail Pharmaceuticals, Inc.**10/03 - 2/07**

Reported to the Vice President, Corporate Controller, with responsibility for the financial operations of U.S. commercial subsidiary of Canada's largest pharmaceutical company with over M\$ 300 in revenues and M\$ 250 in operating income.

- Developed and presented strategic plan to Executive Management including the analysis of various alternatives for U.S. commercial operation which led to a restructuring in May 2005. Developed post restructuring revenue and expense forecasts which led to >70% reduction in operating expenses and >100% increase in operating income.

3

- Negotiated and implemented Distribution Services Agreements with three largest national wholesalers and two large regional wholesalers and successfully managed the reduction of wholesaler inventories from >6 months to targeted levels of 1 month on hand while still achieving annual sales and operating income forecasts.
- Implemented iMany Government Pricing system in Q3 2005, leading to the automation of AMP and Best Price calculations. Created and implemented policies and procedures related to all aspects of government pricing to ensure compliance with current regulations.
- Responsible for Sarbanes Oxley 404 compliance, including documentation of policies and procedures, identification of key internal controls, and ongoing testing of control effectiveness.
- Developed and implemented revised returns policy resulting in a 55% reduction in average monthly returns experience, and a 25% reduction in average gross to net adjustments.

PHARMACIA CORPORATION
Peapack, NJ

1/00 – 9/03

Director, U.S. Pharmaceutical Sales Finance

4/02 – 9/03

- Successfully manage finance team of eight supporting U.S. field organizations consisting of thirteen sales forces with over 5,000 sales representatives and an annual operating budget of over M\$800.
- Acted as finance lead on sales force optimization initiatives, including ROI analysis for field force expansions/realignments, and review of call plan scenarios and related sales operations activities with Senior Management.
- Key participant in the development and analysis of incentive compensation plans for U.S. field organizations.
- Member of the Disbursements Compliance Committee, responsible for expense controls evaluations and the development of corporate wide policies regarding travel and entertainment expenses and delegation of authority.
- Developed standard operating procedures relating to the approval and payment of field based product education programs, resulting in a 95% reduction in payment rejection rate over a six month period.
- Created strong relationships with senior members of the Sales Management Team through monthly meetings to review financial results with sales Vice Presidents, presentations at national sales meetings and training of field representatives in travel and entertainment policies and product education program procedures.

Senior Manager, Pharmaceutical Marketing Finance

1/01 – 4/03

- Successfully managed finance team responsible for financial operations of \$2.8 Billion global Diversified Products Business.
- Advised Group Vice President in overall management of business unit P&L, exceeding Sales and EBIT targets in 2001.
- Managed resource allocations and investment decisions across the portfolio of >600 products.
- Supported Portfolio Management Group in financial evaluation and recommendations for business development and divestment opportunities.
- Responsible for management of Global Pricing and Reimbursement/Health Outcomes budgets, and project tracking/forecasting.
- Participated in the design and development of Diversified Products Database, which combines regulatory, manufacturing, IMS and financial data for entire Diversified portfolio.
- Managed financial operations of \$70 Million indigent patient program.

Manager, Financial Planning & Analysis

1/00 – 1/01

- Provided financial support to Neurology and Endocrine care customer groups, including:

- Monthly reporting
- Financial evaluation of business development opportunities
- Management of expense budgets
- Finance lead on merger integration team responsible for forecasting and tracking of merger related expenses/savings and reporting to Chief Financial Officer.
- Coordinated three year global strategic planning process for global pharmaceutical business including overall process design, consolidation of brand team and market company inputs, and presentation to Senior Management.
- Finance lead for Annual Incentive Plan (AIP) calculations.
- Represented GPB Finance on corporate wide budget/forecast redesign initiative.

WYETH CORPORATION

10/91 – 11/97

Wayne, NJ

Regional Operations Analyst

1/95 – 11/97

Business Planning Analyst

9/93 – 1/95

Senior Auditor

10/92 – 9/93

Staff Auditor

10/91 – 10/92

KPMG PEAT MARWICK

Short Hills, NJ

Staff Auditor

1/90 – 10/91

PROFESSIONAL CERTIFICATIONS:

Certified Public Accountant, Certified Management Accountant, Certified Internal Auditor (all inactive)

EDUCATION:

Fairleigh Dickinson University, Teaneck, NJ
B. S. in Accounting

OTHER ACCOMPLISHMENTS:

President, Parent Teacher Organization, 2004-2007

Recognized as a "Rising Star" by the Healthcare Businesswomen's Association, 2004

J.H. Cohn Award Finalist, 1991

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☐ Out-of-State	
Type of Application (check applicable box)	Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☐ Yes ☒ No	

Section 1: General Information	
Facility Name: <u>Nipro Medical Corporation</u>	
Physical Address: <u>3150 NW 107th Ave.</u>	
City: <u>Miami</u>	State: <u>FL</u> Zip: <u>33172</u>
Mailing Address (if different from physical address): <u>7000 Cardinal Place: QRA, Facility Licensing</u>	
City: <u>Dublin</u>	State: <u>OH</u> Zip: <u>43017</u>
Telephone: <u>305-599-7174</u> Website: <u>www.nipro.com</u>	
Name of Designated Representative (DR): <u>Jessica Oswald-McLeod</u>	
Licensing Company Email: <u>licensure@cardinalhealth.com</u>	DR Email: <u>jessicao@nipromed.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☒ Others: <u>Veterinarians</u>	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ Others:

Section 2: History of Company	Yes	No
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)?		☒
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?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Company has not previously distributed pharmaceutical products

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____	SEC Registration Number: _____	Stock Exchange Symbol: _____
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Section 5: Non-Publicly Traded Corporation

State of Incorporation: Florida

Parent Company (if any): Nipro Corporation

Corporation Name: Nipro Medical Corporation

Mailing Address: 3150 NW 107th Ave.

City: Miami State: FL Zip: 33172

Telephone: 614-553-3076 Email: licensure@cardinalhealth.com

Contact Person Name: Cynthia Rhodes

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		☒
1. Copy of Certification		
2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		☒
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		☒
1. Copy of FDA registration		
2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

Keegan Chamberlain

Original signature of Authorized Person (copies or stamps not accepted)

9/16/21

Date

Board Use Only	Date Received: _____	Amount: <u>500</u> Check# <u>10792923</u>
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Processed 10/1/21

9/14/2021

Cardinal Health



3150 NW 107th Ave.
Miami, Florida 33172

Officer Name	Title	Business Address	Percentage of Ownership
Akira Shimizu	President and Treasurer	3150 NW 107th Ave. Miami FL 33172	0%

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Nipro Medical Corporation is 100% owned by Nipro Corporation

Nipro Corporation is publicly traded in Japan

Located at 3-9-3 Honjo-Nishi, Kita-Ku, Osaka, Japan



Ron DeSantis, Governor

Julie I. Brown, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS

THE Rx Drug Wholesale Distr.- Broker Only HEREIN HAS REGISTERED UNDER THE
PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

NIPRO MEDICAL CORPORATION

3150 NW 107TH AVE
MIAMI FL 33172

LICENSE NUMBER: 2984

EXPIRATION DATE: JULY 31, 2023

Always verify licenses online at MyFloridaLicense.com



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11/18/2020

Establishment Registration & Device Listing


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Establishment Registration & Device Listing

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Establishment:

NIPRO MEDICAL CORPORATION

3150 NW 107TH AVE

Doral, FL 33172

Registration Number: 1056186

FEI Number*: 1000132332

Status: Active

Initial Distributor/Importer: Yes

*Note Firm May Have Additional Establishment Types.

Please Review Listings For Further Information.

Date Of Registration Status: 2021

Owner/Operator:

[NIPRO CORPORATION](#)⁶

3-9-3, Honjo-Nishi, Kita-Ku

Osaka, Osaka JP 531-8510

Owner/Operator Number: [8030375](#)⁷

Official Correspondent:

Jessica Oswald-Mcleod

NIPRO MEDICAL CORPORATION

3150 N.W. 107TH AVE.

Miami, FL 33172

Phone: 305-5997174

Verified
M.H. 10/1/21

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8030375&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8030375&OwnerOperator)
7. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8030375&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8030375&OwnerOperator)

Page Last Updated: 11/16/2020

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U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA



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U.S. Department of Health & Human Services

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start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8030375&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8030375&OwnerOperator)
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start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8030375&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8030375&OwnerOperator)

State of Florida

Department of State

I certify from the records of this office that NIPRO MEDICAL CORPORATION is a corporation organized under the laws of the State of Florida, filed on December 4, 1995.

The document number of this corporation is P95000091914.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on January 12, 2021, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the First day of September, 2021*



Randy Bue
Secretary of State

Tracking Number: 4700261305CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



Nipro Medical Corporation – North America Division

Employee List

Department	Employee Name	Title	Office location
Executive Office	Shimizu, Akira	President	Miami, FL
Executive Office	Dawson, Joe	Senior Vice President	Bridgewater, NJ
Executive Office	Figueiredo, Michelle	Executive Assistant to SVP	Bridgewater, NJ
Human Resources	Girardi, Angela	Human Resource Director	Bridgewater, NJ
New Business Development, Renal	Minoru, Araki	Clinical Engineering Manager	Bridgewater, NJ
New Business Development, Renal	Sano, Takahiro	Renal Business Development Manager	Bridgewater, NJ
New Product Development	Zugaj, Renata	Senior Manager, New Product Development	Bridgewater, NJ
New Product Development	Thomas, Mathew	National Technical Service Manager	Bridgewater, NJ
New Product Development	Scaturro, Gaspare	Principal Engineer, New Product Development	Bridgewater, NJ
New Product Development	Hossain, Bushra	Product Engineer, New Product Development	Bridgewater, NJ
Business Operations	Fernandes, Lianne	Business Operations Manager	Bridgewater, NJ
Business Operations	Villalba, Jose	Project Specialist	Bridgewater, NJ
Business Operations	Tomaselli, Dawn	Sales Analyst	Bridgewater, NJ
Marketing	Cox, Katherine	Senior Manager, Change Management	Remote



Marketing	Tanaka, Yuki	Product Manager	Bridgewater, NJ
Partner Solutions	DeChristopher-Pula, Virginia	Senior Manager, Partner Solutions	Bridgewater, NJ
Partner Solutions	Kromphold, Christine	Senior Partner Solutions Advocate	Bridgewater, NJ
Partner Solutions	Newman, Jordan	Senior Partner Solutions Advocate	Bridgewater, NJ
Partner Solutions	Branco, Denice	Senior Partner Solutions Advocate	Bridgewater, NJ
Partner Solutions	Wright, Derrick	Senior Partner Solutions Advocate	Bridgewater, NJ
Supply Chain	Wessler, Mike	Supply Chain Director	Bridgewater, NJ
Supply Chain	Nemiroff, Neal	Supply Chain Planner	Bridgewater, NJ
Supply Chain	Fonte, Sheri	Supply Chain Planner	Bridgewater, NJ
Supply Chain	Boffard, Euridice	Supply Chain Specialist – CMD/OEM	Bridgewater, NJ
Supply Chain	Vakil, Priti	Supply Chain Specialist	Bridgewater, NJ
Supply Chain	Spock, Amy	Supply Chain Specialist	Bridgewater, NJ
Supply Chain	Berka, Ellen	Customer Support Specialist	Bridgewater, NJ
Quality & Regulatory	Oswald-McLeod, Jessica	Director of Quality Assurance & Regulatory Affairs	Miami, FL
Quality & Regulatory	Tejada, Michelle	Regulatory Compliance Manager	Miami, FL
Quality & Regulatory	Samra, Alaina	Quality Manager	Bridgewater, NJ
Quality & Regulatory	Weiss, Conrad	Quality Associate	Bridgewater, NJ
Custom Manufacturing/MedSurg Vet	Hersch, Carey	Director of Custom Manufacturing &	Remote



		MedSurg/Vet Division	
Clinical Education – Renal	Figueroa, Efraim	Director of Clinical Education, Renal Division	Remote
Clinical Education – Renal	Chapman, Monica	Regional Clinical Specialist – Southeast	Remote
Clinical Education – Renal	Gloria, Regivie	Regional Clinical Specialist – Northcentral	Remote
Clinical Education – Renal	Ryon, Jennifer	Regional Clinical Specialist – Southcentral	Remote
Clinical Education – Renal	Marrero, Joseph	Regional Clinical Specialist – West	Remote
Clinical Education – Renal	Gorge, Elizabeth	National Clinical Specialist	Remote
Sales - Renal	Turgeon, Michelle	Director of Sales, Renal Division	Remote
Sales - Renal	Powers, Aimee	Regional Sales Specialist – Northeast	Remote
Sales - Renal	Wetherington, Scott	Regional Sales Specialist – Southeast	Remote
Sales - Renal	Zamora, Robert	Regional Sales Specialist – Northcentral	Remote
Sales - Renal	Carrol, Shawn	Regional Sales Specialist – Southcentral	Remote
Sales - Renal	Schoumaker, Scott	Regional Sales Specialist – West	Remote
Vascular	O'Connor, John	National Sales Manager, Vascular Division	Bridgewater, NJ
Vascular	Macielak, Kelly	Account Executive- Chicago Metro Area	Remote
Vascular	Liss, Craig	Account Executive – Southeast	Remote



Vascular	Couch, Kim	Account Executive – Mid-Atlantic	Remote
Finance/Accounting	Abarca, Julio	Controller	Miami, FL
Finance/Accounting	Nuno, Alejandro	Internal Auditor / Senior Accountant	Miami, FL
Finance/Accounting	Torres, Axel	Accounts Receivable	Miami, FL
Finance/Accounting	Cala, Samuel	Assistant Controller	Miami, FL
Finance/Accounting	Chirino, Anabel	Internal Auditor / Senior Accountant	Miami, FL
Finance/Accounting	Lorenzo, Adriana	Internal Auditor / Tax Accountant	Miami, FL
Finance/Accounting	Guerrero, Juan Carlos	AP Administrative Assistant	Miami, FL
Finance/Accounting	Suarez, Larixsa	AP Administrative Assistant	Miami, FL
Finance/Accounting	Folgueira, Mari	AP Administrative Assistant / Human Resource Specialist	Miami, FL
IT	Flores, Nelson	Corporate IT Director	Miami, FL
IT	Pinzon, Nelson	IT Manager, North America	Bridgewater, NJ
IT	Gordon, Jorge	System Analyst I	Miami, FL
IT	Andrade, Gabriel	System Programmer	Miami, FL
IT	Montalvo, Luis	System Analyst II	Miami, FL
IT	Alvarez, Christian	Help Desk Support	Miami, FL

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. 21BSBIS8234

Application/License No. _____

Nipro Medical Corporation, doing or intending to do business as a
Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

3150 NW 107th Ave, Doral, FL 33172, as
Address of Applicant/Principal

PRINCIPAL, and Hartford Fire Insurance Company, a
Surety Company

corporation organized under the laws of the state of Connecticut
State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

985 Damonte Ranch Parkway Suite 206, Reno, NV 89521 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 September 8, 2021.

Effective Date

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 impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

21BSBIS8234

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
8th day of September, 2021.

APPLICANT/PRINCIPAL

Nipro Medical Corporation

 Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company


 Surety Company's Representative

Ramon A. Rodriguez, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

MAYRA RODRIGUEZ
 Witness

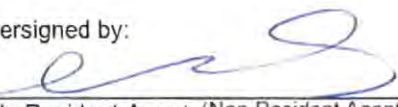
Yamile Corral
 Witness

SIGNED and SEALED in the presence of:

M. O'Leary
 Witness

Y. Alvarez
 Witness

Countersigned by:


 Nevada Resident Agent (Non Resident Agent)
 Fausto Alvarez

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

BOND, T-11

One Hartford Plaza

Hartford, Connecticut 06155

Bond.Claims@thehartford.com

call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: BROWN & BROWN OF FLORIDA INC

Agency Code: 21-221533

- ☒ Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- ☐ Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint Ramon A. Rodriguez

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:

Bond No. 21BSBIS8234

Naming Nipro Medical Corporation as Principal,
and Nevada State Board of Pharmacy as Oblige,

in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

COUNTY OF SEMINOLE

ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above Instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



Jessica Ciccone

Jessica Ciccone
My Commission HII 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of September 8, 2021.

Signed and sealed in Lake Mary, Florida.



Keith D. Dozois

Keith D. Dozois, Assistant Vice President



MIAMI-DADE

8825 NW 21st Terrace Doral FL 33172 * 1780 N. Krome Ave., Homestead, FL 33030

305-714-4400 * 305-714-4401(FAX)

September 9, 2021

Nipro Medical Corporation
Mari Folgueira
3150 NW 107 Avenue
Miami, FL 33172

Re: Bonds - Nevada Pharmaceutical \$100,000
Bond #: 21BSBIS8234
Surety: Hartford Fire Insurance Company

Dear Mari Folgueira:

Enclosed please find the Nevada Pharmaceutical Bond for the above captioned project, per your request. We have also enclosed at this time an invoice representing the premium due. We would greatly appreciate receiving your payment within fifteen days.

Should you have any questions in this regard, please do not hesitate to contact me directly at 305-714-4527. I would like to thank you for allowing Brown & Brown to continue to handle your surety bonding needs.

Sincerely,

A handwritten signature in blue ink, appearing to read 'mr', located below the 'Sincerely,' text.

Mayra Rodriguez
Account Manager
Surety Division



Brown & Brown
INSURANCE

MIAMI-DADE

8825 NW 21st Terrace Doral FL 33172 * 1780 N. Krome Ave., Homestead, FL 33030

305-714-4400 * 305-714-4401(FAX)

COMPENSATION

In addition to the commission or fees received by us for assistance with the placement, servicing, claims handling, or renewal of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties, some of which may be owned in whole or in part by Brown & Brown, Inc., may also receive compensation for their role in providing insurance products or services to you pursuant to their separate contracts with insurance or reinsurance carriers. That compensation is derived from your premium payments. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the performance and/or size of an overall book of business produced with an insurer. We generally do not know if such a contingent payment will be made by a particular insurer, or the amount of any such contingent payments, until the underwriting year is closed. That compensation is partially derived from your premium dollars, after being combined (or "pooled") with the premium dollars of other insureds that have purchased similar types of coverage. We may also receive invitations to programs sponsored and paid for by insurance carriers to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may receive and retain interest on premiums you pay from the date we receive them until the date the premiums are remitted to the insurance company or intermediary. In the event that we assist with placement and other details of arranging for the financing of your insurance premium, we may also receive a fee from the premium finance company.

Should you have any questions, or require any additional information, please contact this office at 1-305-714-4400 or if you prefer, submit your question or request online at <http://www.bbinsurance.com/customerinquiry.shtml>.



MIAMI-DADE

8825 NW 21st Terrace Doral FL 33172 * 1780 N. Krome Ave., Homestead, FL 33030

305-714-4400 * 305-714-4401(FAX)

A.M. BEST RATING OF PROPOSED SURETY

COMPANY	COVERAGE	BEST RATING General & Financial	ADMITTED
Hartford Fire Insurance Company	Bonds	A+ XV	yes

GENERAL RATING

These rating classifications reflect BEST's opinion of the relative position of each company in comparison with others, based upon averages within the Property-Casualty insurance industry. They are reflective of overall company services and standing within the industry.

A++, A+***	<i>Superior</i>	B, B-***	<i>Good</i>
A, A-***	<i>Excellent</i>	C++, C+***	<i>Fair</i>
B++, B+**	<i>Very Good</i>	C, C-***	<i>Marginal</i>
NR	<i>Not Rated</i>		

FINANCIAL SIZE CATEGORY

The Financial Size Category is an indication of the size of an Insurer and is based on reported Policyholders' surplus plus conditional or Technical Reserve Funds, such as mandatory securities valuation reserve, other investment and operating contingency funds and/or miscellaneous voluntary reserves reported as liabilities.

	(\$ In thousands)	
Class I	\$ Up to	\$ 1,000
Class II	\$ 1,000	To \$ 2,000
Class III	\$ 2,000	To \$ 5,000
Class IV	\$ 5,000	To \$ 10,000
Class V	\$ 10,000	To \$ 25,000
Class VI	\$ 25,000	To \$ 50,000
Class VII	\$ 50,000	To \$ 100,000
Class VIII	\$ 100,000	To \$ 250,000
Class IX	\$ 250,000	To \$ 500,000
Class X	\$ 500,000	To \$ 750,000
Class XI	\$ 750,000	To \$ 1,000,000
Class XII	\$ 1,000,000	To \$ 1,250,000
Class XIII	\$ 1,250,000	To \$ 1,500,000
Class XIV	\$ 1,500,000	To \$ 2,000,000
Class XV	\$ 2,000,000	To \$ More

This information has been provided to you so that consideration is given to the financial condition of our proposed carriers. The financial information disclosed is the most recent available to Brown and Brown of Florida Inc. - Miami Division.



**Producer Compensation Notice
To The Principal**

You can review and obtain information on The Hartford's
producer compensation practices at www.thehartford.com
or at 1-800-592-5717.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Nipro Medical Corporation

Physical Address 3150 NW 107th Ave.

City Miami

State FL

Zip 33172

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone _____ Website www.nipro.com

Licensing Company Email licensure@cardinalhealth.com

Section 2: Personal Information

First Jessica Oswald-McLeod

Middle _____

Last Oswald-McLeod

Alias(es, nicknames, name changes, etc.) Oswald

Date of Birth _____

SSN or ITIN _____

Sex ☐ M ☒ F ☐ X

Mailing Address SW 6th Court

City Pembroke Pines

State FL

Zip 33025

Telephone _____ Email Jessica D @ nipro med. com

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

Section 3: Military Service (NRS 622.120)

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

Yes

No

X

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

X

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch:

☐ Army/
Reserves

☐ Navy/
Reserves

☐ Airforce/
Reserves

☐ Marine Corps/
Reserves

☐ Coast Guard/
Reserves

☐ National
Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

Yes

No

X

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

X

Applicant's initials

JOM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name INDIANA STATE UNIVERSITY		From - To (MM/YY - MM/YY) 1995-2001	
Address	City TERRE HAUTE	State IN	Zip
Diploma/Degree obtained, if any BACHELOR OF SCIENCE			
School Name BETHANY CHRISTIAN SCHOOLS		From - To (MM/YY - MM/YY) 1990-1994	
Address	City GOSHEN	State IN	Zip
Diploma/Degree obtained, if any HIGH SCHOOL DIPLOMA			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 200 → PRESENT	Address [REDACTED] SW. 6th Ct	City Pembroke Pines	State FL	Zip 33025
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name NIPRO MEDICAL CORPORATION		From - To (MM/YY - MM/YY) 2006 → PRESENT	
Business Address 3150 NW 107th Ave		City MIAMI	State FL
Phone 305 599 7174	Title DIRECTOR, QARA	Number of Employed Hours 30,000	
Description of Duties Directly responsible for quality & regulatory duties for prescription devices.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Applicant's initials



Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you 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?		X

Applicant's initials



Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials



I, Jessica Oswald-McLeod, certify that as the designated representative for
Nipro Medical Corporation,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Jessica Oswald-McLeod

Print Name (First, Last)

JOM
 Original Signature (electronic, copies or stamps not accepted)

8/26/21
 Date

Applicant's initials

JOM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jessica Oswald-McLeod

Print Name (First, Last)

JSMcLeod
Original Signature (electronic, copies or stamps not accepted)

Date

8/31/2021

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Michelle Tejeda, 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 the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

Date

08/31/2021

Subscribed and Sworn to before me this 31st day of August.

[Signature]
Notary Public Signature



(Seal)

Applicant's initials

4J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?		☐ Nevada	☒ Out-of-State
Is your facility a reverse distributor?		☐ Yes	☒ No
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)	
☒ New Wholesaler	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)	
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)	
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)	
☐ Location Change* (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)	

Section 1: General Information	
Facility Name: <u>ONY Biotech Inc.</u>	
Physical Address: <u>1576 Sweet Home Road</u>	
City: <u>Amherst</u>	State: <u>New York</u> Zip: <u>14228</u>
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: <u>716-636-9096</u>	Website: <u>www.onybiotech.com</u>
Name of Designated Representative (DR): <u>David Scott Verner</u>	
Licensing Company Email: <u>mrauschelbach@onybiotech.com</u>	DR Email: <u>sverner@onybiotech.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☒ Others:	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ Others:

Section 2: History of Company	Yes	No
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)?		☒
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?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: ICS
 Address: 420 International Blvd. Suite 500 City: Brooks State: KY Zip: 40109
 Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name: _____
 Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____
 Parent Company (if any): _____
 Corporation Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____
 Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation

State of Incorporation: New York
 Parent Company (if any): _____
 Corporation Name: ONY Biotech Inc.
 Mailing Address: 1576 Sweet Home Road
 City: Amherst State: NY Zip: 14228
 Telephone: 716-636-9096 Email: cmancuso@onybiotech.com
 Contact Person Name: C. Curtiss Mancuso, PhD

Section 6: Partnership

Partnership Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
 Business Name: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration		Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:			✓
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

C. Curtiss Mancuso, PhD

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

09/14/2021

Date

Board Use Only	Date Received: _____	Amount: <u>500 cc</u>	✓ <i>processed 10/1/21</i>
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Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

10/19/2021

Type : MANUFACTURER**Legal Name :** ONY BIOTECH INC.**Trade Name :****Street Address :**

BAIRD RESEARCH PARK

1576 SWEET HOME RD.

AMHERST, NY 14228-2794

Registration No : 025166**Date First Registered :** 01/02/02**Registration Begins :** 02/01/19**Registered through :** 01/31/22**Supervisor :** EGAN, II EDMUND A**Establishment Status :** ACTIVE**Successor :** NONE

* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may [search](#) to see if there has been recent disciplinary action against this registered establishment.



STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	ONY BIOTECH INC.
DOS ID Number:	1000434
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	05/29/1985
Statement Status:	CURRENT
Statement Due Date:	05/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on August 09, 2021 at 11:21 A.M.

ROSSANA ROSADO, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100000209707 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

FY2021
CERTIFICATE OF REGISTRATION

This certifies that:

ONY Biotech Inc.
1576 Sweet Home Road
Amherst, NY 14228
United States



Is registered with the U.S. Food and Drug Administration for the statutory filing period applicable to U.S. FY 2021 pursuant to part 207 of Title 21, U.S. Code of Federal Regulations.

DUNS Number: 62-236-9833
Labeler Code: 61938
FEI: 1319086

Filing was performed during the October 1 – December 31, 2020 statutory period, and renewal is not required until the next statutory period of October 1 – December 31, 2021. The U.S. Food and Drug Administration does not issue a certificate of registration, nor does the U.S. Food and Drug Administration recognize a certificate of registration.

C. Curtiss Mancuso, PhD
Director of Regulatory Affairs
ONY Biotech Inc
Dated: April 8, 2021

[Home](#) > [Drug Databases](#) > [Drug Establishments Current Registration Site](#)

Drug Establishments Current Registration Site

[f SHARE](#) [TWEET](#) [LINKEDIN](#) [PIN IT](#) [EMAIL](#) [PRINT](#)[New Search](#)Search Results for **ONY Biotech Inc.**

CSV

Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
ONY Biotech Inc.	1319086	622369833	MANUFACTURE;	1576 Sweet Home Road, Amherst, New York (NY) 14228, United States (USA)	12/31/2021

Showing 1 to 1 of 1 entries

Previous

1

Next

Data Current through: Friday, Oct 1, 2021

[Return to Drug Firm Annual Registration Status Home Page](#)Note: If you need help accessing information in different file formats, see [Instructions for Downloading Viewers and Players](#).Language Assistance Available: [Español](#) | [繁體中文](#) | [Tiếng Việt](#) | [한국어](#) | [Tagalog](#) | [Русский](#) | [العربية](#) | [Kreyòl Ayisyen](#) | [Français](#) | [Polski](#) | [Português](#) | [Italiano](#) | [Deutsch](#) | [日本語](#) | [فارسی](#) | [English](#)[Accessibility](#)[Careers](#)[FDA Basics](#)[FOIA](#)[No FEAR Act](#)[Nondiscrimination](#)[Website Policies / Privacy](#)

✓ verified
10/1/21



May 1, 2020

List of Officers

Name	Title	Address
Randall Burkard	President & CEO	█████ Westminster Drive East Amherst, NY 14051 █████
Edmund A. Egan, MD	Chief Scientific Officer	█████ Hedstrom Dr. Amherst, NY 14226 █████
James J. Cummings, MD	Chief Medical Officer	█████ Thorndale Road Slingerlands, NY 12159 █████
Jennifer Kelchlin	Chief Financial Officer	█████ East Center Road West Seneca, NY 14224 █████
David Scott Verner	Vice President of Operations	█████ Adams Circle Ransomville, NY 14131 █████

LEADING THE WAY TO NON-INVASIVE NEONATAL THERAPIES

1576 Sweet Home Road Amherst, New York 14228 P 877.274.4669 F 716.636.3942

onybiotech.com



October 5, 2018

Board of Directors

Name	Title	Address
Edmund A. Egan, M.D.	Board Chairman	Hedstrom Dr. Amherst, NY 14226
Randall Burkard	Board Secretary	Westminster Drive East Amherst, NY 14051

LEADING THE WAY TO NON-INVASIVE NEONATAL THERAPIES

1576 Sweet Home Road Amherst, New York 14228 P 877.274.4669 F 716.636.3942
onybiotech.com



Ownership Dates

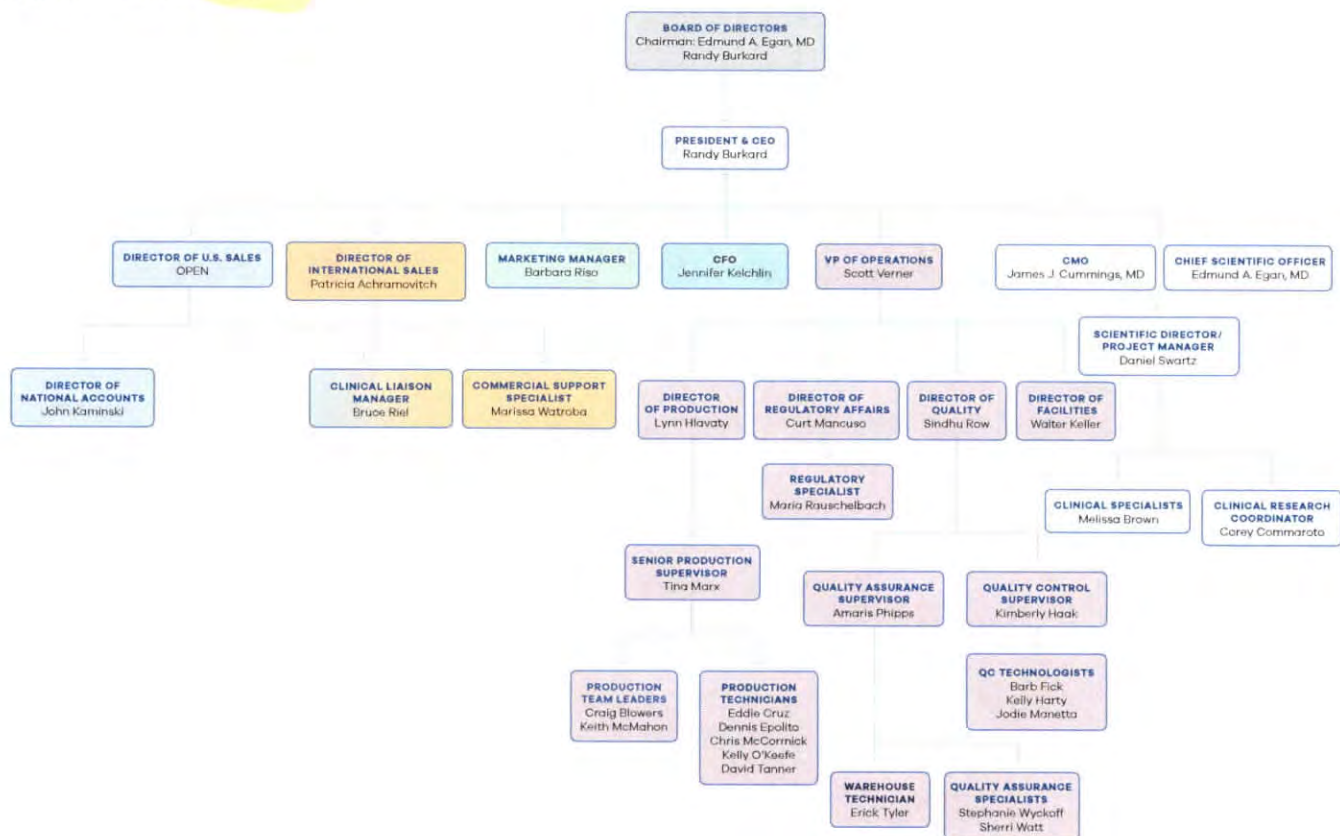
Name	%	Owner Date
Randall Burkard	64	September 30, 2013
Mary Michael Egan	20	2013
Jackson Family Irrevocable Trust	16	January 1, 2014

LEADING THE WAY TO NON-INVASIVE NEONATAL THERAPIES

1576 Sweet Home Road | Amherst, New York 14228 | P 877.274.4669 | F 716.636.3942
onybiotech.com

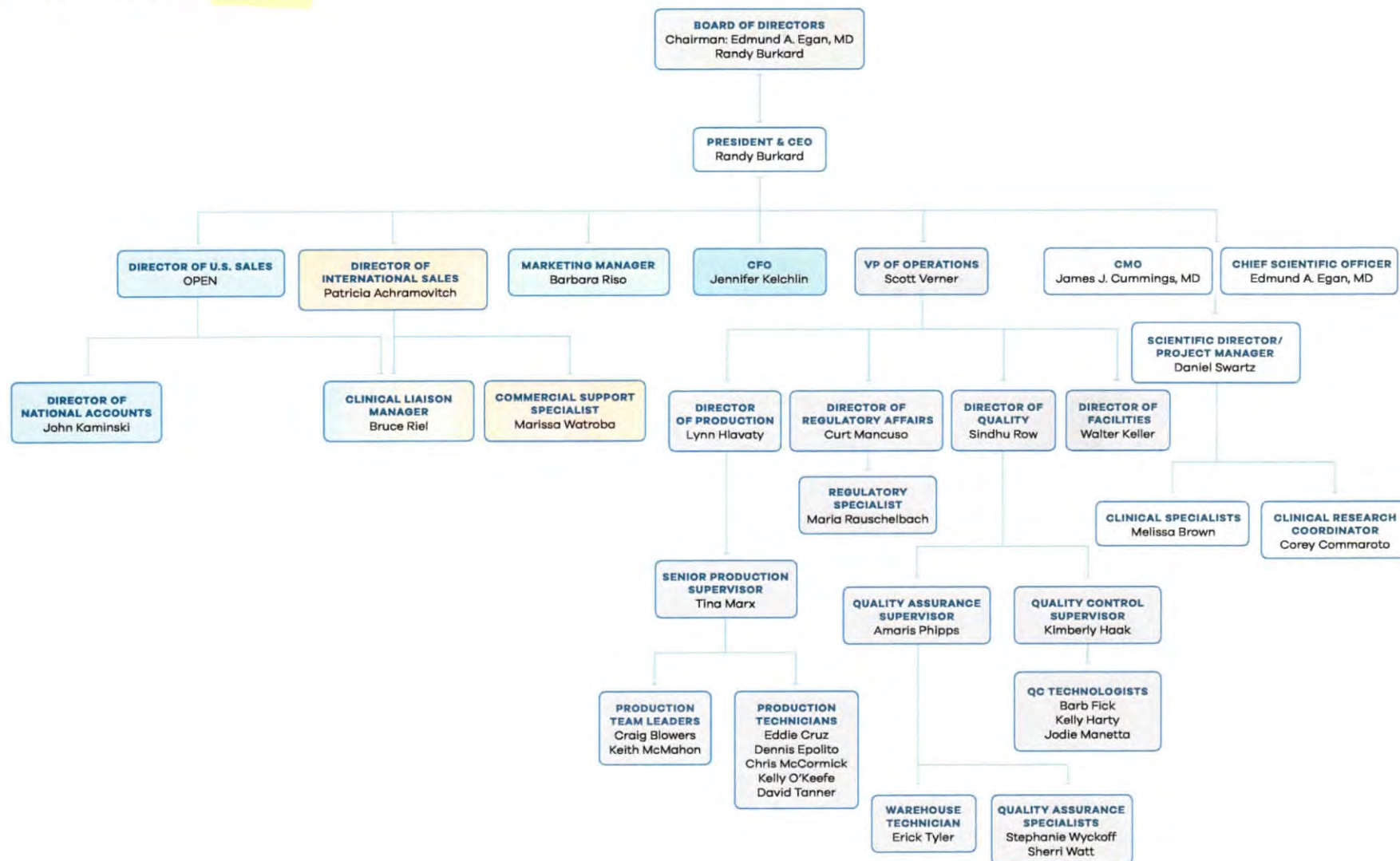


Eff. 9-6-2021 | 34 Employees





Eff. 9-6-2021 | 34 Employees





July 15, 2021

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno, NV 89521

Ref: List of Indebtedness of ONY Biotech Inc.

Company/Person	Reason:
M&T Bank	Equipment Loans

Sincerely,

A handwritten signature in black ink, appearing to read 'Jennifer Kelchlin', is written over a horizontal line.

Jennifer Kelchlin
Chief Financial Officer
ONY Biotech Inc.

LEADING THE WAY TO NON-INVASIVE NEONATAL THERAPIES

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ONY Biotech Inc.
 Physical Address 1576 Sweet Home Road
 City Amherst State NY Zip 14228
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone _____ Website _____
 Licensing Company Email cmancuso@onybiotech.com

Section 2: Personal Information

First David Middle Scott Last Verner
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
 Mailing Address Sweet Home Road
 City Amherst State NY Zip 14228
 Telephone Email sverner@onybiotech.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the 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 initials DSV

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Carnegie Mellon University		From - To (MM/YY – MM/YY) 1988-1992	
Address 5000 Forbes Ave	City Pittsburgh	State PA	Zip 15213
Diploma/Degree obtained, if any Bachelor of Science, Mechanical Engineering (1992)			
School Name McGuffey High School		From - To (MM/YY – MM/YY) 1984-1988	
Address 86 McGuffey Drive	City Claysville	State PA	Zip 15323
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 2007-Present	Address Adams Circle	City Ransomville	State NY	Zip 14131
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name ONY Biotech Inc.		From - To (MM/YY – MM/YY) 2015-present	
Business Address 1576 Sweet Home Road		City Amherst	State NY
		Zip 14228	
Phone 716-636-9096	Title Vice President of Operations		Number of Employed Hours > 10,400 hours
Description of Duties Manage and oversee daily operations, including activities of Manufacturing, Engineering, Quality, Scheduling, Regulatory, Procurement and Safety.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
		Zip	
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
		Zip	
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
		Zip	
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
		Zip	
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials DSV

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials **DSV**

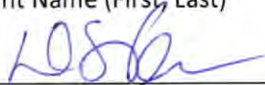
David Scott Verner
 I, _____, certify that as the designated representative for
 ONY Biotech Inc.

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

David, Verner

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

07/15/2021

Date

Applicant's initials DSV

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David, Verner

Print Name (First, Last)

DSV

07/15/2021

Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Erie

David Scott Verner

I, _____, 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 the license, registration, permit, certificate or certification for which I am applying for.

DSV

Original Signature

07/15/2021

Date

Subscribed and Sworn to before me this 15 day of July, 2021.

Patricia A. Achramovitch

Notary Public Signature

PATRICIA A. ACHRAMOVITCH
Notary Public, State of New York
No. 01AC4745005
Qualified in Erie County
My Commission Expires Sept. 30, 2024

(Seal)

Applicant's initials DSV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ONY Biotech Inc.
 Physical Address 1576 Sweet Home Road
 City Amherst State NY Zip 14228
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone _____ Website _____
 Licensing Company Email _____

Section 2: Personal Information

First Randall Middle _____ Last Burkard
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
 Mailing Address Westminster Drive
 City East Amherst State NY Zip 14051
 Telephone Email rburkard@onybiotech.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the 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 initials RB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Chicago		From - To (MM/YY – MM/YY) 09/86-06/88	
Address 5801 S. Ellis Ave.	City Chicago	State IL	Zip 60637
Diploma/Degree obtained, if any MBA			
School Name Clarkson University		From - To (MM/YY – MM/YY) 09/79-05/83	
Address 8 Clarkson Ave	City Potsdam	State NY	Zip 13699
Diploma/Degree obtained, if any BS - Chemical Engineering			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 03/98-present	Address [REDACTED] Westminster Drive	City East Amherst	State NY	Zip 14051
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

 Applicant's initials RB

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name ONY Biotech Inc.		From - To (MM/YY – MM/YY) 10/13-Present	
Business Address 1576 Sweet Home Road	City Amherst	State NY	Zip 14228
Phone 716-636-9096	Title President & CEO		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Applicant's initials RB

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.				
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Applicant's initials RB

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials RB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Randall, Burkard

Print Name (First, Last)

Randall Burkard
Original Signature (electronic, copies or stamps not accepted)

7/20/21
Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Erie

I, Randall Burkard, 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 the license, registration, permit, certificate or certification for which I am applying for.

Randall Burkard
Original Signature

7/20/21
Date

Subscribed and Sworn to before me this 20th day of July.

Patricia A. Achramovitch
Notary Public Signature

PATRICIA A. ACHRAMOVITCH
Notary Public, State of New York
No. 01AC4745005
Qualified in Erie County
My Commission Expires Sept. 30, 2021

(Seal)

Applicant's initials RB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ONY Biotech Inc.
 Physical Address 1576 Sweet Home Road
 City Amherst State NY Zip 14228
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 716-636-9096 Website www.onybiotech.com
 Licensing Company Email cmancuso@onybiotech.com

Section 2: Personal Information

First Mary Middle Michael Last Egan
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address [REDACTED] Hedstrom Drive
 City Amherst State NY Zip 14226
 Telephone _____ Email _____
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the 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 initials MME

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Trinity College		From - To (MM/YY – MM/YY) 09/60-05/64	
Address 125 Michigan Avenue NE	City Washington	State DC	Zip 20017
Diploma/Degree obtained, if any BA			
School Name Mt de Sales Academy		From - To (MM/YY – MM/YY) 09/57-05/60	
Address 851 Orange St	City Macon	State GA	Zip 31201
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 10/08-Present	Address Hedstrom Drive	City Amherst	State NY	Zip 14226
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name ONY Biotech Inc.		From - To (MM/YY – MM/YY) 02/14-Present	
Business Address 1576 Sweet Home Road		City Amherst	State NY
Phone 716-636-9096	Title Owner and Shareholder		
Description of Duties			
Business Name Christ The King School		From - To (MM/YY – MM/YY) 09/64-06/66	
Business Address 46 Peachtree Way NE		City Atlanta	State GA
Phone 404-233-0383	Title Private Elementary School Teacher		
Description of Duties Third grade teacher			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.				
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, Licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials MME

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mary, Egan

Print Name (First, Last)

Mary Egan
Original Signature (electronic, copies or stamps not accepted)

07/16/2021

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Erie

I, Mary Michael Egan, 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 the license, registration, permit, certificate or certification for which I am applying for.

Mary Michael Egan
Original Signature

07/19/2021

Date

Subscribed and Sworn to before me this 19 day of July 2021.

Patricia A. Achramovitch
Notary Public Signature

PATRICIA A. ACHRAMOVITCH
Notary Public, State of New York
No. 01AC4745005
Qualified in Erie County
My Commission Expires Sept. 30, 2021

(Seal)

Applicant's initials MME

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 6006685

Application/License No. _____

ONY Biotech Inc., doing or intending to do business as
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
1576 Sweet Home Road Amherst, NY 14228, as
Address of Applicant/Principal
 PRINCIPAL, and SureTec Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Texas
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
2103 CityWest Boulevard, Suite 1300 Houston, TX 77042 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 TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00), 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 July 14, 2021.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 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 impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Bond No. 6006685

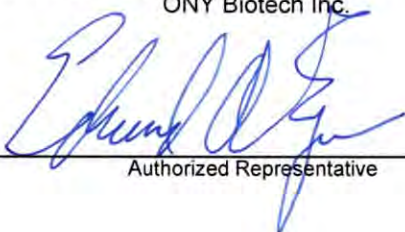
THIS BOND is subject to the following conditions:

- (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 NAC 639.5937 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 and NAC 639.5937. 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
16th day of July, 2021.

APPLICANT/PRINCIPAL
 ONY Biotech Inc.

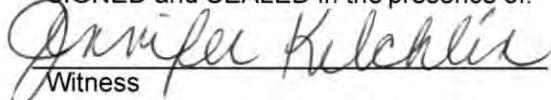

 Authorized Representative

SURETY COMPANY
 SureTec Insurance Company


 Surety Company's Representative

Jonathan Hale, Stephanie Ayala, or Xenia Chavez, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:


 Witness


 Witness

SIGNED and SEALED in the presence of:


 Witness


 Witness

Countersigned by:

Nevada Resident Agent

POA #: 6006685

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Jonathan Hale, Stephanie Ayala, or Xenia Chavez

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: ONY Biotech Inc.

Obligee: Nevada State Board of Pharmacy

Amount: \$ 25,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20th of April, 1999.)

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 27th day of October, A.D. 2020.

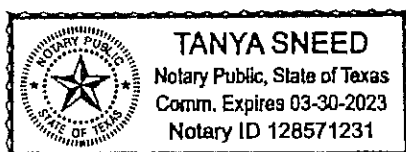


SURETEC INSURANCE COMPANY

By: Michael C. Keimig
Michael C. Keimig, President

State of Texas ss:
County of Harris

On this 27th day of October, A.D. 2020 before me personally came Michael C. Keimig, to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



Tanya Sneed
Tanya Sneed, Notary Public
My commission expires March 30, 2023

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 14th day of July, 2021, A.D.

M. Brent Beaty
M. Brent Beaty, Assistant Secretary

Any Instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:30 am and 5:00 pm CST.

4K

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Wellstat Therapeutics Corporation

Physical Address: 14200 Shady Grove Road, Suite 600

City: Rockville State: Maryland Zip Code: 20850

Telephone Number: 240-631-2500 Fax Number: 240-683-5830

Toll Free Number: _____

E-mail: rgregorio@wellstat.com Website: www.wellstat.com

Facility Manager: Richard M. Gregorio, Jr.

Professional qualifications and experience of facility manager: Extensive background in overseeing storage, delivery and distribution of raw materials and drugs, clinical supplies, and laboratory equipment.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: Distributors

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration)

Labeler 69468

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 regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Cardinal Health Specialty Pharmacy, LLC (Distributor)

Address: 7172 Columbia Gateway Drive, Columbia, MD 21046

Name: Integrated Commercialization Solutions (3PL)

Address: 420 International Parkway, Suite #500, Brooks, KY 40109

Name: Almac Pharma Services (Manufacturer)

Address: 22 Seagoe Industrial Estate, Craigavon, BT63 5QD, United Kingdom

Name:

Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

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 ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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.

Nadine Wohlstaetter

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

Nadine Wohlstaetter

Print Name of Authorized Person

Nadine Wohlstaetter March 24 2021

Date

Board Use Only

Date Processed: _____

Amount: 500

CHECK #
524956

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: N/A

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: N/AMailing Address: 14200 Shady Grove Road, Suite 600City: Rockville State: MD Zip: 20850Telephone: 240-631-2500 Fax: 240-683-5830Contact Person: Richard M. Gregorio, Jr.

For any corporation non-publicly traded, disclose the following:

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

a) Nadine Wohlstadter, 14200 Shady Grove Rd., Suite 600, Rockville, MD 20850 *
Name Business Addressb) Samuel Wohlstadter, 14200 Shady Grove Rd., Suite 600, Rockville, MD 20850 *
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. 15003) What was the price paid per share? .00100A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A**Include with the application for a non-publicly traded corporation**List of officers and directorsCertificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

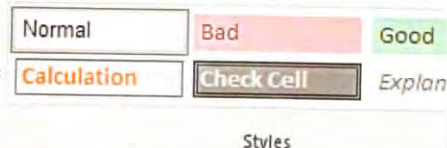
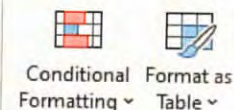
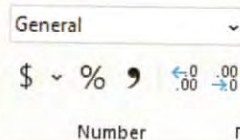
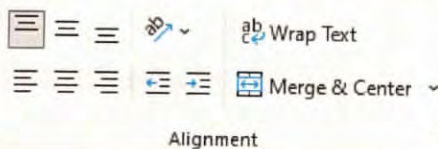
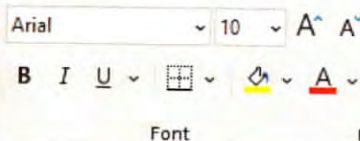
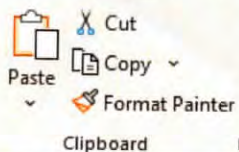
***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

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fx

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
	NDC/NHR IC Labeler	Firm Name																	
1																			
13519	81290	Mainspring Holdings, Inc.																	
13520	63713	Ethicon, Inc.																	
13521	75130	The Vit-E-Men Company																	
13522	51621	GOWOONSESANG COSMETICS CO., LTD.																	
13523	68073	Impact Fulfillment Services																	
13524	76521	Shandong OML Chem Co., Ltd.																	
13525	81238	Western First Aid Safety																	
13526	73856	Biopontis Inc																	
13527	51401	True Balance Athletics LLC																	
13528	61307	U S Chemical Corp Wis																	
13529	79226	ROYAL GLOBAL DISTRIBUTION INC																	
13530	61011	Yicheng Goto Pharmaceuticals Co., Ltd.																	
13531	0406	SpecGx LLC																	
13532	59279	Mediceutical Laboratories LP																	
13533	69697	Avanos Medical																	
13534	70066	DR.Haskin Co.,Ltd																	
13535	68993	Niva Medical Oy																	
13536	79903	WALMART INC.																	
13537	72709	Yokina, Inc.																	
13538	82075	Sagely Enterprises Inc.																	
13539	73654	Healthtex Distributors Inc.																	
13540	69468	Wellstat Therapeutics Corporation																	
13541	68445	ARGYROL PHARMACEUTICALS CORP																	
13542	80475	Center for Applied Innovation, LLC																	
13543	81777	PREMIUM NATURAL COSMETICS INC																	

✓
verified
with 9/17/21

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WELLSTAT THERAPEUTICS CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JULY, A. D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WELLSTAT THERAPEUTICS CORPORATION" WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 2008.



4529509 8300

SR# 20191815559

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202393491

Date: 07-07-21



MARYLAND

Department of Health

Larry J. Hogan, Governor • Boyd K. Rutherford, Lt. Governor • Dennis R. Schrader, Secretary

MARYLAND BOARD OF PHARMACY

4201, Patterson Avenue, Baltimore, Maryland 21215-2299

Jennifer Hardesty, Board President • Deena Speights-Napata, Executive Director

Maryland Board of Pharmacy ESTABLISHMENT VERIFICATION OF GOOD STANDING

NAME OF ESTABLISHMENT: Wellstat Therapeutics Corporation
14200 Shady Grove Road Suite 600
Rockville, MD

TYPE OF REGISTRATION ISSUED: Distributor

LICENSE NUMBER: D05763

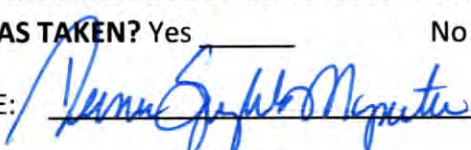
ORIGINAL ISSUANCE DATE: 11/16/2015

EXPIRATION DATE: 05/31/2023

CURRENT STATUS: Active ☒ Non-Renewed ☐ Closed ☐ Revoked ☐

GOOD STANDING: Yes ☒ No ☐

HAS ESTABLISHMENT BEEN FOUND GUILTY OF ANY VIOLATIONS FOR WHICH DISCIPLINARY ACTION WAS TAKEN? Yes ☐ No ☒

SIGNATURE: 

Deena Speights-Napata, M.A.

Executive Director

Date: 06/03/2021



DISTRIBUTOR REGISTRATION

STATE OF MARYLAND
DEPARTMENT OF HEALTH

121010

Maryland Board of Pharmacy

4201 Patterson Avenue
Baltimore, Maryland 21215

Wellstat Therapeutics Corporation
14200 Shady Grove Road
Suite 600
Rockville MD 20850

THE MARYLAND STATE BOARD OF PHARMACY CERTIFIES THAT

Wellstat Therapeutics Corporation
IS A REGISTERED **Active**
Distributor (exp.: 05/31/2023)

In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. PERM. NO.	EXPIRATION DATE
D05763	05/31/2023

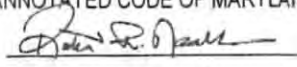
SIGNATURE OF BEARER



THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT Wellstat Therapeutics Corporation
IS A REGISTERED **Active**
Distributor (exp.: 05/31/2023)

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
D05763	05/31/2023


SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Distributor Change of Information

A Distributor must report changes in their names, addresses, place of employment or other contact information in order to receive renewal notices, newsletters and other important information. A copy of a legal document, such as a Marriage Certificate, must accompany name changes.

To report changes, submit a completed Change of Information form. The form may be downloaded from the Board's website at <http://dhmh.maryland.gov/pharmacy/Pages/ChangeRequest.aspx>, or contact the Board to have the form sent to you.

Return the completed form by mail, fax or email to:

Maryland Board of Pharmacy
P.O. Box 2051
Baltimore, Maryland 21203-2051
Toll Free: (800)-542-4964 Fax: (410) 358-6207
Email: dhmh.mdbop@maryland.gov

Wellstat Therapeutics Corporation
14200 Shady Grove Road
Suite 600
Rockville, MD 20850
Phone: 240-631-2500/Fax: 240-683-5830

Owner and Corporate Officers List

Name	Title	Address/Phone	SSN	DOB
Samuel Wohlstadter	Chief Executive Officer	Hoffman Chapel Lane Madison, VA 22727 		
Nadine Wohlstadter	President, Managing Director	Hoffman Chapel Lane Madison, VA 22727 		

WELLSTAT THERAPEUTICS CORPORATION
14200 Shady Grove Road, 6th Floor
Rockville, MD 20850
240-631-2500(P) / 240-683-5830(F)

Wellstat Therapeutics Corporation List of Employees

Nadine Wohlstadter, Owner
President
Managing Director

Samuel Wohlstadter, Owner
Chief Executive Officer
Managing Director

Richard Gregorio, Jr.
Supply Chain Manager/Operations

Constance Houston
Legal Assistant

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Wellstat Therapeutics Corporation

Physical Address 14200 Shady Grove Road, Suite 600

City Rockville State MD Zip 20850

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 240-631-2500 Website www.wellstat.com

Licensing Company Email _____

Section 2: Personal Information

First Richard Middle Martin Last Gregorio, Jr.

Alias(es, nicknames, name changes, etc.) Rich

Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X

Mailing Address Woodrise Road

City New Market State MD Zip 21774

Telephone Email rgregorio@wellstat.com

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

Section 3: Military Service (NRS 622.120)

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

Yes No

☒

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

☒

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

☒

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

☒

2. Are you in compliance with the order or the 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 initials RG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Maryland College Park		From - To (MM/YY - MM/YY) 08/90 - 05/92	
Address 7950 Baltimore Avenue	City College Park	State MD	Zip 20742
Diploma/Degree obtained, if any Bachelors in Business Administration			
School Name University of North Carolina Wilmington		From - To (MM/YY - MM/YY) 8/89 - 05/90	
Address 601 South College Road	City Wilmington	State NC	Zip 28403
Diploma/Degree obtained, if any			
School Name Montgomery College		From - To (MM/YY - MM/YY) 08/87 - 05/89	
Address 51 Mannakee Street	City Rockville	State MD	Zip 20850
Diploma/Degree obtained, if any			
School Name Wootton High School		From - To (MM/YY - MM/YY) 08/82 - 05/87	
Address 2100 Wootton Pkwy	City Rockville	State MD	Zip 20850
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 06/2005 - Present	Address Woodrise Road	City New Market	State MD	Zip 21774
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Wellstat Management Company		From - To (MM/YY - MM/YY) 09/14 - Present	
Business Address 14200 Shady Grove Road, Suite 600	City Rockville	State MD	Zip 20850
Phone 240-631-2500	Title Supply Chain Manager/Operations	Number of Employed Hours Over 14,000	
Description of Duties Manage procedures associated with the commercialized drug product and supplies, including shipping, receiving, inventory, and audits.			
Business Name Pro-Virus/Wellstat Biologics Corporation		From - To (MM/YY - MM/YY) 06/2000 - 09/14	
Business Address 930 Clopper Road	City Gaithersburg	State MD	Zip 20852
Phone 240-631-2500	Title Materials Supervisor/Procurement Manager	Number of Employed Hours 29,000	
Description of Duties Logistics Manager for a clinical drug, responsible for everyday procurement including ordering, negotiating, and contracts.			
Business Name Nabi, Inc.		From - To (MM/YY - MM/YY) 08/96 - 06/2000	
Business Address Wilkins Avenue	City Rockville	State MD	Zip 20850
Phone Closed	Title Materials Management/Purchasing Supervisor	Number of Employed Hours 8,300	
Description of Duties Managed two warehouses including the oversight of storage, delivery and distribution of raw materials and drugs, clinical supplies, and laboratory equipment.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

Applicant's initials

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials



N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

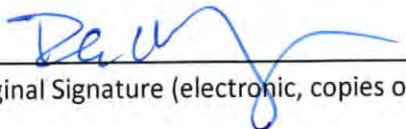
Richard M. Gregorio, Jr.
 I, _____, certify that as the designated representative for
 Wellstat Therapeutics Corporation

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Richard M. Gregorio, Jr.

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

21 OCT 21
 Date

Applicant's initials

RG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard M. Gregorio, Jr.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Montgomery County

Richard M. Gregorio, Jr.

I, _____, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this 21 day of October 2021

Notary Public Signature

CONSTANCE RENEE HOUSTON
NOTARY PUBLIC
PRINCE GEORGE'S COUNTY
MARYLAND
MY COMMISSION EXPIRES JANUARY 28, 2023

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Wellstat Therapeutics Corporation

Physical Address 14200 Shady Grove Road, Suite 600

City Rockville State MD Zip 20850

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 240-631-2500 Website www.wellstat.com

Licensing Company Email rgregorio@wellstat.com

Section 2: Personal Information

First Nadine Middle Holson Last Wohlstadter

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X

Mailing Address [REDACTED] Hoffman Chapel Lane

City Madison State VA Zip 22727

Telephone [REDACTED] Email rgregorio@wellstat.com

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

Section 3: Military Service (NRS 622.120)

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

Yes

No

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch:

☐ Army/
Reserves

☐ Navy/
Reserves

☐ Airforce/
Reserves

☐ Marine Corps/
Reserves

☐ Coast Guard/
Reserves

☐ National
Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

Yes

No

✓

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A

Applicant's initials

NW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name San Francisco State University		From - To (MM/YY – MM/YY) 09/63 -06/65	
Address 1600 Holloway Avenue	City San Francisco	State CA	Zip 94132
Diploma/Degree obtained, if any			
School Name Caldwell Senior High School		From - To (MM/YY – MM/YY) 09/50 - 6/63	
Address 3401 S. Indiana	City Caldwell	State ID	Zip 83605
Diploma/Degree obtained, if any Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 01/1991 - Present	Address Hoffman Chapel Lane	City Madison	State VA	Zip 22727
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Wellstat Therapeutics Corporation		From - To (MM/YY – MM/YY) 04/2007 - Present	
Business Address 14200 Shady Grove Road, Suite 600		City Rockville	State MD
Phone 240-631-2500	Title Managing Member/President		
Description of Duties Appoints department heads and managers; Approves company policies and procedures; Direct and oversee the company's financial, budgetary, operational, and strategic activities.			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials

WHL

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's Initials

NFW

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials

ntw

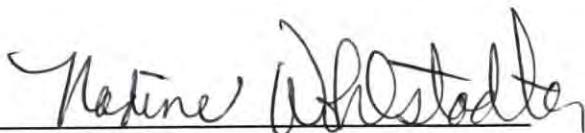
N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

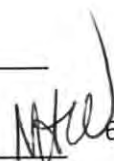


Original Signature (electronic, copies or stamps not accepted)



Date

Applicant's initials



I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nadine Wohlstadter

Print Name (First, Last)

Nadine Wohlstadter
Original Signature (electronic, copies or stamps not accepted)

Oct 15 2021
Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Montgomery

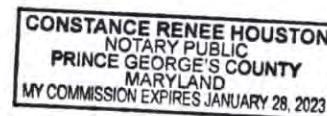
I, Nadine Wohlstadter, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Nadine Wohlstadter
Original Signature

Oct 15 2021
Date

Subscribed and Sworn to before me this 15 day of October 2021

Constance Renee Houston
Notary Public Signature



(Seal)

Applicant's initials NW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Wellstat Therapeutics Corporation
 Physical Address 14200 Shady Grove Road, Suite 600
 City Rockville State MD Zip 20850
 Mailing Address (if different from physical address) Same as above
 City _____ State _____ Zip _____
 Telephone 240-631-2500 Website www.wellstat.com
 Licensing Company Email rgregorio@wellstat.com

Section 2: Personal Information

First Samuel Middle Joseph Last Wohlstadter
 Alias(es, nicknames, name changes, etc.) Sam
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] Hoffman Chapel Lane
 City Madison State VA Zip 22727
 Telephone [REDACTED] Email rgregorio@wellstat.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? <u>N/A</u>		

Applicant's initials Spw

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Peninsula University Law School		From - To (MM/YY – MM/YY) 8/72 - 06/76	
Address 384 S. Second Street	City San Jose	State CA	Zip 95113
Diploma/Degree obtained, if any Juris Doctorate			
School Name San Francisco State University		From - To (MM/YY – MM/YY) 08/63 - 06/67	
Address 1600 Holloway Avenue	City San Francisco	State CA	Zip 94132
Diploma/Degree obtained, if any B.S. in Comparative Zoology			
School Name Fairfax High School		From - To (MM/YY – MM/YY) 09/54 - 06/58	
Address 7850 Melrose Avenue	City Los Angeles	State CA	Zip 90046
Diploma/Degree obtained, if any Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 01/1991 - Present	Address [REDACTED] Hoffman Chapel Lane	City Madison	State VA	Zip 22727
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Wellstat Therapeutics Corporation		From - To (MM/YY - MM/YY) 04/2007 - Present	
Business Address 14200 Shady Grove Road, Suite 600		City Rockville	State MD
Phone 240-631-2500	Title Managing Member/Chief Executive Officer		
Description of Duties Determine scientific disciplines to pursue and formulate strategic plans and objectives with emphasis on the research and development of proprietary technologies, clinical, marketing and business development.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Applicant's initials



Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Applicant's initials

SW

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials

SAW

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Samuel Moh Hadler
Original Signature (electronic, copies or stamps not accepted)

10/15/21
Date
SHW
Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Samuel Wohlstadter

Print Name (First, Last)

Samuel Wohlstadter

Original Signature (electronic, copies or stamps not accepted)

10/15/21

Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Montgomery

Samuel Wohlstadter

I, _____, 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 the license, registration, permit, certificate or certification for which I am applying for.

Samuel Wohlstadter

Original Signature

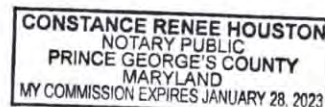
10/15/21

Date

Subscribed and Sworn to before me this 15 day of October 2021

Constance Renee Houston

Notary Public Signature



(Seal)

STW

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. NV5505150

Application/License No. _____

Wellstat Therapeutics Corporation, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
14200 Shady Grove Road, Suite 600 Rockville, MD 20850, as
Address of Applicant/Principal
 PRINCIPAL, and Merchants Bonding Company (Mutual), a
Surety Company
 corporation organized under the laws of the state of Iowa
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
6700 Westown Parkway, West Des Moines, IA 50266 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 March 22, 2021.
Effective Date

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 impose 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 22nd day of March, 2021.

APPLICANT/PRINCIPAL
COMPANY

SURETY

Nadine Wohlstadt
Wellstar Therapeutics Corporation
Authorized Representative

Nadine Wohlstadt

Todd A Stein
Merchants Bonding Company (Mutual)
Surety Company's Representative

Todd A Stein, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:
Constance L. Smith
Witness

[Signature]
Witness

SIGNED and SEALED in the presence of:
Ruth Pell
Witness Ruth Pell

Mary Brenner-Miller
Witness Mary Brenner-Miller

Countersigned by:

MERCHANTS BONDING COMPANY™ POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Todd A Stein

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 18, 2015.

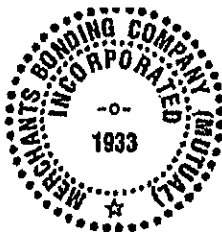
"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 22nd day of March, 2021.



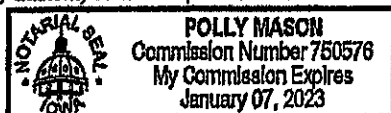
MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By

Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 22nd day of March, 2021, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.



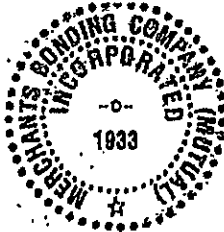
Polly Mason

Notary Public

(Expiration of notary's commission
does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 22nd day of March, 2021.



William Warner Jr.
Secretary

Amended Certificate of Authority

STATE OF NEVADA
DEPARTMENT OF BUSINESS & INDUSTRY
DIVISION OF INSURANCE
Carson City, Nevada

Nevada ID #: 1331
THE MERCHANTS BONDING COMPANY (MUTUAL)
Incorporated in the State of IOWA
Home office at WEST DES MOINES, IOWA
having duly qualified, is hereby licensed to transact:

**** PROPERTY ~ CASUALTY (Excluding Workers' Compensation) ~
SURETY ****

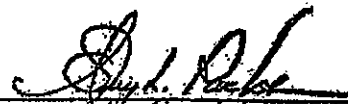
*insurance business within the State of Nevada until terminated at the request of the insurer or suspended or
revoked by the Commissioner of Insurance.*



Original Certificate Dated at Carson City, Nevada

this 21st day of January, 1987

Amended this 24th day of September, 2015


Acting Commissioner of Insurance



Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer Firm

Casualty, Property, Surety

BRUNSWICK INSURANCE AGENCY INC

5309 TRANSPORTATION BLVD.

CLEVELAND, OH 44125

Is authorized to transact business as described above

License No: 18354

Issue Date: 08-18-2004

Expiration Date: 09-01-2022

Generated by Sircon 197468769

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

**BRUNSWICK INSURANCE AGENCY
INC**

5309 TRANSPORTATION BLVD., CLEVELAND, OH 44125

LICENSE NUMBER: 18354



IS HEREBY AUTHORIZED TO TRANSACT BUSINESS
IN ACCORDANCE TO THE LICENSE DESCRIPTION
SHOWN BELOW:

Non-Resident Producer Firm
Casualty, Property, Surety

Issue Date: 08-18-2004

Expiration Date: 09-01-2022

Generated by Sircon 197468769



MERCHANTS BONDING COMPANY (MUTUAL)

Statements of Admitted Assets, Liabilities, and Surplus - Statutory Basis

	Dec. 31, 2020
Admitted Assets	
Cash and Invested Assets	
Bonds	\$ 171,268,593
Common Stocks	64,223,827
Real Estate	12,225,554
Cash and Short-Term Investments	14,992,009
Other Invested Assets	1,100,043
Total Cash and Invested Assets	263,810,026
Investment Income Due and Accrued	1,009,338
Premiums in the Course of Collection	12,599,467
Reinsurance Recoverable from Reinsurers	(20,072)
Current Federal Income Taxes Recoverable	468,976
Receivable from Affiliate	12,440,415
Other Assets	10,166,931
Total Admitted Assets	\$ 300,475,081
Liabilities & Surplus	
Liabilities	
Losses	\$ 10,500,255
Reinsurance Payable on Paid Losses and LAE	71,712
Loss Adjustment Expenses	9,463,529
Commissions Payable	2,404,302
Other Expenses	5,982,692
Taxes, Licenses, and Fees	323,386
Net Deferred Tax Liability	50,565
Unearned Premiums	55,580,555
Dividends Declared to Policyholders	4,916,377
Reinsurance Payable to Reinsurers	3,282,812
Amounts Withheld for Others	11,794,766
Total Liabilities	104,370,951
Surplus	196,104,130
Total Liabilities and Policyholders' Surplus	\$ 300,475,081

I, Don Blum, Chief Financial Officer and Treasurer of Merchants Bonding Company (Mutual), do hereby certify that the foregoing is a true and correct statement of the balance sheet of said Corporation as of December 31, 2020, to the best of my knowledge and belief.


Don Blum, CFO & Treasurer

March 2, 2021
Date

street
5700 Westown Parkway
West Des Moines, IA 50266-7754

mailing
P.O. Box 14498
Des Moines, IA 50306-3498

toll free 800.678.8171
local 515.243.8171
fax 515.243.3054

email info@merchantsbonding.com
website merchantsbonding.com

4L

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☒ Nevada ☐ Out-of-State	
Type of Application (check applicable box)	Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☐ Yes ☒ No	

Section 1: General Information	
Facility Name: <u>Heron Therapeutics, Inc.</u>	
Physical Address: <u>4242 Campus Point Ct, Suite 200</u>	
City: <u>San Diego</u>	State: <u>CA</u> Zip: <u>92121</u>
Mailing Address (if different from physical address): <u>Same as above</u>	
City: _____	State: _____ Zip: _____
Telephone: _____	Website: _____
Name of Designated Representative (DR): <u>Saya Godwin</u>	
Licensing Company Email: <u>Compliancehtx@herontx.com</u>	DR Email: <u>SGodwin@herontx.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers ☐ Others: _____	☐ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ Others: _____

Section 2: History of Company	Yes	No
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)?		✓
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?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.Name: AlcamiAddress: 4221 Faber Place DriveCity: CharlestonState: SCZip: 29405Name: Lifecore BiomedicalAddress: 3515 County Road 18City: ChaskaState: MNZip: 55318Name: SAFCAddress: 1101 Kettle Moraine TrailCity: VeronaState: WIZip: 53593Name: Oso BiopharmaAddress: 4401 Alexander Blvd., NECity: AlbuquerqueState: NMZip: 87107**Section 4: Publicly Traded Corporation**State of Incorporation: DE

Parent Company (if any): _____

Corporation Name: Heron Therapeutics, Inc.Mailing Address: 4242 Campus Point Ct, Suite 200City: San DiegoState: CAZip: 92121Telephone: 415-763-5368Email: Compliancehtx@herontx.comContact Person Name: Eric Jen

Date of SEC Registration: _____

SEC Registration Number: 0000818033Stock Exchange Symbol: HRTX**Section 5: Non-Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		☒
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		☒
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Szekeveres
 Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date

Board Use Only	Date Received: _____	Amount: <u>\$500</u> <u>under</u> <u>9/12/21</u>
----------------	----------------------	--

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HERON THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HERON THERAPEUTICS, INC." WAS INCORPORATED ON THE FIFTH DAY OF FEBRUARY, A.D. 1987.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2116801 8300

SR# 20213507976

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204407188

Date: 10-14-21

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH
DRUG MANUFACTURING LICENSE

Heron Therapeutics, Inc.
4242 Campus Point Ct, Suite 200
San Diego, CA 92121

LICENSE NUMBER: 96217
EXPIRATION DATE: 3/6/2022

The person named herein is licensed to manufacture drugs through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Officers and Directors

Officer/Director Name	Title	Address
Barry D. Quart, Pharm.D.	Chief Executive Officer and <u>Director, Chairman of the Board</u>	4242 Campus Point Court, Suite 200, San Diego, CA 92121
Chris Storgard, MD	Chief Medical Officer	4242 Campus Point Court, Suite 200, San Diego, CA 92121
Christian Waage	Director	4242 Campus Point Court, Suite 200, San Diego, CA 92121
Craig A. Johnson	Director	4242 Campus Point Court, Suite 200, San Diego, CA 92121
David L. Szekeres	Executive VP, Chief Operating Officer	4242 Campus Point Court, Suite 200, San Diego, CA 92121
John C. Arthur, Ph.D	VP, Manufacturing & Supply	4242 Campus Point Court, Suite 200, San Diego, CA 92121
John W. Poyhonen	President, Chief Commercial Officer	4242 Campus Point Court, Suite 200, San Diego, CA 92121
Kimberly J. Manhard	Executive VP, Drug Development and <u>Director</u>	4242 Campus Point Court, Suite 200, San Diego, CA 92121
Lisa Peraza	Chief Accounting Officer	4242 Campus Point Court, Suite 200, San Diego, CA 92121
Michael Matthews	Senior VP, Pain Franchise	4242 Campus Point Court, Suite 200, San Diego, CA 92121
Sean T. Ristine	VP, Human Resources	4242 Campus Point Court, Suite 200, San Diego, CA 92121
Stephen Davis	Director	4242 Campus Point Court, Suite 200, San Diego, CA 92121
Thomas B. Ottoboni, Ph.D.	Chief Scientific Officer and Senior VP, Pharmaceutical and Preclinical Research and Development	4242 Campus Point Court, Suite 200, San Diego, CA 92121

10/20/20

Employee List

Heron Therapeutics, Inc.

Last Name	First Name	Job Title Description
Alberts	Richard	Quality Assurance Associate
Alex	Reginald	Sr. Manager, Regulatory Operations
Anderson	Jeff	Sr. Director, QA & GXP Systems
Applonie	Jessica	Sr. Coordinator, Marketing Operations
Arthur	John	VP, Manufacturing & Supply
Au	Alex	Quality Assurance Associate
Bailey	Michael	Sr. Manager, Quality Control
Bannon	Sean	District Business Manager
Bari	Lela	Regional Director, Corporate Acct. Solutions
Barozzino	David	District Business Manager
Beard	Erin	Executive Assistant
Bellows	Christopher	Scientist II
Biancalana	Karen	Director, Government Pricing
Blowers	Jennifer	Regional Director, Corporate Acct. Solutions
Boccia	Gaetano	Sr. Director, Clinical Operations
Brumley	Sarah	District Business Manager
Buonomo	Courtney	Sr. Manager, Clinical Study Database Design
Burnett	Vanessa	Manager, QA Document Control
Burnett	Angela	Sr. Manager, Data Management
Burnette	James	Area Business Manager
Burns	Adrianna	Director, Regulatory Strategy
Cai	Danlin	Director, Biostatistics
Camacho	Alfonso	Sr. Research Associate III
Cardenas	Lisa	Assoc. Director, QA Complaints
Carfagnini	Scott	Regional Business Director
Carpenter	Robert	Sr. Director, Engineering Manufacturing & Dev
Carter	Tara	Sr. Manager, QA
Casillas	Jose	Dir., Packaging Manufacturing Management
Cattles	Kimberly	Sr. Director, Oncology Sales & Sales Force Ef
Charvat	Trevor	Sr. Director, Manufacturing & Dev
Chmielewski	Benjamin	Sr. Dir., Technical Operations Project Mgmt
Chu	Jason	Sr. Director, Financial Planning & Analysis
Clodfelter	Nancy	Director, Human Resources
Cohn	Jeffrey	Sr. Director, Assoc. Gen. Counsel & Secretary
Colfer	Damien	Area Business Manager
Colvin	Andrew	Associate Director, Manufacturing and Develop
Cramer	Amanda	Area Business Manager
Davidson	John	District Business Manager
Davis	Sean	Assoc. Director, IT
Davis	Danielle	Director, Compliance Counsel
DePiro	David	Area Business Manager
Derry	John	District Business Manager
Desciscio	Michael	Sr. Specialist, RPM
Deshmukh	Dinar	Associate Director, Manufacturing and Develop
Devlin-Fain	Siobhan	Regional Director, Corporate Acct. Solutions
Donato	Michael	Regional Business Director

Drozina	Gorazd	Assoc. Director, Medical Writing
Dufilho	John	Sr. Medical Science Liaison
Ellis	Aaron	Clinical Trials Assistant
England	Mary	VP, Marketing - Pain Franchise
Erenyi	Erica	Senior Payroll Specialist
Erickson	Andrew	Director, National Accounts
Evans-Shields	Jacquelyn	VP, Medical Affairs - Pain
Everett	Jason	Director, Manufacturing & Development
Faherty	Ciaran	Sr. Medical Science Liaison
Fairbanks	Dallas	Sr. Director, Commercial Project Management
Fedoseyev	Adeline	Sr. Accountant II
Felipe	Eric	Assoc. Director, Contracts Manufacturing
Fernandez	Veronica	Sr. Manager, Clinical Operations
Flowers	Christopher	Area Business Manager
Fujiwara	Fabiola	Manager, Human Resources
Garcia	Janies	Assoc. Director, IT
Garcia	Isabel	Sr. Manager, Regulatory Operations
Gilluly	Kathleen	Clinical Educator
Glrotti	Lee Ann L.	Sr. Manager, Pharmaceutical Sciences
Godsey	Ronald	National Director, Payer and Reimbursement
Godwin	Saya	Sr. Director, Supply Chain & Logistics
Gonzalez	Mariela	Sr. Clinical Research Associate
Graf	Bonnie	Clinical Educator
Greenwood-Slater	Penelope	Medical and Regulatory Editor
Griffith	Adrienne	Associate Director, Bioanalytical
Gross	Erin	Sr. Director, Commercial Training
Grounds	Nancy	Regional Director, Corporate Acct. Solutions
Grubisha	Desiree	Sr. Manager, Stability
Halen	Mary	Sr. Clinical Project Associate
Han	Han	Assoc. Director, Pharmaceutical Sciences
Harris	Lynda	Sr. Director, Human Resources
Harris	Dawn	Area Business Manager
Hart	Jelane	Sr. Manager, Regulatory Project Management
Hawn	Pamela	Sr. Medical Science Liaison
Haynes	Heidi	Clinical Educator
Hempleman	Laura	Sr. Research Coordinator
Hesari	Donna	Sr. Medical Science Liaison
Hicks	Teri	Sr. Director, Data Management
Hirsch	Michael	Natl Dir, Corp Acct Solutions & Federal Accts
Horais	Kjersti	Sr. Manager, QA
Horvath	Alexander	Area Business Manager
Hu	Jia	Sr. Director, Biostatistics and Programming
Ingram	Marilyn	Exec. Director, Medical & Reg. Communications
Inman	Debra	Sr. Manager, Clinical Operations
Jen	Eric	Director, Compliance
Johnson	Kimberly	Field Clinical Director
Keller	Mary	VP, Clinical Operations

Kenny	Rachel	Sr. Manager, Clinical Trial Materials
Ketterling	Ryan	Director, Fed. Accts. & Corp Acct Solutions
Kim	Daniel	Executive Director, Info and Submission Mgmt
Kinney	Marissa	Sr. Assoc., Program Management
Kloda	Justyna	Manager, Program Management
Kothawala	Anupam	Sr. Director, Business Analysis & Insights
Lane	Heather	Manager, Supply Chain
Lasecki	David	Sr. Director, Oncology Sales
Lauerman	Kimberly	Area Business Manager
Lee	Peter	VP, Chief Compliance Officer
Lee	Shiao-En	Sr. Assoc., Program Management
Lehr	Amanda	Assoc. Director, Clinical Operations
Leon	Christine	Sr. Director, QA, GLP, GCP & GVP
Lian	Joseph	Quality Engineer
Lightner	Cynthia	Human Resources Specialist
Lim	Slaw-Yen	Director, Medical Device Quality Assurance
Littlefield	Scott	Sr. Director, Trade & Distribution
Lovesy	Jeffrey	VP, Sales - Pain Franchise
Luepke	Katherine	Sr. Medical Science Liaison
Lugo	Leonard	Manager, Accounting
Luthi	Michael	Area Business Manager
MacDonald	Stacy	Director, CMC Regulatory
Maddalosso	Alexandra	Area Business Manager
Manhard	Kimberly	Executive VP, Drug Development
Martin	Amy	Accounts Payable Associate
Mathews	Michael	Sr. VP, Pain Franchise
Mathews	Gina	Sr. Manager, Stability
Maya	Juan	VP, Clinical Research and Medical Affairs
McColgan	Mary	Sr. Medical Science Liaison
Merrill	Heather	Clinical Trials Assistant
Minick	Stephen	Sr. Director, Manufacturing & Dev
Miranda	Susan	Executive Assistant
Mobini	Kouros	Sr. Director, Sales Operations
Moran	Brian	Regional MSL Director
Mulford	Tricia	Sr. Director, Pharmacovigilance
Navarro	Mechelle	Area Business Manager
Nelson	Barbara	Director, Medical Writing
Newell	Brandon	Sr. Director, GMP Quality Assurance
Newport-Jones	Maria	Area Business Manager
Ng	Cameron	Sr. Research Associate III
Ngo	Brandon	Associate Director, Finance
Ngo	Vinh	Sr. Manager, Regulatory Affairs CMC
Nguyen	Alice	Director, Quality Control - Stability
Nguyen	Annalisa	Scientist II, Toxicology
Nixon	Maria	Sr. Administrative Assistant
Okuna	Cory	Sr. Director, IT
Oparaoji	Edward	Director, MSL

Ottoboni	Thomas B.	Sr. VP, Chief Scientific Officer
Ouellette	Michelle	Sr. Medical Science Liaison
Patel	Shilpaben	Director, National Accounts GPO
Peraza	Lisa R	VP, Chief Accounting Officer
Pereira	Jonathan	Director, Medical Communications
Perez	Edgar	Manager, IT Systems
Perez	Marisol	Clinical Trials Assistant
Petrosian	Gabrielle	Sr. Manager, QA
Pettit	Janelle	District Business Manager
Phan	Minh	Research Associate II
Pollock	Ryan	Regional Director, Corporate Acct. Solutions
Poon	Ernest	Sr. Director, Marketing
Pope	Robert	National Sales Director, Oncology Sales
Potter	Jennifer L.	Executive Assistant
Poyhonen	John	President and Chief Commercial Officer
Puckett	Melody	Manager, Quality Systems & Doc. Control
Quart	Barry	CEO & Board Chairman
Quigley	Alexandra	Sr. Research Associate II
Quigley	Kevin	District Business Manager
Quinlin	Brandi	Associate Director, Regulatory Affairs CMC
Ray	Kenna	Director, National Accounts
Reilly	Eileen	Area Business Manager
Riley	Carrie	Associate Director, Pharmacovigilance
Ristine	Sean	VP, Human Resources
Rivera	Jennifer	Director, Facilities & Safety
Rojas	Luis	Director, Program Management
Rupiper	Steven	Assoc. Director, In-Line Brand Marketing
Russell	John	Area Business Manager
Salat	Mohammad Sajid	Assoc. Director, Document Control
Salat	Safiyyah	Regulatory Project Management Associate
Sanborn	Michelle	Contracts and IP Manager
Sanchez	Jorge	Sr. Research Associate III
Sansone	Salvatore	Assoc. Director, Manufacturing Packaging
Santhouse	Arlene	Executive Director, Medical Affairs
Scheimann	Laura	Clinical Educator
Schupp	Kenneth	Sr. Director, Quality Control
Schwing	Garrett	District Business Manager
Sea	Monida	Quality Control Coordinator
Shardonofsky	Jana	Regional MSL Director
Sharp	Barry	District Business Manager
Sheil	Ronan	VP, Marketing
Shukla	Mosam	Regulatory Affairs Specialist - CMC
Simora	April	Assoc. Director, Business Development
Singer	Laura	VP, Quality Assurance
Smith	David	Sr. Medical Science Liaison
Speak	Robert	Exec Dir, Packaging & Device Manufacturing
Stamford	Susan	Sr. Director, Clinical Ops. Quality Systems

Stewart	Tania	Director, Quality Control
Storgard	Chris	Chief Medical Officer
Suhr	Courtney	Regulatory Affairs Associate CMC
Sullivan	Robert	Vice President, Contracts and Commercial Oper
Swarup	Sadhana	Sr. Stability Specialist
Sy	Meara Anne	In-House Clinical Research Associate
Szekeres	David	Executive VP, Chief Operating Officer
Tabary	Ann	Clinical Educator
Templar	Melissa	Regional Director, Corporate Acct. Solutions
TerKeurst	Edward	Executive Director, Program Management
Thoumsin	C. Pierre	Director, National Accounts
Tieu	Kathy	Sr. Medical Writer II
Toscano	Miriam	Sr. Clinical, Trial Materials Specialist
Trymbiski	Joseph	District Business Manager
Tuazon	Anthony	Sr. Specialist, Regulatory Operations
Uribe	Armando	Manager, Sales Operations
Vargas	Emelyn	Principal Statistical Programmer
Vasquez	Alexis	Pharmacovigilance Associate
Vazquez Vital	Arturo	Quality Assurance Associate
Victoria	Kyle	Manager, Contracts Manufacturing
Vigmond	Stephen J.	Sr. Director, Pharmaceutical Sciences
Villegas	David	Regional Director, Corporate Acct. Solutions
Vinayek	Abhimanyu	Director, Contract Management
Walker	Denise	Sr. Clinical Research Associate
Wallace	Tracey	Area Business Manager
Waller	Christopher	Area Business Manager
Wang	Xinwei	Staff Accountant II
Wang	Lu	Sr. Manager, Statistical Programming
Weimer	Nichole	Sr. Director, GPO Relations & Contract Mgmt.
White	Tiffany	Sr. Medical Science Liaison
Wilkening	Nicklaus	Manager, Program Management
Wilker	Clynn	VP, Translational Sciences
Williams	Jennifer	VP, Market Access
Wollersheim	Michelle	Director, National Accounts
Wolters	Brandy	Director, Quality GCP / GLP
Wong	Danny	Director, Manufacturing & Development
Yamamoto	Amy	Associate Director, Clinical Pharmacology
Yap	Lisa	Director, GMP QA Operations
Zelenyuk	Dimitry	Associate Director, Quality Control

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
 Pursuant to Section 13 or 15(d)
 of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): June 17, 2021

Heron Therapeutics, Inc.

(Exact name of registrant as specified in its charter)

Delaware
 (State or other jurisdiction
 of Incorporation)

001-33221
 (Commission
 File Number)

94-2875566
 (I.R.S. Employer
 Identification No.)

4242 Campus Point Court, Suite 200, San Diego, CA
 (Address of principal executive offices)

92121
 (Zip Code)

Registrant's telephone number, including area code (858) 251-4400

N/A

(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value \$0.01 per share	HRTX	The Nasdaq Capital Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

On June 17, 2021, Heron Therapeutics, Inc. (the "Company") held its 2021 Annual Meeting of Stockholders (the "Annual Meeting").

Five proposals were voted on at the Annual Meeting: (1) the election of five director nominees: Barry Quart, Pharm.D., Stephen Davis, Craig Johnson, Kimberly Manhard and Christian Waage, to serve until the 2022 Annual Meeting of Stockholders and until their successors are duly elected and qualified; (2) the ratification of the appointment of OUM & Co. LLP as the Company's independent registered public accounting firm for the year ending December 31, 2021; (3) an advisory vote to approve compensation paid to the Company's Named Executive Officers during the year ended December 31, 2020; (4) an amendment to the Company's 2007 Amended and Restated Equity Incentive Plan to increase the number of shares of common stock authorized for issuance thereunder from 25,800,000 to 27,800,000; and (5) an amendment to the Company's 1997 Employee Stock Purchase Plan, as amended to increase the number of shares of common stock authorized for issuance thereunder from 775,000 to 975,000.

Only stockholders of record as of the close of business on April 20, 2021 (the "Record Date") were entitled to vote at the Annual Meeting. As of the Record Date, 91,674,565 shares of common stock of the Company were outstanding and entitled to vote at the Annual Meeting. At the Annual Meeting, 78,349,126 shares of common stock of the Company were represented in person and by proxy constituting a quorum for the Annual Meeting. As set forth below, all five proposals voted on at the Annual Meeting were approved by the stockholders entitled to vote thereon.

The votes with respect to each of the proposals are set forth below.

Election of five director nominees to serve until the 2022 Annual Meeting of Stockholders and until their successors are duly elected and qualified:

Name of Director Nominee	For	Against	Abstain	Broker Non-Votes
Barry Quart, Pharm.D.	64,152,228	2,445,302	62,679	11,688,917
Stephen Davis	39,382,093	27,194,553	83,563	11,688,917
Craig Johnson	58,745,099	7,831,118	83,992	11,688,917
Kimberly Manhard	56,205,355	10,399,437	55,417	11,688,917
Christian Waage	59,436,509	7,143,644	80,056	11,688,917

Ratification of the appointment of OUM & Co. LLP as the Company's independent registered public accounting firm for the year ending December 31, 2021:

For	Against	Abstain	Broker Non-Votes
77,822,066	458,510	68,550	0

Advisory vote to approve compensation paid to the Company's Named Executive Officers during the year ended December 31, 2020:

For	Against	Abstain	Broker Non-Votes
62,482,925	4,003,746	173,538	11,688,917

Amendment to the Company's 2007 Amended and Restated Equity Incentive Plan to increase the number of shares of common stock authorized for issuance thereunder from 25,800,000 to 27,800,000:

For	Against	Abstain	Broker Non-Votes
61,537,874	5,041,847	80,488	11,688,917

Amendment to the Company's 1997 Employee Stock Purchase Plan, as amended to increase the number of shares of common stock authorized for issuance thereunder from 775,000 to 975,000:

For	Against	Abstain	Broker Non-Votes
65,701,782	902,490	55,937	11,688,917

* * *

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SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Heron Therapeutics, Inc.

Date: June 17, 2021

/s/ David Szekeres

David Szekeres

Executive Vice President, Chief Operating Officer

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State	
Type of Application (check applicable box) ☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	Wholesaler Business Type (check applicable box) ☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☒ Yes ☐ No	

Section 1: General Information	
Facility Name: <u>Stericycle, Inc.</u>	
Physical Address: <u>1901 Pine Avenue SE</u>	
City: <u>Warren</u>	State: <u>OH</u> Zip: <u>44483</u>
Mailing Address (if different from physical address): <u>1901 Pine Avenue SE</u>	
City: <u>Warren</u>	State: <u>OH</u> Zip: <u>44483</u>
Telephone: <u>(317) 860-1175</u>	Website: <u>www.stericycle.com</u>
Name of Designated Representative (DR): <u>Terry Wyne</u>	
Licensing Company Email: <u>www.stericycle.com</u>	DR Email: <u>terry.wyne@stericycle.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers ☒ Others: <u>Law Enforcement</u>	☐ Legend Pharmaceuticals, Supplies or Devices ☒ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ Others:

Section 2: History of Company	Yes	No
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)?		☒
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?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Not Applicable - Facility serves as destruction of post-consumer waste.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Stericycle, Inc.

Corporation Name: Stericycle, Inc.

Mailing Address: 2355 Waukegan Road Ste 300

City: Bannockburn State: IL Zip: 60015

Telephone: (512) 213-7089 Email: jbarr@stericycle.com

Contact Person Name: Joel Barr

Date of SEC Registration: <u>May 7, 2020</u>	SEC Registration Number: <u>1-37556</u>	Stock Exchange Symbol: <u>SRCL</u>
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Section 5: Non-Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of all Officers and Directors.	✓	✓		
• List the top four corporation shareholders and their percent ownership.	✓			
• List of all corporation shareholders and their percent ownership.		✓		
• List of all partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date

Board Use Only	Date Received: _____	Amount: <u>500 cc</u>
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9-28-2021
10/12/21



**STATE OF
OHIO**
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2023.

STERICYCLE, INC.

1901 PINE AVENUE, S.E.

WARREN, OH 44483

License Number: 011648350

Wholesaler - Category 3

Expiration Date: June 30, 2023

CLASS: Wholesaler - Category 3
BUSINESS TYPE: WD - Waste Disposal

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
---------------------------------	---------------------------------

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **STERICYCLE, INC.**, as a FOREIGN CORPORATION (80) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/17/1997, and is in good standing in this state.

I further certify that the above FOREIGN CORPORATION (80) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/21/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202110212088277

You may verify this certificate
online at <http://www.nvsos.gov>

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0498130	02-28-2022	\$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	REVERSE DISTRIB-COLLECTOR	01-13-2021

STERICYCLE INC 1901 PINE AVE SE WARREN, OH 44483-6541
--

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0498130	02-28-2022	\$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	REVERSE DISTRIB-COLLECTOR	01-13-2021

STERICYCLE INC 1901 PINE AVE SE WARREN, OH 44483-6541
--

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.



Director and Officer List

Officers

2355 Waukegan Road, Bannockburn, IL, 60015

Cindy J. Miller
Janet H. Zelenka

President and Chief Executive Officer
Executive Vice President, Chief Financial Officer & Chief
Information Officer

Richard M. Moore
S. Cory White

Executive Vice President, North American Operations
Executive Vice President and Chief Commercial Officer

Directors

Robert S. Murley – Chairman
Stericycle, Inc.
2355 Waukegan Road
Bannockburn, IL 60015

Brian P. Anderson
Stericycle, Inc.
2355 Waukegan Road
Bannockburn, IL 60015

Lynn D. Bleil
Stericycle, Inc.
2355 Waukegan Road
Bannockburn, IL 60015

Thomas F. Chen
Stericycle, Inc.
2355 Waukegan Road
Bannockburn, IL 60015

J. Joel Hackney, Jr.
Stericycle, Inc.
2355 Waukegan Road
Bannockburn, IL 60015

Veronica M. Hagen
Stericycle, Inc.
2355 Waukegan Road
Bannockburn, IL 60015

Stephen C. Hooley
Stericycle, Inc.
2355 Waukegan Road
Bannockburn, IL 60015

James J. Martell
Stericycle, Inc.
2355 Waukegan Road
Bannockburn, IL 60015

Cindy J. Miller
Stericycle, Inc.
2355 Waukegan Road
Bannockburn, IL 60015

Kay G. Priestly
Stericycle, Inc.
2355 Waukegan Road
Bannockburn, IL 60015

James L. Welch
Stericycle, Inc.
2355 Waukegan Road
Bannockburn, IL 60015

Mike S. Zafirovski
Stericycle, Inc.
2355 Waukegan Road
Bannockburn, IL 60015

Stericycle Employee List

Warren Plant and Incinerator DEA List		
Update 9-28-2021		
Alexander	William	
Allen	Robert	
Anderson	Christopher	
Barnett	Jerry	
Barnett	Cameron	
Campbell	Dan	
Cappitte	Joeseeph	
Cree	Timothy	
Davis Jr	John	
Davis Sr	John	
Dean	Jack	
Eicheldinger	Duston	
Fry III	Cloyde	
Hartman	Leon	
Hiner	Adam	
Jones	Dean	
Jones	Christopher	
Kohuth	Nick	
Kohuth	Matthew	
Leiter	Dave	
Macklin	Joshua	
McGrath	Erik	
Morrow	Trevor	
Padula	Anthony	
Parisi	Jack	
Peterson	Shannon	
Ruane	Colin	
Schiemann	Paul	
Scott	Holden	
Smith	John	
Sutherland	Derek	
Thompson	Dave	
Turturice	Thomas	
Weaver	William	
Wyne	Terry	

Top 10 Owners of Stericycle Inc

Stockholder	Stake	Shares owned	Total value (\$)	Shares bought / sold	Total change
AllianceBernstein LP	8.99%	8,259,343	574,850,273	-340,800	-3.96%
The Vanguard Group, Inc.	8.95%	8,217,848	571,962,221	+116,715	+1.44%
BlackRock Fund Advisors	7.38%	6,777,822	471,736,411	-297,447	-4.20%
T. Rowe Price Associates, Inc. (I...	7.38%	6,775,497	471,574,591	+249,209	+3.82%
Baillie Gifford & Co.	5.29%	4,857,587	338,088,055	+129,543	+2.74%
Clarkston Capital Partners LLC	4.77%	4,384,005	305,126,748	-85,838	-1.92%
Ariel Investments LLC	4.12%	3,783,869	263,357,282	+99,895	+2.71%
Capital Research & Management Co....	3.20%	2,937,269	204,433,922	0	0.00%
SSgA Funds Management, Inc.	2.48%	2,279,402	158,646,379	+188,811	+9.03%
Southpoint Capital Advisors LP	2.04%	1,870,659	130,197,866	-1,129,341	-37.64%

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

 Washington, D.C. 20549

FORM 10-K
☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2020

or

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

 For the transition period from _____ to _____
 Commission File Number 1-37556

Stericycle, Inc.

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction of incorporation or organization)

36-3640402

(IRS Employer Identification Number)

 2355 Waukegan Road
 Bannockburn, Illinois 60015

(Address of principal executive offices, including zip code)

(847) 367-5910

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

<u>Title of each class</u>	<u>Trading Symbol(s)</u>	<u>Name of each exchange on which registered</u>
Common Stock, par value \$0.01 per share	SRCL	Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes x No "

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes No x

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15-(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes x No "

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes x No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definition of "large accelerated filer", "accelerated filer" "smaller reporting company", and "emerging growth company" in Rule 12b-2 of the Exchange Act.

 Large accelerated filer ☒
 Smaller reporting company ☐

 Accelerated filer ☐
 Emerging Growth Company ☐
Non-accelerated filer ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. "

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). YES ☐ NO x

The aggregate market value of voting and non-voting common equity held by non-affiliates computed by reference to the price at which common equity was last sold as of the last business day of the registrant's most recently completed second fiscal quarter (June 30, 2020): \$5,120,550,890.

On February 22, 2021 there were 91,609,194 shares of the Registrant's Common Stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Information required by Items 10, 11, 12 and 13 of Part III of this Report is incorporated by reference from the Registrant's definitive Proxy Statement for the 2021 Annual Meeting of Stockholders.

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State		
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Is your facility a reverse distributor? ☐ Yes ☒ No		

Section 1: General Information		
Facility Name: <u>Impel NeuroPharma, Inc.</u>		
Physical Address: <u>201 Elliott Avenue W, Suite 260</u>		
City: <u>Seattle</u>	State: <u>WA</u>	Zip: <u>98119</u>
Mailing Address (if different from physical address): <u>201 Elliott Avenue W, Suite 260 Attn: Legal</u>		
City: <u>Seattle</u>	State: <u>WA</u>	Zip: <u>98119</u>
Telephone: <u>206-568-1466</u> Website: <u>www.impelnp.com</u>		
Name of Designated Representative (DR): <u>Gregory Davies</u>		
Licensing Company Email: <u>licensing@impelnp.com</u> DR Email: <u>gdavies@impelnp.com</u>		
Entities the Wholesaler will Serve:		Products to be Handled or Wholesaled
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☒ Others: <u>Military, Specialty Pharmacies</u>		☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ Others:

Section 2: History of Company	Yes	No
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)?		x
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?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
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?		x
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)?		x
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year:

Name: No suppliers sold, dispensed, or distributed w/in last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): N/A

Corporation Name: Impel NeuroPharma, Inc.

Mailing Address: 201 Elliott Avenue W, Suite 260 Attn: Legal

City: Seattle State: WA Zip: 98119

Telephone: 206-568-1466 Email: licensing@impelnlp.com

Contact Person Name: Gregory Davies

Date of SEC Registration: 4/22/2021 SEC Registration Number: 0001445499 Stock Exchange Symbol: IMPL

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Leaman

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date

7/15/2021

Processed 9/3/21

Board Use Only	Date Received: _____	Amount: \$500 Check # 13978
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Washington State Department of Health
This organization

Impel NeuroPharma, Inc.

is authorized by RCW 18.64 to have a

Pharmaceutical Manufacturer License

Operated by: **Impel NeuroPharma, Inc.**

Located at: **201 Elliott Ave W Ste 260
Seattle, WA 98119-4265**



Secretary

Status
ACTIVE

Effective Date
10/01/2021

Credential Number
PHMF.FX.61109253

Expiration Date
09/30/2022



Company/Ownership Information

Impel Neuropharma, Inc.
201 Elliott Ave. W, Suite 260
Seattle, WA 98119
P: 206-568-1466
E-mail: legal@impelnp.com

Tax ID: 26-3058238

State of Formation: Delaware
Date Incorporated: **7/24/2008**

Impel Neuropharma, Inc. is publicly traded on the NASDAQ
(NASDAQ Symbol: IMPEL SA)

Officers

Adrian Adams, Chairman and Chief Executive Officer

John Leman, MD, Chief Financial Officer

John Hoekman, PhD, Founder and Chief Technology & Development Officer

Stephen Shrewsbury, MD, Chief Medical Officer

Leonard Paolillo, Chief Commercial Officer

Contact information for all Officers:

201 Elliott Ave. W, Suite 260
Seattle, WA 98119
P: 206-568-1466
E-mail: legal@impelnp.com



Description of Operations

Impel NeuroPharma is focused on developing transformative therapies for people living with central nervous system (CNS) disorders through the pioneering of an optimized approach to drug delivery. Our investigational therapies are enabled by the Company's proprietary upper nasal delivery technology, known as the Precision Olfactory Delivery, [or POD[®] device](#).

Impel Neuropharma is a Virtual Manufacturer located at 201 Elliott Avenue W, Suite 260 Seattle, WA 98119. Impel's hours of operation are 8:00 am – 5:00pm Monday through Friday. Impel Neuropharma is publicly traded on the NASDAQ (NASDAQ Symbol: IMPEL SA) and is located Seattle, Washington.

Contract Manufacturers / Third Party Logistics Provider

Impel Neuropharma's products are manufactured by a Contract Manufacturers and will be distributed into commercial supply channels by a Third-Party Logistics Provider. At no time will the contract manufacturer or third-party logistics provider own the product, contract with Impel Neuropharma customers, invoice nor sell a Impel Neuropharma product.

Contract Manufacturers:

Mipharm S.p.A.
Via B. Quaranta 12
Milan, Italy 1-20141

PCI Pharma Services
4545 Assembly Drive
Rockford, IL 61109

Third Party Logistic information:

For distribution into the commercial supply channels, Impel Neuropharma will utilize a Third Party Logistics (3PL), Cardinal Health to manage the storage and distribution of Impel Neuropharma product to customers throughout the United States.

Cardinal Health
501 Mason Rd. Suite 200
LaVergne, TN 37086

IMPEL EMPLOYEE LIST AS OF 8/26/2021

Name	Title
Adams,Adrian	Chief Executive Officer
Alcala,Sergio David	Associate Formulation Scientist
Amin,Rajiv	Corporate Controller
Aurora,Sheena K	VP, Medical Affairs - Migraine
Balangué,John L	Quality Assurance Specialist III
Berman,Jennifer	VP, Marketing
Bevington,Thomas C	Director, Clinical Supply
Billingsley,Patricia Ann	Vice President, Sales
Buhler,Kernal	Product Engineer II
Canal,Rigoberto	VP, Commercial Operations and Analytics
Carpenter,Timothy G	EHS Specialist
Cote,Stephan	Director, Clinical Quality Assurance
Craig,Karen	Medical Writer II
Crews,Kenneth	Regional Sales Manager
Davies,Gregory	Senior Dir, Technical Ops, Drug Manufacturing
Di Tommaso,Shelley L	Sr. Director, CDMA Process & Compliance
Diddams,Marjorie J	Quality Assurance Specialist II
Drew,Megan Marie	Senior Brand Marketing Manager
Filips,Megan	Product Development Engineer II
Fitzpatrick,Christopher James	Medical Science Liaison
Fitzsimmons,Andrew P	Manufacturing Engineer II
Fuller,Christopher W	Senior Dir, Technical Ops, Device Manufacturing
Gajera,Bhavin	Senior Formulation Scientist
Gold,Lynn	Sr. VP, Regulatory Affairs
Guilbeau,Michael John	Regional Sales Manager
Halloran,Helen	IP Paralegal II
Hennessy,Joseph P	Regional Sales Manager
Hocevar-Trnka,Jasna	Associate Director, Clinical Development
Hoekman,John D	Chief Technology and Development Officer
Hourigan,Haley	Operations Specialist
Jeleva,Maria	Director, Clinical Operations
Jones,Roseanna	Senior Administrative Assistant
Karelas,Richard Joseph	Senior Director, National Accounts
Kelly,Dillon	Sr. Accountant
Knapp,Andrea	Program Manager
Kohring,Craig F	Manager, Engineering
Krause,Michael William	Senior Manager, Cost Accounting
Lai,Vien Khach	Principal Writer, Regulatory Scientist
Langdon,Erin J	Human Resources Generalist
Lavin,Albert	Senior Product Development Engineer
Leaman,John H.	Chief Financial Officer
Liebig,Chad E	Regional Sales Manager
Lieu,TinaMarie	Medical Science Liaison
Lin,Hong	Scientist, Analytical Development Lead

Logan,Alicia Sterling	Director, Brand Marketing
Lydin,Elizabeth A	Accounting Manager
Malafronte,Michael	VP, Quality
Mansour,Benjamin L	Senior Manager, GMP Operations
McConnachie,Lisa A	Senior Manager, Non-Clinical Outsourcing
McLaughlin,Edward	Regional Sales Manager
Miskella,John Peter	Senior Director, National Accounts
Muppaneni,Shweta	Scientist, Stability Lead
Murphy,Michelle	Medical Science Liaison
Paolillo,Leonard S	Chief Commercial Officer
Penn,Gerald F	VP, Market Access and Trade
Ray,Sutapa	Medical Communications Manager
Rivera,Daniela C	Executive Assistant
Rodgers,Julie	Quality Assurance Specialist I
Rutenberg,Mark	Senior Director, Information Technology
Satterly,Kelsey H	Senior Director, Analytical & Trans Sciences
Schoen,Alyra	Research Associate I
Shrewsbury,Stephen	CMO
Silverstein,Lori Jill	Director, Quality Assurance
Song,Donghyeok	Research Associate I
Stone,Thomas Charles	Senior Director, National Accounts
Taylor,Beatrix M	Sr. Director, Regulatory Affairs
Terhune,Daniel	Engineering Technician II
Teves,Karena	Program Manager
Tobin Jr,Thomas H	Senior Director, Contracting & Trade
U,Kyaw Thurein	Regional Sales Manager
Vann,Robert E	Director, Medical Science Liaison
Watts,Korashon	Quality Engineer
Wille,Sarah	Sr. Director, Human Resources
Woolworth,Paul Charles	Product Development Engineer II
Yadav,Ankit	Quality Engineer III
Youmans,Scott	SVP, Technical Operations

From: edrls@fda.hhs.gov
To: [Lynn Gold](#)
Subject: Labeler Code Request Approved
Date: Thursday, May 7, 2020 8:10:11 PM

eDRLS - Electronic Drug Registration & Listing System

Current Date: 07-MAY-2020
Labeler DUNS: 827915385
Labeler Name: Impel NeuroPharma
Labeler Code Assigned: 77530

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment.** Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit [Drug Registration and Listing System](#) or reply back to this email (edrls@fda.hhs.gov).



Product List

Labeler Code: 77530

Brand Name: Trudhesa

Dosage Form: Nasal Spray

NDC: 77530-725-04

National Drug Code Directory

[f SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDG/DSP_SEARCHRESULT.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDG/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet/?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm) [+](#)

[EMAIL \(MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDG/DSP_SEARCHRESULT.CFM\)](mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

Current through October 19, 2021

You have searched Finished drug products

Search Results: '77530'

[Back to Search Page \(\)](#) | [Search Again \(\)](#)

CSV Excel

Display records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
Trudhesa	77530-725-04	4 mg/mL	SPRAY, METERED	NASAL	NDA213436	Impel NeuroPharma, Inc.	77530-725	Dihydroergotamine mesylate	DIHYDROERGOTAMINE MESYLATE	HUMAN PRESCRIPTION DRUG

Showing 1 to 1 of 1 entries

[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (<mailto:DRUGINFO@FDA.HHS.Gov>)

See also: [Drug Registration and Listing Instructions](#)

(<https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm>)

[National Drug Code Directory Data Files \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Previous Next

*Verified
D3 10/19/21*

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMPEL NEUROPHARMA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4579337 8300

SR# 20212681823

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203651681

Date: 07-12-21

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549
FORM 10-Q

(Mark One)

☒ **QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the quarterly period ended June 30, 2021

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number 001-40353

IMPEL NEUROPHARMA, INC.

(Exact name of Registrant as specified in its Charter)

Delaware

(State or other jurisdiction
of incorporation or organization)

26-3058238

(I.R.S. Employer
Identification No.)

201 Elliott Avenue West, Suite 260
Seattle, WA 98119

(Address of principal executive offices including zip code)

Registrant's telephone number, including area code: (206) 568-1466

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value \$0.001 per share	IMPL	The Nasdaq Stock Market

Indicate by check mark whether the Registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. YES ☐ NO ☒

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files). YES ☒ NO ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐

Accelerated filer ☐

Non-accelerated filer ☒

Smaller reporting company ☒

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). YES ☐ NO ☒

The number of shares of Registrant's Common Stock outstanding as of August 11, 2021 was 19,509,619.

SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Quarterly Report on Form 10-Q contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements contained in this Quarterly Report on Form 10-Q other than statements of historical facts, including statements concerning our business strategy and plans, future operating results and financial position, as well as our objectives and expectations for our future operations, are forward-looking statements.

In some cases, you can identify forward-looking statements by such terminology as “believe,” “may,” “will,” “potentially,” “estimate,” “continue,” “anticipate,” “intend,” “could,” “would,” “project,” “plan,” “expect” and similar expressions that convey uncertainty of future events or outcomes, although not all forward-looking statements contain these words. Forward-looking statements include, but are not limited to, statements about:

- our ability to obtain and maintain regulatory approval of TRUDHESA and our other product candidates, and any related restrictions, limitations or warnings in the label of any approved product;
- our ability to successfully formulate and execute on our commercialization strategy for TRUDHESA, if approved by the FDA;
- the timing or likelihood of regulatory filings and approvals;
- the size and growth potential of the markets for our product candidates, if approved for commercial use, and our ability to serve those markets;
- the success, cost and timing of our development activities, preclinical studies and clinical trials;
- the number, size and design of clinical trials that regulatory authorities may require to obtain marketing approval;
- our plans relating to the future development and manufacturing of our product candidates, including plans for future development of our POD devices and plans to address additional indications for which we may pursue regulatory approval;
- future agreements with third parties in connection with preclinical and clinical development as well as the manufacture and commercialization of our product candidates, if approved for commercial use;
- our ability to attract customers for any approved products;
- the effect of litigation, complaints or adverse publicity on our business;
- our ability to establish and expand our sales force to address effectively the new indications, geographies and types of organizations we intend to target;
- our ability to forecast and maintain an adequate rate of revenue growth and appropriately plan our expenses;
- our liquidity and working capital requirements;
- our ability to attract and retain qualified employees and key personnel;
- our ability to protect and enhance our brand and intellectual property;
- the costs related to defending intellectual property infringement and other claims;
- privacy, data security, and data protection laws, actual or perceived privacy or data breaches or other data security incidents, or the loss of data;
- future regulatory, judicial, and legislative changes in our industry;
- future arrangements with, or investments in, other entities or associations, products, services or technologies;
- our estimates regarding expenses, future revenues, capital requirements and needs for additional financing; and the increased expenses and administrative workload associated with being a public company.

We have based these forward-looking statements largely on our current expectations and projections about future events and trends that we believe may affect our business, financial condition, results of operations, prospects, and financial needs. These forward-looking statements speak only as of the date of this Quarterly Report on Form 10-Q and are subject to a number of risks, uncertainties and assumptions described in the section titled "Risk Factors" and elsewhere in this Quarterly Report on Form 10-Q. Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified, you should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. We disclaim any intention or obligation to publicly update or revise any forward-looking statements for any reason or to conform such statements to actual results or revised expectations, except as required by law.

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In this Quarterly Report on Form 10-Q, "we," "our," "us," "Impel" and the "Company" refer to Impel Neuropharma, Inc. and its consolidated subsidiary. Impel, Impel Neuropharma, Inc., the Impel logo and other trade names, trademarks or service marks of Impel are the property of Impel Neuropharma, Inc. This report contains references to our trademarks and to trademarks belonging to other entities. Trade names, trademarks and service marks of other companies appearing in this report are the property of their respective holders. We do not intend our use or display of other companies' trade names or trademarks to imply a relationship with, or endorsement or sponsorship of us by, any other companies.

PART I. FINANCIAL INFORMATION**Item 1. Condensed Consolidated Financial Statements (unaudited)**

IMPEL NEUROPHARMA, INC.
Condensed Consolidated Balance Sheet
(In thousands, except share and per share data)
(Unaudited)

	June 30, 2021	December 31, 2020
Assets		
Current assets:		
Cash and cash equivalents	\$ 60,948	\$ 7,095
Prepaid expenses and other current assets	4,619	1,077
Total current assets	65,567	8,172
Property and equipment, net	3,408	3,700
Other assets	187	187
Total assets	\$ 69,162	\$ 12,059
Liabilities, redeemable convertible preferred stock and stockholders' equity (deficit)		
Current liabilities:		
Accounts payable	\$ 5,461	\$ 4,314
Accrued liabilities	3,546	3,173
Current portion of term debt	—	417
Redeemable convertible preferred stock warrant liabilities	—	2,622
Total current liabilities	\$ 9,007	\$ 10,526
Convertible notes at fair value	—	—
Long-term debt	8,857	7,994
Total liabilities	\$ 17,864	\$ 18,520
Commitments and contingencies (Note 5)		
Redeemable convertible preferred stock, \$0.001 par value; — and 204,198,489 shares authorized at June 30, 2021 and December 31, 2020 respectively; — and 202,009,981 shares issued and outstanding at June 30, 2021 and December 31, 2020 respectively; aggregate liquidation preference of \$128,922 at December 31, 2020	—	\$ 127,039
Stockholders' equity (deficit):		
Preferred stock, \$0.001 par value; 10,000,000 and — shares authorized at June 30, 2021 and December 31, 2020, respectively	19	—
Common stock, \$0.001 par value; 300,000,000 and 266,833,885 shares authorized at June 30, 2021 and December 31, 2020, respectively; 19,470,914 and 755,478 shares issued and outstanding at June 30, 2021 and December 31, 2020, respectively	216,314	4,762
Additional paid-in capital	(165,035)	(138,262)
Accumulated deficit	\$ 51,298	\$ (133,500)
Total stockholders' equity (deficit)		
Total liabilities, redeemable convertible preferred stock and stockholders' deficit	\$ 69,162	\$ 12,059

The accompanying notes are an integral part of these unaudited condensed consolidated financial statements.

IMPEL NEUROPHARMA, INC.
Condensed Consolidated Statement of Operations and Comprehensive Loss
(In thousands, except share and per share data)
(Unaudited)

	Three Months Ended June 30,		Six Months Ended June 30,	
	2021	2020	2021	2020
Operating expenses:				
Research and development	\$ 6,076	\$ 6,832	\$ 10,174	\$ 13,391
General and administrative	8,862	6,127	14,633	9,374
Total operating expenses	14,938	12,959	24,807	22,765
Loss from operations	\$ (14,938)	\$ (12,959)	\$ (24,807)	\$ (22,765)
Other (expense) income, net	(544)	36	(1,966)	84
Loss before income taxes	\$ (15,482)	\$ (12,923)	\$ (26,773)	\$ (22,681)
Provision (benefit) for income taxes	—	(1)	—	—
Net loss and comprehensive loss	\$ (15,482)	\$ (12,922)	\$ (26,773)	\$ (22,681)
Accretion on redeemable convertible preferred stock	—	128	129	256
Net loss attributable to common stockholders	\$ (15,482)	\$ (13,050)	\$ (26,902)	\$ (22,937)
Net loss per share attributable to common stockholders, basic and diluted	(1.10)	(35.88)	(3.60)	(63.32)
Weighted-average shares used in computing net loss per share attributable to common stockholders, basic and diluted	14,119,672	363,684	7,475,242	362,246

The accompanying notes are an integral part of these unaudited condensed consolidated financial statements.

IMPEL NEUROPHARMA, INC.

Condensed Consolidated Statement of Changes in Redeemable Convertible Preferred Stock and Stockholders' Equity
(Deficit)
(In thousands, except share data)
(Unaudited)

	Redeemable Convertible Preferred Stock		Common Stock		Additional Paid-In Capital	Accumulated Deficit	Total Stockholders' Deficit
	Shares	Amount	Shares	Amount			
Balance — December 31, 2020	202,009,981	\$ 127,039	755,478	\$ —	\$ 4,762	\$ (138,262)	\$ (133,500)
Accretion to redemption value on redeemable convertible preferred stock	—	129	—	—	(129)	—	(129)
Stock-based compensation expense	—	—	—	—	493	—	493
Issuance of common stock upon the exercise of stock options	—	—	8,095	—	18	—	18
Net loss and comprehensive loss	—	—	—	—	—	(11,291)	(11,291)
Balance — March 31, 2021	202,009,981	\$ 127,168	763,573	\$ —	\$ 5,144	\$ (149,553)	\$ (144,409)
Proceeds from initial public offering, net of underwriters' discounts and commissions of \$5.6 million and issuance costs of \$2.4 million	—	—	5,333,334	5	71,992	—	71,997
Issuance of common stock upon exercise of warrants for cash	—	—	23,887	—	377	—	377
Issuance of common stock upon net exercise of warrants upon initial public offering	—	—	37,628	—	734	—	734
Issuance of common stock upon exchange of Avenue warrant	—	—	107,663	—	1,763	—	1,763
Conversion of redeemable convertible preferred stock to common stock upon initial public offering	(202,009,981)	(127,168)	12,605,800	13	127,155	—	127,168
Conversion of convertible notes into common stock at initial public offering	—	—	559,585	1	8,392	—	8,393
Stock-based compensation expense	—	—	—	—	556	—	556
Issuance of common stock upon the exercise of stock options	—	—	39,444	—	201	—	201
Net loss and comprehensive loss	—	-	-	-	-	(15,482)	(15,482)
Balance — June 30, 2021	—	\$ —	19,470,914	\$ 19	\$ 216,314	(165,035)	\$ 51,298

The accompanying notes are an integral part of these unaudited condensed consolidated financial statements.

IMPEL NEUROPHARMA, INC.

Condensed Consolidated Statement of Changes in Redeemable Convertible Preferred Stock and Stockholders' Equity
(Deficit)
(In thousands, except share data)
(Unaudited)

	Redeemable Convertible Preferred Stock		Common Stock		Additional Paid-In Capital	Accumulated Deficit	Total Stockholders' Deficit
	Shares	Amount	Shares	Amount			
Balance — December 31, 2019	201,335,862	\$ 125,647	360,115	\$ —	\$ 760	\$ (92,464)	\$ (91,704)
Accretion to redemption value on redeemable convertible preferred stock	—	129	—	—	(128)	—	(128)
Stock-based compensation expense	—	—	—	—	298	—	298
Issuance of common stock upon the exercise of stock options	—	—	3,569	—	8	—	8
Net loss and comprehensive loss	—	—	—	—	—	(9,759)	(9,759)
Balance — March 31, 2020	201,335,862	\$ 125,776	363,684	\$ —	\$ 938	\$ (102,223)	(101,285)
Accretion to redemption value on redeemable convertible preferred stock	—	127	—	—	(128)	—	(128)
Stock-based compensation expense	—	—	—	—	2,485	—	2,485
Issuance of Series A-2 redeemable convertible preferred stock upon the exercise of preferred warrants	36,029	18	—	—	—	—	—
Net loss and comprehensive loss	—	—	—	—	—	(12,922)	(12,922)
Balance — June 30, 2020	201,371,891	\$ 125,921	363,684	\$ —	\$ 3,295	(115,145)	(111,850)

The accompanying notes are an integral part of these unaudited condensed consolidated financial statements.

Gregory J. Davies

Issaquah, WA • [REDACTED]

[linkedin.com/in/gregjdavies](https://www.linkedin.com/in/gregjdavies)

SENIOR LEADER - PRODUCT DEVELOPMENT AND MANUFACTURING

Innovative and strategic senior leader with an innate ability to inspire and develop teams and individuals to be the best they can be. Values are rooted in excellent science and engineering. Ability to balance experience and intuition with tangible facts and data to produce sustainable business results. Develop and strengthen relationships with key stakeholders and direct teams of cross-functional experts to promote and foster successful delivery of products.

Core competencies:

- Strategic Planning • Formulation Development • Product Lifecycle Management • Process Improvement
- cGMPs • Technical • Financial Performance • CMC • Outsourcing • Regulatory • Influence • Coaching

PROFESSIONAL EXPERIENCE

IMPEL NEUROPHARMA, Seattle, WA

2021 - present

Senior Director Drug Manufacturing

Accountable for drug product scale up, technology transfer and commercial manufacturing of drug formulations for use in Impel's Precision Olfactory Delivery systems. Responsible for leading drug product manufacturing, technology transfer and supply chain management at Impel's contract manufacturing organisations (CMO's).

- Establish, lead, and maintain the drug manufacturing function within Impel that leverages the speed of internal development capabilities with the expertise, equipment, and GMP compliance of external CMOs.
- Provide leadership in pharmaceutical manufacturing to support late clinical and commercial programs, drug product process development, and drug product process understanding and controls.
- Lead product lifecycle management and technical change for Impel's drug products.
- Lead drug product sourcing strategy and supply risk management. Evaluation of alternative material and product sources to mitigate risk in quality, service, and cost.
- Continuous improvement - quality, service, and cost. Manufacturing performance improvements e.g. waste, efficiency, capacity utilization.
- Evaluate, recommend, and direct outsourced drug product development with CMOs including budget development and invoicing for formulation development, container closure/product development, and preparation of Chemistry, Manufacturing, and Controls (CMC) documentation for combination products in development.
- Responsible for the technical management of third-party drug product manufacturers and provide technical oversight for clinical manufacturing activities. Related, provide technical support for commercial manufacturing activities.
- Develop and implement primary packaging (container closure system), and dosage form configurations to ensure stability, manufacturability, and reliability.
- Author, review and approve documents related to GMP operations as needed and appropriate including DP Master Batch Records and Executed Batch Records.
- Facilitate collaboration with both internal and external drug product analytical teams, quality control and assurance, regulatory, engineering, operations, and manufacturing to ensure formulation manufacturing success.
- Oversee the development of technical transfer protocols and supervise the development and transfer of drug product manufacturing processes into GMP drug product manufacturing facilities.
- Manage internal EHS staff. Chemical Safety Officer and Impel Safety Board member.

IMPEL NEUROPHARMA, Seattle, WA**2018 - 2021****Director Drug Development & Manufacturing**

Accountable for formulation development, scale up, technology transfer and commercial manufacturing of drug formulations for use in Impel's Precision Olfactory Delivery systems. Effective collaboration with internal teams and external CDMOs and CMOs for the development and manufacture of clinical and commercial drug formulations.

- Lead the drug development team responsible for formulation development to support pre-clinical, clinical, and commercial programs at all development stages.
- Direct the design, execution, and delivery of formulation and process development studies including small molecule powder spray dried drug products and liquid formulations.
- Evaluate, recommend and direct outsourced drug product development with CDMOs.
- Represent Impel in due diligence and business development activities with potential partners and investors.
- Direct drug development and engineering teams to develop primary packaging, and device configurations to ensure the safety, efficacy and quality of drug device combination products.
- Represented Impel at Pre-NDA CMC meetings with FDA.
- Manage internal EHS staff. Chemical Safety Officer and Impel safety board member.

GLAXOSMITHKLINE, Warren and Parsippany, NJ**2008 - 2017****New Product Introduction Director Skin Health Category (2012 – 2017)**

Led a high-caliber team responsible for establishing the high quality, robust and cost effective end-to-end supply chains for new products. Collaborated with the R&D teams to ensure products were developed to Quality by Design and Design to Value principles without compromising quality, safety and efficacy. Managed new product introductions to reduce stock keeping unit (sku) complexity and identify Value Engineering opportunities to improve quality, service and cost.

- Delivered innovation sales targets in 2016 and 2017 through delivery of new products to the Cold sore, Sun Care and Dry Skin categories on time and in full.
- Identified high quality, cost effective manufacturing sources for new products aligned with formulation technology, regulatory strategy and launch markets.
- Partnered with Business Development to evaluate innovation opportunities with CMOs.
- Improved internal site capabilities and developed CMOs to deliver future innovation pipeline.
- Influenced and supported supply chain sub-teams delivering technology transfer, product set up and commercial supply in GSK and 3rd Party manufacturing sites.
- Led enterprise improvement initiatives for innovation process and delivery.
- Served as a member of the Technical Review Board, providing technical governance for all projects in the Skin Health Category.

Director and Head, Global Resourcing and Competitive Scientific Intelligence (2011 - 2012)

Directed a global department in establishing and maintaining a global, external R&D network to deliver innovation against the OTC / Wellness, Oral Care, Nutritional Health and Skin Health categories. Maintained a diverse range of R&D activities, which included information science, medical operations, clinical studies, product development, biostatistics and data management, toxicology and administrative services.

- Established two turnkey operations at 3rd parties with technical capabilities aligned with the therapeutic category pipelines.
- Developed 3rd party staff capability through technical peer reviews on externally developed projects.
- Led the Competitive Scientific Intelligence team responsible for primary and secondary competitive intelligence gathering in support of therapeutic category innovation teams.
- Actively contributed to the R&D Senior Leadership Team. Owned strategic initiatives to grow R&D output at reduced cost.
- Represented GSK on two USP Expert Committees. Acetaminophen Monograph Revisions and Drug Product Impurities.

Head, New Product Development (NPD) North America (2010 - 2011)

Oversaw a department of 48 scientists and engineers, which developed novel and differentiated products for alli, Denture Care, BreatheRight, Smoking Control and Panadol Business Groups. Key launches included Panadol Advance, Panadol Extra Advance, Nicorette Mini lozenges, Poligrip relaunch and chewable alli. Managed a project and operational budget of \$20 million.

- Designed and implemented a new, more effective NPD organization that significantly improved key capabilities such as CMC Regulatory, dosage form subject matter expertise and project leadership.
- Pharmaceutical expert supporting European and International product licence submissions.
- Improved the organization against five strategic initiatives: Quality by Design; Global Resourcing; People skills and Leadership; Collaboration; Talent management.
- Earned International Coaching Federation accredited coach to GSK employees.

Director, New Product Development (NPD) Panadol Analgesics (2008 - 2010)

Responsible for delivery of Panadol development pipeline through Quality by Design developments both internally and through 3rd parties. Ensured alignment of resource, budget and capability to meet project demand. Developed a strong team to meet future demands of the Panadol brand strategy.

- Created a risk mitigation strategy for GSK's acetaminophen products in the event of the FDA adopting the Advisory Committee's recommendations.
- Led a cross functional team to develop additional risk mitigation strategies for clinical, medical communication and regulatory and needs.
- Improved team capability, capacity and delivery by communicating performance expectations, developing key talent and the development of an agile, cohesive team.
- Pharmaceutical Expert for new applications and renewals. Advised on CMC strategy and reviewed regulatory responses and CMC documentation.

Various leadership positions In R&D and Supply Chain (2001 - 2008)

Led Technical Support, Pilot Plants, Engineering and Product Development. In 2008, moved to the USA on an international assignment to lead the Panadol (OTC Pain Brand) Product Development group in NJ.

ADDITIONAL RELEVANT EXPERIENCE**GLAXOSMITHKLINE, Weybridge, UK****Product Development****Formulation Scientist**

Began as a formulation scientist in the OTC Medicine division. Had various roles with increasing responsibility in formulation development, process development and technical transfer of OTC medicine and oral care products.

EDUCATION

Bachelor of Science – Chemistry (Honors), University of Hull, Kingston upon Hull, UK

ADDITIONAL TRAINING

Team 50 Class of 2014 (18 month Accelerated Development Program for Executives)

The Leadership Development Program (GSK Executive Management Program)

Job Plus Coach (ICF Accredited Internal Coach)

ICHEME Chemical Engineering for Scientists

Integrative thinking (Rotmann Institute)

Change Management (AIM Accredited)

Operational Excellence (Lean Sigma) Advocate

PROFESSIONAL AFFILIATIONS

American Chemical Society

American Association of Pharmaceutical Scientists

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State	
Type of Application (check applicable box)	Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☐ Yes ☒ No	

Section 1: General Information	
Facility Name: <u>Masimo Corporation</u>	
Physical Address: <u>52 Discovery</u>	
City: <u>Irvine</u>	State: <u>CA</u> Zip: <u>92618</u>
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: <u>949-297-7000</u>	Website: <u>www.masimo.com</u>
Name of Designated Representative (DR): <u>Mathew Jimenez</u>	
Licensing Company Email: <u>customerorders@masimo.com</u>	DR Email: <u>mjimenez@masimo.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Others: _____	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ Others: _____

Section 2: History of Company	Yes	No
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)?		☒
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?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____	Address: _____	City: _____	State: _____	Zip: _____
Name: _____	Address: _____	City: _____	State: _____	Zip: _____
Name: _____	Address: _____	City: _____	State: _____	Zip: _____
Name: _____	Address: _____	City: _____	State: _____	Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): _____

Corporation Name: Masimo Corporation

Mailing Address: 52 Discovery

City: Irvine State: CA Zip: 92618

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: <u>Nov 13, 1996</u>	SEC Registration Number: <u>0000937556</u>	Stock Exchange Symbol: <u>MASI</u>
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Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		
1. Copy of Certification		
2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	☒	
1. Copy of FDA registration		
2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mathew Jimenez

Print Name of Authorized Person Submitting Application


Original signature of Authorized Person (copies or stamps not accepted)

30 AUG 2021
Date

Board Use Only	Date Received: _____	Amount: <u>500</u> <u>CHECK # 129819</u>
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✓ processed 9/13/20

U.S. Department of Health & Human Services

FDA U.S. FOOD & DRUG ADMINISTRATION

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Establishment:
MASIMO CORPORATION
52 Discovery
Irvine, CA 92618
Registration Number: 3011353843
FEI Number*: 3011353843
Status: Active
Date Of Registration Status: 2021

Owner/Operator:
MASIMO CORPORATION
52 Discovery
Irvine, CA US 92618
Owner/Operator Number: 9031881

Official Correspondent:
Mathew Jimenez
MASIMO CORPORATION
52 Discovery
Irvine, CA 92618
Phone: 949-2977000

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 08/30/2021
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Verified
M.H 9/3/21

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MASIMO CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MASIMO CORPORATION" WAS INCORPORATED ON THE SEVENTH DAY OF MAY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2614702 8300

SR# 20212742778

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203708997

Date: 07-19-21

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH
MEDICAL DEVICE MANUFACTURING LICENSE

Masimo Corporation
52 Discovery
Irvine, CA 92618

LICENSE NUMBER: 114489
EXPIRATION DATE: 7/27/2023

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500



MASIMO CORPORATION
5200 Thompson
Avenue, Irvine, CA 92618

August 30, 2021

List of Corporate Officers

Name	Title
Joe Kiani	Chief Executive Officer/Chairman of the Board
Bilal Muhsin	Chief Operating Officer
Micah Young	Executive Vice President, Chief Financial Officer
Tom McClenahan	Executive Vice President, General Counsel



August 30, 2021

List of top four Masimo Corporation shareholder and their percent ownership

BLACKROCK INC.	15.5%
VANGUARD GROUP INC	8.2%
FMR LLC	3.6%
OWNERSHIP CAPITAL B.V.	3.4%

Employee List

Masino Corporation

Last_Name	First_Name
Patel	Kirtika
Germanovich	Andrew
Iwuoha	Maureen
Lizano	Edward
Geula	Foad
Mason	Jacob
Marino	Michael
Roupoli	Melissa
Nguyen	Thao
Arden	Katelyn
McCann	Nina
Marro	Dominic
Ueguchi	Lisa
Migliore	Lauren
Harnois	Teressa
Powers	Anthony
Parker	Jack
Vazquez	Leonel
Orihuela	Araceli
Nguyen	Kevin
Feng	Victoria
Nguyen	Matthew
Bao	Newton
Khavari	Zeinab
Telfort	Amy
Hajiaghajani	Amir
Castaneda	Joelina
Abad	Chris
Abdul-Hafiz	Yassir
Afredi	Khaled
Afredi	Momtaz
Ahmadi	Mo
Ahmed	Omar
Ahmed	Noor
Ahn	Joshua
Al-Ali	Ammar
Al-Ali	Yaser
Aldeeb	Mohammad
Aldrich	Sydney
Aleknavicius	Aidas
Alghazi	Ahmed
Almaguer Hernandez	Antonio
Altamimi	Zeena
Altimier	Leslie

Alzubaidi	Omar
Amato	Damian
Amberg	Philip
Ambrosini	Mitch Ambrosini
Amposta	Joel
An	Hui
Anacone	R Matthew
Anis	Sara
Arroyo	Vidal
Aslam	Muhammad
Avendano	Alberto
Awad	Weeam
Bae	Geum
Baert	Mark
Bagwe	Gaurav
Baker	Farah
Balasubramanian	Vignesh
Balba	Juan
Balbas	Kaywan
Baldovino	Sybil
Barany	Natasha
Barker	Nicholas
Batin	Dennis
Begay	David
Begnoche	Valerie
Belayneh	Lidya
Bergstedt	Ben
Bhasin	Rahul
Borrayo	Erick
Borsanyi	Martin
Boyd	Christopher
Bradford	John
Bretz	Taylor
Briggs	Jennifer
Bronson	Anthony
Brooke	Daniel
Brown	Jocelyn
Bruckner	Annie
Bubar	Stephen
Budreau	Kristen
Burnett	Jae
Burns	Cameron
Cable	Justin
Cam	Kristine
Cantoran Quiroz	Jose
Cardenas	Christopher
Carmona	Linn

Cartasegna	Davide
Cayon	Eric
Cerna	Celeste
Cha	Jun
Chan	William
Chan	Freddy
Chang	Alex
Chau	Trevor
Chavez	Alfonso
Chen	Scott
Chen	XiaoYi
Chinchalkar	Mihir
Chiu	Joyce
Cho	John
Chompff	Rebecca
Clavin	Kendall
Cohen	Scott
Coleman	Jon
Cong	Zhaori
Coon	Steve
Cooper	Meagan
Coppins	Sheryl
Corwin	Janine
Coverston	Ron
Cox	Shanta
Dalke	David
Dandu	Sriram Dandu
Davia	Soraya
Davies	Aaron
DeFries	Michael
DeJong	Chad
DeSimone	Diane
Diab	Mohamed
Dilworth	Mike
Dimailig	Lauren
Dinakaran	Anujothi
Dizon	Marielle
Donga	Dishant
Doupe	Thomas
Downing	Jackson
Egge	Steven
El-Nasser	Naji El-Nasser
Eller	John
Em	Steven
Emory	Mark
Erfanian Abdoost	Bahar
Escobar	Maria

Espinoza	Jorge
Espiritu	Timothy
Estrada	Fred
Ewert	Justin
Fakhro	Bassim
Fakhro	Youssef
Farooqui	Omair
Faso	Cortney
Fei	Frank
Felter	Ryan Felter
Fernandez	Paul
Fernando	Praneeth
Figueroa	Anthony
Fishel	Rick
Flores	Haley
Flores	Lori Flores
Flores Echeverria	Maria
Forrest	Kevin
Fournier	Yves
Frank	Chelsea
Frey	Sebastian
Fucinari	Evan
Fullerton	Evan
Fust	Michael
Ganesan	Shiva
Gangakhedkar	Taral
Gatmaitan	Jay
George	Lydia
Ghafoori	Elyar
Ghalamifard	Siavash
Gibbs	Duane
Gil	Ji
Gilmore	Max Gilmore
Glinkiewicz	Tadeusz
Godlasky	Robert
Gonzales	Kathy
Gonzalez	Jazmin
Gonzalez	Sasha
Gosse	Stephanie
Gray	Paula
Greco	Mark
Green	Brendan
Grice	James
Griffith	Marites
Grigoleit	Tristan
Gruber	Travis
Ha	Taewoo

Habibeh	Kareem
Hadjaz	Sidali
Haggart	Samuel
Halle	Joel
Halwani	Osman
Hamdani	Thomas
Hameed	Abdul
Han	Tony
Hancock	David
Haryadi	Dinesh
Hawkins	Charles
Heikal	Hazem
Hernandez	Trinidad
Hernandez	Tanya
Hernandez	Irma
Higham	Tiana Higham
Hight	William
Hiroshima	Ryan
Hleb	Katsiaryna
Ho	Vyha
Ho	Dan
Hoang	Christopher
Hom	Kenny
Honarvar	Mike
Hong	Steven
Horey	Michael
Housel	Peter
Huizar	Eric
Hurst	Demian
Huynh	Jenny
Hwang	Jung
Hwang	Michelle
Hwang	Sujin
Hwang	Ray Hwang
Ibarra	Francisco
Idehara	Takuya
Indorf	Keith
Isaza	Betty
Islam	Shafiqul
Isobe	Yuji
Iswanto	Joy
Jackson	Jennifer
Jain	Sanket
Jayaram	Apoorva
Jimenez	Raul
Jimenez	Luis
Jin	Wen

Johnson	Craig
Joshi	Anami
Juarez	Monica
Kale	Nupur
Kallarakkal	Stephen
Kammerman	Eli
Kandukuri	Jayanth
Kashif	Faisal
Kaufman	Kohl
Kauzlarich	Eric
Kelly	Sherry
Kharin	Nikolay
Khorrami	Kamyar
Khosravi Kermani	Armita
Kiani	Joe
Kim	Jane
Kim	Eugene
Kim	Dong Yoon
Kim	Jinwoo
Kim	Kun
Kinast	Eric
Kleinow	Kelsi
Kokawa	Naoki
Kona	Satish
Koo	Peter
Korsun	Nikolai
Kotcherha	Kyla Scott Kotcherha
Kothlapuram	Pranay
Kuan	Chun Tao Kuan
Kukreja	Amit
Kwan	Simon
Lacson	Carlos
Lafky	Carl
Laidet	Marc
Lam	Donald
Lam	Christopher
Lapotko	Dmitri
Latendresse	Travis
Lazinski	Mike
Le	Dung
Le	Duong
Lee	Michael
Lee	Kevin
Lee	Kihwan
Lee	Bobby
Lee	Sung Uk Lee
Lee	Danny

Lei	Ping
Levandowski	Jeanette
Leviste	Carlito
Levy	Tao
Lewis	Eric
Li	Cyndy
Lim	Hee Seung
Lin	John
Liu	Ivy
Lodato	Franco
Lopez	Raymond
Lopez	Julian
Loughlin	Sean
Lu	Dingran
Luna	Amjad
Lytle	Julie
Ma	Jack
MacLeod	Nick
Magakat	Deo
Magers	Christopher
Mahrooghy	Majid
Majmudar	Anmol
Manalo	Mark
Mangosing	Idris
Mangosing	Peter
Manzano Damian	Alejandro
Marella	Anudeep
Martinez	Luis
Martinez	Kristina
McClenahan	Thomas
McCorkle	Jack
McMillin	Sean
Mehta	Aloke
Mekhail	Ramzi
Menawat	Devesh
Meng	Yiwen
Mesiti	Vito Mesiti
Messiha	Joseph
Michaels	Marilyn
Michalopoulos	Konstantinos
Miller	Tracy
Ming	Shihua
Miranda	Tristan
Miranda	Guillermo
Miranda	Marco
Miranda	Alexander
Mogharehabed	Saeideh

Mohammadi	Mahdi
Mok	Desmond
Molina	Angela
Molnar	Peter
Moran	Brian
Moses	Benjamin
Moubed	Pedram
Muhsin	Bilal
Nagamoto	Chris Nagamoto
Nagano	Hugo
Nalakath	Sharafuddeen
Navarro	Alex
Nguyen	Steve
Nguyen	An
Nguyen	Jason
Nguyen	Nghi
Nguyen	Tuyen
Nguyen	Duy
Nguyen	Hoang
Nguyen	Jimmy
Nguyen	Nam
Nguyen	Minh-Thao
Nho	Joshua
Novak	Jerry
O'Neil	Chuck Oneil
Ong	Yi Hong
Ordal	Paul
Ortez	Arthur
Pacis	Stephen
Padilla	Tania
Pagaduan	Nick
Pan	James
Paquette	Gabrielle
Park	Anna
Patel	Manthan
Patel	Dinker
Patel	Mitesh
Patel	Nick
Pedroza	Michael
Peffer	Karl
Peralta	Michael
Perez	Juan
Perez Arteaga	Ruth
Perez Perez	Jose
Perry	Nathan
Pezeshkfar	Omid
Pham	Michael

Pham	Nhat Quang
Pham	Philip
Pham	Andrew
Phan	Kevin
Phuong	Hao
Pickus	Rhiannon
Pike	Austin
Pipp	Jenn
Pishney	James
Pohly	Glenn
Pollind	Michael
Power	Philip
Pravongviengkham	Joy
Price	Tyler
Priddell	Richard
Primavera	Simone
Puga	Nick Puga
Purves	Caterina
Qazi	Ahmad
Qiao	David
Quijano	Anthony
Quiros	Daniel
Rabago	Jericho
Ramesh	Parkavi
Ramirez	Manuel
Ranasinghe	Nadeesha
Razo	Diana
Rengaswamy Chandran	Prashanth Chandran
Repp	Pamela
Rey	Eduardo
Rice	Arianne
Rivera	Nicholas
Rivera	Mario
Riyaz	Shayan
Roberg	Kris
Rodriguez	Kevin
Rogers	Brett
Rosenfeld	Taylor
Rumbaugh	Ben Rumbaugh
Rumbaugh	Ronald
Sadri	Majid
Salehibarmi	Saeed
Sanchez	Sonia
Sandoval	Delora
Santoro	Ylenia
Sapienza	Joshua
Sawyer	Steven

Schramm	James
Schroeder	Seton
Schwarm	John
Schwenke	Brian
Scruggs	Stephen
Seddighzadeh Yazdi	Hosseini
Shah	Tejas Bipinchandra
Shah	Aagam Manish
Sharma	Vikrant
Shukla	Bhawana
Sibal	Joanne Sibal
Sidney	James
Sin	Harry
Smith	Victoria
Smith	Brian
Soldatenkov	Alexandr
Song	Yuying
Sowers	Timothy
Stewart	Madeline
Sultanov	Emil
Sumerel	Suzanne
Suryabudi	Dominic
Syed	Wajih
Ta	Nghi
Taggart	Kyle
Tai	Han Chang
Takeda	Asami
Tan	David
Tan	Haixia
Tavarez	Victor
Telfort	Valery
Tellez	Daniel
Tena	Nelson
Thanikachalam	Ramesh
Thankaraj Sivakumari	Midhun Raj
Thu	Aung
Tian	Fenghua
Todd	David
Tomko	Nicole
Ton-Nu	Crystal
Tran	William
Tran	Ha Tran
Tran	Mike
Tray	Debbie
Triman	Benjamin
Trinh	Minh
Trinh	Philip

Truesdell	Jonathan
Tucker	Devon
Tusan	Robert
Ujadughele	Richard
Urval	Roshan
Usman	Mohammad
Vahida	Masih
Valdez Lopez	Manuel
Vara	Shekar
Vargas	Alberto
Veksler	Stan
Velasquez	Edgardo
Vickers	Philip
Virgen Herrera	Edgardo
Vo	Tung
Vo	Khanh
Vo	Jessica
Vu	Khoa
Wagner	Kevin
Wang	Qi
Wang	Zuo
Wang	Heyi
Wayne	Mike
Weber	Walter
Wei	Cindy
Wei	Jessica
Wei	Crystal
Weinmann	Christopher
White	Chase
Widjaja	Yinyin
Williams	Krystal
Wilson	William
Witron	Fernando
Won	Joe
Wu	Lena
Wu	Roger
Xiao	Chenhao
Yang	Heesung
Yazdi-Nejad	Amir Yazdi-Nejad
Yee	Janice
Yoo	Connie
Young	Micah
Yu	Samuel
Yu	Edmond
Yuan	Jiayao
Yun	Phillip
Zahidi	Murtaza

Zatarain	Eduardo
Zhang	Paris
Zimmerman	Kyle
Zou	Derek Zou
Zumbrunnen	Garrett
von Wilpert	Jason
Mukherjee	Arideep
Havens	Daniel
Lodman	Michael
Tugman	Pierre
Basra	Rajvinder
Witherspoon	Scott
Padmanabhan	Srinivasan
Asuncion	Theresa
Gonzalez	Diana

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549
FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(D) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended January 2, 2021
OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(D) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to _____
Commission File Number 001-33642



MASIMO CORPORATION

(Exact name of registrant as specified in its charter)

DE
(State or Other Jurisdiction of
Incorporation or Organization)
52 Discovery Irvine, CA
(Address of principal executive offices)

33-0368882
(I.R.S. Employer
Identification Number)
92618
(Zip Code)

(949) 297-7000

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

<u>Title of each class:</u>	<u>Trading symbol:</u>	<u>Name of each exchange on which registered:</u>
Common Stock, par value \$0.001	MASI	The Nasdaq Stock Market, LLC

Securities registered pursuant to Section 12(g) of the Act:

None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

☒ Yes ☐ No

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

☐ Yes ☒ No

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

☒ Yes ☐ No

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

☒ Yes ☐ No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☒

Accelerated filer ☐

Non-accelerated filer ☐

Smaller reporting company ☐

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act.)

☐ Yes ☒ No

The aggregate market value of the voting stock held by non-affiliates of the registrant, based upon the closing sale price of the common stock on June 27, 2020, the last business day of the registrant's most recently completed second fiscal quarter, as reported on the Nasdaq Global Select Market, was approximately \$9.2 billion. Shares of stock held by officers, directors and 5 percent or more stockholders have been excluded in that such persons may be deemed to be affiliates. This determination of affiliate status is not necessarily a conclusive determination for other purposes. At January 30, 2021, the registrant had 55,266,559 shares of common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Items 10, 11, 12, 13 and 14 of Part III of this Annual Report on Form 10-K incorporate information by reference from the registrant's proxy statement for the registrant's 2021 Annual Meeting of Stockholders to be filed with the Securities and Exchange Commission within 120 days after the close of the fiscal year covered by this annual report on Form 10-K.

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State	
Type of Application (check applicable box)	Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☐ Yes ☒ No	

Section 1: General Information	
Facility Name: <u>Novartis Gene Therapies, Inc.</u>	
Physical Address: <u>2275 Half Day Road, Suite 200</u>	
City: <u>Bannockburn</u>	State: <u>IL</u> Zip: <u>60015</u>
Mailing Address (if different from physical address): <u>Same as physical address.</u>	
City: _____	State: _____ Zip: _____
Telephone: <u>847-572-8280</u>	Website: <u>https://www.novartis.com/our-focus/cell-and-gene-therapy</u>
Name of Designated Representative (DR): <u>Erica L. Wellington</u>	
Licensing Company Email: <u>DRBannockburn.ORG@novartis.com</u>	DR Email: <u>DRBannockburn.ORG@novartis.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers ☒ Others: Distributors, clinics	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ Others:

Section 2: History of Company	Yes	No
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)?		☒
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?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment E

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Switzerland

Parent Company (if any): Novartis AG

Corporation Name: Novartis AG

Mailing Address: Klybeckstrasse 141, CH-4057

City: Basel State: Switzerland Zip: _____

Telephone: 862-778-0165 Email: david.hellmuth@novartis.com.

Contact Person Name: David Hellmuth

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:
---------------------------	--------------------------	------------------------

Section 5: Non-Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification		
2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration See Attachment A		
2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ . N/A for publicly traded companies		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors. See Attachment B	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership. See Attachment D	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months. See Attachment C	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• Copy of DEA certificate if handling controlled substances N/A	✓	✓	✓	✓
• Copy of current SEC 10K or 8K See Attachment D	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. See Attachment E	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered. N/A				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Erica L. Wellington

Print Name of Authorized Person Submitting Application

Erica L. Wellington

Original signature of Authorized Person (copies or stamps not accepted)

July 21, 2021

Date

Board Use Only	Date Received: _____	Amount: <i>\$500 (cc)</i>
----------------	----------------------	---------------------------

Drug Establishments Current Registration Site

f [SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

🐦 [TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://twitter.com/intent/tweet?text=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION&site&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

±

✉ [EMAIL \(MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](mailto:?subject=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION&site&body=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

New Search (default.cfm)

Search Results for Novartis Gene

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Novartis Gene Therapies, Inc.	3012154727	080136787	MANUFACTURE;	2275 HALF DAY ROAD, SUITE 200, BANNOCKBURN, Illinois (IL) 60015, United States (USA)	12/31/2021

Showing 1 to 1 of 1 entries (filtered from 6 total entries)

[Previous](#)[Next](#)

Data Current through: Friday, Dec 4, 2020

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

[Home](#) > [Drug Databases](#) > [Drug Establishments Current Registration Site](#)

Drug Establishments Current Registration Site

[SHARE](#) [TWEET](#) [LINKEDIN](#) [PIN IT](#) [EMAIL](#) [PRINT](#)[New Search](#)Search Results for **Novartis Gene Therapies**

CSV

Excel

Filter: 2275

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Novartis Gene Therapies, Inc.	3012154727	080136787	MANUFACTURE;	2275 HALF DAY ROAD, SUITE 200, BANNOCKBURN, Illinois (IL) 60015, United States (USA)	12/31/2021

Showing 1 to 1 of 1 entries (filtered from 6 total entries)

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Data Current through: Thursday, Jul 29, 2021

[Return to Drug Firm Annual Registration Status Home Page](#)Note: If you need help accessing information in different file formats, see [Instructions for Downloading Viewers and Players](#).Language Assistance Available: [Español](#) | [繁體中文](#) | [Tiếng Việt](#) | [한국어](#) | [Tagalog](#) | [Русский](#) | [العربية](#) | [Kreyòl Ayisyen](#) | [Français](#) | [Polski](#) | [Português](#) | [Italiano](#) | [Deutsch](#) | [日本語](#) | [العربية](#) | [English](#)

✓ verified
with 7/29/21

Attachment B

Corporate Officer and Director Information

Novartis Gene Therapies, Inc.

Corporate Officers:

Haseeb Ahmad
President (Interim)

John F. Kuckelman
Senior Vice President and General Counsel

Directors:

Thomas Kendris
Christian Klee



Gene Therapies
2275 Half Day Road, Suite 200
Bannockburn, IL 60015
Toll Free: +1 844 428 3947

Personnel Listing

Directors

Thomas Kendris
USA Country President

Christian Klee
President, Novartis Finance Corporation

Corporate Officers:

Haseeb Ahmad
President (Interim)

John F. Kuckelman
Senior Vice President and General Counsel

Shep Mpofu
Chief Medical Officer

Luca Baranti
Chief Financial Officer

Designated Representatives:

Christina Kruse
Senior Warehouse Manager, Libertyville Facility

Erica Wellington
Finance Director, Corporate Headquarters, Bannockburn Facility

*Novartis Gene Therapies does not have sales personnel in the state of Nevada.



Gene Therapies
2275 Half Day Road, Suite 200
Bannockburn, IL 60015
Toll Free: +1 844 428 3947

October 12, 2021

Personnel Listing

Directors

Thomas Kendris
USA Country President

Christian Klee
President, Novartis Finance Corporation

Corporate Officers:

Haseeb Ahmad
President (Interim)

John F. Kuckelman
Senior Vice President and General Counsel

Shep Mpofu
Chief Medical Officer

Luca Baranti
Chief Financial Officer

Designated Representatives:

Christina Kruse
Senior Warehouse Manager, Libertyville Facility

Erica Wellington
Finance Director, Corporate Headquarters, Bannockburn Facility

*Novartis Gene Therapies does not have sales personnel in the state of Nevada.

Employees

Aaron Mowery
Adam Bries
Agnes Guevarra
Alexander Mackriss
Alexis Sun
Alla Zilber
Amanda Jankowski
Ameet Kotak
Amy Choi
Amy Nicole Nayar
Anantkumar Gohil
Andrea Shevchuk
Andy McDonough
Anish Patel
Anish Thakkar
Anita Karban-Neef
Ann Marie Colletti
Areef Anibaba
Arieh Waintraub
Ashley Obafemi
Audrey Gross
Biljana Marinkovich
Blake Arnold
Brandon Nedza
Brett Johnson
Brian McCarthy
Brian Phillips
Britta Divi
Bryan McGill
Burcu Kazazoglu Taylor
Caresa Ward
Carissa Heine
Carl Smith
Carol Krieger
Carol Poskay
Chaitanya Patel
Chaudhry Ahmad
Chris Norenberg
Christopher Kaply
Christopher Myers
Christy Greeley
Chun Ding
Cian O'Donnell
Cody Garbers
Colleen O'Connor

Colleen Quatman
Cristina Eshak
Cristina Pariso
Crystal Hernandez
Daniel Carrillo
Daniel Grant
Danny Le
Da-Tren Chou
David Liu
David Wolff
Dean Piscopo
Debbie Schaibly
Debra McCarthy
Deepa Chand
Deidre Moore
Dory Hixon
Elizabeth Cronin
Elizabeth Nguyen
Elizabeth Thorn
Erica Wellington
Erica Zerby
Erin Gardiner
Evelyn Waters
Everson Message
Evette Ashley
Farah Speer
Gavin Theron
George Kokkines
Giovanni Guerra
Hannah Hur
Heather Gardner
Inga Krueger
Isabella Smith
Jason Barlow
Jeannie Teplitz
Jeannie Visootsak
Jennifer Banovic
Jennifer Groner
Jennifer Rajski
Jiaqing Huang
Jim Geers
Jocelyn Frane
John Ietto
Joseph Loftus
Joshua Prabhakar
Judy Verwijst
Julie Chelcun
Julie Jervis

Karen Velardo
Kasem Akhras
Kate Ehret
Katharina Harris
Katie Lesch
Ketan Parikh
Kevin Serlin
Kimberly Glenn
Kristen Hanson
Kyle Montgomery
Kysler De guzman
Laura Hurtazo
Le'Chelle Alexander
Lillie Wilkerson
Linda Fesser
Liz Hines
Liz Kim
Liz Sachnoff
Mae Coleman
Magdalena Slater
Maher Aassi
Man Fai Wong
Marcelo Nogueira
Maria Gillett
Marianne Walwema
Mark Lloyd
Mary Holum
Matthew Goebel
Melissa Trakos
Melissa Wigderson
Michael Arnold
Michael Baumann
Michael Boyd
Michael Lamm
Michael Nissen
Michelle Lee
Michelle Longcore
Michelle Quirk
Mimi Lee
Miranda Bailey
Molly Lenzini
Nancy Saucedo
Navid Varjavandi
Nedra Stuart
Nicole LaMarca
Nina Vallone
Omar Dabbous
Palle Laustsen

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Pamela Engstrom
Patrick McOmber
Paul Kleeman
Paul Spheeris
Raja Agnihotram
Rakesh Bera
Rashedi Karimu
Raul Mendoza
Remy Moloney
Rene Gonzalez
Rima Veidemanis
Robert Oaf
Rochelle Lund
Rodney Stemler
Roger Cepeda
Roma Claudel
Ruan de Wet
Rui Sun
Ryan Baumgart
Samantha Schwarz
Sandra Barry
Sarah Burtis
Sarah Creviston
Sarah Ghazanfar
Sarah Liu
Scott Galasinski
Shaila Srinivasan
Shannon Doll
Sharon Kaufman
Shee Maye Ormsby
Shiri Wallach
Sitra Tauscher-
Wisniewski
Stephanie Prellwitz
Sunitha Talugula
Susan Mitchell
Suzanne Keim
Tamara Fillinger
Tammy Whaley
Tara Janowski
Tay Salimullah
Te'Ressa Swain
Terrance Groh
Thao Sutter
Theresa Gordon
Thomas Frei
Tina Sutti
Tolu Taiwo

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| |

Tom Macek
Trinidad Quiroz
Trisha Racela
Trung Nguyen
Tywana Johnson
Walter Toro jimenez
Yi Feng
Yiwen Wu

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NOVARTIS GENE THERAPIES, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF APRIL, A.D. 2021.



4797833 8300

SR# 20210924607

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202994318

Date: 04-19-21



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For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3998578

Attachment D**SEC Report and Ownership Information**

Enclosed are the first 12 pages of the SEC annual report from Novartis Gene Therapies, Inc.'s ultimate owner, Novartis AG. The entire report is over 200 pages. To view the entire report, please visit the SEC website at:

<https://www.sec.gov/Archives/edgar/data/0001114448/000137036821000006/a21012620f.htm>

Top four Shareholders:

1. Dodge & Cox Inc .88%
2. Primecap Management Company .83%
3. Loomis Sayles & Company, LP .80%
4. Fisher Asset Management, LLC .39%

Attachment E**Nature of Business**

Novartis Gene Therapies, Inc. is a manufacturer of a prescription drug. Novartis Gene Therapies, Inc. utilizes its facility located in Libertyville, IL to produce and distribute its product to clinics, hospitals, wholesalers and pharmacies. Its hours of operation are 8:00 AM – 5:00 PM, Monday through Friday. The Bannockburn, IL location does not physically handle any product. Provided below is the information for the manufacturing and distribution site.

Manufacturing and Distributing Location:

Novartis Gene Therapies, Inc.
1940 USG Drive
Libertyville, IL 60048

As filed with the Securities and Exchange Commission on January 26, 2021

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

Form 20-F

- ☐ REGISTRATION STATEMENT PURSUANT TO SECTION 12(b) OR 12(g) OF THE SECURITIES EXCHANGE ACT OF 1934
OR
☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934 for the fiscal year ended December 31, 2020
OR
☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
OR
☐ SHELL COMPANY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
 Date of event requiring this shell company report.....

For the transition period from _____ to _____

Commission file number 1-15024

Novartis AG

(Exact name of Registrant as specified in its charter)

NOVARTIS Inc.

(Translation of Registrant's name into English)

Switzerland

(Jurisdiction of incorporation or organization)

Lichtstrasse 35
4056 Basel, Switzerland

(Address of principal executive offices)

Shannon Thyme Klinger
Chief Legal Officer
Novartis AG
CH 4056 Basel
SwitzerlandTel.: +41-61-324-1111
Fax: +41-61-324-7826

(Name, Telephone, E-mail and/or Facsimile number and Address of Company Contact Person)

Securities registered or to be registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
American Depositary Shares each representing 1 share	NVS	New York Stock Exchange
Ordinary shares, nominal value CHF 0.50 per share*	NOVN	New York Stock Exchange*

Securities registered or to be registered pursuant to Section 12(g) of the Act:

None

Securities for which there is a reporting obligation pursuant to Section 15(d) of the Act:

None

Indicate the number of outstanding shares of each of the issuer's classes of capital or common stock as of the close of the period covered by the annual report:

2 256 822 048 ordinary shares

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

If this report is an annual or transition report, indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934.

Yes ☐ No ☒

Note—Checking the box above will not relieve any registrant required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 from their obligations under those Sections.

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or an emerging growth company. See definition of "large accelerated filer," "accelerated filer," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☒	Accelerated filer ☐	Non-accelerated filer ☐	Emerging growth company ☐
---	--	--	--

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If an emerging growth company that prepares its financial statements in accordance with U.S. GAAP, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards† provided pursuant to Section 13(a) of the Exchange Act. ☐

† The term "new or revised financial accounting standard" refers to any update issued by the Financial Accounting Standards Board to its Accounting Standards Codification after April 5, 2012.

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark which basis of accounting the registrant has used to prepare the financial statements included in this filing:

U.S. GAAP ☐

International Financial Reporting Standards as issued by the International Accounting Standards Board ☒

Other ☐

If "Other" has been checked in response to the previous question, indicate by check mark which financial statement item the registrant has elected to follow.

Item 17 ☐ Item 18 ☐

If this is an annual report, indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act).

Yes ☐ No ☒

* Not for trading but only in connection with the registration of American Depositary Shares representing such ordinary shares.

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Introduction and use of certain terms

Novartis AG and its consolidated affiliates publish consolidated financial statements expressed in US dollars. Our consolidated financial statements responsive to Item 18 of this Annual Report on Form 20-F (Annual Report) are prepared in accordance with International Financial Reporting Standards (IFRS) as issued by the International Accounting Standards Board (IASB). "Item 5. Operating and Financial Review and Prospects," together with the sections on products in development and key development projects of our businesses (see "Item 4. Information on the Company—Item 4.B. Business overview"), constitute the Operating and Financial Review ("Lagebericht"), as defined by the Swiss Code of Obligations.

Unless the context requires otherwise, the words "we," "our," "us," "Novartis," "Group," "Company," and similar words or phrases in this Annual Report refer to Novartis AG and its consolidated affiliates. However, each Group company is legally separate from all other Group companies and manages its business independently through its respective board of directors or similar supervisory body or other top local management body, if applicable. Each executive identified in this Annual Report reports directly to other executives of the Group company that employs the executive, or to that Group company's board of directors.

In this Annual Report, references to "US dollars," "USD" or "\$" are to the lawful currency of the United States of America; references to "CHF" are to Swiss francs, and references to "euro" or "EUR" are to the lawful currency of 27 member states participating in the European Union; references to the "United States" or to "US" are to the United States of America; references to the "European Union" or to "EU" are to the European Union and its 27 member states; references to "Latin America" are to Central and South America, including the Caribbean, and references to "Australasia" are to Australia, New Zealand, Melanesia, Micronesia and Polynesia, unless the context otherwise requires; references to the "EC" are to the European Commission; references to "associates" are to employees of our affiliates; references to the "SEC" are to the US Securities and Exchange Commission; references to the "FDA" are to the US Food and Drug Administration; references to the "EMA" are to the European Medicines Agency, an agency of the EU, and references to the "CHMP" are to the Committee for Medicinal Products for Human Use of the EMA; references to "ADR" or "ADRs" are to Novartis American Depositary Receipts, and references to "ADS" or "ADSS" are to Novartis American Depositary Shares; references to the "NYSE" are to the New York Stock Exchange, and references to "SIX" are to the SIX Swiss Exchange; references to "ECN" are to the Executive Committee of Novartis; references to "GSK" are to GlaxoSmithKline plc, references to "AAA" are to Advanced Accelerator Applications S.A., references to "Novartis Gene Therapies" are to Novartis Gene Therapies, Inc. (formerly AveXis), and references to "Endocyte" are to Endocyte, Inc.

All product names appearing in *italics* are trademarks owned by or licensed to Group companies. Product names identified by a "®" or a "™" are trademarks that are not owned by or licensed to Group companies and are the property of their respective owners.

Forward-looking statements

This Annual Report contains certain forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), and the United States Private Securities Litigation Reform Act of 1995, as amended. Other written materials filed with or furnished to the SEC by Novartis, as well as other written and oral statements made to the public, may also contain forward-looking statements. Forward-looking statements can be identified by words such as "potential," "expected," "will," "planned," "pipeline," "outlook," "may," "could," "would," "anticipate," "seek," or similar terms, or by express or implied discussions regarding potential new products, potential new indications for existing products, or regarding potential future revenues from any such products; or regarding the potential outcome, or financial or other impact on Novartis, of the acquisition of The Medicines Company, and other transactions described; or regarding the potential impact of share buybacks; or regarding potential future sales or earnings of the Group or any of its divisions or potential shareholder returns; or regarding potential future credit ratings of the Group; or by discussions of strategy, plans, expectations or intentions. Such forward-looking statements are based on the current beliefs and expectations of management regarding future events, and are subject to significant known and unknown risks and uncertainties. Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those set forth in the forward-looking statements. You should not place undue reliance on these statements.

In particular, our expectations could be affected by, among other things:

- Uncertainties regarding the success of key products and commercial priorities;
- Global trends toward healthcare cost-containment, including ongoing government, payer and general public pricing and reimbursement pressures and requirements for increased pricing transparency;
- Uncertainties in the research and development of new healthcare products, including clinical trial results and additional analysis of existing clinical data;
- Our ability to obtain or maintain proprietary intellectual property protection, including the ultimate extent of the impact on Novartis of the loss of patent protection and exclusivity on key products that commenced in prior years and is expected to continue this year;
- The potential that the strategic benefits, operational efficiencies or opportunities expected from our recent transactions or our organizational, structural and cultural transformations may not be realized or may take longer to realize than expected;
- Our performance on environmental, social and governance measures;
- Uncertainties in the development or adoption of potentially transformational technologies and business models;
- Uncertainties regarding potential significant breaches of information security or disruptions of our information technology systems;
- Our reliance on outsourcing key business functions to third parties;
- Our ability to attract, integrate and retain key personnel and qualified individuals;
- Uncertainties regarding actual or potential legal proceedings, including, among others, litigation and other legal disputes with respect to our recent transactions, product liability litigation, litigation and investigations regarding sales and marketing practices, intellectual property disputes and government investigations generally;
- Regulatory actions or delays or government regulation generally, including potential regulatory actions or delays with respect to the development of the products described in this Annual Report;
- Our ability to comply with data privacy laws and regulations, and uncertainties regarding potential significant breaches of data privacy;
- Safety, quality, data integrity or manufacturing issues;

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- General political, economic and business conditions, including the effects of and efforts to mitigate pandemic diseases such as COVID-19;
- The impact of pandemic diseases such as COVID-19 on enrollment in, initiation and completion of our clinical trials in the future, and research and development timelines;
- Uncertainties involved in predicting shareholder returns;
- Uncertainties regarding the effects of recent and anticipated future changes in tax laws and their application to us;
- Uncertainties regarding future global exchange rates; and
- Uncertainties regarding future demand for our products.

Some of these factors are discussed in more detail in this Annual Report, including under "Item 3. Key Information—Item 3.D. Risk factors," "Item 4. Information on the Company," and "Item 5. Operating and Financial Review and Prospects." Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those described in this Annual Report as anticipated, believed, estimated or expected. We provide the information in this Annual Report as of the date of its filing. We do not intend, and do not assume any obligation, to update any information or forward-looking statements set out in this Annual Report as a result of new information, future events or otherwise.

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Part I

Item 1. Identity of Directors, Senior Management and Advisers

Not applicable.

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Item 2. Offer Statistics and Expected Timetable

Not applicable.

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Item 3. Key Information

3.A Selected financial data

The selected financial information set out below has been extracted from our consolidated financial statements prepared in accordance with International Financial Reporting Standards (IFRS) as issued by the International Accounting Standard Board (IASB). Our consolidated financial statements for the years ended December 31, 2020, 2019 and 2018, are included in "Item 18. Financial Statements" in this Form 20-F.

All financial data should be read in conjunction with "Item 5. Operating and Financial Review and Prospects." All financial data presented in this Form 20-F are qualified in their entirety by reference to the consolidated financial statements and their notes.

(USD millions, except per share information)	Year ended December 31,				
	2020	2019	2018	2017	2016
INCOME STATEMENT DATA¹					
Net sales to third parties from continuing operations	48 659	47 445	44 751	42 338	41 975
Operating income from continuing operations	10 152	9 086	8 403	8 702	8 248
Income from associated companies	673	659	6 438	1 108	703
Interest expense	- 869	- 850	- 932	- 750	- 675
Other financial income and expense	- 78	45	186	42	- 385
Income before taxes from continuing operations	9 878	8 940	14 095	9 102	7 891
Taxes	- 1 807	- 1 793	- 1 295	- 1 603	- 1 095
Net income from continuing operations	8 071	7 147	12 800	7 499	6 796
Net (loss) / income from discontinued operations before gain on distribution of Alcon Inc. to Novartis shareholders		- 101	- 186	204	- 98
Gain on distribution of Alcon Inc. to Novartis AG shareholders		4 691			
Net income/(loss) from discontinued operations		4 590	- 186	204	- 98
Group net income	8 071	11 737	12 614	7 703	6 698
Attributable to:					
Shareholders of Novartis AG	8 072	11 732	12 611	7 703	6 712
Non-controlling interests	- 1	5	3	0	- 14
Basic earnings per share (USD)					
Continuing operations	3.55	3.12	5.52	3.20	2.86
Discontinued operations		2.00	- 0.08	0.08	- 0.04
Total	3.55	5.12	5.44	3.28	2.82
Diluted earnings per share (USD)					
Continuing operations	3.52	3.08	5.46	3.17	2.84
Discontinued operations		1.98	- 0.08	0.08	- 0.04
Total	3.52	5.06	5.38	3.25	2.80
Cash dividends ²	6 987	6 645	6 966	6 495	6 475
Cash dividends per share in CHF ³	3.00	2.95	2.85	2.80	2.75
Personnel cost from continuing operations ^{4, 5}	13 898	13 843	13 515	12 009	11 950
Full-time equivalent associates of continuing operations at year-end ⁵	105 794	103 914	104 780	102 467	99 747

¹ Continuing operations include the businesses of the Innovative Medicines and Sandoz Divisions and Corporate activities. Discontinued operations included the Alcon business, which was divested in 2019. To reflect these transactions, Novartis reported the Group's financial results for 2020 to 2018 as "continuing operations" and "discontinued operations," as required by IFRS.

² Cash dividends represent cash payments in the applicable year that generally relates to earnings of the previous year.

³ Cash dividends per share represent dividends proposed that relate to earnings of the current year. Dividends for 2018 through 2019 were approved at the respective AGMs, and dividends for 2020 will be proposed to the Annual General Meeting on March 2, 2021, for approval.

⁴ Personnel cost include wages, salaries, allowances, commissions and bonuses to staff, overtime, awards, holiday pay, severance payments and social welfare expenses.

⁵ Own employees

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(USD millions)	Year ended December 31,				
	2020	2019	2018	2017	2016
BALANCE SHEET DATA					
Cash, cash equivalents, and marketable securities and derivative financial instruments	11 563	11 446	15 964	9 485	7 777
Inventories	7 131	5 982	6 956	6 867	6 255
Other current assets	10 979	11 235	11 836	11 856	10 899
Non-current assets	102 386	88 866	110 000	104 871	105 193
Assets of disposal group held for sale ¹		841	807		
Total assets	132 059	118 370	145 563	133 079	130 124
Trade accounts payable	5 403	5 424	5 556	5 169	4 873
Other current liabilities	27 656	22 809	24 000	18 234	17 336
Non-current liabilities	42 334	34 555	37 264	35 449	33 024
Liabilities of disposal group held for sale ¹		31	51		
Total liabilities	75 393	62 819	66 871	58 852	55 233
Equity attributable to shareholders of Novartis AG	56 598	55 474	78 614	74 168	74 832
Non-controlling interests	68	77	78	59	59
Total equity	56 666	55 551	78 692	74 227	74 891
Total liabilities and equity	132 059	118 370	145 563	133 079	130 124
Net assets	56 666	55 551	78 692	74 227	74 891
Outstanding share capital	860	856	875	869	896
Total outstanding shares (millions)	2 257	2 265	2 311	2 317	2 374

¹ In 2019 and 2018, the disposal group held for sale related to the assets and liabilities of the planned divestment of the Sandoz US dermatology business and generic US oral solids portfolio to Aurobindo Pharma USA Inc., as announced on September 6, 2018. In March 2020, Novartis took the decision to retain these businesses. (see "Item 18. Financial Statements—Note 2. Significant transactions").

Cash dividends per share

Cash dividends are translated into US dollars at the Bloomberg Market System Rate on the payment date. Because we pay dividends in Swiss francs, exchange rate fluctuations will affect the US dollar amounts received by holders of ADRs.

Year earned	Month and year paid	Total dividend per share (CHF)	Total dividend per share (USD)
2016	March 2017	2.75	2.72
2017	March 2018	2.80	2.94
2018	March 2019	2.85	2.84
2019	March 2020	2.95	3.12
2020 ¹	March 2021	3.00	3.40 ²

¹ Dividend to be proposed at the Annual General Meeting on March 2, 2021, and to be distributed from March 8, 2021.

² Translated into US dollars at the December 31, 2020, rate of USD 1.135 to the Swiss franc. This translation is an example only, and should not be construed as a representation that the Swiss franc amount represents, or has been or could be converted into US dollars at that or any other rate.

3.B Capitalization and indebtedness

Not applicable.

3.C Reasons for the offer and use of proceeds

Not applicable.

3.D Risk factors

Our businesses face significant risks and uncertainties. You should carefully consider all of the information set forth in this Annual Report and in other documents we file with or furnish to the SEC, including the following risk factors, before deciding to invest in or to maintain an investment in any Novartis securities. Our business, as well as our reputation, financial condition, results of operations, and share price, could be materially adversely affected by any of these risks, as well as other risks and uncertainties not currently known to us or not currently considered material.

Strategic risks

Key products and commercial priorities

Risk description

Failure to deliver key commercial priorities and successfully launch new products

Context and potential impact

Our ability to maintain and grow our business and to replace revenue and income lost to generic, biosimilar and other competition depends heavily on the commercial success of our new or existing key products. The commercial success of these products could be impacted at any time by a number of factors, including pressure from new or existing competitive products, changes in the prescribing habits of healthcare professionals, unexpected side effects or safety signals, supply chain issues or other product shortages, pricing pressure, regulatory proceedings, changes in labeling, loss of intellectual property protection, and global pandemics. In addition, our revenue and margins could be significantly impacted by the timing and rate of commercial acceptance of new products.

We face competition from scientific advances and other company's new products. Healthcare professionals, patients and payers may choose competitor products instead of ours for various reasons, including if they perceive them to be better in terms of efficacy, safety, cost, convenience or other reasons. The commercial success of our key products and launches in the face of increasing competition and pressures on pricing requires significant attention and management focus. Such competitive products could significantly affect the revenue from our products and our results of operations. This impact could also be compounded to the extent such competition results in us making significant additional investments in research and development, marketing or sales.

Pricing, reimbursement and access

Risk description

Pricing and reimbursement pressure, including access to healthcare

Context and potential impact

Our businesses experience significant pressures on the pricing of our products and on our ability to obtain and maintain satisfactory rates of reimbursement for our products by governments, insurers and other payers. These pressures have many sources, including growth of healthcare costs as a percentage of gross domestic product; funding restrictions and policy changes; management of the COVID-19 pandemic and its impact on healthcare spending; and public controversies, political debate, investigations and legal proceedings regarding pharmaceutical pricing. Pressures on pricing may negatively impact, in parallel, both our product pricing and our market access.

In addition, we face numerous cost-containment measures imposed by governments and other payers, including government-imposed industrywide price reductions, mandatory pricing systems, reference pricing systems, payers limiting access to treatments based on cost-benefit analyses, imports of drugs from lower-cost countries to higher-cost countries, shifting of the payment burden to patients through higher co-payments and co-pay accumulator programs, limiting physicians' ability to choose among competing medicines, mandatory substitution of generic drugs for the patented equivalent, pressure on physicians to reduce the prescribing of patented prescription medicines, increasing pressure on intellectual property protections, and growing requirements for increased transparency on pricing. For more information on price controls, see "Item 4. Information on the Company—Item 4.B Business overview—Innovative Medicines—Price controls."

These challenges are expected to continue to increase in 2021 and beyond as healthcare investment into the management of the COVID-19 pandemic continues; political pressures mount; and healthcare payers around the globe, including government-controlled health authorities, insurance companies and managed care organizations, step up initiatives to reduce the overall cost of healthcare, restrict access to higher-priced new medicines, increase the use of generics, and impose overall price cuts. These factors may materially affect our ability to achieve value-based prices and maintain an acceptable return on our investments in the research and development of our products, and may impact our ability to research and develop new products.

In addition, our Sandoz Division has faced and may in the future face strong competition from other generic and biosimilar pharmaceutical companies, which aggressively compete for market share, including through significant price competition. Such competitive actions may increase the costs and risks associated with our efforts to introduce and market generic and biosimilar products, may delay the introduction or marketing of such products, and may further limit the prices at which we are able to sell these products. In particular, in the US in past years, industrywide price competition among generic pharmaceutical companies and consolidation of buyers caused significant declines in sales and profits of Sandoz.

Research and development

Risk description

Failure or delay in the research and development of new products or new indications for existing products

Context and potential impact

We engage in extensive and costly research and development activities, both through our own internal resources and through collaborations with third parties, in an effort to identify and develop new products and new indications for existing products that address unmet and changing medical needs and are commercially successful. Our ability to grow our business; to replace sales lost due to branded competition, entry of generics, or other reasons; and to bring to market products that take advantage of new and potentially disruptive technologies, including cell, gene and radioligand therapies, depends in significant part upon the success of these efforts.

Research and development of new products of our Innovative Medicines Division, including the research and development of our cell and gene therapies, is a costly, lengthy and uncertain process. Because intellectual property protections are limited in scope and duration, the longer it takes to develop a product, the less time there may be for us to recoup our research and development costs before loss of exclusivity. Failure can occur at any point in the process, including in later stages after substantial investment. In spite of such substantial investment, there can be no guarantee that our research and development activities will produce commercially successful new products that will enable us to replace revenue and income lost to competition and to grow our business. See also "Item 4. Information on the Company—Item 4.B Business overview—Innovative Medicines—Research and development" with regards to the research and development efforts of our Innovative Medicines Division.

New products must undergo intensive preclinical and clinical testing, and must be approved by means of highly complex, lengthy and expensive approval processes that can vary from country to country. Further, regulatory authorities continue to establish new and increasingly rigorous and time-consuming requirements for approval and reimbursement of new products and new indications. Similarly, the post-approval regulatory burden has also increased. These requirements make the maintenance of regulatory approvals for our products increasingly expensive, and further heighten the risk of recalls, product withdrawals, loss of market share, and loss of revenue and profitability. The clinical testing, regulatory processes and post-approval activities described above become more difficult during pandemics, such as the COVID-19 pandemic. This is primarily due to challenges related to recruiting, enrolling and treating patients in clinical trials. In addition, travel restrictions resulting from pandemics make it more difficult for regulatory authorities to inspect sites. For a further description of the research and development and approval processes for the products of our Innovative Medicines Division, see the sections headed "Research and development" and "Regulation" included in the description of our Innovative Medicines Division under "Item 4. Information on the Company—Item 4.B Business overview—Innovative Medicines."

Our Sandoz Division has made, and expects to continue to make, significant investments in the development of biotechnology-based, "biologic" medicines intended for sale as bioequivalent or "biosimilar" versions of currently marketed biotechnology products. While the development of such products typically is significantly less costly and complex than the development of the equivalent originator medicines, it is nonetheless significantly more costly and complex than that for typical small-molecule generic products. See also "Item 4. Information on the Company—Item 4.B Business overview—Sandoz—Development and registration" with regards to the research and development efforts of our Sandoz Division. In addition, many countries do not yet have fully developed legislative or regulatory pathways to facilitate the development of biosimilars and permit their sale in a manner in which they are readily substitutable alternatives to the originator product. Further delays or difficulties in the development or marketing of biosimilars could put at risk the significant investments that Sandoz has made, and will continue to make, in its Biopharmaceuticals business. Failure to successfully develop and market biosimilars could have a material adverse effect on the success of the Sandoz Division and the Group as a whole. For more information about the approval processes that must be followed to market Sandoz Division products, see "Item 4. Information on the Company—Item 4.B Business overview—Sandoz—Regulation."

Further, our research and development activities must be conducted in an ethical and compliant manner. Among other things, we are concerned with patient safety, data privacy, Current Good Clinical Practices (cGCP) requirements, data integrity, the fair treatment of patients, and animal welfare. Should we fail to properly manage such issues, we risk injury to third parties, damage to our reputation, negative financial consequences as a result of potential claims for damages, sanctions and fines, and the potential that investments in research and development activities could have no benefit to the Group. Research to find new targets for drug discovery and the therapeutic agents to treat unmet medical needs is made more difficult during pandemics, such as the COVID-19 pandemic. This is primarily due to safety-related restrictions on the ability of laboratory scientists to work in research laboratories, and impacts our ability to collaborate with academic and commercial research organizations facing similar challenges and restrictions.

Intellectual property

Risk description

Expiry, assertion or loss of intellectual property protection

Context and potential impact

Many products of our Innovative Medicines Division are protected by intellectual property rights, which may provide us with exclusive rights to market those products for a limited time and enable us to sustainably finance our research and development. However, the strength and duration of those rights can vary significantly from

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
- | | |
|---|--|
| ☐ Publicly Traded Corporation – Pages 1,2,3,4 | ☐ Partnership – Pages 1,2,3,7,8 |
| ☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 | ☐ Sole Owner – Pages 1,2,3,9 |

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Camber Pharmaceuticals, Inc.

Physical Address: 800 Centennial Avenue, Suite 1

City: Piscataway State: NJ Zip Code: 08854

Telephone Number: 732 529 0430 Fax Number: 732 562 8788

Toll Free Number: _____

E-mail: mbeckere@camberpharma.com Website: www.camberpharma.com

Facility Manager: Ronald Cerminaro

Professional qualifications and experience of facility manager: registered pharmacist.

Types of licensed outlets or authorized persons firm will serve:

- ☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Distributors, RETAIL PHARMACY DISTRIBUTION CENTERS

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>OTC PRODUCTS</u> | |

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 Manufacturer by the FDA?
(If yes, provide a copy of your 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 regards to pharmaceutical products that were sold, dispensed or distributed with the last year. (see attached)

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, *n/a*
please provide the number: _____

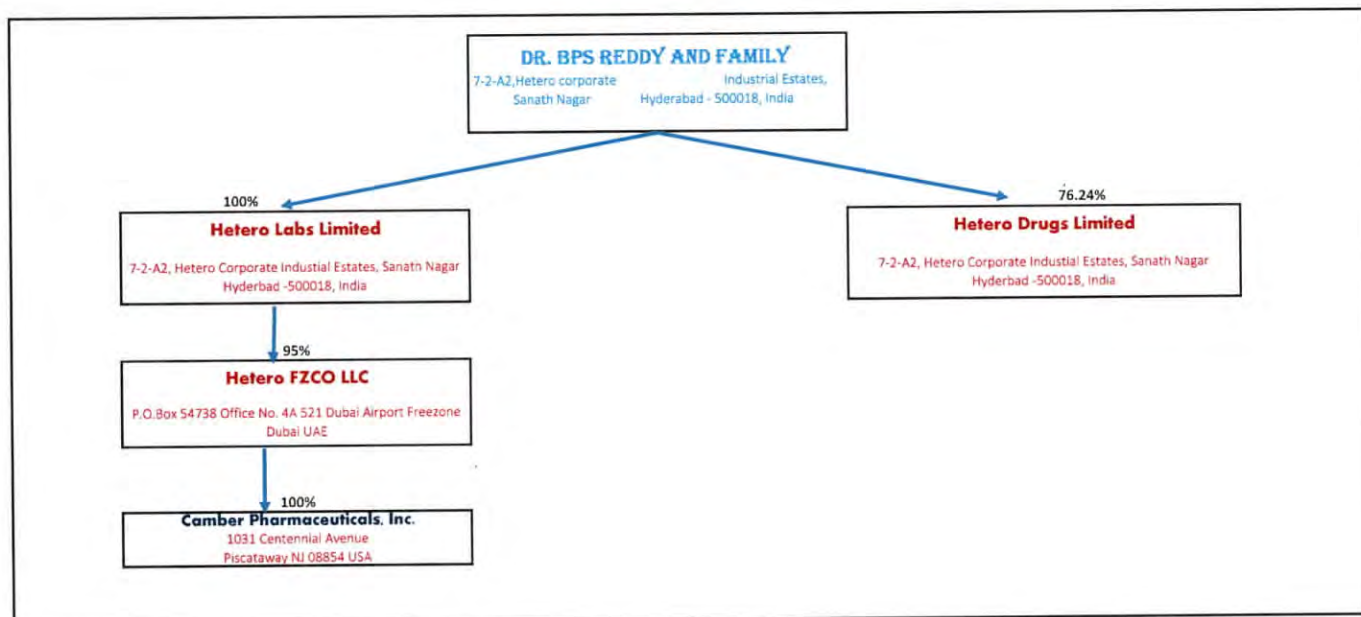
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

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 ☒

[ownership]



APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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 ☒

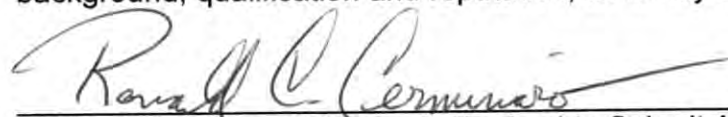
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

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.



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

Ronald Cerninaro

Print Name of Authorized Person

7/21/2021

Date

Board Use Only

Date Processed: _____

Amount: \$500 Check # 11490

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DELAWAREParent Company if any: HELLO FZCO, LLCMailing Address: (see attached)

City: _____ State: _____ Zip: _____

Telephone: 9714-2045510 Fax: 8714-2045511Contact Person: RAVEENDRANATHA REDDY KAMBHAMFor any corporation non-publicly traded, disclose the following: (see attached)

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

a) _____
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. - 0 - n/A3) What was the price paid per share? - 0 - n/AA Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: n/A**Include with the application for a non-publicly traded corporation**List of officers and directors (attached)Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.(attached)



NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

P.O. Box 369, Trenton, New Jersey 08625-0369

0743200

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of \$20.00 shall accompany such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

1031 CENTENNIAL AVE PISCATAWAY, NJ 08854-
800 CENTENNIAL AVE PISCATAWAY, NJ 08854-

Reg. No.
5003516

CAMBER PHARMACEUTICALS INC
ATTN: Megan Becker
1031 CENTENNIAL AVE
PISCATAWAY, NJ 08854-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2022

Establishment Copy



Camber Pharmaceuticals, Inc.
800 Centennial Ave.
Piscataway, NJ 08854
Tel: 732-529-0430

Corporate Officers:

- Kon Ostaficiuk, President- DOB- [REDACTED]
- Stephen Rutledge, EVP- DOB- [REDACTED]
- Pravin Pillai, Director of Finance- DOB- [REDACTED]

Address for them all can be the corporate address located at the top right of this letter.

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

CAMBER PHARMACEUTICALS INC

0400177678

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on April 26, 2007.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CAMBER PHARMACEUTICALS INC.
1031 CENTENNIAL AVENUE
PISCATAWAY, NJ 08854

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

CHANGE OF REGISTERED OFFICE	04/26/2011
Annual Report filing with officer/member change	05/20/2014
Annual Report filing with officer/member change	09/10/2015



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 13th day of July, 2021

Elizabeth Maher Muoio

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6121023948

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Employees that handle drugs in the warehouse operation	
Warehouse Associates	
Aaron Thompson	
Alwyn Villadarez	
Argenis Perez	Warehouse Manager
Ashvin Parekh	
Asmita Nayee	
Bhupendra Patel	
Carlos Cardona	
Claudio Rogolifo	
Danilo Rosario	
Harold Pinpin	
Hector Alicea	
Henry Borja	
Indravaden (IC) Shah	
Jimmy Sarceno	
Jorge Class	
Joshua Roman	
Jyotish Patel	
Kamlesh Parikh	
Kiran Patel	
Long Ho	Warehouse Supervisor
Mehul Patel	
Prakash Vyas	
Rodolfo Fernandez	
Roseann Selvaggi	
William Johnson	



Wells Fargo Bank, N.A.
U.S. Trade Services
Standby Letters of Credit
794 Davis Street, 2nd Floor
MAC A0283-023,
San Leandro, CA 94577-6922
Phone: 1(800) 776-3862 Option 2
E-Mail: sbic-new@wellsfargo.com

Irrevocable Standby Letter Of Credit

Number : IS000219848U
Issue Date : September 7, 2021

BENEFICIARY

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NEVADA 89521

APPLICANT

CAMBER PHARMACEUTICALS, INC.
1031 CENTENNIAL AVENUE
PISCATAWAY, NEW JERSEY 08854

LETTER OF CREDIT ISSUE AMOUNT USD 100,000.00 EXPIRY DATE SEPTEMBER 7, 2022

LADIES AND GENTLEMEN:

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF CAMBER PHARMACEUTICALS, INC, WE HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, THE NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE AMOUNT SUM OF \$100,000.00 (USD ONE HUNDRED THOUSAND AND 00/100).
2. WE HAVE BEEN INFORMED BY THE APPLICANT/LICENSEE, BUT DO NOT INDEPENDENTLY VERIFY THAT, THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR THE SOLE BENEFIT OF THE BOARD PURSUANT TO THE TERMS OF NRS 639.515 PERTAINING TO THE INITIAL OR RENEWAL APPLICATION FILED BY THE APPLICANT/ LICENSEE.
3. WE HAVE BEEN FURTHER INFORMED BY THE APPLICANT/LICENSEE, BUT DO NOT INDEPENDENTLY VERIFY THAT THIS CREDIT IS INTENDED BY THE PARTIES TO SERVE AS A SECURITY DEVICE FOR THE PERFORMANCE BY APPLICANT/LICENSEE OF ITS OBLIGATIONS UNDER APPLICABLE NEVADA LAW REGARDING APPLICANT/ LICENSE E'S OPERATION AS A PHARMACEUTICAL WHOLESALER.
4. WE HAVE FINALLY BEEN INFORMED BY THE APPLICANT/LICENSEE, BUT DO NOT INDEPENDENTLY VERIFY, THAT PURSUANT TO NRS 639.515(4), UPON THE IMPOSITION OF ANY FINES OR COSTS BY THE BOARD AGAINST THE APPLICANT/LICENSEE, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING IN SUBSTANTIALLY THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS ABOVE.
5. THIS LETTER OF CREDIT IS AVAILABLE WITH OURSELVES BY SIGHT PAYMENT UPON BOARD'S PRESENTATION OF A DULY EXECUTED CERTIFICATE FOR DRAWING IN THE FORM OF ATTACHMENT A, ATTACHED HERETO, WITH THE INSTRUCTIONS IN BRACKETS THEREIN COMPLIED WITH AT OUR OFFICE LOCATED AT ATTN: US TRADE SERVICES, ATTN: STANDBY LETTER OF CREDIT 794 DAVIS STREET, 2ND FLOOR, SAN LEANDRO, CA 94577, PROCESSING (SUCH PRESENTATION, A "DRAWING"). THE DRAWING SHALL BE



COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD. PRESENTATION BY THE BOARD OF A DRAWING MAY BE MADE IN PERSON OR BY REGISTERED MAIL, RETURN RECEIPT REQUESTED OR BY EXPRESS OR OVERNIGHT COURIER.

6. UPON PRESENTATION OF A DRAWING IN COMPLIANCE WITH THE TERMS OF THIS LETTER OF CREDIT, PAYMENT SHALL BE MADE TO THE BOARD, OR TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AS THE BOARD SHALL SPECIFY IN ITS DRAWING. IF ANY INSTRUCTIONS ACCOMPANYING A DRAWING UNDER THIS LETTER OF CREDIT REQUEST THAT PAYMENT IS TO BE MADE BY TRANSFER TO AN ACCOUNT WITH US OR AT ANOTHER BANK, WE AND/OR SUCH OTHER BANK MAY RELY ON AN ACCOUNT NUMBER SPECIFIED IN SUCH INSTRUCTIONS EVEN IF THE NUMBER IDENTIFIES A PERSON OR ENTITY DIFFERENT FROM THE INTENDED PAYEE.

7. FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS NOT TO EXCEED THE FULL AMOUNT AVAILABLE TO BE DRAWN UNDER THIS CREDIT.

8. IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THIS CREDIT, WE SHALL GIVE THE BOARD NOTICE AS REQUIRED BY THE UCP THAT THE DRAWING WAS NOT PRESENTED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CREDIT, STATING THE REASONS FOR SUCH NONCONFORMITY AND STATING THAT WE WILL HOLD AT BOARD'S DISPOSAL OR RETURN TO BOARD ANY DOCUMENTS PRESENTED TO US IN SUCH DRAWING.

9. UPON BEING NOTIFIED THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN CONFORMITY WITH THE CREDIT, THE BOARD MAY CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT, IF POSSIBLE, BY PRESENTING A CONFORMING DEMAND TO US UNDER THE TERMS AND CONDITIONS OF THIS CREDIT ON OR BEFORE THE EXPIRATION DATE OF THIS CREDIT.

10. ALL DRAWINGS UNDER THIS CREDIT SHALL BE PAID WITH OUR FUNDS. EACH DRAWING HONORED BY US HEREUNDER SHALL REDUCE, PRO TANTO, THE AMOUNT AVAILABLE TO BE DRAWN UNDER THIS CREDIT. BY PAYING TO THE BOARD AN AMOUNT DEMANDED IN ACCORDANCE HERewith, WE MAKE NO REPRESENTATIONS AS TO THE CORRECTNESS OF THE AMOUNT DEMANDED.

11. THIS CREDIT WILL BE CANCELED UPON RECEIPT BY US OF AN INSTRUCTION OF CANCELLATION WHICH SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD ACCOMPANIED BY THE ORIGINAL LETTER OF CREDIT AND AMENDMENTS, IF ANY.

12. WE HEREBY ENGAGE WITH YOU THAT EACH DRAFT DRAWN UNDER AND IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT WILL BE DULY HONORED IF PRESENTED TOGETHER WITH THE DOCUMENTS SPECIFIED IN THIS LETTER OF CREDIT AT OUR OFFICE LOCATED AT ATTN: US TRADE SERVICES, 794 DAVIS STREET, 2ND FLOOR, SAN LEANDRO, CA 94577, STANDBY LETTERS OF CREDIT ON OR BEFORE THE ABOVE STATED EXPIRY DATE, OR ANY EXTENDED EXPIRY DATE IF APPLICABLE.

13. COMMUNICATIONS WITH RESPECT TO THIS CREDIT SHALL BE IN WRITING AND ADDRESSED TO US AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.

13. THIS CREDIT MAY NOT BE TRANSFERRED OR ASSIGNED, EITHER IN WHOLE OR IN PART.

14. EXCEPT AS FAR AS OTHERWISE EXPRESSLY STATED HEREIN, THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES ("ISP98"), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590 AND AS TO MATTERS NOT ADDRESSED BY THE ISP98 THIS LETTER OF CREDIT SHALL BE GOVERNED BY, AND CONSTRUED IN ACCORDANCE WITH, THE ARTICLE 5 OF THE UNIFORM COMMERCIAL CODE OF THE STATE OF CALIFORNIA, WITHOUT REGARD TO PRINCIPLES OF CONFLICT OF LAWS.

IT IS A CONDITION OF THIS LETTER OF CREDIT THAT SUCH EXPIRATION DATE SHALL BE DEEMED



AUTOMATICALLY EXTENDED, WITHOUT WRITTEN AMENDMENT, FOR ONE YEAR PERIODS TO SEPTEMBER 7 IN EACH SUCCEEDING CALENDAR YEAR UNLESS AT LEAST 60 CALENDAR DAYS PRIOR TO SUCH EXPIRATION DATE WE SEND WRITTEN NOTICE TO YOU AT YOUR ADDRESS ABOVE BY OVERNIGHT COURIER OR REGISTERED MAIL THAT WE ELECT NOT TO EXTEND THE EXPIRATION DATE OF THIS LETTER OF CREDIT BEYOND THE DATE SPECIFIED IN SUCH NOTICE.

UPON OUR SENDING YOU SUCH NOTICE OF THE NON-EXTENSION OF THE EXPIRATION DATE OF THIS LETTER OF CREDIT, YOU MAY DRAW UNDER THIS LETTER OF CREDIT, ON OR BEFORE THE EXPIRATION DATE SPECIFIED IN SUCH NOTICE, BY PRESENTATION OF THE FOLLOWING DOCUMENTS TO US AT OUR ABOVE ADDRESS:

A. A DRAFT DRAWN ON US AT SIGHT MARKED "DRAWN UNDER WELLS FARGO BANK, N.A. STANDBY LETTER OF CREDIT NO. IS000219848U."

B. THE ORIGINAL OF THIS STANDBY LETTER OF CREDIT AND ANY AMENDMENTS THERETO.

C. YOUR SIGNED AND DATED STATEMENT WORDED AS FOLLOWS (WITH THE INSTRUCTIONS IN BRACKETS THEREIN COMPLIED WITH):

THE UNDERSIGNED, AN AUTHORIZED REPRESENTATIVE OF THE BENEFICIARY OF WELLS FARGO BANK, N. A. LETTER OF CREDIT NO. IS000219848U, HEREBY CERTIFIES THAT IT HAS RECEIVED NOTIFICATION FROM WELLS FARGO BANK, N.A. THAT THIS LETTER OF CREDIT WILL NOT BE EXTENDED PAST ITS CURRENT EXPIRATION DATE. THE UNDERSIGNED FURTHER CERTIFIES THAT (I) AS OF THE DATE OF THIS STATEMENT, IT HAS NOT RECEIVED A LETTER OF CREDIT OR OTHER INSTRUMENT ACCEPTABLE TO IT AS A REPLACEMENT; AND (II) CAMBER PHARMACEUTICALS, INC. HAS NOT BEEN RELEASED FROM ITS OBLIGATIONS.

THEREFORE, WELLS FARGO BANK, N.A. HAS EXECUTED AND DELIVERED THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE 7 OF SEPTEMBER 2021.

Very Truly Yours,

WELLS FARGO BANK, N.A.

By: _____

Authorized Signature

The original of the Letter of Credit contains an embossed seal over the Authorized Signature.

Please direct any written correspondence or inquiries regarding this Letter of Credit, always quoting our reference number, to **Wells Fargo Bank, National Association**, Attn: U.S. Standby Trade Services

at either 794 Davis Street, 2nd Floor
MAC A0283-023,
San Leandro, CA 94577-6922

or 401 N. Research Pkwy, 1st Floor
MAC D4004-017,
WINSTON-SALEM, NC 27101-4157

Phone inquiries regarding this credit should be directed to our Standby Customer Connection Professionals

1-800-776-3862 Option 2
(Hours of Operation: 8:00 a.m. PT to 5:00 p.m. PT)

1-800-776-3862 Option 2
(Hours of Operation: 8:00 a.m. EST to 5:00 p.m. EST)

WELLS
FARGO

EXHIBIT A

SIGHT DRAFT

RE: WELLS FARGO BANK, N.A. IRREVOCABLE STANDBY LETTER OF CREDIT NO. IS000219848U

[DATE]

WELLS FARGO BANK, N.A.
ATTN: US TRADE SERVICES
STANDBY LETTERS OF CREDIT
794 DAVIS STREET, 2ND FLOOR
SAN LEANDRO, CA 94577

AT SIGHT, PAY TO THE ORDER OF NEVADA STATE BOARD OF PHARMACY IN THE AMOUNT OF
\$ _____ DRAWN UNDER WELLS FARGO BANK, N.A. STANDBY LETTER OF CREDIT NO.
IS000219848U.

PAYMENT OF THIS DRAWING IS REQUIRED IN IMMEDIATELY AVAILABLE FUNDS BY WIRE TRANSFER TO
BENEFICIARY IN ACCORDANCE WITH THE FOLLOWING REMITTANCE INSTRUCTIONS:

[INSERT PAYMENT INSTRUCTIONS.]

NEVADA STATE BOARD OF PHARMACY

BY: _____
AUTHORIZED SIGNATURE

NAME: _____

TITLE: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Camber Pharmaceuticals, Inc.
 Physical Address 800 Centennial Avenue, Suite 1
 City Piscataway State NJ Zip 08854
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 732-529-0430 Website www.camberpharma.com
 Licensing Company Email INFO@CAMBERPHARMA.COM

Section 2: Personal Information

First Ronald Middle Curtis Last Cerminaro
 Alias(es, nicknames, name changes, etc.) Ron
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address Buffa Drive
 City Somerset State NJ Zip 08873
 Telephone [REDACTED] Email rcerminaro@camberpharma.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) <u>NEVER SERVED</u>		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) <u>NEVER SERVED</u>		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) <u>NEVER SERVED</u>		☒

Date of Service: From: _____ to: _____
 Military Occupation/Specialty _____
 Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the 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 initials

RCC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	RUTGERS UNIVERSITY CENTER FOR MANAGEMENT DEVELOPMENT		From - To (MM/YY - MM/YY)	
			2010	
Address	NEW BRUNSWICK, N.J.	City	NEW BRUNSWICK N.J.	Zip 08901
Diploma/Degree obtained, if any	MINI-MBA GLOBAL BIOPHARMA ENTREPRENEURSHIP CERTIFICATE			
School Name	RUTGERS UNIVERSITY COLLEGE OF PHARMACY		From - To (MM/YY - MM/YY)	
			09/73 - 05/78	
Address	160 FRELINGHUYSEN ROAD	City	PISCATAWAY	State N.J. Zip 08854
Diploma/Degree obtained, if any	B.S. PHARMACY			
School Name	FRANKLIN TOWNSHIP HIGH SCHOOL		From - To (MM/YY - MM/YY)	
			09/69 - 05/73	
Address	500 ELIZABETH AVENUE	City	SOMERSET	State N.J. Zip 08873
Diploma/Degree obtained, if any	HIGH SCHOOL DIPLOMA			
School Name			From - To (MM/YY - MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY - MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
	Buffa Drive	Somerset	NJ	08873
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials RCC

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name CAMBER PHARMACEUTICALS, INC.		From - To (MM/YY - MM/YY) 04/19 - PRESENT	
Business Address 800 CENTENNIAL AVENUE, SUITE 1		City PISCATAWAY	State N.J.
Phone 732-529-0430	Title DIRECTOR, COMERCIAL STRATEGY +	Number of Employed Hours 5,026	
Description of Duties ALL DISTRIBUTION AND CORPORATE OPERATIONS REPORTS UP TO ME. DEVELOPMENT OF PROCEDURES, STRATEGIES, AND SOP'S FOR OPERATION.			
Business Name H. D. SMITH WHOLESALE DRUG COMPANY		From - To (MM/YY - MM/YY) 11/2012 - 01/17	
Business Address 670 BELLEVILLE TURNPIKE		City KEARNY	State N.J.
Phone 	Title SR. MGR, INSTITUTIONAL GENERIC	Number of Employed Hours 8,000+	
Description of Duties SOURCING OF ALL GENERIC PHARMACEUTICALS FOR THE INSTITUTIONAL CUSTOMER ACROSS THE NATION.			
Business Name WALGREENS CO.		From - To (MM/YY - MM/YY) 06/2011 - 11/12	
Business Address 200 WILMOT ROAD		City DEERFIELD	State IL
Phone 847-315-2500	Title CORPORATE PHARMACEIST (FLATER)	Number of Employed Hours 2833	
Description of Duties DISPENSING PHARMACEIST IN 45 STORES OF N.J. WEST DIVISION.			
Business Name PATHMARK STORES, INC.		From - To (MM/YY - MM/YY) 09/83 - 06/99	
Business Address 200 MILIK STREET		City CARTERET	State N.J.
Phone 732-499-3000	Title SENIOR CATEGORY PHARMACY MGR	Number of Employed Hours 20,000+	
Description of Duties PHARMACEIST IN CHARGE AT STORE LEVEL - 10 YRS.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's Initials **RCC** 4

Business Name		From - To (MM/YY -- MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY -- MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY -- MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY -- MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY -- MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY -- MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Applicant's initials RCC 5

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you 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?		X

Applicant's initials RCC 6

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # ____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

RCC

I, Ronald Cerminaro, certify that as the designated representative for
Camber Pharmaceuticals, Inc.

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Ronald Cerminaro

Print Name (First, Last)

Ronald Cerminaro

Original Signature (electronic, copies or stamps not accepted)

8/30/2021

Date

Applicant's initials RCC 8

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ronald Cerminaro

Print Name (First, Last)

Ronald Cerminaro

Original Signature (electronic, copies or stamps not accepted)

8/30/2021

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MIDDLESEX

I, RONALD C. CERMINARO, 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 the license, registration, permit, certificate or certification for which I am applying for.

Ronald Cerminaro

Original Signature

8/30/2021

Date

Subscribed and Sworn to before me this 30TH day of AUGUST.

Thomas Smoltino

Notary Public Signature

THOMAS SMOLTINO
NOTARY PUBLIC OF NEW JERSEY
Commission # 50118829
My Commission Expires 12/23/2024

(Seal)

Applicant's initials RCC

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☐ Out-of-State	
Type of Application (check applicable box) ☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	Wholesaler Business Type (check applicable box) ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
* If making a change, provide current license number: _____ WH _____	
Is your facility a reverse distributor? ☐ Yes ☐ No	

Section 1: General Information	
Facility Name: <u>Dockside Partners</u>	
Physical Address: <u>202 Jacks Shopping Center</u>	
City: <u>Scottsville</u>	State: <u>KY</u> Zip: <u>42164</u>
Mailing Address (if different from physical address): <u>P.O. Box 521</u>	
City: <u>Marlboro</u>	State: <u>NJ</u> Zip: <u>07746</u>
Telephone: <u>270 2393010</u> Website: <u>N/A</u>	
Name of Designated Representative (DR): <u>Joshua Shirley</u>	
Licensing Company Email: <u>ordersdockside@gmail.com</u> DR Email: <u>Josh.Dockside@ky@gmail.com</u>	
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Others:	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ Others:

Section 2: History of Company	Yes	No
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)?		☒
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?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Nakorn Wholesalers LLC
 Address: 1400 Donelson Pike City: Nashville State: TN Zip: 37217
 Name: Medicare Health
 Address: 85 Franklin Rd City: Victory Gardens State: NJ Zip: 07801
 Name: HHC LLC
 Address: 11930 Kemper Springs Dr City: Cincinnati State: OH Zip: 45240
 Name: _____
 Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____
 Parent Company (if any): _____
 Corporation Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____

Date of SEC Registration: _____

SEC Registration Number: _____

Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Kentucky
 Parent Company (if any): _____
 Corporation Name: Dockside Partners
 Mailing Address: PO Box 521
 City: Marlboro State: NJ Zip: 07746
 Telephone: 210 2393010 Email: ordersdockside@gmail.com
 Contact Person Name: JOSHUA SHIPLEY

Section 6: Partnership

Partnership Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
 Business Name: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		☒
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		☒
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

GEORGE GROMET
 Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date

5/27/21

Board Use Only	Date Received: _____	Amount: \$ 500 Check # 1405
----------------	----------------------	------------------------------------



Dockside Partners, LLC

T: (270)-239-3010

F: (502)-242-2053

ORDERSDOCKSIDE@GMAIL.COM

George Grumet

Owner

DOB: [REDACTED]

Home address:

[REDACTED] Phillips Road Edison, NJ 08817

Seth Grumet

Owner

DOB: [REDACTED]

Home address:

[REDACTED] Kings Court Marlboro, NJ 07746

Joshua Shirley

Designated Representative

DOB: [REDACTED]

Home address:

[REDACTED] Smiths Grove Road
Scottsville, KY 42164



Dockside Partners, LLC

T: (270)-239-3010

F: (502)-242-2053

ORDERSDOCKSIDE@GMAIL.COM

George Grumet

Owner (50%)

DOB: [REDACTED]

Home address:

[REDACTED] Phillips Road Edison, NJ 08817

Seth Grumet

Owner (50%)

DOB: [REDACTED]

Home address:

[REDACTED] Kings Court Marlboro, NJ 07746

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 247244

Visit <https://web.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

Dockside Partners LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is October 6, 2017 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 26th day of May, 2021, in the 229th year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
247244/0998950

Kentucky Board of Pharmacy

License Verification Details

Detail for License Number W04012

DOCKSIDE PARTNERS LLC

202 JACKS SHOPPING CENTER
SCOTTSVILLE, KY 42164

Kentucky Board of Pharmacy

State Office Building Annex, Ste 300
125 Holmes Street
Frankfort, KY 40601

License Information

Expiration Date	9/30/2022
Effective Date	11/27/2017
Status of Permit	Active
Board Action	No
Case Number(s)	

The Kentucky Board of Pharmacy website is considered primary source verification and is actually the preferred method of licensure verification. Both JCAHO and the Cabinet for Health and Family Services, Office of the Inspector General, consider verification through the website as evidence of licensure.

Kentucky Board of Pharmacy

License Verification Details

Detail for License Number W04012

DOCKSIDE PARTNERS LLC202 JACKS SHOPPING CENTER
SCOTTSVILLE, KY 42164**Kentucky Board of Pharmacy**State Office Building Annex, Ste 300
125 Holmes Street
Frankfort, KY 40601**License Information**

Expiration Date	9/30/2021
Effective Date	11/27/2017
Status of Permit	Active
Board Action	No
Case Number(s)	

The Kentucky Board of Pharmacy website is considered *primary source verification* and is actually the preferred method of licensure verification. Both JCAHO and the Cabinet for Health and Family Services, Office of the Inspector General, consider verification through the website as evidence of licensure.

Dockside Partners LLC

George Grumet
Owner (50%)

Seth Grumet
VP, Purchasing (50%)

Joshua Shirley
Warehouse Manager

Tracey Levine
Accounting Manager

Bailey King
Administrative Assistant

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SU1163968

Application/License No. _____

Dockside Partners, LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
Jacks Shopping Center East Main Street Bldg 202, Scottsville, KY 42164, as
Address of Applicant/Principal
 PRINCIPAL, and Arch Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Missouri
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
Harborside 3, 210 Hudson Street, Suite 300, Jersey City, NJ 07311 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 05/25/2021.

Effective Date

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 impose 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 25th day of May, 2021.

APPLICANT/PRINCIPAL

SURETY

COMPANY


Authorized Representative


Surety Company's Representative

Melissa Propst, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

AIC 0000312050

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for Note, Loan, Letter of Credit, Currency Rate, Interest Rate or Residential Value Guarantees.

POWER OF ATTORNEY

Know All Persons By These Presents:

That the Arch Insurance Company, a corporation organized and existing under the laws of the State of Missouri, having its principal administrative office in Jersey City, New Jersey (hereinafter referred to as the "Company") does hereby appoint:

Benjamin Dycus, Kenneth Albert, LaKala Carter, Melissa Propst and Steven Baas of Bowling Green, KY (EACH)

its true and lawful Attorney(s)-in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed: Any and all bonds, undertakings, recognizances and other surety obligations, in the penal sum not exceeding Ninety Million Dollars (90,000,000.00). This authority does not permit the same obligation to be split into two or more bonds in order to bring each such bond within the dollar limit of authority as set forth herein.

The execution of such bonds, undertakings, recognizances and other surety obligations in pursuance of these presents shall be as binding upon the said Company as fully and amply to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal administrative office in Jersey City, New Jersey.

This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on September 15, 2011, true and accurate copies of which are hereinafter set forth and are hereby certified to by the undersigned Secretary as being in full force and effect:

"**VOTED**, That the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys-in-fact, and to authorize them subject to the limitations set forth in their respective powers of attorney, to execute on behalf of the Company, and attach the seal of the Company thereto, bonds, undertakings, recognizances and other surety obligations obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on September 15, 2011:

VOTED, That the signature of the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on September 15, 2011, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company. **In Testimony Whereof**, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this 4th day of May, 2020

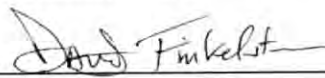
Attested and Certified



Patrick K. Nails, Secretary



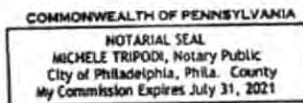
Arch Insurance Company

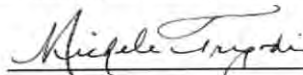


David M. Finkelstein, Executive Vice President

STATE OF PENNSYLVANIA SS COUNTY OF PHILADELPHIA SS

I, **Michele Tripodi**, a Notary Public, do hereby certify that Patrick K. Nails and David M. Finkelstein personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.



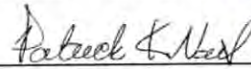


Michele Tripodi, Notary Public
My commission expires 07/31/2021

CERTIFICATION

I, **Patrick K. Nails**, Secretary of the Arch Insurance Company, do hereby certify that the attached **Power of Attorney dated May 4, 2020** on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said David M. Finkelstein, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 25th day of May, 2020.



Patrick K. Nails, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:

Arch Insurance – Surety Division
3 Parkway, Suite 1500
Philadelphia, PA 19102



To verify the authenticity of this Power of Attorney, please contact Arch Insurance Company at SuretyAuthentic@archinsurance.com. Please refer to the above named Attorney-in-Fact and the details of the bond to which the power is attached.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Rockside Partners Inc
Physical Address 202 Jacks Shopping Center
City Scottsville, Ky State Ky Zip 42164
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone _____ Website _____
Licensing Company Email orders@rockside@gmail.com

Section 2: Personal Information

First Joshua Middle Shay Last Shirley
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
Mailing Address Smiths Grove Rd
City Scottsville State Ky Zip 42164
Telephone _____ Email _____
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the 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 initials JS

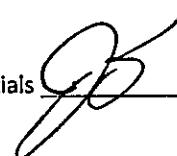
Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name <i>Allen Co Scottsville High School</i>		From - To (MM/YY - MM/YY) <i>8-93 - 8-96</i>	
Address <i>570 W Oliver St</i>	City <i>Scottsville</i>	State <i>Ky</i>	Zip <i>42164</i>
Diploma/Degree obtained, if any <i>Comprehensive</i>			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials



Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Beginning with the most current, list your hours of employment related to the above:

Business Name <i>Dockside Partners</i>		From - To (MM/YY - MM/YY) <i>10-2018 - Now</i>	
Business Address <i>202 Jacks Shopping Center</i>		City <i>Scottsville</i>	State <i>Ky</i>
Phone <i>270-239-3010</i>	Title <i>DC Manager</i>	Zip <i>42164</i>	
Description of Duties <i>Receiving/shipping manager, compliance with state and federal laws and regulations.</i>		Number of Employed Hours <i>5480 as of 5/26/21</i>	
Business Name <i>South Point Wholesale</i>		From - To (MM/YY - MM/YY) <i>2-2011 - 10-18</i>	
Business Address <i>321 Matthews Mill Rd</i>		City <i>Glasgow</i>	State <i>Ky</i>
Phone <i>866-541-4995</i>	Title <i>Sales Manager</i>	Zip <i>42164</i>	
Description of Duties <i>Working with Manufacturers to obtain pricing and sales.</i>		Number of Employed Hours <i>16640</i>	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Continue on next page if additional space is needed.			

*6280 hours
as of 10/30/21*

Applicant's initials *JF*

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above:

Business Name <i>Dockside Partners</i>		From - To (MM/YY - MM/YY)	
Business Address <i>202 Jacks Shopping Center</i>	City <i>Scottsville</i>	State <i>Ky</i>	Zip <i>42164</i>
Phone <i>270-239-3010</i>	Title <i>DC Manager</i>	Number of Employed Hours <i>5480</i>	
Description of Duties <i>Receiving/shipping manager, compliance with state and Federal laws and regulations.</i>			

Business Name <i>South Point Wholesale</i>		From - To (MM/YY - MM/YY) <i>2-2011-10-18</i>	
Business Address <i>321 Matthews Mill Rd</i>	City <i>Glasgow</i>	State <i>Ky</i>	Zip <i>42164</i>
Phone <i>866-541-4995</i>	Title <i>Sales Manager</i>	Number of Employed Hours <i>16640</i>	
Description of Duties <i>Working with Manufacturers to obtain pricing and sales.</i>			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's Initials *JS* 4

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		☒
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		☒
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		☒
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		☒
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		☒
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		☒
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		☒
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		☒
10. Have you 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?		☒

Applicant's Initials



Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Josh Shirley
Original Signature (electronic, copies or stamps not accepted)

5-26-21
Date
Applicant's initials JS 7

I, Josh Shirley, certify that as the designated representative for
Dockside Partners

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Josh Shirley
 Print Name (First, Last)

Josh Shirley
 Original Signature (electronic, copies or stamps not accepted)

5-26-21
 Date

Applicant's initials JS 8

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Josh Shirley

Print Name (First, Last)

Josh Shirley

Original Signature (electronic, copies or stamps not accepted)

5-26-21

Date

Please have this section completed in the presence of a Notary Public.

State of Kentucky, ss. County of Allen

I, Josh Shirley, 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 the license, registration, permit, certificate or certification for which I am applying for.

Josh Shirley

Original Signature

5-26-21

Date

Subscribed and Sworn to before me this 26th day of May, 2021.

Angelina N. Wolfe

Notary Public Signature



(Seal)

Applicant's initials JS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Dockside Partners
 Physical Address 202 Jacks Shopping Center
 City Scottsville State ky Zip 42604
 Mailing Address (if different from physical address) P.O. Box 5210
 City Marlboro State NJ Zip 07746
 Telephone 2702393010 Website N/A
 Licensing Company Email ordersdockside@gmail.com

Section 2: Personal Information

First SETH Middle Adam Last Grumet
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] Kings Court
 City Marlboro State NJ Zip 07746
 Telephone [REDACTED] Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	<u>NA</u>	

Applicant's initials

SG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY - MM/YY)	
Rowan University		1988 - 1993	
Address	City	State	Zip
Route 322	Glassboro	NJ	08028
Diploma/Degree obtained, if any			
B.S.			
School Name		From - To (MM/YY - MM/YY)	
Rutgers Prep School		1985 - 1988	
Address	City	State	Zip
Easton Avenue	Somerset	NJ	08873
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
03/03 - Present	█ Kings Ct	Manor	NJ	07746
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials



Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		Landmark Supply Inc.		From - To (MM/YY - MM/YY)	
Business Address		440 Barton Avenue Highland Park		09/12 - Present	
Phone	732 769 5008	Title	VP. Purchasing - owner		
Description of Duties					
Wholesale distributor of prescription pharmaceuticals.					

Business Name		Matrix Distributors		From - To (MM/YY - MM/YY)	
Business Address		110 Tices Lane E. Brunswick		02-00 - 08-12	
Phone	732 698-9991	Title	owner		
Description of Duties					
Wholesale distributor of prescription pharmaceuticals.					

Business Name				From - To (MM/YY - MM/YY)	
Business Address		City		State Zip	
Phone		Title			
Description of Duties					

Business Name				From - To (MM/YY - MM/YY)	
Business Address		City		State Zip	
Phone		Title			
Description of Duties					

Business Name				From - To (MM/YY - MM/YY)	
Business Address		City		State Zip	
Phone		Title			
Description of Duties					

Continue on next page if additional space is needed.

Applicant's initials



Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Applicant's initials 

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials

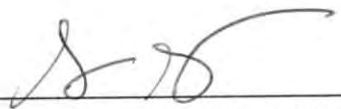


Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


 Original Signature (electronic, copies or stamps not accepted)

5-28-21
 Date
 Applicant's initials 

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MIDDLESEX

I, SETH GRUNER, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this 28th day of MAY 2021

Notary Public Signature

5-28-21
MUNZIO GALLO
 NOTARY PUBLIC OF NEW JERSEY
 MY COMMISSION EXPIRES
SEPTEMBER 22, 2024



Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Dockside Partners
 Physical Address 202 Jacks Shopping Center
 City Scotts Valley State CA Zip 95067
 Mailing Address (if different from physical address) P.O. Box 521
 City Marlboro State NJ Zip 07746
 Telephone 270 2393010 Website N/A
 Licensing Company Email ordersdockside@gmail.com

Section 2: Personal Information

First George Middle _____ Last Grumet
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address Phillips Rd
 City Edison State NJ Zip 08817
 Telephone [REDACTED] Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		<u>NA</u>

Applicant's initials GG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
1993 - Present	Phillips Road	Edison	NJ	08817
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials



Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Landmark Supply		From - To (MM/YY - MM/YY) 9/12-present	
Business Address 440 Ralston Avenue		City Highland Park	State MI
Phone 732-769-5008	Title owner		
Description of Duties Wholesale distributor of prescription pharmaceuticals			

Business Name Keansburg Drugs		From - To (MM/YY - MM/YY) 06/92 - 5/20	
Business Address 199 Main Street 2nd Fl		City Keansburg	State MI
Phone	Title owner		
Description of Duties Retail pharmacy			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials

JS

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Applicant's initials



Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials

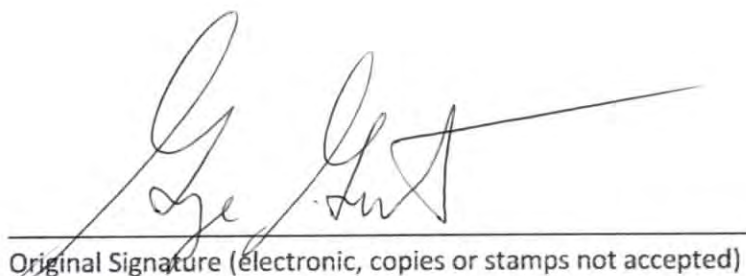


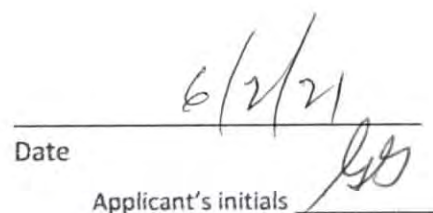
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


 Original Signature (electronic, copies or stamps not accepted)


 Date
 Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

GEORGE GRUMET

Print Name (First, Last)

George Grumet
Original Signature (electronic, copies or stamps not accepted)

Date

5/27/21

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Middlesex

I, George Grumet, 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 the license, registration, permit, certificate or certification for which I am applying for.

George Grumet
Original Signature

Date

5/27/21

Subscribed and Sworn to before me this 28th day of May 2021

Suman R Sharma
Notary Public Signature

SUMAN R SHARMA
Notary Public - State of New Jersey
My Commission Expires Jul 27, 2021

(Seal)

Applicant's initials GG

WHOLESALE, THIRD-PARTY LOGISTIC PROVIDER, AND REVERSE DISTRIBUTOR APPLICANTS
COMPLETE THIS PAGE

Give the name, address, and title of the person to whom notices and citations may be served from the Board.

Name: George Brunet Title: Owner
17 Phillips Rd Edison NJ 08817
Street Address City State Zip

The undersigned hereby swears, or affirms that all statements made herein are true and correct, and that all the provisions of the law and regulations based thereon will be faithfully observed during the period any permit issued may be in force and effect.

Sworn to and subscribed before me this 28th day
of May, 2021.

During July 27 2021

Notary Public/Expiration Date of Commission/Seal
NOTARY SIGNATURE & SEAL REQUIRED

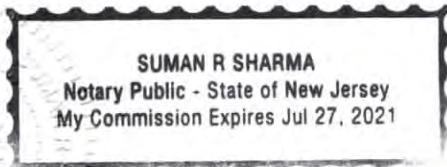
Firm Name: LANDMARK SUPPLY

Applicant Signature: [Signature]

By: Owner

(State whether individual owner, Partner or Officer of the Corporation)

Date: 5/28/21



4S

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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 1,2,3,8 ☐ Partnership – Pages 1,2,6,8
☒ Non Publicly Traded Corporation – Pages 1,2,4,8 ☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Desert Best Pharmacy Inc DBA The Medicine Shoppe
 Physical Address: 170 E Tahquitz Canyon Way Palm Springs, CA 92262
 Mailing Address: 170 E Tahquitz Canyon Way
 City: Palm Springs State: CA Zip Code: 92262
 Telephone: 760 318 6363 Fax: 760 318 6364
 Toll Free Number: 833-5Shoppe (Required per NAC 639.708)
 E-mail: 2149@medicineshoppe.com Website: _____
 Managing Pharmacist: Peter Sayeh License Number: _____

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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: NIA

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

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.

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

Awni AlFakhouri
Print Name of Authorized Person

3/11/21
Date

Page 2

Board Use Only	Date Processed: _____	Amount: <u>500</u>	check # <u>002228</u>
	<u>Processed</u> <u>9/15/21</u>		

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CA)
Riverside COUNTY) ss.)

I, Peter George Tzimis Sayeh, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in charge for The Medicine Shoppe (the Palm Springs Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

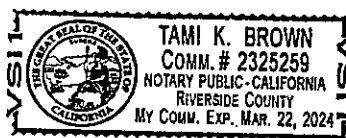
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Peter G. Sayeh, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
 before me, a notary public this
12 day of March, 2021.

Tami K. Brown
 NOTARY PUBLIC



Posted April 1, 2020

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Awni Alfakhouri
Responsible Person of Desert Best Pharmacy Inc. DBA The Medicine Shoppe
hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

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

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



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

Awni Alfakhouri
Print Name of Authorized Person

3/11/21
Date

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: CaliforniaParent Company if any: Desert Best Pharmacy Inc. DBA The Medicine ShoppeMailing Address: 170 E. Tahquitz Canyon WayCity: Palm Springs State: CA Zip: 92262Telephone: 760 318 6363 Fax: 760 318 6364Contact Person: Michael Tadros

For any corporation non publicly traded, disclose the following:

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

a) Awni AlFakhouri [REDACTED] Spyglass Dr. Corona CA 92883
Name Addressb) Issac Rabadi [REDACTED] Spyglass Dr. Corona CA 92883
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A4) 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: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9 am 6 pmSaturday 9 am 2 pmSunday NA am NA pm24 Hours NA

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Managing Pharmacist

 Pharmacist Name: PETER GERGES IZMIRS SAYEH

 License #: 21365

 Pharmacy Name: THE MEDICINE SHOPPE #2149

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.

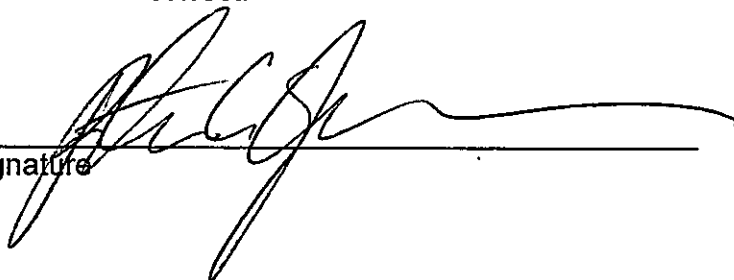
	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: _____ Date: _____ Case #: _____		
And/or Criminal Action: State: _____ Date: _____ Case #: _____ County: _____ Court: _____		

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

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

Signature



Date

09/13/2021



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: DESERT BEST PHARMACY, INC.
File Number: C4241581
Registration Date: 02/12/2019
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of March 14, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 15, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: ZNMB1MR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

Desert Best Pharmacy, Inc. dba The Medicine Shoppe
List of Officers and Directors

Chief Executive Officer	Awni Alfakhouri
Chief Financial Officer	Issac Rabadi

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FT8856758	11-30-2022	\$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-22-2019

THE MEDICINE SHOPPE
170 E. TAHQUITZ CANYON WAY
PALM SPRINGS, CA 92262

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FT8856758	11-30-2022	\$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-22-2019

THE MEDICINE SHOPPE
170 E. TAHQUITZ CANYON WAY
PALM SPRINGS, CA 92262

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Permit

VALID UNTIL SEPTEMBER 01, 2022



Retail Pharmacy

LICENSE NO. PHY 57375
RECEIPT NO. 11932055

THE MEDICINE SHOPPE
170 E TAHQUITZ CANYON WAY
PALM SPRINGS CA 92262

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder more than 10 percent share change, administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

07/12/21 The official status of this license can be verified at www.pharmacy.ca.gov

07/12/21

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHPHY (09/30/19) PM

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT

Peter G. Sayeh

Date: 09/29/2021

Amount:

License #: 21365

(ID Card)

Trim ID Card to fit your wallet



Pharmacist

Expires: 03/29/2022

Peter G. Sayeh

License #
21365
Temporary

IDENTIFICATION ONLY

DOES NOT MEET POSTING REQUIREMENTS

Cut Here

License Type: Pharmacist

License #: 21365

**NEVADA
STATE BOARD OF PHARMACY**



Expires: 03/29/2022

STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Peter G. Sayeh

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler THE MEDICINE SHOPPE #2149

Physical Address 170 E TAHQUITZ CANYON WAY

City PALM SPRINGS

State CA

Zip 92662

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 760-318-6363

Website palmsprings.medicineshoppe.com

Licensing Company Email 2149@medicineshoppe.com

Section 2: Personal Information

First PETER

Middle GERGES IZMIRS

Last SAYEH

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED]

SSN or ITIN [REDACTED]

Sex ☒ M ☐ F ☐ X

Mailing Address 4360 LEONARD WAY

City CORONA

State CA

Zip 92883

Telephone [REDACTED]

Email [REDACTED]

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

Section 3: Military Service (NRS 622.120)

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

Yes

No

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch:

☐ Army/
Reserves

☐ Navy/
Reserves

☐ Airforce/
Reserves

☐ Marine Corps/
Reserves

☐ Coast Guard/
Reserves

☐ National
Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes

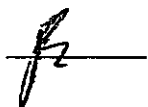
No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

✓

2. Are you in compliance with the order or the 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 initials 

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Faculty of Pharmacy		From - To (MM/YY – MM/YY) 09/2015-07/2010	
Address ASSIUT, EGYPT	City ASSIUT	State N/A	Zip N/A
Diploma/Degree obtained, if any BACHELOR DEGREE IN PHARMACEUTICAL SCIENCE			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 07/2020- PRESENT	Address 07/2020- PRESENT	City CORONA	State CA	Zip 92883
From - To (MM/YY – MM/YY) 04/2017-07/2020	Address 9200 MILLIKEN AVE APT#9212	City RANCHO CUCAMONGA	State CA	Zip 91730
From - To (MM/YY – MM/YY) 03/2019- 04/2020	Address 65 PALATINE #221	City IRVINE	State CA	Zip 92612
From - To (MM/YY – MM/YY) 03/2011- 03/2019	Address 11842 ALONDRA BLVD	City NORWLK	State CA	Zip 90650
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials



Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name THE MEDICINE SHOPPE #2149		From - To (MM/YY - MM/YY) 12/2020-PRESENT	
Business Address THE MEDICINE SHOPPE #2149	City PALM SPRINGS	State CA	Zip 92262
Phone 760-318-6363	Title PHARMACIST IN CHARGE	Number of Employed Hours 1440	

Description of Duties

Maintain compliance with all state and federal regulatory agencies. Establish policies and procedures for the employees of the pharmacy for the procurement, storage, and dispensing of drugs and the communication of information

Business Name THE MEDICINE SHOPPE #2123		From - To (MM/YY - MM/YY) 05/2019-PRESENT	
Business Address 9194 MAGNOLIA AVE	City RIVERSIDE	State CA	Zip 92503
Phone 951-977-8667	Title STAFF PHARMACIST	Number of Employed Hours 6040	

Description of Duties

Ensure the accuracy and appropriateness of all prescriptions.
Assist with training, coaching and managing the pharmacy associates.

Business Name RITEAID CORP		From - To (MM/YY - MM/YY) 04/2017-08/2020	
Business Address 1534 East Florence Avenue	City LOS ANGELES	State CA	Zip 90001
Phone (323) 587-6336	Title STAFF PHARMACIST	Number of Employed Hours 8462	

Description of Duties

Communicating with medical professionals about patients and their medications
Listening to patients' reports of symptoms and provide suggestions for over-the-counter medications

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials

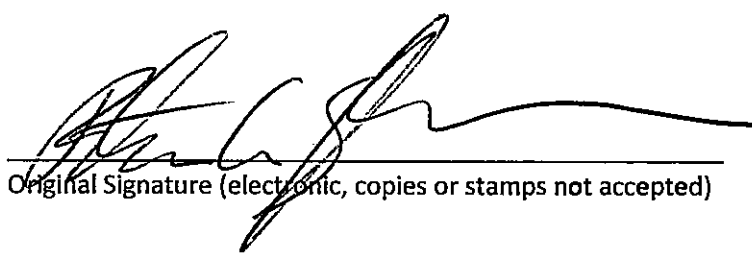


Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

Date

09/13/2021

Applicant's initials

 7

PETER GERGES IZMIRS SAYEH
 I, _____, certify that as the designated representative for
 THE MEDICINE SHOPPE #2149

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Peter Sayeh
 Print Name (First, Last)

[Signature]
 Original Signature (electronic, copies or stamps not accepted)

09/13/2021
 Date

Applicant's initials

[Signature]

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Peter Sayeh
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

09/13/2021
Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

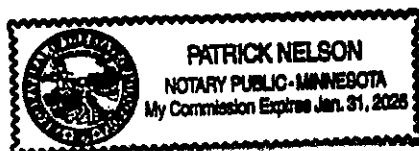
I, Peter George-Tamir Sayeh, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

09/13/2021
Date

Subscribed and Sworn to before me this 13 day of September 2021

Pat
Notary Public Signature



(Seal)

Applicant's initials [Signature]



California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Clavin Newsom, Governor



INSPECTION REPORT

Pharmacy ☒ Hospital Pharmacy ☐ Clinic ☐ Exempt Hospital ☐ Wholesaler ☐ Hypodermic ☐

Date: 7/22/2021 Inspector: Trang Song

Firm: THE MEDICINE SHOPPE Phone: 760 318 6363

Address: 170 E Tahquitz Canyon Way City: Palm Springs Zip: 92262

Ownership: CORPORATION

Permit #: PHY 57375 Permit Exp: 09/01/22 DEA#: FT8856758 DEA Exp: 11/30/22

Date of Self Assessment Form: 6/4/2019 Other Permit #: N/A Date of DEA Inventory: 7/1/2020

Hours M-F: 9AM-6PM Hours Saturday 9AM-12N Hours Sunday: CLOSED

PIC: Peter Saych RPH76322 Administrator

RPH Consultant

Staff RPH Name:	License #:	Staff Name:	License #:
<u>MICHAEL E TADROS</u>	<u>RPH68859</u>	<u>DENISE D GORDON</u>	<u>TCH1169922</u>
<u>SHERYL L MAUER</u>	<u>RPH36483</u>	<u>KAMIELLE L JIMENEZ</u>	<u>TCH1122285</u>
<u>WILLIAM A HEERES</u>	<u>RPH23090</u>	<u>KARI T ALEMAN</u>	<u>TCH88873</u>
<u>PAUL E MAUER</u>	<u>RPH36482</u>	<u>NOEHLANI RISLEY</u>	<u>DRIVER</u>
		<u>ROSA MORENO</u>	<u>TCH174359</u>

Inspector Remarks:

Retail pharmacy. fills about 160 Rx/day, offers pharmacist initiated vaccinations, including COVID-19 vaccines. Pharmacy does not dispense compounded preparations. Here to interview pharmacist.

Reviewed:

- Consultation - no patients to observe. PIC reminder: CCR 1707.2 (b)(1)(A-C) and ensure compliance
- CURES: Transmitting, PIC received email confirmation
- Refrigerator logs - maintained refrigerator log twice daily. PIC to ensure staff properly/accurately document temp Mon-Sat during pharmacy hours of operation
- Freezer temp - Pharmacy has digital monitoring of freezer temp for Moderna vaccine. Recommend PIC maintained print out of recorded temp, as back up if there is currently no backup of digital data *Doing Manually also!*
- Policy/Procedures - uses License Protection Handbook
- CII Reconciliation - reviewed. Last CII reconciliation reviewed for period from 1/2/21-3/31/21. No discrepancy by PIC. CII reconciliation completed from 7/1/20 to 12/31/20 found some over/under amounts. Recommend PIC document findings and report any unexplained losses required per CCR 1715.6
- Computer system - Digital Rx
- Subscriber alert email address=medicineshoppehemet@gmail.com
- Wholesaler- Cardinal (primary)/Anda
- Reverse Distributor - Reverse Rx, and Return Solutions (OSD 5445)

Licensee Remarks:

*Sending extra copy of Del
Slip w/ updated hrs*

California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8618
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
 Department of Consumer Affairs
 Gavin Newsom, Governor



INSPECTION REPORT

have reviewed, discussed, understand and received a copy of this form.

Pharmacist (sign) [Signature]

Pharmacist (print) Peter S.

Inspector (sign) [Signature]

Inspector (print) Trang Song 7/22/21

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler InformationName of Pharmacy/MDEG/Wholesaler: Desert Best Pharmacy Inc.Physical Address 170 E Tahquitz Canyon WayCity Palm SpringsState CAZip 92262

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 760.318.6363

Website _____

Licensing Company Email 2149@medicineshoppe.com**Section 2: Personal Information**First Awni Said Alnimh

Middle _____

Last Alfakhouri

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____

SSN or ITIN _____

Sex: ☒ M ☐ F ☐ XMailing Address _____ Spyglass Dr.City CórónaState CAZip 92883

Telephone _____

Email 2149@medicineshoppe.comAre you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch:

☐ Army/
Reserves☐ Navy/
Reserves☐ Airforce/
Reserves☐ Marine Corps/
Reserves☐ Coast Guard/
Reserves☐ National
Guard**Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)**

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

✓

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

✓

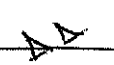
Applicant's Initials: AS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Salt Secondary High School		From - To (MM/YY - MM/YY)	
Address As-Salt, Jordan	City	State	Zip
Diploma/Degree obtained, if any			
School Name The Theodor Schneller Institute		From - To (MM/YY - MM/YY)	
Address Zarqa, Jordan	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 05/2008-08/2013	Address 7024 Miami st	City Riverside	State CA	Zip 92504
From - To (MM/YY - MM/YY) 09/2013-02/2015	Address 2494 Dakin Dr.	City Corona	State CA	Zip 92882
From - To (MM/YY - MM/YY) 04/2015-Present	Address [REDACTED] Spyglass Dr.	City Corona	State CA	Zip 92883
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's Initials 

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Sky Pharma Cory		From - To (MM/YY - MM/YY) 06/2020-Present	
Business Address 11801 Pierce St	City Riverside	State CA	Zip 92505
Phone 951 710 3151	Title Manager		
Description of Duties			
Business Name Circle K		From - To (MM/YY - MM/YY) 04/2014-10/2017	
Business Address 6908 Indiana Ave	City Riverside	State CA	Zip 92506
Phone (951) 682-8408	Title Clerk		
Description of Duties			
Business Name 76 Gas Station		From - To (MM/YY - MM/YY) 09/2010-10/2013	
Business Address 6411 Haven Ave	City Rancho Cucamonga	State CA	Zip 91737
Phone (909) 948-0102	Title Clerk		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Applicant's initials PK

Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's Initials AA

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's Initials

5

Please use and make copies of this page (If necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

10/13/2021
Date

Applicant's initials AD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Awni Said Alnimeh AlFakhouri

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

10/13/2021

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of RIVERSIDE

I, AWNIS SAID ALNIMEH ALFAKHOURI, 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 the license, registration, permit, certificate or certification for which I am applying for.

[Signature]

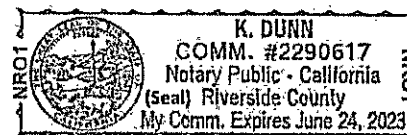
Original Signature

10/13/2021

Date

Subscribed and Sworn to before me this 13th day of OCTOBER 2021

[Signature]
Notary Public Signature



Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 — Reno, NV 89521 — 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Desert Best Pharmacy
 Physical Address 170 E Tahquitz Canyon way
 City Palm Springs State CA Zip 92262
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 760-318-6363 Website Palm Springs Medicine Shoppe . com
 Licensing Company Email 2149@Medicineshoppe.com

Section 2: Personal Information

First ESSAC Middle A Last Rabadi
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
 Mailing Address P.O. BOX _____
 City PLANO State TX Zip 75086
 Telephone _____ Email _____
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Date of Service: From: _____ to: _____
 Military Occupation/Specialty _____
 Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the 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 initials ESSAC

1

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	Craftin Hills College		From - To (MM/YY - MM/YY)	
Address	11711 Sand Canyon Rd	City	Yucaipa	State
Diploma/Degree obtained, if any	AA degree		CA	Zip
			9/2014 - 6/2016	92399
School Name	Martin Luther King High		From - To (MM/YY - MM/YY)	
Address	9301 Wood Rd.	City	Riverside	State
Diploma/Degree obtained, if any	Diploma		CA	Zip
			9/2010 - 6/2014	92508
School Name			From - To (MM/YY - MM/YY)	
Address		City		State
Diploma/Degree obtained, if any				Zip
School Name			From - To (MM/YY - MM/YY)	
Address		City		State
Diploma/Degree obtained, if any				Zip
School Name			From - To (MM/YY - MM/YY)	
Address		City		State
Diploma/Degree obtained, if any				Zip

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
06/09 - 11/2020	[Redacted] Log Hill Rd	Riverside	CA	92504
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials IR

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name The Medicine Shoppe		From - To (MM/YY - MM/YY) 08/2015 - 11/2020	
Business Address 1477 S San Jacinto		City San Jacinto	State CA
Phone 951-654-2791	Title Clerk		
Description of Duties Clerk; Bagged and dated medicine, order stock; Front register; Labeled; Typed.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Applicant's initials 

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Make copies of this page OR use a separate piece of paper if additional space is needed.			

Applicant's Initials



Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		☒
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		☒
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		☒
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		☒
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		☒
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		☒
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		☒
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		☒
10. Have you 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?		☒

Applicant's Initials



Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, Licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's Initials

 6

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Issac Rabadi

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

10/9/21
Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Riverside

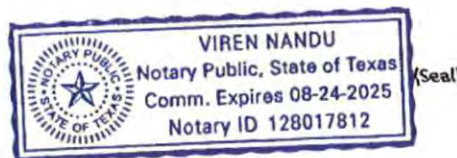
I, Issac Rabadi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

10/9/21
Date

Subscribed and Sworn to before me this 9th day of October, 2021

Oliver Glander
Notary Public Signature



Applicant's initials [Signature]

4T

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8

☐ Partnership - Pages 1,2,6,8

☒ Non Publicly Traded Corporation – Pages 1,2,4,8

☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Roman Health Pharmacy LLC

Physical Address: 9720 SW Nimbus Ave, Bldg 15, Beaverton, OR 97008

Mailing Address: 3602 Quantum Blvd

City: Boynton Beach State: FL Zip Code: 33426

Telephone: 888-798-8686 Fax: N/A

Toll Free Number: 888-798-8686 (Required per NAC 639.708)

E-mail: rxlicensing@ro.co Website: romanhealthpharmacy.com

Managing Pharmacist: Brett Kakugawa License Number: 21288 Temp

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.**

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.

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

Christina Antoun

Print Name of Authorized Person

Date

Page 2

Board Use Only

Date Processed: 7/6/2021

Amount:

500
check # 101099

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Christina Antoun

Responsible Person of Roman Health Pharmacy LLC

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

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

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



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

Christina Antoun

Print Name of Authorized Person

6/10/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
Palm Beach) ss.
COUNTY)

I, Christina Antoun, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Licensing and Compliance Manager for Roman Health Pharmacy LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Christina Antoun, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this

28th day of April, 2021

NOTARY PUBLIC



STEVENS MILORD
Commission # GG 102811
Expires September 9, 2021
Bonded Thru Budget Notary Services

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT

Brett K. Kakugawa

Date: 09/27/2021

Amount:

License #: 21288

(ID Card)

Trim ID Card to fit your wallet

	Pharmacist
	Expires: 03/27/2022
	Brett K. Kakugawa
License # 21288 Temporary	
IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS	

Cut Here

License Type: Pharmacist

License #: 21288

NEVADA
STATE BOARD OF PHARMACY



Expires: 03/27/2022

STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Brett K. Kakugawa

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

***APPLICATION FOR CERTIFICATION AS A PROVIDER OF
INTERNET PHARMACY SERVICES***

***Addendum to Pharmacy Application
(Only required if providing internet services)***

GENERAL INFORMATION

Name of Nevada license pharmacy: Roman Health Pharmacy LLC

Nevada license number: _____

Websites in use or intended to be used: romanhealthpharmacy.com

Affiliated websites (websites that link to or otherwise direct users to your website):
getroman.com, hellorory.com, and quitwithzero.com

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered by NABP) certified? Please provide a copy with application. Yes ☐ No ☒

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☒ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:
- A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☒ No ☐
- B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☒ No ☐
- C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☒ No ☐
- D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☒ No ☐
- E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☒ No ☐
- F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☒ No ☐
- G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☒ No ☐
- H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☒ No ☐
- I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☒ No ☐
- J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☒ No ☐
3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☒ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☒ No ☐
5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☒ No ☐
6. Does the pharmacy comply with applicable federal and state laws regarding the following:
- A) To the dispensing of prescription drugs? Yes ☒ No ☐
- B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☒ No ☐
- C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs? Yes ☒ No ☐
7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☒ No ☐
8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia*, 25th edition, 2002, which is hereby adopted by reference? Yes ☒ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.

DocuSigned by:
Christine Antoun
4B3792BACEDD47C

Signature of Owner

7/2/2021

Date

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROMAN HEALTH PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROMAN HEALTH PHARMACY LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6408659 8300

SR# 20211628656

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203147881

Date: 05-06-21

OREGON BOARD OF PHARMACY
RETAIL DRUG OUTLET
REGISTRATION

LICENSE NUMBER: RP-0003633

This license is valid until
03/31/2022

ISSUED TO:

ROMAN HEALTH PHARMACY LLC
9720 SW NIMBUS AVE BLDG 15
BEAVERTON OR 97008



Joe Schusabel
Executive Director

Issuing Authority: ORS 475 & 689

DO NOT COPY - Request certified copies in writing

MUST BE POSTED IN A CONSPICUOUS PLACE - NOT TRANSFERABLE

Roman Health Pharmacy LLC

List of Officers

Corporate Officers of Roman Health Pharmacy LLC:

Name	Title
Zachariah Reitano	President and Manager
Rob Schutz	Vice President
Saman Rahmanian	Secretary, Treasurer, and Manager



2021
RETAIL/LONG TERM CARE/HOME INFUSION
PHARMACY SELF- INSPECTION FORM

ATTENTION: PHARMACIST-IN-CHARGE (PIC)

Oregon law holds the pharmacist-in-charge (PIC) and all pharmacists on duty responsible for ensuring pharmacy compliance with all state and federal laws governing the practice of pharmacy. Failure to complete this form by February 1, 2021 and within 15 days of becoming PIC (as required by OAR 855-019-0300) may result in disciplinary action.

The primary objective of this form and your self-inspection is to provide an opportunity to identify and correct areas of non-compliance with state and federal law. (Note: Neither the self-inspection nor a Board inspection evaluates your compliance with all laws and rules of the practice of pharmacy.) The inspection form also serves as a necessary document used by Board Compliance Officers during an inspection to evaluate a pharmacy's level of compliance.

Following your self-inspection and completion of the form, please review it with your staff pharmacists, technicians and interns, correct any deficiencies noted, sign and date the form and file it in a readily retrievable manner. **DO NOT SEND** the form to the Board office. You are responsible for ensuring your completed form is available at the time of inspection.

Board inspections are not scheduled; therefore, it is common for the PIC to be absent or unavailable at the time of inspection. For this reason, you are asked to provide a list of the locations of required documents. Having all required documents and records maintained in a well-organized and readily retrievable manner (a binder is recommended) increases compliance and may improve the efficiency of the inspection.

Do not assume that you are in compliance. Take the time to personally verify that compliance exists. If you have any questions, please call (971) 673-0001 or email your questions to pharmacy.compliance@oregon.gov, "attention Compliance Officers", prior to completing the form. The Board does not provide individualized legal advice on how the law applies to practice in the field. Please review Board regulations. You may also want to contact a qualified attorney.

By answering the questions and referencing the appropriate laws and rules provided, you can determine whether the pharmacy is compliant with many of the rules and regulations. If you have corrected any deficiencies, please write corrected and the date of correction by the appropriate question.

A PIC training course may be offered at the Board office, check the Board website www.oregon.gov/pharmacy for upcoming dates.

**2021
RETAIL/LONG TERM CARE/HOME INFUSION PHARMACY
SELF-INSPECTION FORM**

All PIC's must complete and sign this inspection form and have it available for inspection within 15 days of becoming PIC and by 2/1/2021 and within 15 days of becoming PIC (as required by OAR 855-019-0300).

Date PIC Inspection was performed: 2/1/21
 Print PIC Name & License #: Brett Kakugawa RPH-0016331
 PIC e-mail: brett.kakugawa@ro.co
 Pharmacy: Roman Health Pharmacy
 Telephone: 8887988686 Fax: _____
 Address: 9720 SW Nimbus Ave Bldg 15
 City/State/Zip Code: Beaverton/OR/97008
 DEA #: N/A Exp: N/A
 Retail Outlet Registration #: RP-0003633
 Institutional Outlet Registration #: n/a
 Nonprescription Drug Outlet Registration #: n/a

Date:	_____
Compliance Officer:	_____
RPH present for inspection:	_____
Result:	_____
Comments:	_____

Please list where the following items are located inside the pharmacy. Be as specific as possible; there can be many filing cabinets and binders.

PIC Inspection Reports for the last 3 years: Pharmacy opened 2021, this is first inspection report

Policies and Procedures:

Continuous Quality Assurance Plan/documents: Plan: Policies & Procedures binder yellow tab #2 Docume
 Current written Drug Outlet Procedures: Policies & Procedures Binder
 Current technician procedures: Policies & Procedures Binder: Blue tab #1 (SOP-3.3,3.4-R0)
 COVID-19: Self inspection binder: Orange tab

Training documents:

Initial and annual technician training documents: Self Inspection Binder: Yellow tab

Controlled Substances:

Current written annual controlled substance inventory: N/A No DEA. No controlled substances
 Schedule II invoices for the last 3 years: N/A No DEA. No controlled substances
 Schedule III-V invoices for the last 3 years: N/A No DEA. No controlled substances
 Completed CII order forms (DEA form 222) for last 3 years: N/A No DEA. No controlled substances
 Quarterly CII reconciliations with detailed explanations of all variances: N/A. No controlled substances

Immunization training and administration records:Vaccine administration records: N/A. No vaccines given at this locationVaccine Adverse Event Protocol and dedicated supplies: N/ACurrent CPR Cards & Immunization Certification documents: N/ACold drug storage records:Cold drug storage P&P: Policies & Procedures Binder: Yellow tab #1 (POL-14-R0 Proper StorageTemperature logs: Drug Storage Records Binder: Red tabQuarterly Validation of Cold Storage Equipment: N/A, pharmacy does not store or administer vaccines
Other cold drug storage records located in drug storage records binder (orange tab)Drug Storage Monitoring Plan: Policies & Procedures Binder: Green tab #2 (SOP-7.11-R0 Monitoring Temperature and Humidity)Emergency Action Plan: Policies & Procedures Binder: Orange tab #1 (SOP-1.6-R0 Emergency AcPrescriptive Authority:Policies and Procedures: N/A Pharmacists do not prescribe at this locationPharmacist prescribing records: N/ATraining documentation: N/A**Public Health Emergency (PHE) and COVID**

Yes	No	N/A			Rule Reference
☒	☐	☐	1	Are you aware that during the Governor's declared Public Health Emergency (PHE), Division 7 rules are in effect?	OAR 855-007
☒	☐	☐	2	Are you familiar with the COVID-19 dedicated tab on the Board website? https://www.oregon.gov/pharmacy/Pages/COVID-19.aspx	
☒	☐	☐	3	Are all staff wearing masks or appropriate face coverings? ☒ Are they wearing them correctly?	OAR 855-007-0086 https://govstatus.egov.com/or-oha-face-coverings
☒	☐	☐	4	Are staff able to maintain physical distancing of six (6) feet? If no, please explain:	OAR 855-007-0086
☒	☐	☐	5	Are you familiar with the Oregon Occupational Safety and Health Administration (OSHA), and how they are involved with workplace safety during the COVID-19 PHE? OSHA sets and enforces protective workplace safety and health standards as well as providing information, training and assistance to employers and workers. To file a complaint with OSHA: https://osha.oregon.gov/workers/Pages/index.aspx	https://osha.oregon.gov/covid19/Pages/default.aspx

☒	☐	☐	6	Do you have a visitor policy/log that allows for contact tracing if needed? If so, where is the policy/log located? Conference Room Door	
☒	☐	☐	7	Are you aware that through the 2020-2021 academic year, a preceptor may monitor as many interns as they believe in their professional judgment are appropriate to achieve desired experiential outcomes for non-direct patient care learning opportunities only, while also preserving and assuring patient safety? The preceptor must retain documentation of all interns monitored during this timeframe. Where is this documentation located? N/A This pharmacy does not currently have or plan to have	OAR 855-031-0026(2)
☐	☒	☐	8	Are any technicians or interns working remotely and performing prescription/order entry, data entry, or insurance processing? (https://www.oregon.gov/pharmacy/Pages/Rulemaking-Information.aspx) "Supervision by a pharmacist" means being stationed within the same work area as the pharmacy technician or certified Oregon pharmacy technician being supervised, coupled with the ability to control and be responsible for the pharmacy technician or certified Oregon pharmacy technician's action. During the declared public health emergency timeframe related to the 2020 COVID-19 pandemic, "supervision by a pharmacist" means pharmacist monitoring of a pharmacy technician or intern being supervised, coupled with the ability to control and be responsible for the technician or interns actions and for the following remote processing functions only: prescription or order entry, other data entry, and insurance processing of prescriptions and medication orders.	OAR 855-006-0005(29) https://www.oregon.gov/pharmacy/Documents/RemoteProcessingChecklist.pdf
☐	☐	☒	9	Are you meeting the following standards for remote work? · Confirmation of a dedicated, secure, non-pharmacy, off-site workspace, which shall be reviewed by outlet and PIC (prior to utilization) · Ability for outlet to view home location(s) at any time, via audio/video, real-time connection to provide supervision at all times · Performing random QA "check-ins" to ensure patient safety · Keeping a record of pharmacist, technician or intern responsible for each step in the remote processing · Maintaining a list of all interns and pharmacy technicians, and physical location (address) of each. · Providing policies and procedures for all remote processing functions by pharmacy interns and pharmacy technicians · Ensuring that all staff are adequately trained on the policies and procedures and documentation is kept and readily accessible.	https://www.oregon.gov/pharmacy/Documents/RemoteProcessingChecklist.pdf

			10	Please describe any additional steps taken to protect staff and the public when providing direct patient care services (i.e. immunizations): No direct patient care occurs at this facility	
☐	☒	☐	11	Are you currently compounding hand sanitizer? Are you following the most updated FDA guidance?	https://www.fda.gov/drugs/coronavirus-covid-19-drugs/hand-sanitizers-covid-19
☐	☐	☒			

General Requirements

Yes	No	N/A			Rule Reference
			12	How many hours (weekly average) does the PIC work on site? 40 hours	OAR 855-041-1010(1)
☒	☐	☐	13	Are the current pharmacy license(s), DEA registration, pharmacist license(s), intern license(s), preceptor license(s) and technician license(s) posted?	ORS 689.615
☒	☐	☐	14	Are pharmacists, technicians & interns aware that they must report felony arrests, felony or misdemeanor convictions, and suspected and known violations to the Board within 10 days and suspected or known drug theft within 1 business day? Note: Any theft or significant loss of drug must be reported by the outlet to the Board and DEA within 1 business day. Note: Employment and residence address changes must be reported to the Board within 15 days.	OAR 855-019-0205 OAR 855-025-0020 OAR 855-031-0020 OAR 855-041-1030 CFR 1301.76(b)
☒	☐	☐	15	Is the PIC/pharmacy reporting all employment terminations or resignations in lieu of termination of licensees' employment to the Board within 10 days?	OAR 855-041-1010(2)
☒	☐	☐	16	Does the pharmacy provide drugs and/or services to other states? Currently only OTC supplements. Does not currently send prescription medication to other states. Is the pharmacy appropriately licensed in the other states where it does business? No state licenses currently necessary If yes, please attach a list of all states in which the pharmacy does business with the corresponding license number(s) and expiration date(s)	
☐	☒	☐	17	Do you use marketers or third-party companies to direct prescriptions to your pharmacy? Do prescriptions come directly from the prescriber or are they routed from a third party? Prescriptions come directly from prescribers	

Minimum Equipment, Procedures and Records

Yes	No	N/A			Rule Reference
☒	☐	☐	18	Are Drug Outlet Procedures compliant with Oregon laws and rules, and do they reflect the current practice at the outlet? Items to be addressed: • Drug Security • DUR (both new and refilled prescriptions) • Prescription verification and identification of the responsible pharmacist • Delivery of completed prescription(s) • Counseling • Verifying appropriate licensure and training of all staff • Continuous Quality Assurance Program Date reviewed with staff: 2/15/21	OAR 855-041-1040
☒	☐	☐	19	Is the pharmacy clean (refrigerator, sink, reconstitution equipment, ventilation ducts, etc.)?	OAR 855-041-1015(2)
☒	☐	☐	20	Does the pharmacy quarantine outdated, adulterated, misbranded, and suspect product?	OAR 855-041-1025 OAR 855-041-1036(1)(d)
☐	☒	☐	21	Does the pharmacy sell medications to doctors? Where are the invoices located? N/A	
☐	☒	☐	22	Are prescription labels available in all of the 14 languages required, if requested by the patient or patient's agent? If not, what is the anticipated date of compliance? December 2021, labels currently being developed Currently all info can be provided in english and the language requested as a separate insert Note: The prescription must bear a label in both English and the language requested.	OAR 855-041-1132 ORS 689.564
☒	☐	☐	23	Does the pharmacy provide prescription readers for visually impaired patients? Are prescription readers available and appropriate to address a person's visual impairment?	OAR 855-041-1131 ORS 689.561
☒	☐	☐	24	Does the pharmacy display information to patients that the pharmacy will offer language assistance to patients who need it? Provided with each order via email	Title VI of the Civil Rights Act (Title VI), Section 1557 of the Affordable Care Act, 45 CFR Part 92
☐	☐	☒	25	Effective 1/1/2020, a pharmacy shall electronically include the following notifications to the Oregon Prescription Drug Monitoring Program (PDMP): • The diagnosis code (ICD-10), if it is provided by the prescriber with the prescription • The reason for prescription, if it is provided by the prescriber with the prescription • Gabapentin prescriptions dispensed Is the pharmacy, using language provided by the OHA, notifying each patient receiving a controlled substance about the PDMP before or when the controlled substance is dispensed to the patient? The notification shall include that the prescription will be entered into the system.	OAR 333-023-0810 ORS 431A.855 OAR 333-023-0815

				<i>Note: Per the PDMP, if the ICD-10 and/or reason for Rx are not provided with the prescription, the pharmacist is not responsible to retrieve the missing information (this will not be considered an incomplete record submitted to the PDMP, and will not be rejected/sent back for completion at this time)</i> <i>Note: Pharmacies are required to report naloxone prescriptions to the PDMP, however pursuant to 2019 legislation, the identity of a patient for whom naloxone is prescribed will not be disclosed in PDMP reports. This means that naloxone prescriptions will not appear on PDMP reports.</i>	
☐	☒	☐	26	Does the pharmacy handle hazardous drugs (HDs) on the current NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings? Is the pharmacy currently in compliance with USP 800? If so, where are the policies and procedures located? If not, what is the anticipated date of compliance? Note – Handling HDs includes, but is not limited to, the receipt, storage, compounding, dispensing, administration, and disposal of sterile and nonsterile products and preparations.	OAR 855-045-0200 USP 800 NIOSH List
☐	☐	☒	27	Has the pharmacy performed an assessment of risk for final dosage forms of compounded HD preparations and conventionally manufactured HD products, including antineoplastic dosage forms that do not require any further manipulation other than counting or repackaging (unless required by the manufacturer)? If so, where are the records located? If not, what is the anticipated date of compliance?	OAR 855-045-0200 USP 800 NIOSH List

Controlled Substances

Yes No N/A

Rule Reference

☐	☐	☒	28	Is the pharmacy identifying and CLEARLY DOCUMENTING AND EXPLAINING ALL VARIANCES on CII reconciliations? Note: The Board considers a reconciliation to be an accurate <u>accounting</u> of your true inventory, performed at least quarterly. If these records are maintained electronically, they must be accessible and producible at the time of inspection (audit, variances and explanations).	OAR 855-019-0300(5)(e)(h)
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				Working copies showing the audit and all variance explanations for all CII must be kept and will be requested for review at time of inspection. Where are the records located? This pharmacy does not dispense controlled medications	
☐	☐	☒	29	Is the PIC/pharmacy reporting the theft or significant loss of a controlled substance to the Board and DEA within 1 business day?	OAR 855-019-0205(6) OAR 855-041-1030 CFR 1306.76(b)
			30	How often are on-hand quantity changes of controlled substances reviewed? N/A. No controlled substances at this pharmacy By whom?	
☐	☐	☒	31	Was the controlled substance (CII-V) inventory performed on one day, within 12 months (365 days) of the last inventory? Date of last annual CII-CV inventory:N/A Note: Inventory includes drugs in LTC e-kits, compounding supplies, items in the refrigerator, and automated dispensing machines. 24-hour pharmacies must indicate the time frame in which the inventory was completed. Non24-hour pharmacies must indicate if the inventory was completed before opening or after closing.	OAR 855-080-0070
☐	☐	☒	32	Is the annual CII inventory filed separately from the CIII-CV inventory and are CII invoices and prescriptions filed separately from other prescriptions and invoices?	21 CFR 1304.04
			33	How does the PIC/pharmacy maintain the security of controlled substances that have been quarantined (outdated, adulterated, misbranded or is a suspect product)? No controlled substances on premises Are quarantined controlled substances included in the inventory?	
☐	☐	☒			

Security

Yes	No	N/A			Rule Reference
☒	☐	☐	34	When no pharmacist is physically present in the pharmacy are computers, records and medications properly secured to prevent entry and access to records by non-pharmacist employees?	OAR 855-041-1020(3) OAR 855-041-2100 OAR 855-041-1015(1)
☐	☒	☐	35	Can technicians process/receive prescriptions or access records before a pharmacist arrives or after the pharmacist leaves?	OAR 855-041-1020(3)

Support Personnel

Yes	No	N/A			Rule Reference
☒	☐	☐	36	Are pharmacists, interns, technicians and clerks clearly identified as such to the public?	OAR 855-025-0025(3)
☒	☐	☐	37	Is there documentation of technician training? Where are the records located? Self inspection binder (yellow tab) Be prepared to retrieve documentation of training for ALL technicians when requested by a Board Compliance Officer.	OAR 855-025-0025(6)
☒	☐	☐	38	Do technicians know they cannot communicate with patients in terms of drug class or indication/use (such as when a patient asks for a refill of their "diabetes medication")? Note: Technicians can only communicate in terms of drug name and prescription number. Pharmacists may not allow technicians to counsel, answer a patient's medication related questions, or allow a technician to relay information on their behalf.	OAR 855-025-0040(3)(e) OAR 855-019-0200(2)(3) OAR 855-019-0230
☒	☐	☐	39	Is each technician under the supervision, direction and control of a pharmacist and does the pharmacist verify all work performed by technicians and document this verification?	ORS 689.486(6) OAR 855-025-0025(4)

Pharmacists

Yes	No	N/A			Rule Reference
☒	☐	☐	40	Does the pharmacist perform a DUR for all prescriptions (new and refilled) prior to dispensing or preparing for administration? How is the DUR performed? Monitor for Potential and actual adverse effects, Therapeutic duplication, Drug-disease interactions and contraindications, Incorrect dosage, frequency or duration of treatment, Drug allergy, Clinical misuse or abuse, Drug-drug interactions, Medication appropriateness, Incorrect drug dosage, duration or overutilization and underutilization of drug treatment, Pregnancy alerts	OAR 855-019-0220(3)
☒	☐	☐		Does this DUR check include evaluating refills for over/under utilization?	
☐	☐	☒	41	Is the Prescription Drug Monitoring Program (PDMP) utilized when performing a DUR on controlled substances? If no, why not? No controlled substances at this pharmacy	
☒	☐	☐	42	Does the pharmacist capture and maintain allergies and chronic medical conditions for new and existing patients?	OAR 855-019-0220(1) OAR 855-041-1165

			43	How does the pharmacist ensure that all prescriptions are correctly dispensed? Check prescription against prescription label for Name DOB Drug name & strength Directions Refills Prescriber Verify Drug Image to check for correct product being dispensed	OAR 855-041-1105
☐	☐	☒	44	When pharmacists or interns receive a telephone prescription, are they documenting their name, the date and the name of the person transmitting the prescription? All prescriptions are sent electronically from a closed network of physicians	OAR 855-019-0210 OAR 855-041-1105
☒	☐	☐	45	Does the pharmacist document verification of 'return to stock' medications re-labeled by a technician or intern? How? Pharmacist initials ' return to stock' bottles	OAR 855-025-0025(4) OAR 855-019-0200
☒	☐	☐	46	Is a pharmacist verifying the expiration date on the prescription label is not greater than the manufacturer's expiration date?	OAR 855-019-0200(2) OAR 855-041-1130(1)(j)
☒	☐	☐	47	Is the Product Identification Label (PIL) on all dispensed medications, including compounded medications?	OAR 855-041-1130(1)(k)
☐	☐	☒	48	Is a pharmacist or intern orally counseling on new and refill prescriptions requiring counseling and including information necessary to promote the safe use of the medication? Note: Asking the patient if they have any questions does not fulfill this requirement.	OAR 855-019-0230(1)(a) OAR 855-019-0230(2) Written statement with an offer to counsel is provided as well as a toll free telephone number on all of our prescriptions
			49	How is a new prescription identified as requiring counseling? Identified in computer system as first fill " welcome fill" or first fill under rx# (no previous fills)	OAR 855-019-0230
			50	How does a pharmacist identify a prescription refill as requiring counseling? Pharmacist checks new prescription against previous fill history to check that nothing has changed. Written statement with an offer to counsel is provided as well as a toll free telephone number on all of our prescriptions Note: A pharmacist (not a technician) may indicate that a prescription "renewal" does not require counseling, only if, after performing a DUR, the pharmacist determines nothing has changed (continuation of therapy (CT) and it is appropriate to release the prescription without speaking to the patient).	OAR 855-019-0230
☐	☐	☒	51	Is the pharmacist/intern (not a patient/clerk/technician or point-of-sale keypad) personally documenting whether counseling is provided or declined on prescriptions that require counseling at the time of the counseling?	OAR 855-019-0230(1)(c)

Written statement with an offer to counsel is provided as well as a toll free telephone number on all of our prescriptions

Drug Storage

Yes	No	N/A			Rule Reference
☒	☐	☐	52	Does each active cold storage system maintain the temperature of refrigerated products between 2-8°C (35-46°F) and frozen products between -25 to -10°C (-13 to 14°F) or as specified by the manufacturer? No Freezer Note: An excursion is any temperature outside of these specified parameters. Each excursion requires a detailed written explanation in accordance with the requirements of this rule.	OAR 855-041-1036 (2)(a)(A)
☒	☐	☐	53	Are the thermometers/probes centrally placed, accurate and calibrated? When is the next <u>calibration</u> (to ensure temperature readings are correct) due? 12/31/21	OAR 855-041-1036(2)
☒	☐	☐	54	Do you have documented training for ALL your pharmacy personnel related to the drug storage monitoring plan? Where are the records located? Policies & Procedures Binder: Red tab #2	OAR 855-041-1036(2)
			55	Explanation and documentation of ALL drug storage excursions must include at least all the following: • The event date & time frame; • The name of person(s) involved in response; • How long drug(s)/vaccine(s) were out of range; • Temperature variances; • Pharmacist review of duration and variance; • The decision to quarantine for destruction each drug/vaccine affected or that each drug/vaccine affected is safe for continued use; • Which pharmacist made the final decision; • The information resource used to determine whether drug/vaccine is safe for continued use. Where are the records located? Drug Storage Records Binder: Yellow tab	OAR 855-041-1036(2)(b)(D-E)
			56	Where is the emergency action plan for all refrigerated and frozen medications and vaccines located? Pharmacy does not carry any refrigerated/frozen products or vaccines.	OAR 855-041-1036

Vaccine Drug Storage

Yes	No	N/A			Rule Reference
☐	☐	☒	57	Does the pharmacy store vaccines in the temperature stable sections of the refrigerator? This pharmacy does not carry any vaccines	OAR 855-041-1036(3)(a)(A)

				Note: Including the central shelves, but not the door or crisper drawers.	
☐	☐	☒	58	Does each active vaccine storage unit utilize a system of <i>continuous</i> temperature monitoring with automated data logging?	OAR 855-041-1036(3)(d)
☐	☐	☒	59	Does the pharmacy conduct quarterly validations of the <u>vaccine</u> storage units and their monitoring equipment? How are quarterly validations conducted? Not applicable, pharmacy does not store or administer v (Note – Quarterly validations are not the same as the thermometer calibrations)	OAR 855-041-1036(3)(a)(D)

Vaccine Administration

Prescriptive Authority is per OHA vaccine protocol

Yes	No	N/A			Rule Reference
☐	☐	☒	60	Do all immunizing pharmacists/interns have a current CPR card intended for healthcare providers? Note: Online only programs are NOT approved. Is the CPR training applicable for the age of patients you are vaccinating?	OAR 855-019-0270 OAR 855-019-0290(3)
☐	☐	☒	61	Does the pharmacy have required equipment and supplies for managing adverse events and are reviews done to ensure all supplies are readily retrievable and that no medication will expire before the next review? Note: Regularly check the OHA Oregon Pharmacy Protocols for Immunization for the current Emergency Kit Requirements.	OAR 855-019-0270
☐	☐	☒	62	Does each pharmacist have access to ALERT and utilize it to perform a DUR and forecast potential immunizations?	OAR 855-019-0290
☐	☐	☒	63	Is the pharmacist/intern who administers any vaccine/immunization recording and maintaining the following information: • Name, address, gender, date of birth of the patient and phone number when available; • Date of administration; injection site; • Vaccine name, dose, manufacturer, lot number and expiration date; • Identity of administering pharmacist; the date of the publication of the VIS; and the date the VIS was provided?	OAR 855-019-0290

Pharmacist Prescriptive Authority: General

Yes	No	N/A		Rule Reference	
☐	☒	☐	64	Do pharmacists at this location prescribe and dispense FDA approved drugs and devices included on either the Formulary or Protocol Compendia? Do pharmacists prescribe any drugs or devices to self or immediate family members? (not allowed) Please list all Prescriptive Authority Protocols that the outlet's pharmacists are qualified to participate in. Attach a separate page if needed. Protocol Page/Location of Policy/Location of Training Record Pharmacists at this facility do not prescribe **Be prepared to show these records at the time of inspection. **Please update your eGov profile to include this information.	OAR 855-020-0200 OAR 855-020-0300 OAR 855-020-0120
☐	☐	☒	65	Do policies and procedures include: (a) Patient inclusion and exclusion criteria; (b) Explicit medical referral criteria; (c) Care plan preparation, implementation, and follow-up; (d) Prescribing drugs and devices pursuant to the formulary and protocol compendia; (e) Patient education; and (f) Provider notification. For each drug or device prescribed, does the pharmacist: assess the patient and collect subjective and objective information, including the diagnosis for Formulary Compendia items, about the patient's health history and clinical status? Is the pharmacist's patient assessment performed in a face-to-face, in-person interaction and not through electronic means? Is the pharmacist utilizing information obtained in the assessment to evaluate and develop an individualized patient-centered care plan, pursuant to the statewide drug therapy management protocol and policies and procedures? Do care plans include appropriate treatment goals, monitoring parameters, and follow-up? Is the patient's PCP or other identified care provider notified within five business days following the prescribing of a Compendia drug or device? Is the pharmacist maintaining all records associated with prescribing and other related activities performed for a minimum of 10 years?	OAR 855-020-0110 OAR 855-019-0470

				Where are these records kept?	
☒	☐	☐	66	Are you aware that you can provide protocol feedback to the Public Health & Pharmacy Formulary Advisory Committee (PHPFAC) at www.oregon.gov/pharmacy/Pages/PFAC.aspx ?	

Pharmacist Prescriptive Authority: Contraceptives

Yes	No	N/A			Rule Reference
☐	☒	☐	67	Do pharmacists at this location prescribe hormonal contraceptives? Where are records located? (Including Questionnaire, Visit Summary, prescription, etc.) Be prepared to show records at time of inspection. It is recommended to keep these records in a separate file/or log for easy retrieval. Note: A clinical visit is required every 3 years.	OAR 855-019-0425 OAR 855-019-0430 OAR 855-019-0435
☐	☐	☒	68	Is the pharmacist taking the patient's blood pressure (BP)? When the BP is not within range of the protocol (either reading is $\geq 140/90$ for oral contraception or $\geq 160/100$ for Depot Medroxyprogesterone) are pharmacists referring patients to primary care provider, not prescribing the hormonal contraceptive, and documenting the encounter? Note: If the BP is out of range, a second BP reading may be taken and recorded before referring patient.	OAR 855-019-0425

Pharmacist Prescriptive Authority: Naloxone

Yes	No	N/A			Rule Reference
☐	☒	☐	69	Do pharmacists at this location prescribe naloxone? If yes, does the pharmacy provide written notice about naloxone accessibility in a conspicuous manner? Where are the records located? Be prepared to show these records at time of inspection.	OAR 855-019-0460 OAR 855-041-2340

Pharmacist Prescriptive Authority: Emergency Insulin and Supplies

Yes	No	N/A			Rule Reference
☐	☒	☐	70	Have any of your pharmacists completed a Board approved ACPE accredited training program to prescribe and dispense emergency refills of insulin and associated insulin-related devices and supplies, not including insulin pump devices?	OAR 855-019-0470
☐	☐	☒		If so, is the pharmacist ensuring that the person has evidence of a previous prescription from a licensed health care provider and are they prescribing the lesser of a 30-day supply or the smallest available package size, and not more than three emergency refills and supplies in a calendar year?	
				Where are the records located?	
				Be prepared to show these records at time of inspection.	

Long Term Care (LTC) / Community Based Care (CBC) Services☒ N/A

Yes	No	N/A			Rule Reference
☐	☐	☒	71	Is the pharmacy or pharmacists assisting in the establishment and supervision of the policies & procedures for the safe storage, distribution, administration, & disposal of drugs and for professional advice/medication counseling of patients and/or caregivers?	OAR 855-041-7060(1)
☐	☐	☒	72	Are emergency drug kits provided to any facilities?	OAR 855-041-7060(2)
☐	☐	☒		Does each facility's license allow them to have an emergency drug kit?	
				If yes, how does a pharmacist verify and document verification of the kit?	
☐	☐	☒	73	Is the pharmacy ensuring that only a licensed nurse is accessing the emergency drug kit or on-site pharmacy pursuant to OAR 855-041-6310 AND that there is a practitioner's order to authorize the removal of medications?	OAR 855-041-7060(2)(b) OAR 855-041-7060(5)
				How is this being ensured?	
☐	☐	☒	74	If the pharmacy accepts the return of previously dispensed prescriptions, is the facility in compliance with OAR 855-041-1045?	OAR 855-041-1045

☐	☐	☒	75	Does the pharmacy dispense medications that have been previously dispensed and returned? If so, under what circumstances?	OAR 855-041-1045(3)
☐	☐	☒	76	Are prescriptions provided to patients in a Skilled Nursing Facility (SNF) and/or Immediate Care Facility (ICF)? If yes, what is the outlet's Institutional Drug Outlet Registration #? Registration #:	OAR 855-041-5005 OAR 855-041-5015 OAR 855-041-7050
☐	☐	☒	77	Are all partially dispensed CII prescriptions (Note: Valid for up to a maximum of 60 days from the date written) documented with the following? • "LTCF patient" or "terminally ill" • Date of partial fill • Quantity dispensed • Remaining quantity authorized to be dispensed • Identification of the dispensing pharmacist for each partial fill	21 CFR 1306.13

I hereby certify that I have verified this outlet is in compliance with all laws and rules, have read and verified that written policies and procedures reflect current practices, have documented training of staff and the answers marked on this form are true and correct.

Printed Name of PIC: Brett Kakugawa

License #: RPH-0016331

Signature of PIC: 

Date: 2/1/21

If the pharmacy performs any drug compounding, you are also required to complete the Compounding Pharmacy Self-Inspection form located on the Board website.

[illegible]

[illegible]

POL-1-R0 The Pharmacy Policies and Procedures Manual

Policy

- The Pharmacy Policies and Procedures Manual is established to accomplish the following at Roman Health Pharmacies:
 - Set minimum standards for safety, quality, and compliance
 - Serve as the principal training material for pharmacists and pharmacy technicians
- Pharmacy policies and procedures are created and revised in accordance with applicable pharmacy laws and regulations and maintained with appropriate document control.
- Management will take disciplinary action, up to and including termination of employment, against employees who violate the Pharmacy Policies and Procedures Manual.
- Employees must never act in any of the following ways:
 - Obstruct audits or investigations
 - Lie or make misleading statements
 - Alter business or pharmacy records to misrepresent information
- Roman Health Pharmacy designates a qualified person who is responsible for coordinating with management to ensure the training and enforcement of each pharmacy policy and procedure.

Document History	
Effective Date	Description of Change
Current	New document: POL-1-R0 The Pharmacy Policies and Procedures Manual

SOP-1.1-R0 Establishing Pharmacy Policies and Procedures

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Roman Health Pharmacy (RHP) offers pharmacy services to patients throughout the United States. Patient safety, legal compliance, and ethical practices are ensured by establishing, maintaining, and adhering to proper policies and procedures that govern pharmacy operations.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training, implementation, maintenance, and enforcement of the Pharmacy Policies and Procedures Manual.
- The Licensing and Compliance Manager and Inventory and Safety Manager are responsible for final approval of pharmacy policies and procedures before they are implemented.
- Pharmacists are responsible for escalating any questions or concerns about pharmacy policies or procedures to the Pharmacy Manager.
- Employees are responsible for escalating any questions or concerns about compliance to their immediate manager, the Pharmacy Manager, or the Compliance Team.

Procedure

Creating And Maintaining Policies And Procedures

1. Pharmacy policies and procedures are written in accordance with applicable pharmacy laws and regulations for all states where RHP operates.
 - 1.1. Conflicts between laws or regulations will be evaluated by the Ro legal department on a case by case basis to ensure compliance.
2. Compliance with the pharmacy laws and regulations affecting RHP operations is maintained with several components, including but not limited to the following:
 - 2.1. Maintaining a qualified staff of attorneys with relevant expertise in telemedicine, pharmacy, medicine, and healthcare
 - 2.2. Consulting with qualified third-party legal services
 - 2.3. Appointing a qualified Pharmacy Compliance Team whose responsibilities include the following:
 - 2.3.1. Researching applicable pharmacy best practices, laws, and regulations

SOP-1.1-R0 Establishing Pharmacy Policies and Procedures

2.3.2. Implementing pharmacy policies and procedures to ensure quality, safety, ethics, and compliance standards at RHPs

2.3.3. Aligning RHP operations in accordance with the following:

2.3.3.1. Federal laws and regulations

2.3.3.2. State laws and regulations

2.3.3.3. Regulations and guidelines by the Food and Drug Administration, Boards of Pharmacies, Drug Enforcement Administration, and other applicable entities

2.4. Attending Board of Pharmacy meetings

2.5. Attending professional conferences related to the practice of telemedicine, medicine, pharmacy, and law

3. All pharmacy policies and procedures are reviewed and updated at least once yearly. This review is performed by qualified persons and takes into consideration the effectiveness of policies and procedures in reducing dispensing errors and other quality-related events.

3.1. The review is documented—noting any changes made or a statement that no changes were made—in the Policy and Procedure Review Schedule and History, located in the appendix.

Excursions From The Written Policies And Procedures

4. The pharmacist on duty is responsible for determining a plan of action for cases when written pharmacy policies and procedures are absent or cannot be followed due to unique circumstances. In these situations, the pharmacist must take the following steps:

4.1. Use professional judgement

4.2. Communicate the excursion to the Pharmacy Compliance Team in a timely manner

Documentation And Compliance

5. All pharmacy records are stored according to the procedure for Maintaining and Managing Records for a length of time according to the Document Retention Schedule.

6. The Pharmacy Compliance Team helps ensure that operations at RHPs are appropriately followed by taking the following steps:

6.1. Establishing the written Pharmacy Policies and Procedures Manual

6.2. Ensuring timely training, communication, and enforcement of the Pharmacy Policies and Procedures Manual and important revisions

6.3. Maintaining transparency in pharmacy operations

6.4. Conducting risk assessments

6.5. Performing internal audits

6.6. Exercising due diligence in verifying colleagues and prescription medication suppliers

SOP-1.1-R0 Establishing Pharmacy Policies and Procedures

6.7. Responding to detected problems with corrective actions in a timely manner

Limited Operations

7. Unless otherwise performed in accordance with applicable pharmacy laws and regulations, and in compliance with the Pharmacy Policies and Procedures Manual, the following business activities are restricted and must be immediately reported to the Pharmacy Compliance Team if discovered:
 - 7.1. Purchasing, storing, selling, or handling:
 - 7.1.1. Federal or state listed or scheduled controlled substances
 - 7.1.2. Biological products
 - 7.1.3. Prescription medication under a FDA mandated Risk Evaluation and Mitigation Strategy (REMS) program
 - 7.2. Purchasing, storing, selling, or handling List I Chemicals or precursors to List I Chemicals (e.g. iodine, ephedrine, pseudoephedrine, and red phosphorus). List I Chemicals are designated by the Drug Enforcement Agency, and a complete and updated list is maintained at its website: <https://www.deadiversion.usdoj.gov/schedules/index.html>
 - 7.3. Purchasing, storing, selling, or handling prescription medication that does not comply with the Food, Drug, and Cosmetic Act (FDCA)
 - 7.4. Dispensing prescription medication that was previously dispensed from a pharmacy
 - 7.5. Participating in federal or state Medicare or Medicaid programs
 - 7.6. Engaging in wholesale distribution of prescription medication
 - 7.7. Engaging in sterile compounding
 - 7.8. Dispensing for office-use

National Association Of Boards Of Pharmacy Reporting

8. The Licensing and Compliance Manager is responsible for providing the National Association of Boards of Pharmacy (NABP) with updated information about each RHP, according to the procedure for Reporting to the National Association of Boards of Pharmacy.

Appendix Resources

Document Retention Schedule

List of Board of Pharmacy Contacts

List of Important Contacts

Pharmacy Policies and Procedures Manual Review Schedule and History

Reporting to the National Association of Boards of Pharmacy



SOP-1.1-R0 Establishing Pharmacy Policies and Procedures

Related Procedures

Establishing Policy and Procedure Control and Training

Training Pharmacy Employees

Document History	
Effective Date	Description of Change
Current	New document: SOP-1.1-R0 Establishing Pharmacy Policies and Procedures

SOP-4.2-R0 Instructing Patients or Caregivers On Product Disposal

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

The proper disposal¹ of prescription medication by patients is ensured by adhering to proper policies and procedures for instructing patients on how to discard products that are unwanted, expired, damaged, or unusable

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. Pharmacists-only must counsel patients according to the procedure for Counseling Patients.
2. This procedure is activated when communication from a patient is received for one of the following reasons:
 - 2.1. Requesting information on how to discard prescription medication or over-the-counter (OTC) merchandise.
 - 2.2. Expressing they intend to stop using prescription medication or OTC merchandise in their possession.
 - 2.3. Expressing they have prescription medication or OTC merchandise in their possession that is expired, damaged, or unusable.
3. If for prescription medication, provide the following instructions to the patient:

Your medicine may be safely discarded by: Using a Drug Take-Back Program. The U.S. Drug Enforcement Administration (DEA) sponsors a National Prescription Drug Take-Back Day in communities nationwide. Many communities also have their own drug take-back programs (check with local law enforcement to find a location).

¹ www.safe.pharmacy

SOP-4.2-R0 Instructing Patients or Caregivers On Product Disposal

- *Do not flush medication, since Roman Health Pharmacy does not currently dispense any prescription medications that appear on the Food and Drug Administration (FDA) Flush List².*

(If the prescription medication cannot be disposed of via a local Drug Take-Back Program³, and it is not a drug that requires flushing for immediate disposal, provide the following instructions:)

1. *Remove the drug from its original container and mix it with something undesirable, such as used coffee grounds, dirt, laundry detergent, or cat litter. This makes the medicine less appealing to children and pets and unrecognizable to someone who might intentionally go through the trash looking for drugs.*
2. *Put the mixture in something you can close (for example, a resealable zipper storage bag, empty can, or another container) to prevent the drug from leaking or spilling out.*
 - 2.1. *Place the closed bag, can, or container containing the mixture in the garbage*
3. *Scratch out all your personal information on the medicine packaging to protect your identity and privacy.*
 - 3.1. *Place the medicine packaging in the garbage*

4. *If for OTC merchandise, provide the following instructions to the patient:*

Your medicine may be safely discarded by:

- *Removing any personal information from the packaging.*
- *Putting it in a closed bag, can, or another container.*
- *Placing the bag, can, or container containing the OTC merchandise in the trash.*

5. *If for sharps (e.g. needles and syringes), provide the following instructions to the patient:*

Place all needles, syringes, and any other items containing bodily fluid into a Sharps Disposal Container. When full, mail the Sharps Disposal Container to the address listed on the return label.

Appendix Resources

None

Related Procedures

Counseling Patients

Training Pharmacy Employees

²<https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-flush-potentially-dangerous-medicine#FlushList>

³ https://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html



SOP-4.2-R0 Instructing Patients or Caregivers On Product Disposal

Document History	
Effective Date	Description of Change
Current	New document: SOP-4.2-R0 Instructing Patients or Caregivers On Product Disposal

SOP-6.4-R0 Notifying Patients of Delivery Delays

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Timely prescription delivery to patients is ensured by adhering to proper policies and procedures for notifying patients of delivery delays and preventing the interruption of prescription medication therapy.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. Ensure the patient is notified of delivery delays in a timely manner by taking the following steps:
 - 1.1. Contact the patient with their preferred contact method (e.g. email, text, or telephone) and document the interaction.
 - 1.2. If requested by the patient, transfer the prescription to be filled at a local pharmacy of the patient's choice.
2. The pharmacist on duty must use professional judgement to determine if it is appropriate to contact the prescribing practitioner in the following situations:
 - 2.1. The patient cannot be reached.
 - 2.2. An interruption of prescription medication therapy could occur.
 - 2.3. Patient harm could occur.

Appendix Resources

Document Retention Schedule

Related Procedures

Counseling Patients



Confidential

SOP-6.4-R0 Notifying Patients of Delivery Delays

Training Pharmacy Employees

Document History	
Effective Date	Description of Change
Current	New document: SOP-6.4-R0 Notifying Patients of Delivery Delays



SOP-6.5-R0 Performing Verification and Drug Utilization Review

Approval Signatures

Title:	Name:	Signature:	Date:
_____	_____	_____	_____
_____	_____	_____	_____

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Patient safety is ensured by adhering to proper policies and procedures for verifying that prescriptions are dispensed correctly and appropriately.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.
- Unless otherwise performed in accordance with applicable pharmacy laws and regulations, only pharmacists may perform drug utilization reviews and physical product checks.

Procedure

Drug Utilization Review

1. If applicable, take appropriate action to resolve and document each safety alert.
2. Confirm that each substitution of prescription medication is appropriate, according to the procedure for Substituting Generic and Therapeutic Equivalents.
3. Confirm that the prescription is associated with the correct patient profile, at a minimum checking for the following information:
 - 3.1. Name;
 - 3.2. Date of birth

SOP-6.5-R0 Performing Verification and Drug Utilization Review

4. Perform a drug utilization review of the following issues:
 - 4.1. Potential drug therapy problems
 - 4.2. Therapeutic duplication
 - 4.3. Interactions (e.g. drug-drug, drug-allergy, drug-disease, drug-age)
 - 4.4. Contraindications
 - 4.5. Allergies or sensitivities
 - 4.6. Inappropriate dosage or route
 - 4.7. Inappropriate directions for use
 - 4.8. Inappropriate duration of therapy
 - 4.9. Over- or under-utilization
 - 4.10. Abuse or misuse
5. If appropriate, document any concerns.
6. If there is an unresolved concern, take appropriate action to resolve and document the issue, including communicating directly with the patient or prescribing practitioner.

Physical Product Check

7. Perform a physical product check by determining that the prescription has been prepared so that it is free of the following issues:
 - 7.1. Errors of drug, strength, or quantity
 - 7.2. Errors in labeling (e.g. national drug code (NDC), manufacturer information, consumer medication information (CMI), medication guide, or auxiliary labels);
 - 7.3. Prescription medication that is expired, damaged, or otherwise unfit for dispensing;
 - 7.4. Adulteration;
 - 7.5. Misbranding
8. If appropriate, document any concerns.
9. If there is an unresolved concern, take appropriate action to resolve and document the issue, including communicating directly with the patient or prescribing practitioner.

Appendix Resources

None



Confidential

SOP-6.5-R0 Performing Verification and Drug Utilization Review

Related Procedures

Fulfilling Prescriptions via Online Visit

Fulfilling Prescriptions via Ro Pharmacy

Substituting Generic and Therapeutic Equivalents

Training Pharmacy Employees

Document History	
Effective Date	Description of Change
Current	New document: SOP-6.5-R0 Performing Verification and Drug Utilization Review



SOP-6.7-R0 Recognizing Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

Approval Signatures

Title:	Name:	Signature:	Date:
_____	_____	_____	_____
_____	_____	_____	_____

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

The fulfillment of illegitimate prescriptions is prevented by adhering to proper policies and procedures for recognizing illegitimate prescriptions and invalid patient-practitioner relationships.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. When receiving an oral prescription, pay attention to the following red flags or suspicious behavior from the caller:
 - 1.1. Sounds unprofessional, hesitant, or nervous
 - 1.2. Does not use standard medical terminology
 - 1.3. Provides medication quantities, directions, or other information that are unusual
 - 1.4. Provides pharmacy or practitioner information, such as National Provider Identifier (NPI) or Drug Enforcement Administration (DEA) number, that is invalid or incorrect
2. When processing a prescription, look for signs that indicate it may be illegitimate or forged:
 - 2.1. The practitioner's handwriting is too legible.
 - 2.2. The quantities, directions, or dosages differ from usual medical usage.
 - 2.3. The prescription appears to be photocopied.



SOP-6.7-R0 Recognizing Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

- 2.4. Looks too good, or has a textbook appearance.
- 2.5. The prescription is written in the following manner:
 - 2.5.1. With the directions in full, without abbreviations
 - 2.5.2. With abbreviations that are not standard
 - 2.5.3. In different color inks
 - 2.5.4. In different handwriting styles
- 3. When processing a prescription, look for signs that indicate it may be issued based on an invalid patient-practitioner relationship:
 - 3.1. The practitioner writes significantly more prescriptions (or in larger quantities) compared to other practitioners in your area.
 - 3.2. The patient appears to be returning too frequently. A prescription that should have lasted for a month in legitimate use, is being refilled on a biweekly, weekly or even a daily basis.
 - 3.3. The practitioner writes prescriptions for antagonistic drugs, such as depressants and stimulants, at the same time (drug abusers often request prescriptions for "uppers and downers" at the same time).
 - 3.4. The patient appears presenting prescriptions written in the names of other people.
 - 3.5. A number of people appear simultaneously, or within a short time, all bearing similar prescriptions from the same physician.
 - 3.6. Numerous "strangers," people who are not regular patrons or residents of your community, suddenly show up with prescriptions from the same physician.
- 4. If a prescription is suspected of being illegitimate or fraudulent, or based on an invalid patient-practitioner relationship, take the following actions, if applicable:
 - 4.1. Verify that the practitioner is in the pharmacy's database, and if not take the following steps:
 - 4.1.1. Verify the practitioner's information with the NPI lookup tool, located on the National Plan & Provider Enumeration System (NPPES) website:
<https://nppes.cms.hhs.gov/>
Please Note: Issuance of an NPI does not ensure or validate that the practitioner is appropriately licensed or credentialed.
 - 4.1.2. Confirm the DEA number is authentic, following the procedure described in the DEA Pharmacist's Manual, located in the appendix.

SOP-6.7-R0 Recognizing Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

- 4.1.3. Verify the practitioner's information with the DEA Registration Validation tool, located on the DEA website:

<https://apps.dea diversion.usdoj.gov/webforms/validateLogin.jsp>

Please Note: The lookup tool is only available to DEA registrants.

- 4.2. Contact the practitioner by telephone using the contact number from the pharmacy's database or another reputable resource, other than from the prescription in question, and obtain the necessary information.
- 4.3. Verify the practitioner's license(s) and credential(s) with the appropriate agency (for example, the Board of Medicine).
5. If a prescription is confirmed to be illegitimate or fraudulent, or based on an invalid patient-practitioner relationship, take the following actions:
 - 5.1. Notify the pharmacist-on-duty.
 - 5.2. Notify the Pharmacy Compliance Team (see the List of Important Contacts, located in the appendix).
 - 5.3. Notify local law enforcement (see the List of Local Authorities, located in the appendix).
 - 5.4. Retain all illegitimate or fraudulent prescriptions as evidence and, if requested, release it to the appropriate law enforcement officials.
 - 5.5. If applicable, notify the following entities:
 - 5.5.1. The local DEA office (see the List of Local Authorities, located in the appendix)
 - 5.5.2. The appropriate Board of Pharmacy(s) (see the List of Board of Pharmacy Contacts, located in the appendix)
 - 5.5.3. Other pharmacies in the area
6. Appropriately document any investigations, findings, and actions.

Appendix Resources

DEA Pharmacist's Manual

Document Retention Schedule

List of Board of Pharmacy Contacts

List of Important Contacts

List of Local Authorities

SOP-6.7-R0 Recognizing Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

Related Procedures

Fulfilling Prescriptions via Online Visit

Fulfilling Prescriptions via Ro Pharmacy

Training Pharmacy Employees

Document History	
Effective Date	Description of Change
Current	New document: SOP-6.7-R0 Recognizing Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships



POL-8-R0 Quality

Policy

- Roman Health Pharmacy designates a qualified person who is responsible for implementing a continuous quality improvement program that accomplishes the following:
 - Detects and appropriately resolves quality-related events
 - Modifies systems and processes to prevent quality-related events
- The Pharmacy Manager must ensure that a quality improvement meeting with pharmacists and pharmacy technicians occurs regularly and is appropriately documented. The meeting will cover, at a minimum, the following topics:
 - Quality-related events that occurred since the previous quality improvement meeting and any other applicable quality-related issues or topics
 - Corrective actions, if any
- Adverse events, side effects, and quality-related events reported to a Roman Health Pharmacy must be escalated to the appropriate pharmacist for resolution.

Document History	
Effective Date	Description of Change
Current	New document: POL-8-R0 Quality

POL-10-R0 Fulfillment

Policy

Prescriptions

- Each pharmacist must sign and date the daily log, attesting to the accuracy of the prescription information they processed for that date.
- Prescriptions must only be shipped into the states where the shipping pharmacy is appropriately permitted, registered, or licensed.
- Labels must be affixed to each prescription container and must include appropriate content that is properly formatted, in accordance with applicable pharmacy laws and regulations.

Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

- Pharmacists are responsible for recognizing and taking appropriate action for illegitimate prescriptions or invalid patient-practitioner relationships.

Delivery Delays

- Patients must be notified in a timely manner when prescription delivery is delayed.
 - Appropriate fulfillment arrangements must be made available to the patient, including the transfer of the prescription to a pharmacy of the patient's choice.

Document History	
Effective Date	Description of Change
Current	New document: POL-10-R0 Fulfillment

**OPERATING AGREEMENT
OF
ROMAN HEALTH PHARMACY LLC**

THIS OPERATING AGREEMENT (this “**Agreement**”) of **ROMAN HEALTH PHARMACY LLC**, a Delaware limited liability company (the “**Company**”), dated as of May 11, 2017, is made and entered into by **ROMAN HEALTH VENTURES INC.**, a Delaware corporation (the “**Member**”).

WHEREAS, the Member wishes to form a limited liability company pursuant to and in accordance with the Delaware Limited Liability Company Act (as amended from time to time, the “**Act**”);

NOW, THEREFORE, the Member hereby agrees as follows:

**ARTICLE I
THE COMPANY**

Section 1.1 Formation; Admission. The Company was formed as a limited liability company under the provisions of the Act by the filing on May 11, 2017 of the Certificate of Formation with the Secretary of State of the State of Delaware (the “**Certificate**”). The filing of the Certificate is hereby ratified by the Member.

Section 1.2 Name; Purpose. The name of the Company shall be **ROMAN HEALTH PHARMACY LLC**. The Company may engage in any lawful business of every kind and character for which a limited liability company may be organized under the Act or any successor statute. The Company shall have all of the powers provided for a limited liability company under the Act.

Section 1.3 Registered Agent; Offices.

(a) The registered agent for the service of process and the registered office shall be that person and location reflected in the Certificate. The Board (as such term is defined below) may, from time to time, change the registered agent or office through appropriate filings with the Secretary of State of the State of Delaware. In the event the registered agent ceases to act as such for any reason or the registered office shall change, the Board shall promptly designate a replacement registered agent or file a notice of change of address as the case may be.

(b) The principal place of business of the Company shall be located in such location as the Board may from time to time determine. The Company may have, in addition to such office, such other offices and places of business at such locations, both within and without the State of Delaware, as the Board may from time to time determine or the business and affairs of the Company may require.

Section 1.4 Filings and Foreign Qualification. The Member, any Manager (as such term is defined below) or any authorized officer of the Company shall promptly execute and deliver all such certificates and other instruments conforming hereto as shall be necessary to accomplish all filing, recording, publishing and other acts appropriate to comply with all requirements for the formation and operation of a limited liability company under the laws of the State of Delaware and for the qualification and operation of a limited liability company in all other jurisdictions where the Company shall propose to conduct business.

Section 1.5 Units. The membership interests in the Company shall be denominated in units referred to as “Units”. The total number of Units that the Company shall have authority to issue is 500 Units. The Member is the owner of 500 Units. The rights and liabilities of the Member shall be as provided in the Act, except as is otherwise expressly provided in this Agreement. All of the Units shall be in registered form, and the Company shall maintain a register in which the name and address of the then current holders of Units shall be recorded. Unless otherwise determined by the Board, Units shall not be certificated.

Section 1.6 Limited Liability. Except as otherwise provided by the Act, the debts, obligations and liabilities of the Company, whether arising in contract, tort or otherwise, shall be solely the debts, obligations and liabilities of the Company, and neither the Member nor any Manager or officer shall be obligated personally for any such debt, obligation or liability of the Company solely by reason of being a member, manager or officer of the Company.

ARTICLE II

CAPITAL CONTRIBUTIONS; PROFITS AND LOSSES; DISTRIBUTIONS

Section 2.1 Capital Contributions. The Member may, in its sole discretion, but shall not be required to, make contributions of the type permitted by the Act to the capital of the Company. Except as otherwise provided in this Agreement, the Member shall not be entitled to withdraw, or to receive a return of, any capital contribution or any portion thereof. No interest shall accrue on any capital contributions.

Section 2.2 Profits and Losses. All profits and losses of the Company shall be allocated and charged to the holder(s) of the Units on a pro rata basis. All items of Company taxable income, gain, loss, deduction or credit recognized or allocated for federal income tax purposes shall also be allocated and credited or charged to the holder(s) of the Units on a pro rata basis.

Section 2.3 Distributions. Subject to the Act and other applicable law, the Board shall cause the Company to distribute funds to the holder(s) of the Units on a pro rata basis at the Board's discretion.

ARTICLE III MANAGEMENT

Section 3.1 Board of Managers. Except to the extent otherwise provided for in this Agreement, the powers of the Company shall be exercised by and under the authority of, and the business and affairs of the Company shall be managed under the direction of, a Board of Managers (the “**Board**”), which shall initially consist of two (2) managers (the “**Managers**”). Except as otherwise set forth in this Agreement, the Member shall not, by reason of its status as a member, have any authority to act for and bind the Company, but shall have only the right to vote on or approve: (a) the actions specified in this Agreement to be voted on or approved by the Member; and (b) except to the extent otherwise provided in this Agreement, the actions specified in the Act to be voted on or approved by the Member. The size of the Board may be increased or decreased by the Member in its sole discretion. The Member shall have the right to appoint and to remove, with or without cause, any or all of the Managers in its sole discretion. The Managers shall initially be Zachariah Reitano and Saman Rahmanian.

Section 3.2 Meetings of the Board; Quorum; and Action by the Board. Meetings of the Board shall be held at such times and places as may be decided by the Member. Notice of the time and place of a meeting shall be delivered personally or by telephone to each Manager and sent by first-class mail, facsimile, electronic mail or a nationally recognized overnight courier, charges prepaid, addressed to each Manager at that Manager’s address as it is shown on the records of the Company. In case the notice is mailed, it shall be deposited in the United States mail at least five (5) calendar days before the time of the holding of the meeting. In case the notice is delivered personally or by telephone, facsimile, electronic mail or overnight courier, it shall be given at least two (2) calendar days before the time of the holding of the meeting. Any oral notice given personally or by telephone may be communicated either to the Manager or to a person at the office of the Manager whom the person giving the notice has reason to believe will promptly communicate it to the Manager. Attendance by any Manager at a meeting of the Board shall constitute a waiver of notice to such Manager of such meeting. The notice need not specify the purpose of the meeting. At all meetings of the Board, the presence of a majority of the total number of Managers shall be necessary and sufficient to constitute a quorum for the transaction of business. Unless otherwise specifically required by law or this Agreement, the act of a majority of Managers present at a meeting at which a quorum is present shall be the act of the Board. If a quorum shall not be present at any meeting of the Board, the Managers present may adjourn the meeting from time to time, without notice other than announcement at the meeting, until a quorum shall be present. At any such adjourned meeting, any business may be transacted that might have been transacted at the meeting as originally convened. Any action required or permitted to be taken at any meeting of the Board may be taken without a meeting if a majority of the Managers consent thereto in writing, and the writing is filed with the minutes of proceedings of the Board. A photographic, photo-static, facsimile, electronic (including in .pdf format) or similar reproduction of a writing signed by a Manager shall be regarded as signed by the Manager for purposes of this Section 3.2.

Section 3.3 Authority of Managers. Unless specifically authorized by a resolution duly adopted by the Board, no Manager, solely in his or her capacity as a Manager, shall have the authority or power to act as agent for or on behalf of the Company or any other Manager, to

do any act which would be binding on the Company or any other Manager, to incur any expenditures on behalf of or for the Company, or to execute, deliver and perform any agreements, acts, transactions or other matters on behalf of the Company.

Section 3.4 Officers.

(a) The Board may designate one or more individuals (who may or may not be Managers) to serve as officers of the Company. The Company shall have such officers as the Board may from time to time determine, which officers may (but need not) include a Chairman, Chief Executive Officer, President, Chief Operating Officer, Chief Financial Officer, one or more Vice Presidents (and in case of each such Vice President, with such descriptive title, if any, as the Board shall deem appropriate), Secretary and Treasurer. Unless the Board determines otherwise, if the title is one commonly used for officers of a business corporation formed under the Delaware General Corporation Law, the assignment of such title shall constitute the delegation to such person of the authorities and duties that are customarily associated with that office. Any delegation pursuant to this Section 3.4 may be revoked at any time by the Board.

(b) Each of the following persons is hereby appointed to serve as an officer of the Company, until removed by the Board, with or without cause, in its sole and absolute discretion, or the earlier death or resignation of such person:

<u>Name</u>	<u>Office</u>
Zachariah Reitano	President
Saman Rahmanian	Secretary and Treasurer
Rob Schutz	Vice President

ARTICLE IV EXCULPATION AND INDEMNIFICATION

Neither the Member, any Manager nor any officer of the Company (each, an "**Indemnified Party**") shall be liable to the Company for any loss, damage or claim incurred by reason of any act or omission performed or omitted by the Indemnified Party in good faith on behalf of the Company and in a manner reasonably believed to be within the scope of the authority conferred on the Indemnified Party by this Agreement, except that the Indemnified Party shall be liable for any such loss, damage or claim incurred by reason of the Indemnified Party's willful misconduct or gross negligence. To the fullest extent permitted by applicable law, the Indemnified Party shall be entitled to indemnification from the Company for any loss, damage or claim incurred by the Indemnified Party by reason of any act or omission performed or omitted by the Indemnified Party in good faith on behalf of the Company and in a manner reasonably believed to be within the scope of the authority conferred on the Indemnified Party, except that the Indemnified Party shall not be entitled to be indemnified in respect of any loss, damage or claim incurred by the Indemnified Party by reason of willful misconduct or gross negligence with respect to such acts or omissions; provided, however, that any indemnity under this Article IV shall be provided out of and to the extent of Company assets only, and the

Member shall not have any liability on account thereof. Notwithstanding anything herein to the contrary, the indemnification afforded herein shall be subject to, and no broader than permitted by, the laws of Delaware, in the absence of the approval of the Member.

ARTICLE V DISSOLUTION

Section 5.1 Events of Dissolution. The Company shall have a perpetual existence unless sooner dissolved by:

- (a) the election of the Member; or
- (b) the entry of a decree of judicial dissolution under Section 18-802 of the Act.

Section 5.2 Bankruptcy of the Member. The bankruptcy of the Member will not cause the Member to cease to be the member of the Company and upon the occurrence of such event, the business of the Company shall continue without dissolution.

Section 5.3 Liquidation and Winding Up. In the event of dissolution, the Company shall be wound up and its assets liquidated. In connection with the dissolution and winding up of the Company, the Board or such other person designated by the Board shall proceed with the sale, exchange or liquidation of all of the assets of the Company and shall conduct only such other activities as are necessary to wind up the Company's affairs, and the assets of the Company shall be applied in the manner, and in the order of priority, set forth in Section 18-804 of the Act.

ARTICLE VI ACCOUNTS

All funds of the Company shall be deposited in the name of the Company in such account or accounts as shall be designated by the Board. All withdrawals from such account or accounts are to be made upon written bank instruments which must be signed by a Manager or a duly authorized officer.

ARTICLE VII BOOKS

The Board shall cause to be kept, at the principal place of business of the Company, full and proper ledgers and other books of account in which shall be entered all matters relating to the Company, including all income, expenditures, assets and liabilities thereof. Such books shall be kept on a calendar-year basis in accordance with generally accepted accounting principles consistently applied, and shall be closed and balanced at the end of each tax year.

ARTICLE VIII MISCELLANEOUS

Section 8.1 Governing Law. This Agreement, and any question, dispute or other matter related to or arising from this Agreement, will be governed by the laws of the State of Delaware without reference to conflict of laws principles.

Section 8.2 Binding Effect. This Agreement binds the Member and its respective distributees, successors and assigns and any other person claiming a right or benefit under or covered by this Agreement.

Section 8.3 Amendments. This Agreement may be amended upon the written consent of the Member.

Section 8.4 Severability. If any provision of this Agreement is held to be illegal, invalid or unenforceable:

(a) that provision will be fully severable and this Agreement will be construed and enforced as if the illegal, invalid or unenforceable provision had never been part of this Agreement;

(b) the remaining provisions of this Agreement will remain in full force and will not be affected by the illegal, invalid or unenforceable provision or by its severance from this Agreement; and

(c) in the place of the illegal, invalid, or unenforceable provision, there will be added automatically to this Agreement a legal, valid and enforceable provision that is as similar to the illegal, invalid or unenforceable provision as possible.

Section 8.5 Entire Agreement. This Agreement embodies the complete agreement and understanding among the parties hereto with respect to the subject matter hereof and supersedes and preempts any prior understandings, agreements or representations by or among the parties hereto, written or oral, which may have related to the subject matter hereof in any way.

[Signature Page Follows]

IN WITNESS WHEREOF, the Member has executed this Agreement as of the date first set forth above.

ROMAN HEALTH VENTURES INC.

By: _____

Name: Zachariah Reitano

Title: Co-Founder and Chief Executive
Officer

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8 ☐ Partnership - Pages 1,2,6,8
☒ Non Publicly Traded Corporation – Pages 1,2,4,8 ☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: EL NUDO, LLC dba APRI FERTILITY PHARMACY

Physical Address: 4122 Sorrento Valley Blvd STE 102, San Diego, CA 92121

Mailing Address: 4122 Sorrento Valley Blvd STE 102

City: San Diego State: CA Zip Code: 92121

Telephone: (858) 531-3151 Fax: (888) 239-6337

Toll Free Number: 1(855) 773-2229 (Required per NAC 639.708)

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

Managing Pharmacist: Gholam Reza Rouzitalab License Number: 11626

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,**

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.

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

Bijan Jamie Sabouri
Print Name of Authorized Person

8/30/2021
Date

Page 2

Board Use Only	Date Processed: _____	Amount: <u>500</u>	CHECK # <u>0095404611</u>
----------------	-----------------------	--------------------	------------------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: CaliforniaParent Company if any: EL NUDO, LLCMailing Address: 4122 Sorrento Valley BlvdCity: San Diego State: CA Zip: 92121Telephone: (858) 531-3151 Fax: (888) 239-6337Contact Person: Bijan Sabouri

For any corporation non publicly traded, disclose the following:

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

a) <u>Bijan Jamie Sabouri</u>	<u>P.O. Box [REDACTED] Rancho Santa Fe, CA 92067</u>
Name	Address

b) _____	_____
Name	Address

c) _____	_____
Name	Address

d) _____	_____
Name	Address

2) Provide the number of shares issued by the corporation. 1,0003) What was the price paid per share? \$0.01 par value4) What date did the corporation actually receive the cash assets? 10/23/2020

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/AName: N/A %: N/A**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>9</u> am	<u>5</u> pm	Saturday	<u>10</u> am	<u>2</u> pm
Sunday	<u>Closed</u> am	<u>Closed</u> pm	24 Hours	<u>N/A</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Managing Pharmacist

Pharmacist Name: Gholam RouzitalabLicense #: 11626Pharmacy Name: EL NUDO, LLC dba Apri Fertility 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?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

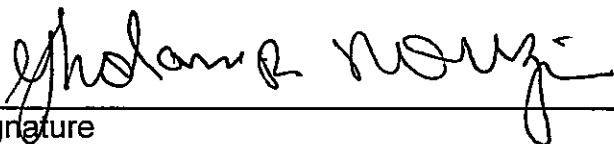
If you marked YES to any of the numbered questions above, please include the following information

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

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

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


 Signature

9/28/2021
 Date

Mark I. Sedar

From: Bijan Sabouri <apirxnow@gmail.com>
Sent: Tuesday, November 16, 2021 7:40 AM
To: Mark I. Sedar
Subject: Re: FW: Update Nevada Board of Pharmacy application
Attachments: image001.jpg

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Morning Mark,

Thank you for your email.

To date, we do not have an inspection report. This is a new pharmacy.

Please let me know if you have any questions.

Best regards,
Bijan Sabouri

On Tue, Nov 16, 2021, 7:36 AM Mark I. Sedar <msedar@pharmacy.nv.gov> wrote:

Good morning,

I have placed the application for APRI Fertility Pharmacy on the December board meeting agenda, but today I noticed that we are missing your latest California inspection report. Could you please forward me a copy of the report ASAP?

Thank you,

Mark Sedar

COO

Nevada State Board of
Pharmacy

(775) 850-1440

msedar@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

**STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA**

I, Bijan Jamie Sabouri

Responsible Person of EL NUDO, LLC

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

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

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

Bijan Jamie Sabouri

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

Bijan Jamie Sabouri

Print Name of Authorized Person

8/30/2021

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
) ss.
San Diego COUNTY)

I, Bijan Jamie Sabouni, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner/ President for Apri Fertility Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Bijan Jamie Sabouki, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name Bijan Jamie Saboun

SUBSCRIBED AND SWORN TO
before me, a notary public this
31st day of August, 2021.

NOTARY PUBLIC

★ NOTARY PUBLIC
Please see attached document Noel A. Du North

**WELLS
FARGO****Jurat Certificate California only**

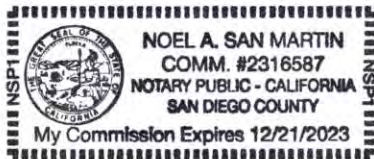
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San DiegoSubscribed and sworn to (or affirmed) before me on this 31stday of August, 2021, by Bijan Jamie Sabouri

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Place Seal Here

Signature Noel A San Martin**Description of Attached Document**

Type or Title of Document

Affidavit For Out-of-State Pharmacy License

Document Date

08/31/2021

Number of Pages

1 of 1

Signer(s) Other Than Named Above

N/A

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

- | | |
|--------------|---------------------|
| 1) President | Bijan Jamie Sabouri |
| 2) Secretary | Bijan Jamie Sabouri |



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: EL NUDO, LLC
File Number: 202029710053
Registration Date: 10/21/2020
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of August 30, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California
this day of August 31, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: ZVVVBVZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bizfile.sos.ca.gov/certification/index.



Board of Pharmacy



Retail Pharmacy Permit

LICENSE NO. PHY 58176

ISSUE DATE JULY 08, 2021

APRI FERTILITY PHARMACY

4122 SORRENTO VALLEY BLVD STE 102
SAN DIEGO CA 92121

The above is licensed with the State Board of Pharmacy as a Limited Liability Company.

LIMITED LIABILITY COMPANY
BIJAN JAMIE SABOURI

PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL DECEMBER 15, 2021

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non transferable. Contact the California State Board of Pharmacy when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FE0623050	08-31-2024	\$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-28-2021

EL NUDO, LLC DBA APRI FERTILITY PHARMACY 4122 SORRENTO VALLEY BLVD STE 102 SAN DIEGO, CA 92121
--

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FE0623050	08-31-2024	\$888

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EL NUDO, LLC DBA APRI FERTILITY PHARMACY 4122 SORRENTO VALLEY BLVD STE 102 SAN DIEGO, CA 92121
--

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621

[illegible]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler EL NUDO, LLC dba Apri Fertility Pharmacy
 Physical Address 4122 Sorrento Valley Blvd Suite 102
 City San Diego State CA Zip 92121
 Mailing Address (if different from physical address) N/A
 City _____ State _____ Zip _____
 Telephone (858)531-3151 Website N/A
 Licensing Company Email APRIRXNOW@GMAIL.COM

Section 2: Personal Information

First Bijan Middle Jamie Last Sabouri
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] Bounty St
 City San Diego State CA Zip 92120
 Telephone (858)531-3151 Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the 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 initials BS BS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name La Jolla High School		From - To (MM/YY – MM/YY) 09/03-06/07		
Address 750 Nautilus St	City La Jolla	State CA	Zip 92037	
Diploma/Degree obtained, if any G.E.D.				
School Name University of California, San Diego		From - To (MM/YY – MM/YY) 09/07-05/11		
Address 9500 Gilman Drive	City La Jolla	State CA	Zip 92093	
Diploma/Degree obtained, if any Bachelor of Science				
School Name University of Southern California		From - To (MM/YY – MM/YY) 08/11-05/15		
Address 1985 Zonal Ave	City Los Angeles	State CA	Zip 90089	
Diploma/Degree obtained, if any Doctorate of Pharmacy				
School Name		From - To (MM/YY – MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY – MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY – MM/YY) 02/21-Current	Address [REDACTED] Bounty St	City San Diego	State CA	Zip 92120
From - To (MM/YY – MM/YY) 08/15-02/21	Address 2604 28th St APT 2	City Santa Monica	State CA	Zip 90405
From - To (MM/YY – MM/YY) 08/11-08/15	Address 550 N. Figueroa St APT 4104	City Los Angeles	State CA	Zip 90012
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Nudo's Pharmacy		From - To (MM/YY – MM/YY) 03/21-Current	
Business Address 455 N. Magnolia Ave	City El Cajon	State CA	Zip 92020
Phone (619)442-0303	Title PIC/Owner		
Description of Duties PIC/Owner			
Business Name Ralphs Pharmacy		From - To (MM/YY – MM/YY) 03/16-06/20	
Business Address 1100 W. Artesia Blvd	City Compton	State CA	Zip 90220
Phone (310)884-9000	Title Staff Pharmacist		
Description of Duties Staff Pharmacist			
Business Name USC Plaza Pharmacy		From - To (MM/YY – MM/YY) 08/11-03/16	
Business Address 1510 San Pablo St #144	City Los Angeles	State CA	Zip 90033
Phone (323)442-5770	Title Intern Pharmacist		
Description of Duties Intern Pharmacist			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Applicant's initials BS 

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

 Applicant's initials BS *BS*

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

[A large diagonal line is drawn across the explanation area, indicating no explanation is provided.]

Bijan Jamie Sebani
Original Signature (electronic, copies or stamps not accepted)

9/27/21
Date
Applicant's initials BS BS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bijan Sabouri

Print Name (First, Last)

Bijan Jamie Sabouri

Original Signature (electronic, copies or stamps not accepted)

09/27/21

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Diego

I, Bijan Jamie Sabouri, 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 the license, registration, permit, certificate or certification for which I am applying for.

Bijan Jamie Sabouri

Original Signature

09/27/21

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

See attached not

(Seal)

Applicant's initials BS

CALIFORNIA JURAT

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.

STATE OF CALIFORNIA }

COUNTY OF San Diego }

Subscribed and sworn to (or affirmed) before me on this 27 day of September, 2021
Date Month Year

by Bijan Jamie Sabouri

Name of Signers

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: _____

Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Personal History Application

Document Date: 9-27-2021

Number of Pages: 7

Signer(s) Other Than Named Above: none

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler EL NUDO, LLC dba Apri Fertility Pharmacy
 Physical Address 4122 Sorrento Valley Blvd Suite 102
 City San Diego State CA Zip 92121
 Mailing Address (if different from physical address) N/A
 City _____ State _____ Zip _____
 Telephone (858)531-3151 Website N/A
 Licensing Company Email APRIRXNOW@GMAIL.COM

Section 2: Personal Information

First Bijan Middle Jamie Last Sabouri
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] Bounty St
 City San Diego State CA Zip 92120
 Telephone (858)531-3151 Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Date of Service: From: _____ to: _____
 Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the 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 initials BS BS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name La Jolla High School		From - To (MM/YY – MM/YY) 09/03-06/07	
Address 750 Nautilus St	City La Jolla	State CA	Zip 92037
Diploma/Degree obtained, if any G.E.D.			
School Name University of California, San Diego		From - To (MM/YY – MM/YY) 09/07-05/11	
Address 9500 Gilman Drive	City La Jolla	State CA	Zip 92093
Diploma/Degree obtained, if any Bachelor of Science			
School Name University of Southern California		From - To (MM/YY – MM/YY) 08/11-05/15	
Address 1985 Zonal Ave	City Los Angeles	State CA	Zip 90089
Diploma/Degree obtained, if any Doctorate of Pharmacy			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 02/21-Current	Address [REDACTED] Bounty St	City San Diego	State CA	Zip 92120
From - To (MM/YY – MM/YY) 08/15-02/21	Address 2604 28th St APT 2	City Santa Monica	State CA	Zip 90405
From - To (MM/YY – MM/YY) 08/11-08/15	Address 550 N. Figueroa St APT 4104	City Los Angeles	State CA	Zip 90012
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Ralphs Pharmacy		From - To (MM/YY – MM/YY) 03/16-06/20	
Business Address 1100 W Artesia Blvd	City Compton	State CA	Zip 90220
Phone (310)884-9000	Title Staff Pharmacist	Number of Employed Hours 8840	
Description of Duties Staff Pharmacist			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Bijan Jamil Safouhi

Original Signature (electronic, copies or stamps not accepted)

9/16/21

Date

Applicant's initials *BS*

I, Bijan Jamie Sabouri, certify that as the designated representative for
EL NUDO, LLC dba Apri Fertility Pharmacy

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Bijan Sabouri

Print Name (First, Last)

Bijan Jamie Sabouri
 Original Signature (electronic, copies or stamps not accepted)

9/16/21
 Date

Applicant's initials BS BS 8

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sabouri, Bijan
Print Name (First, Last)

Bijan Jamie Sabouri
Original Signature (electronic, copies or stamps not accepted)

09/16/21
Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Diego

I, Bijan Jamie Sabouri, 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 the license, registration, permit, certificate or certification for which I am applying for.

Bijan Jamie Sabouri
Original Signature

09/16/21
Date

Subscribed and Sworn to before me this 16 day of September, 21

[Signature]
Notary Public Signature

Please see attached
(Seal) document.

Applicant's initials Bj 9

WELLS
FARGO**Jurat Certificate California only**

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.

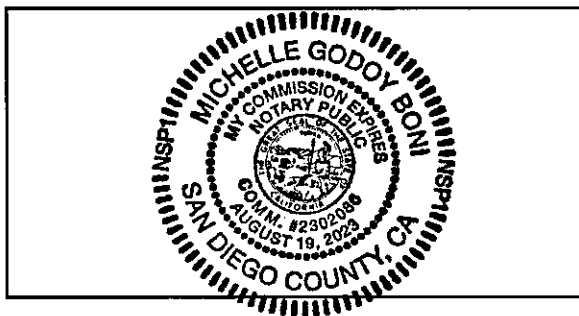
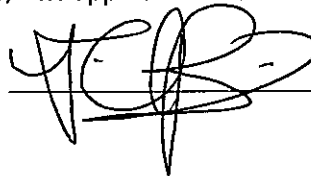
State of California

County of San DiegoSubscribed and sworn to (or affirmed) before me on this 16day of September, 2021, by Bijan Jamie Sabouni

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Place Seal Here

Signature

**Description of Attached Document**

Type or Title of Document

Designated Representative Application

Document Date

09/16/2021

Number of Pages

19

Signer(s) Other Than Named Above

N/A

5

MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	\$750.00	Counseling CE + \$1000.00	Hearing
Attorney Fees and Costs	Actual	Actual	Actual
Ingested no potential harm	\$500.00	\$1000.00	Hearing
Ingested with potential harm or adverse outcomes	\$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort.			
No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance.			
With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees and costs may be added in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from \$0.00 to \$10,000 for each Cause of Action.

Updated May 2019

ANNUAL DISCIPLINE CASES			
Reporting Period: January 2021 – October 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RW allowed other individuals to use his credentials to write and authorize prescriptions while he was out of the country.	N/A	CS registration is revoked; the revocation is stayed; CS registration is placed on probation for two years. RW shall pay a \$5,000 fine and \$2,000 for recoverable attorney's fees and costs.	N/A
DS, JM, and DB surrendered their DEA registrations for cause. Respondents no longer authorized by Federal or State law to prescribe or otherwise dispense a controlled substance.	N/A	Revoked	N/A
JP dispensed dangerous drugs for Nevada patients without a valid dispensing practitioner registration, from May 2017 until March 2020.	N/A	JP complied with a March 2020 cease and desist and citation order including payment of a \$5,000 administrative fine. JP shall pay \$950.00 for recoverable attorney's costs and fees.	N/A
KM voluntarily placed his license from the NSBME to practice medicine on inactive status; KM's CS registration placed on inactive status.	N/A	KM's CS registration shall remain inactive until he petitions the Board for reinstatement and presents proof that his license to practice medicine from the NSBME is active and in good standing. KM shall pay a \$1,500 fine and \$1,000 in attorney's fees and costs.	N/A
ES's license to practice dentistry was revoked by the NSBDE for numerous violations of NRS Chapter 631. The NVBOP served ES with notice that the revocation of her NSBDE license operated as an immediate suspension of her Nevada Controlled Substance Certificate of Registration. Respondent is no longer authorized by Federal or State law to prescribe or	N/A	Revoked	N/A

ANNUAL DISCIPLINE CASES			
Reporting Period: January 2021 – October 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
otherwise dispense a controlled substance.			
MG's voluntarily surrender of his controlled substance and practitioner dispensing registrations constitute disciplinary action.	N/A	MG may not prescribe controlled substances or dangerous drugs until he applies to the Board for issuance of a controlled substance and/or practitioner dispensing registration. He shall pay a \$3,217.50 attorney's fees and costs.	N/A
CF's license to practice medicine was placed on inactive status by the NSBME. CF is no longer authorized by Federal or State law to prescribe or otherwise dispense a controlled substance.	N/A	CF's controlled substance registration shall remain inactive until such time he petitions the Board for reinstatement and presents proof that his license to practice medicine from the NSBME is active and in good standing.	N/A
RPH DN diverted dangerous drugs for his personal use and furnished some of the diverted drugs to at least one other person.	N/A	DN's pharmacist certificate of registration is revoked. He shall pay a fine of \$5,000 and \$1,300 in attorney's costs and fees.	N/A
EM surrendered his DEA registration for cause. EM no longer authorized by Federal or State law to prescribe or otherwise dispense a controlled substance.	NA	Revoked for a period of 5 years; fined \$5,000 and \$812.50 for attorney's fees and costs.	N/A
RP failed at times to put into practice policies and procedures to ensure that dangerous drugs were stored, possessed and administered to patients in compliance with NRS 454.213.(1), NRS 454.221 and/or NRS 454.316	N/A	Fined \$2,000, \$1,500 for attorney's fees and costs, and establish new policies and procedures.	N/A

ANNUAL DISCIPLINE CASES			
Reporting Period: January 2021 – October 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
EM: The NSBME imposed discipline on EM's License No. PA1209 to practice medicine for violations of NRS Chapter 630 related to prescribing opioid medication.	N/A	EM's CS registration is suspended; the suspension is stayed and EM is placed on probation for a period of one year. EM fined \$2,500; \$1,000 attorney's fees and costs, and establish policies and procedures to ensure that any controlled substance prescription complies with all applicable regulations.	N/A
IF: NSBME entered an order in Case No. 20-38677, and imposed discipline on IF's License No. 14038 to practice medicine for violations of NRS Chapter 630 related to failure to adequately supervise a physician assistant prescribing opioid medication.	N/A	IF fined \$2,500; \$1,000 in attorney's fees and costs; and establish policies and procedures to ensure any controlled substance prescription issued for the treatment of chronic pain complies with all applicable regulations.	N/A
PK: The Florida State Board of Medical Examiners entered an order in Case No. 20-1903-552, and PK's License No. ME0093253 to practice medicine in Florida was suspended on the basis that Respondent "is unable to practice medicine with reasonable skill and safety." On November 17, 2020, PK requested that his License No. 14422 from the Nevada State Board of Medical Examiners be placed on inactive status. PK surrendered his DEA Certificate of Registration No. FK5849419 for cause on November 19, 2020.	N/A	Revoked. PK may not petition for reinstatement of his certificate or registration for a period of 1 year.	N/A

ANNUAL DISCIPLINE CASES			
Reporting Period: January 2021 – October 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
FS: NSBMW entered an order in Case No. 20-4041-1 and imposed discipline on FS's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r) and NRS 630.306(1)(b)(3). FS failed to put into practice policies and procedures to ensure that dangerous drugs (cosmetic injectables) were purchased, accessed, stored, possessed, administered, furnished and/or dispensed to patients in compliance with NRS 454.213(1), NRS 454.221 and/or NRS 454.316.	N/A	Fined \$3,000; \$1,000 attorney's fees and costs; establish policies and procedures.	N/A
GM: In April 14, 2021, the Board entered an Order pursuant to stipulation with GM. On April 21, 2021, GM surrendered his DEA Certificate of Registration No. MM2157647 for cause.	N/A	Revoked. GM may not petition for reinstatement of his certificate or registration for a period of 1 year.	
VM: On July 22, 2020, the DEA issued an Order to Show Cause and Immediate Suspension of Respondent's DEA Certificate of Registration No. BM7876800 pursuant to 21 U.S.C. § 824(d). VM regularly prescribed controlled substances to patients outside of the usual course of the professional practice of medicine in Nevada in violation of 21 U.S.C. § 823(f)(2), 21 CFR § 1306.04(a) and NRS 453.38, and failed to comply with applicable federal and state laws relating to controlled substances, in violation of 21 U.S.C § 823(f)(4). VM possessed and/or dispensed		Revoked. VM may not petition for reinstatement of his certificate or registration for a period of 2 years; fined \$10,000; \$1,989.10 attorneys costs and fees.	

ANNUAL DISCIPLINE CASES			
Reporting Period: January 2021 – October 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
controlled substances in violation of the DEA Suspension for Cause and corresponding suspension of Certificate of Registration No. CS11174.			
SK failed to timely renew his CS registration which expired on October 31, 2018 and wrote 70 prescriptions before renewing his CS registration on December 20, 2019.	N/A	Fined \$5,000 and \$500 in attorney's fees and costs.	N/A
JC failed at times to put into practice policies and procedures to ensure that dangerous drugs were stored, possessed and administered to patients in compliance with NRS 454.213.(1), NRS 454.221 and/or NRS 454.316; and failed in one instance to record an expiration date on an opened multidose injectable vial in violation of NAC 639.67057(2).	N/A	Fined \$1,500 and \$1,000 in attorney's fees and costs.	N/A
RPH AB diverted controlled substances for personal use from several northern Nevada pharmacies where she was employed. She willfully made false statements in the course of the Board's investigation.	N/A	Revoked; fined \$10,000 and \$3,487.07 in attorney's fees and costs.	N/A
RPH JP verified data entry as accurate and final product a prescription as accurate when it was not, which resulted in the prescription being dispensed to the wrong patient.	N/A	JP fined \$250 and \$250 in attorney's fees and costs; 2 extra hours of CE on error prevention. RJ (PIC) fined \$2,500; \$250 in attorney's fees and costs.	Fined \$2,500; \$250 in attorney's fees and costs.
KA surrendered her DEA Certificate of Registration No. FA2275673 for cause on April 21, 2021.	N/A	Revoked.	N/A

ANNUAL DISCIPLINE CASES			
Reporting Period: January 2021 – October 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
SS was aware that two pharmaceutical technicians were unlawfully accessing the pharmacy premises including the pharmacy.	N/A	RPH SS revoked; the revocation is stayed and SS is placed on probation for one year. PT MT fined \$900 and \$246.12 in attorney's fees and costs; one year probation. PT KH fined \$800 and \$246.12 in attorney's fees and costs; one year probation.	Revoked; fined \$10,400 and \$2,000 in attorney fees and costs.
JO allowed a staff member to act as a dispensing technician without a renewed license/registration.	N/A	Fined \$5,000 and attorney's fees and costs of \$1,331.50.	N/A
GK the BME entered an order in Case No. 21-11804 and imposed discipline on GK's medical license no. 9735 for violations of NRS Chapter 630 related to prescribing controlled substances to treat acute or chronic pain. By violating NRS Chapter 630 and therefore violating 21 CFR § 1306.04(a), NRS 639.23507 and NRS 639.2391-23914, inclusive, GK has committed acts that render her registration to dispense controlled substances inconsistent with the public interest.	N/A	GK's CS registration is suspended. The suspension is stayed and her CS registration is placed on probation for a period of one year with conditions. GK fined \$2,500, \$1,000 in attorney fees and costs; establish policies and procedures.	N/A
DP unlawfully diverted, acquired, possessed and/or used dangerous drugs.	N/A	DP's expired CS registration is forfeited. DP fined \$1,000 and \$500 in attorney's fees and costs.	N/A
BH reprimanded for failure to put into practice policies and procedures to ensure that dangerous drugs were stored, possessed and administered to patients in compliance with all	N/A	BH fined \$2,500, \$1,000 in attorney's fees and costs, establish policies and procedures.	N/A

ANNUAL DISCIPLINE CASES			
Reporting Period: January 2021 – October 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
federal and state statutes and regulations regarding dangerous drugs.			
RK reprimanded for failure to put into practice policies and procedures to ensure that dangerous drugs were stored, possessed, and administered to patients in compliance with all federal and state statutes and regulations regarding dangerous drugs.	N/A	RK fined \$2,500, \$1,000 in attorney's fees and costs; establish policies and procedures.	N/A
MA reprimanded for failure to put into practice policies and procedures to ensure that dangerous drugs were stored, possessed, and administered to patients in compliance with all federal and state statutes and regulations regarding dangerous drugs.	N/A	MA fined \$1,000, \$1,000 in attorney's fees and costs; establish policies and procedures.	N/A
RH admitted to falsifying and forging prescriptions for himself and falsely documenting a registered APRN as the prescribing practitioner.	N/A	Revoked; fined \$1,000.	N/A
SB-C verified data entry and final product of a prescription medication as accurate, when it was not, which resulted in the wrong medication dispensed to a pediatric patient resulting in hospitalization.	Hospitalization	SB-C fined \$2,000, \$598.00 in attorney's fees and costs, complete ten additional hours of CE.	Fined \$3,000 and \$1,000 in attorney's fees and costs.
JS admitted that evidence exists to establish a factual basis for alleged violations related to a dispensing error.	N/A	JS fined \$250, \$250 attorney's fees and costs, complete two additional CEs on error prevention.	Fined \$1,000 and \$1,000 in attorney's fees and costs.
SB-C and RN admit that evidence exists to establish a factual basis for alleged violations related to the dispensing of a duplicate	N/A	SB-C and RN shall each pay a \$500 fine, \$500 attorney's fees and costs and complete two additional CEs on	Fined \$500 and \$500 in attorney's fees and costs.

ANNUAL DISCIPLINE CASES			
Reporting Period: January 2021 – October 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
prescription of a controlled substance.		recordkeeping and/or error prevention.	
DB entered into a plea agreement in <i>United States vs. DBt</i> , Case No. 2:20-cr-00276-GMN-EJY, wherein he pled guilty to two felony counts of coercion and enticement of a minor to engage in sexual activity in violation of 21 U.S.C § 2422(b).	N/A	Revoked.	N/A
SK reprimanded for dispensing a dangerous drug to a patient without a valid dispensing practitioner registration and redispensing unused medication and thus a misbranded, mislabeled and potentially adulterated drug.	N/A	SK shall pay a fine of \$3,000.00 and \$1,500.00 in attorney fees and costs.	N/A
SB reprimanded for failure to put into practice policies and procedures to ensure that controlled substances and/or dangerous drugs were possessed, administered to patients, furnished or dispensed in compliance with all federal and state statutes and regulations regarding dangerous drugs and controlled substances.	N/A	SB's CS registration is revoked; the revocation is stayed and SB is placed on probation for two years. SB shall pay a fine of \$5,000.00, \$2,000.00 in attorney fees and costs and complete four additional hours of CEs regarding proper prescribing of controlled substances and dangerous drugs.	N/A
RW reprimanded for failure to put into practice policies and procedures to ensure that controlled substances and/or dangerous drugs were possessed, administered to patients, furnished or dispensed in compliance with all federal and state statutes and regulations regarding dangerous drugs and controlled substances.	N/A	RW's Certificate of Registration Nos. CS19994 and CS00063 are suspended; the suspensions are stayed and RW is placed on probation for two years. RW shall pay a fine of \$5,000.00, \$1,000.00 in attorney fees and costs and establish policies and procedures	N/A

ANNUAL DISCIPLINE CASES			
Reporting Period: January 2021 – October 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		complying with all federal and state laws for purchasing, possessing, accessing, storing, administering and furnishing dangerous drugs and controlled substances.	
AC issued Cease and Desist/Citation for engaging in the business of furnishing medical devices in Nevada without a license.	N/A	Citation and fine of \$5,000.00 upheld.	N/A
KA reprimanded for directing a pharmaceutical technician to reconstitute medication with an open and partially consumed bottle of drinking water.	N/A	KA shall pay a fine of \$1,000.00, \$500.00 in attorney fees and costs and completed two additional hours of CE on supervising pharmaceutical technicians and two additional hours of CE on nonsterile compounding that includes medication reconstitution.	N/A
WI utilized an unlicensed warehouse to receive, store and deliver prescription drugs to WI's Nevada pharmacies.	N/A	N/A	WI shall pay a fine of \$12,000.00, \$500.00 in attorney fees and costs.
MJ admits that evidence exists to establish a factual basis for alleged violations related to failure to obtain handwritten signatures of practitioners and/or verifying the accuracy and completeness of emergency CII prescriptions.	N/A	MJ is placed on probation for a period of one year; shall pay a fine of \$4,200.00, \$500.00 in attorney fees and costs and complete an additional four hours of CE regarding validation of controlled substance prescriptions.	TP is placed on probation for a period of one year; shall pay a fine of \$8,400.00, \$1,000.00 in attorney fees and costs; shall successfully pass quarterly inspections for a period of one year; and establish policies and procedures regarding emergency oral controlled substances prescriptions.

ANNUAL DISCIPLINE CASES			
Reporting Period: January 2021 – October 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
KP and TJ admit that evidence exists to establish a factual basis for alleged violations related to failure to report shortages/losses of controlled substances within ten days of loss discovery to the Board and failure to keep complete and accurate records of all inventories of controlled substances.	N/A	KP and TJ shall each pay a fine of \$2,000.00, and \$500.00 in attorney fees and costs.	LP shall pay a fine of \$5,000.00, \$1,000.00 in attorney fees and costs and produce policies and procedures regarding timely reporting of controlled substance losses.
TJ admits that evidence exists to establish a factual basis for alleged violations related to the dispensing of a controlled substance prescription to the wrong patient.	N/A	TJ shall pay a fine of \$2,000.00 and \$500.00 in attorney fees and costs. TJ is placed on probation for a period of one year.	LP shall produce policies and procedures to prevent future mis-dispensing of prescriptions; pay a fine of \$5,000.00; and \$1,000.00 in attorney fees and costs. LP is placed on probation for a period of one year.
GA unlawfully diverted, acquired, possessed and/or used controlled substances.	N/A	GA revoked for a period of two years. GA may not work for any facility licensed by the Board, including a pharmacy, in any capacity unless and until she has petitioned the Board for reinstatement and the Board reinstates her certificate of registration.	N/A
AK reprimanded for pre-signing prescriptions and/or providing a signature stamp to APRNs in his medical clinic to unlawfully issue controlled substance prescriptions to patients while he was engaged in overseas travel.	N/A	AK's CS registration is suspended; the suspension is stayed and AK is placed on probation for two years. AK shall pay a fine of \$5,000.00 and \$2,000.00 in attorney fees and costs.	N/A
NO reprimanded for prescribing controlled	N/A	NO shall pay a fine of \$1,000.00 and \$500.00	N/A

ANNUAL DISCIPLINE CASES			
Reporting Period: January 2021 – October 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
substances prior to being registered to do so.		in attorney fees and costs.	

5A



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NATHAN DAHL, RPH,
Certificate of Registration No. 17735, and**

**DAHL'S SPECIALTY PHARMACY OF
CARSON, License No. PH03605,**

Respondent.

**CASE NOS. 21-069-RPH-N
21-069-PH-N**

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, 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 NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Nathan Dahl, R.Ph., Certificate of Registration No. 17735, was a pharmacist registered by the Board, and Respondent Dahl's Specialty Pharmacy of Carson, License No. PH03605 (Dahl's Pharmacy), was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Respondent Nathan Dahl (Dahl) owned and operated Respondent Dahl's Specialty Pharmacy of Carson (Dahl's Pharmacy) at the time of the events alleged herein.

3. On or about February 3, 2021, D.L. was prescribed dalfampridine 5mg to be compounded in capsule form, 120 capsules, to be taken orally, 1 capsule 4x per day, with five (5) refills. The prescription was transmitted to Dahl's Pharmacy and designated as Prescription No. 5070945.

4. Between February 3 and May 12, 2021, each month Dahl compounded, filled and dispensed Prescription No. 5070945, 5mg dalfampridine, 120 capsules, for D.L. D.L. was Dahl's only patient taking dalfampridine during this period of time.

5. On or about May 12, 2021, Dahl dispensed Prescription No. 5070945 which contained a mixture of capsules compounded on April 20, 2021, lot #4202021, and May 10, 2021, lot #5102021.

6. Between May 12 and May 23, 2021, D.L. ingested Prescription No. 5070945 as directed by her physician, one capsule 4x per day.

7. On or about May 23, 2021, as a direct and proximate result of ingesting Prescription No. 5070945, D.L. began experiencing symptoms of a dalfampridine overdose and was transported via Care Flight from Carson City to Renown Regional Medical Center where she was diagnosed with toxic encephalopathy and status epilepticus and placed on life support.

8. On June 1, 2021, D.L.'s daughter advised Dahl of D.L.'s condition and questioned whether Prescription No. 5070945 was correctly compounded. Dahl stated that he would have the capsules tested.

9. On June 2, 2021, D.L.'s daughter provided Dahl with ten (10) capsules to be tested.

10. On June 3, 2021, Dahl left D.L.'s daughter a voicemail message representing that lab results indicated the correct dosage of 5mg dalfampridine per capsule.

11. On June 9, 2021, Dahl represented to Board investigator Monica Segedy (Segedy) that he sent ten capsules to Eagle Analytical Laboratories located in Texas (Eagle) to be tested, and that Eagle notified him the following day that each capsule contained 5mg of dalfampridine. Segedy requested Dahl provide her with a copy of the lab report from Eagle documenting their findings.

12. On or about June 9, 2021, D.L.'s daughter provided Segedy with fifty (50) dalfampridine capsules from Prescription No. 5070945.

13. On June 15, 2021, Dahl represented to Segedy that Eagle only did a mass spectrometry test on the capsules Dahl provided rather than a full assay test, that Eagle charged a \$3500 fee for a full assay test, and without conducting a full assay test Eagle would not provide a written lab report.

14. Later on June 15, 2021, Dahl represented to Segedy that Eagle had agreed to provide a written lab report for the mass spectrometry test for a \$500 charge and that he would email a copy of the written lab report later by the end of the day.

15. On June 16, 2021, Segedy contacted Dahl and inquired about the status of the Eagle lab report. Dahl represented that he did not have a lab report and that he had decided to have a full assay test conducted through ARL Bio Pharma in Oklahoma (ARL).

16. On June 16, 2021, Segedy asked Dahl to confirm that he did in fact send dalfampridine capsules to Eagle for a mass spectrometry test as previously represented. Dahl represented that the capsules were sent to ARL rather than Eagle and that he would provide a copy of the ARL lab report by the end of the day.

17. Later on June 16, 2021, Dahl represented to Segedy that ARL would not provide him with a written lab report.

18. On June 16, 2021, an Eagle representative advised Segedy that the lab never received any dalfampridine capsules from Dahl's Pharmacy for testing.

19. On June 16, 2021, Segedy sent two (2) of the suspect capsules to ARL for a complete assay test of the dalfampridine potency.

20. On June 21, 2021, an ARL representative advised Segedy that the lab never received any dalfampridine capsules from Dahl's Pharmacy for testing.

21. On June 30, 2021, Segedy questioned Dahl about the veracity of his statements on testing of the capsules; Dahl admitted that contrary to his previous statement he never at any time sent any capsules to either Eagle or ARL for testing.

22. On or about July 12, 2021, the Board received a certificate of analysis from ARL confirming that one of the capsules tested at 19.48 mg of dalfampridine, 4 times the prescribed dosage.

23. Inasmuch as it cannot be determined which batch the high potency capsule came from, lot #4202021 or lot #5102021, Dahl erroneously compounded the drug on or about April 20, 2021, or May 10, 2021, at 4 times the prescribed dosage.

24. On or about July 21, 2021, Dahl's Pharmacy ceased to do business and permanently closed.

FIRST CAUSE OF ACTION
Error in Compounding/Unprofessional Conduct
(Respondent Nathan Dahl)

25. A pharmacy engaged in the practice of compounding drug products and dispensing compounded drug products shall ensure that each pharmacist engaged in the practice of compounding drug products is competent and proficient in compounding and complies with the provisions of NAC 639.661 -.690, *inclusive*. NAC 639.67013.

26. Failing to strictly follow the instructions of a practitioner when filling, labeling, and dispensing a prescription constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(d) and is grounds for suspension or revocation of any registration issued by the Board. NRS 639.210(4).

27. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

28. The Board may suspend or revoke a registration if the holder has violated any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

29. Respondent Nathan Dahl violated NAC 639.67013 and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he erroneously compounded and dispensed Prescription No. 5070945, and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

SECOND CAUSE OF ACTION

False Statements in Course of Investigation (Respondent Nathan Dahl)

30. Willfully making a materially false statement or falsifying records in the course of a Board investigation is a criminal offense and grounds for suspension or revocation of any license or registration issued by the Board. NRS 197.190; NRS 639.210(9).

31. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

32. In the course of the Board's investigation, Respondent Nathan Dahl falsified records and willfully made false statements as to the compounding, dispensing and subsequent testing of Prescription No. 5070945, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 197.190, was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is therefore subject to discipline pursuant to NRS 639.210(4) and (9).

THIRD CAUSE OF ACTION

Pharmacy/Pharmacy Owner Responsibility (Respondent Dahl's Specialty Pharmacy of Carson)

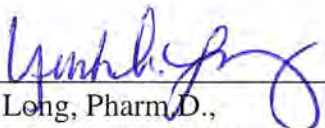
33. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5). Further, the owner of any business or

facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

34. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Dahl's Specialty Pharmacy of Carson is responsible for those violations, including all errors and omissions of Respondent Nathan Dahl, pursuant to NRS 639.230(5) and NAC 639.945(2).

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

Signed this 25th day of August, 2021.



Yen H. Long, Pharm.D.,
Deputy Executive Secretary of the Nevada State
Board of Pharmacy, for and on behalf of
J. David Wuest, R.Ph., Executive Secretary of the
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. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 21-069-RPH-N

Petitioner,

v.

NATHAN DAHL, RPH,
Certificate of Registration No. 17735,STATEMENT AND NOTICE OF
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 and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, 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 show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7350 Giles Street
Las Vegas, NV 89123

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

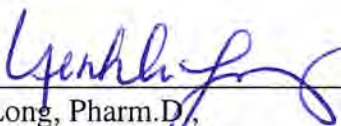
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 25th day of August, 2021.



Yenhi Long, Pharm.D.,
Deputy Executive Secretary of the Nevada State
Board of Pharmacy, for and on behalf of
J. David Wuest, R.Ph., Executive Secretary of the
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Nathan Dahl, R.Ph.
[REDACTED] Whitaker Lane
Fallon, NV 89406

Dahl's Specialty Pharmacy of Carson
1007 N. Curry St.
Carson City, NV 89703


SHIRLEY HUNTING



William J. Stilling (NBN 9915)
 STILLING & HARRISON, PLLC
 222 S. Main St., Ste. 500
 Salt Lake City, Utah 84101
 Telephone: 801-980-1888
 Facsimile: (801) 341-2021
 Email: bstilling@SHhealthlaw.com

Attorneys for Respondents

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NATHAN DAHL, RPH,
 Certificate of Registration No. 17735, and

DAHL'S SPECIALTY PHARMACY OF
 CARSON, License No. PH03605,

Respondents.

CASE NOS. 21-069-RPH-N
 21-069-PH-N

RESPONDENTS' ANSWER AND
 NOTICE OF DEFENSE

Respondents Nathan Dahl, R.Ph. and Dahl's Specialty Pharmacy of Carson, by and through their counsel William J. Stilling, of and for Stilling & Harrison, PLLC, answer and provide notice of their defense to the Notice of Intended Action and Accusation ("Notice") in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

Respondents request a hearing on the Notice.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice, Respondents admit, deny, and allege as follows:

JURISDICTION

1. Respondents admit the allegations in paragraph 1.

FACTUAL ALLEGATIONS

2. Respondents admit the allegations in paragraph 2.
3. Respondents admit the allegations in paragraph 3.
4. Respondents admit the allegations in paragraph 4.
5. Respondents admit the allegations in paragraph 5.
6. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 6 and therefore deny the same.
7. Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph 7 and therefore deny the same.
8. Respondents admit that on or about June 1, 2021, D.L.'s daughter advised Dahl of D.L.'s condition and questioned whether Prescription No. 5070945 was correctly compounded. Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph 8 and therefore deny the same. Dahl reviewed the log record and prescription record with D.L.'s daughter. At some point, whether on June 1 or later, Dahl stated he would have the capsules tested.
9. Respondents admit the allegations in paragraph 9.
10. Respondents deny the allegations in paragraph 10. Rather, on or about June 3, 2021, Dahl contacted Eagle Labs. After reviewing the Certificate of Analysis and the pharmacy's logs for the capsules, he was told by Eagle Labs that the capsules should be correct. Dahl left a voicemail for DL's daughter reporting his conversation with Eagle Labs.
11. Respondents deny the allegations in paragraph 11.
12. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 12 and therefore deny the same.

13. Respondents deny the allegations in paragraph 13. Rather, Dahl learned that Eagle Labs could not perform full assays on capsules. Eagle Labs could perform a mass spectrometry on the capsule ingredients, but this would not determine the amount of dalfampridine in each capsule.

14. Respondents deny the allegations in paragraph 14. Rather, on June 15, 2021, Dahl looked for labs that could conduct tests on individual capsules. He contacted ARL Bio Pharma (“ARL Bio”), located in Oklahoma City and was told ARL Bio could perform chemical identity tests on the capsules. This test would provide the quantity of dalfampridine in each capsule. Dahl sent all ten capsules to ARL Bio for testing. ARL Bio confirmed that it received ten capsules from Dahl’s Specialty Pharmacy on June 16, 2021. *See* emails between Nathan Dahl and Michael Darnaby of ARL Bio attached as Exhibit A.

15. Respondents admit that allegations in paragraph 15. Because Dahl had learned that Eagle Labs could not conduct a full assay of the capsules, he sent the capsules to ARL Bio.

16. Respondents admit Dahl represented that the ten capsules were sent to ARL Bio rather than Eagle Labs. Respondents initially received information from an ARL Bio representative that a result could be provided the same day. Dahl represented this information to Segedy. Later that day, an ARL representative asked the purpose of the assay. After Dahl explained that a patient had ingested capsules from the same lot and that he needed to know the amount of dalfampridine in each capsule. The ARL Bio representative stated that because this was an ingestion, the test would have to be conducted as a forensic test that would take at least ten days. Dahl explained the urgency of the situation and the ARL Bio representative said the tests could be finished in five business days for an additional fee. Dahl agreed to pay the fee for accelerated turnaround. *See* Exhibit A. Respondents lack sufficient knowledge to admit or deny the remaining allegations in paragraph 16 and therefore deny the same.

17. Respondents admit that on or about June 16, 2021, Dahl represented to Segedy that ARL could not provide a written lab report on that same day. Dahl stated this because of the new information he received from ARL Bio (i.e., that even by paying a fee for accelerated turnaround, the tests would take five business days). *See* Exhibit A and paragraph 16 above.

18. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 18 and therefore deny the same. However, because Dahl learned that Eagle Labs could not conduct an assay of individual capsules, Dahl never sent the capsules to Eagle Labs. Rather, he sent the ten capsules to ARL Bio. Dahl had already explained this to Segedy.

19. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 19 and therefore deny the same.

20. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 20 and therefore deny the same. Contrary to the allegations in paragraph 20, Dahl received confirmation by email from ARL Bio that ARL Bio received the capsules on June 16, 2021. *See* email confirmation attached as Exhibit A.

21. Respondents admit that Segedy questioned Dahl on June 30, 2021. However, Dahl did not contradict his previous statements. As he had previously stated, Dahl had not sent capsules to Eagle Labs once he discovered Eagle Labs would not have been able to perform a complete assay on the capsules that would provide the quantity of dalfampridine in each capsule. Respondents deny that Dahl stated he never sent capsules to ARL Bio because he in fact did send capsules to ARL Bio as evidenced by the email confirmation attached as Exhibit A. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 21 and therefore deny the same.

22. Respondents admit they have received from Board staff a certificate of analysis that reflects the results of one of the capsules as alleged in paragraph 22. One of the capsules contained 5.35 mg of dalfampridine.

23. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 23 and therefore deny the same.

24. Respondents admit that allegations in paragraph 24.

FIRST CAUSE OF ACTION

Error in Compounding/Unprofessional Conduct
(Respondent Nathan Dahl)

25. Paragraph 25 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 25 implies any unprofessional or unlawful conduct, Respondents deny the same.

26. Paragraph 26 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 26 implies any unprofessional or unlawful conduct, Respondents deny the same.

27. Paragraph 27 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 27 implies any unprofessional or unlawful conduct, Respondents deny the same.

28. Paragraph 28 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 28 implies any unprofessional or unlawful conduct, Respondents deny the same.

29. Respondents deny the allegations in paragraph 29.

SECOND CAUSE OF ACTION
False Statements in Course of Investigation
 (Respondent Nathan Dahl)

30. Paragraph 30 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 30 implies any unprofessional or unlawful conduct, Respondents deny the same.

31. Paragraph 31 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 31 implies any unprofessional or unlawful conduct, Respondents deny the same

32. Respondents deny the allegations in paragraph 32.

THIRD CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
 (Respondent Dahl's Specialty Pharmacy of Carson)

33. Paragraph 33 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 33 implies any unprofessional or unlawful conduct, Respondents deny the same.

34. Respondents deny the allegations in paragraph 34.

OTHER DEFENSES

35. Each cause of action fails to state a claim upon which relief can be granted.

36. The Nevada Board of Pharmacy cannot as a matter of law determine whether any effects Patient D.L. allegedly experienced were the “direct and proximate” result of ingesting prescription 5070945 without expert medical opinion and medical records.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

37. Respondents reserve the right to assert other affirmative defenses in this matter and in any civil litigation that may follow and to provide additional facts and mitigating circumstances.

38. To the extent Respondents did not specifically admit allegations in the Notice, they deny such allegations.

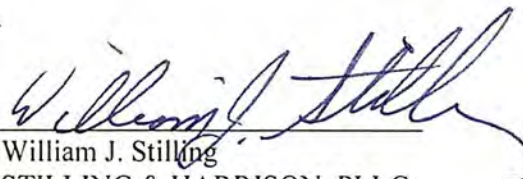
PRAYER FOR RELIEF

39. That the Board find that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondent.

40. That the Board dismiss all Causes of Action in the Notice.

41. That the Board provide further relief to Respondents as it finds just and proper.

DATED this 27th day of September 2021.


William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents
Nathan Dahl, RPh
Dahl's Specialty Pharmacy of
Carson

CERTIFICATE OF SERVICE

I hereby certify that on September 27, 2021, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
1050 E. Flamingo Road E217
Las Vegas, NV 89119
bkandt@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☒ Electronic Mail

David Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
dwuest@pharmacy.nv.gov

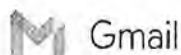
- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☒ Electronic Mail

By: _____



8/31/2021

Exhibit A
Dahl's Pharmacy Mail - ARL - New Client Packet and Price Book



nate dahl <natedahl@dahlsrx.com>

ARL - New Client Packet and Price Book

11 messages

Darnaby, Michael <mdarnaby@arlok.com>

To: "natedahl@dahlsrx.com" <natedahl@dahlsrx.com>

Tue, Jun 15, 2021 at 8:20 AM

Good morning Nathan,

Thank you for inquiring about our testing services here at ARL! We would love to help you with your testing needs.

To get started with ARL, please see the attached "Welcome!" packet that has sample submission steps using our online portal, sample guidelines, and a few forms we would need filled out to set up your account:

- Billing/Client Information Form
- Credit Card Authorization Form
- A copy of your pharmacy's W9

Once we have these 3 items, we can set up your account. You can send these forms in with your samples, or send directly to me, whichever is more convenient for you.

I have also attached our 2021 Price Book which outlines our routine testing services, sample requirements, and turnaround times. Per our conversation, potency testing of dalfampridine (4-aminopyridine) is \$160 per test and has a 3 business day turnaround time. We would need 5 capsules per potency test.

If you have any questions at all, such as a step-by-step walkthrough of the sample submission process, help with setting up your online portal account, or any other testing questions, please do not hesitate to contact me. I am more than happy to help in any capacity!

Thank you,

Michael Darnaby - Client Services Representative

ARL Bio Pharma, Inc.

840 Research Parkway, Suite 546

Oklahoma City, OK 73104

Phone: (405) 271-1144 or Toll free: 1-800-393-1595

Fax: (405) 271-1174

www.arlok.com

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ARL

BIO PHARMA

This electronic mail and the materials attached with this transmission are the private confidential property of the sender, and the materials are privileged communications intended solely for the use, benefit, and information of the intended recipient indicated above. If you are not the intended recipient, you are hereby notified that review, disclosure, copying, distribution, or the taking of any other action in reliance on the contents of this transmission is strictly prohibited, and may result in legal liability on your part. If you have received the transmission in error, please notify us immediately at the email address listed above and arrange for the destruction or return of this transmission to us.

2 attachments
ARL Price Book 2021 (June).pdf
1991K

 Welcome to ARL (Pharmacy) 2021.pdf
1690K

nate dahl <natedahl@dahlsrx.com>

Wed, Jun 16, 2021 at 12:18 PM

8/31/2021

Exhibit A
Dahl's Pharmacy Mail - ARL - New Client Packet and Price Book

To: "Darnaby, Michael" <mdarnaby@arl.com>

Michael

Attached is the W9 and other info. Accounting should have my credit card info. If not please let me know.

[Quoted text hidden]

--

Nathan Dahl
PharmD, RPH

Dahl's Pharmacy Compounding and Specialty

1047 N Curry Street

Carson City, NV 89703

Phone: 1-844-914-9067

Fax: 775-885-8347

Website: dahlspharmacy.com

CONFIDENTIALITY NOTICE: The contents of this email message and any attachments are intended solely for the addressee(s) and may contain confidential and/or privileged information and may be legally protected from disclosure. If you are not the intended recipient of this message or their agent, or if this message has been addressed to you in error, please immediately alert the sender by reply email and then delete this message and any attachments. If you are not the intended recipient, you are hereby notified that any use, dissemination, copying, or storage of this message or its attachments is strictly prohibited.

 ARL LABS.pdf
100K

Darnaby, Michael <mdarnaby@arl.com>
To: nate dahl <natedahl@dahlsrx.com>

Wed, Jun 16, 2021 at 12:23 PM

Hello Mr. Dahl,

This is great, thank you for providing this.

I called over to our accounting team, and they did not receive your email with your credit card form. Could you resend and attached me on the email, if possible? I may need to get with our IT team to see what happened with this.

I will have your quote over to you ASAP.

Thank you.

Michael Darnaby - Client Services Representative

ARL Bio Pharma, Inc.

840 Research Parkway, Suite 546

Oklahoma City, OK 73104

Phone: (405) 271-1144 or Toll free: 1-800-393-1595

Fax: (405) 271-1174

www.arl.com

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 ARL

 ARL

BIO PHARMA

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8/31/2021

Exhibit A
Dahl's Pharmacy Mail - ARL - New Client Packet and Price Book

From: nate dahl <natedahl@dahlsrx.com>
Sent: Wednesday, June 16, 2021 2:19 PM
To: Darnaby, Michael <mdarnaby@arlok.com>
Subject: Re: ARL - New Client Packet and Price Book

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

[Quoted text hidden]

Darnaby, Michael <mdarnaby@arlok.com>
To: nate dahl <natedahl@dahlsrx.com>

Wed, Jun 16, 2021 at 1:22 PM

Hello Mr. Dahl,

Attached is the requested quote with the accelerated turnaround time of 5 business days. Please let me know if you have any questions.

Thank you.

Michael Darnaby - Client Services Representative

ARL BioPharma, Inc.

840 Research Parkway, Suite 546

Oklahoma City, OK 73104

Phone: (405) 271-1144 or Toll free: 1-800-393-1595

Fax: (405) 271-1174

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LOGIN NOW

ARL



ARL

EST. 1980

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[Quoted text hidden]

 **Dahl's Specialty Pharmacy (NV) Verification of ID and Quant of 4-aminopyridine (210616).pdf**
729K

nate dahl <natedahl@dahlsrx.com>
To: "Darnaby, Michael" <mdarnaby@arlok.com>

Wed, Jun 16, 2021 at 1:46 PM

Michael

I have spoken with the State Board about the price and they are going to send a separate sample and we are going to split the cost of the test. Therefore, we do not need to proceed with this sample. I thank you very much for your promptness and all your help. I look forward to working with you in the future. Have a great day.

[Quoted text hidden]

Darnaby, Michael <mdarnaby@arlok.com>
To: nate dahl <natedahl@dahlsrx.com>

Wed, Jun 16, 2021 at 1:50 PM

Hello Mr. Dahl,

Thank you for the update! I will look forward to receiving the sample from the State Board. If you have any questions or need any future testing needs, please let me know and I will be more than happy to help.

8/31/2021

Exhibit A
Dahl's Pharmacy Mail - ARL - New Client Packet and Price Book

Best,

[Quoted text hidden]

nate dahl <natedahl@dahlsrx.com>
To: "Damaby, Michael" <mdamaby@arok.com>

Thu, Aug 26, 2021 at 1:00 PM

Michael

I am just following up with you on this matter. Does ARL Labs still have possession of the samples that were sent in directly to ARL Labs from Dahl's Specialty Pharmacy? What is your standard time frame of keeping such samples and can you verify how many samples you originally received directly from Dahl's Specialty Pharmacy and how many of those you currently have still? Thanks so much for all your help.

Regards,

Nathan Dahl

[Quoted text hidden]

Nate Dahl Dahl's Pharmacy

Damaby, Michael <mdamaby@arok.com>
To: nate dahl <natedahl@dahlsrx.com>

Mon, Aug 30, 2021 at 8:23 AM

Hello Nathan,

I apologize for the delayed response, as I was out of the office Thursday and Friday. I will check to see if we still have these in house, as our protocols have us dispose of samples after 30 days of completion or cancellation.

I can confirm we received 10 capsules total of lot# 05102021@6.

I will let you know ASAP if we still have this sample.

[Quoted text hidden]

nate dahl <natedahl@dahlsrx.com>
To: "Damaby, Michael" <mdamaby@arok.com>

Tue, Aug 31, 2021 at 10:58 AM

Thank you for the update. Yes, please let me know if you still have those samples or if they have been disposed of when you find that information out.
[Quoted text hidden]

nate dahl <natedahl@dahlsrx.com>
To: "Damaby, Michael" <mdamaby@arok.com>

Tue, Aug 31, 2021 at 11:02 AM

Michael

No problem onb the delay. I appreciate you getting back to me. Can you also please confirm to me, if you have record, what day ARL Labs received the 10 capsules with the lot# 05102021@6 shipped from Dahl's Specialty Pharmacy? Thank you again for all your help.

[Quoted text hidden]

Damaby, Michael <mdamaby@arok.com>
To: nate dahl <natedahl@dahlsrx.com>

Tue, Aug 31, 2021 at 11:05 AM

Hello Nate,

We received this lot on 6/16/2021. Our sample admin team is still checking on the status of this sample, as it had been marked for disposal but it could still be in the disposal bins. I will let you know ASAP if we find it.

[Quoted text hidden]

5B

BEFORE THE NEVADA STATE BOARD OF PHARMACY	
NEVADA STATE BOARD OF PHARMACY,	CASE NOS. 21-069-PH-N
Petitioner,	
v.	
DAHL'S SPECIALTY PHARMACY OF CARSON, License No. PH03605,	STATEMENT AND NOTICE OF 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 and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, 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 show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 244 and AB 253, the meeting can be listened to or viewed live over Zoom
remotely or at the following location:

Temple Inn Las Vegas Strip South
7350 Giles Street
Las Vegas, NV 89123

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

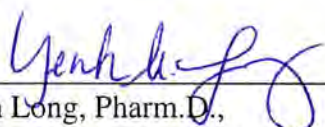
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 25th day of August, 2021.



Yen H. Long, Pharm.D.,
Deputy Executive Secretary of the Nevada State
Board of Pharmacy, for and on behalf of
J. David Wuest, R.Ph., Executive Secretary of the
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Nathan Dahl, R.Ph.
[REDACTED] Whitaker Lane
Fallon, NV 89406

Dahl's Specialty Pharmacy of Carson
1007 N. Curry St.
Carson City, NV 89703


SHIRLEY HUNTING



William J. Stilling (NBN 9915)
 STILLING & HARRISON, PLLC
 222 S. Main St., Ste. 500
 Salt Lake City, Utah 84101
 Telephone: 801-980-1888
 Facsimile: (801) 341-2021
 Email: bstilling@SHhealthlaw.com

Attorneys for Respondents

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NATHAN DAHL, RPH,
 Certificate of Registration No. 17735, and

DAHL'S SPECIALTY PHARMACY OF
 CARSON, License No. PH03605,

Respondents.

CASE NOS. 21-069-RPH-N
 21-069-PH-N

RESPONDENTS' ANSWER AND
 NOTICE OF DEFENSE

Respondents Nathan Dahl, R.Ph. and Dahl's Specialty Pharmacy of Carson, by and through their counsel William J. Stilling, of and for Stilling & Harrison, PLLC, answer and provide notice of their defense to the Notice of Intended Action and Accusation ("Notice") in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

Respondents request a hearing on the Notice.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice, Respondents admit, deny, and allege as follows:

JURISDICTION

1. Respondents admit the allegations in paragraph 1.

FACTUAL ALLEGATIONS

2. Respondents admit the allegations in paragraph 2.
3. Respondents admit the allegations in paragraph 3.
4. Respondents admit the allegations in paragraph 4.
5. Respondents admit the allegations in paragraph 5.
6. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 6 and therefore deny the same.
7. Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph 7 and therefore deny the same.
8. Respondents admit that on or about June 1, 2021, D.L.'s daughter advised Dahl of D.L.'s condition and questioned whether Prescription No. 5070945 was correctly compounded. Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph 8 and therefore deny the same. Dahl reviewed the log record and prescription record with D.L.'s daughter. At some point, whether on June 1 or later, Dahl stated he would have the capsules tested.
9. Respondents admit the allegations in paragraph 9.
10. Respondents deny the allegations in paragraph 10. Rather, on or about June 3, 2021, Dahl contacted Eagle Labs. After reviewing the Certificate of Analysis and the pharmacy's logs for the capsules, he was told by Eagle Labs that the capsules should be correct. Dahl left a voicemail for DL's daughter reporting his conversation with Eagle Labs.
11. Respondents deny the allegations in paragraph 11.
12. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 12 and therefore deny the same.

13. Respondents deny the allegations in paragraph 13. Rather, Dahl learned that Eagle Labs could not perform full assays on capsules. Eagle Labs could perform a mass spectrometry on the capsule ingredients, but this would not determine the amount of dalfampridine in each capsule.

14. Respondents deny the allegations in paragraph 14. Rather, on June 15, 2021, Dahl looked for labs that could conduct tests on individual capsules. He contacted ARL Bio Pharma (“ARL Bio”), located in Oklahoma City and was told ARL Bio could perform chemical identity tests on the capsules. This test would provide the quantity of dalfampridine in each capsule. Dahl sent all ten capsules to ARL Bio for testing. ARL Bio confirmed that it received ten capsules from Dahl’s Specialty Pharmacy on June 16, 2021. *See* emails between Nathan Dahl and Michael Darnaby of ARL Bio attached as Exhibit A.

15. Respondents admit that allegations in paragraph 15. Because Dahl had learned that Eagle Labs could not conduct a full assay of the capsules, he sent the capsules to ARL Bio.

16. Respondents admit Dahl represented that the ten capsules were sent to ARL Bio rather than Eagle Labs. Respondents initially received information from an ARL Bio representative that a result could be provided the same day. Dahl represented this information to Segedy. Later that day, an ARL representative asked the purpose of the assay. After Dahl explained that a patient had ingested capsules from the same lot and that he needed to know the amount of dalfampridine in each capsule. The ARL Bio representative stated that because this was an ingestion, the test would have to be conducted as a forensic test that would take at least ten days. Dahl explained the urgency of the situation and the ARL Bio representative said the tests could be finished in five business days for an additional fee. Dahl agreed to pay the fee for accelerated turnaround. *See* Exhibit A. Respondents lack sufficient knowledge to admit or deny the remaining allegations in paragraph 16 and therefore deny the same.

17. Respondents admit that on or about June 16, 2021, Dahl represented to Segedy that ARL could not provide a written lab report on that same day. Dahl stated this because of the new information he received from ARL Bio (i.e., that even by paying a fee for accelerated turnaround, the tests would take five business days). *See* Exhibit A and paragraph 16 above.

18. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 18 and therefore deny the same. However, because Dahl learned that Eagle Labs could not conduct an assay of individual capsules, Dahl never sent the capsules to Eagle Labs. Rather, he sent the ten capsules to ARL Bio. Dahl had already explained this to Segedy.

19. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 19 and therefore deny the same.

20. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 20 and therefore deny the same. Contrary to the allegations in paragraph 20, Dahl received confirmation by email from ARL Bio that ARL Bio received the capsules on June 16, 2021. *See* email confirmation attached as Exhibit A.

21. Respondents admit that Segedy questioned Dahl on June 30, 2021. However, Dahl did not contradict his previous statements. As he had previously stated, Dahl had not sent capsules to Eagle Labs once he discovered Eagle Labs would not have been able to perform a complete assay on the capsules that would provide the quantity of dalfampridine in each capsule. Respondents deny that Dahl stated he never sent capsules to ARL Bio because he in fact did send capsules to ARL Bio as evidenced by the email confirmation attached as Exhibit A. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 21 and therefore deny the same.

22. Respondents admit they have received from Board staff a certificate of analysis that reflects the results of one of the capsules as alleged in paragraph 22. One of the capsules contained 5.35 mg of dalfampridine.

23. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 23 and therefore deny the same.

24. Respondents admit that allegations in paragraph 24.

FIRST CAUSE OF ACTION

Error in Compounding/Unprofessional Conduct
(Respondent Nathan Dahl)

25. Paragraph 25 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 25 implies any unprofessional or unlawful conduct, Respondents deny the same.

26. Paragraph 26 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 26 implies any unprofessional or unlawful conduct, Respondents deny the same.

27. Paragraph 27 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 27 implies any unprofessional or unlawful conduct, Respondents deny the same.

28. Paragraph 28 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 28 implies any unprofessional or unlawful conduct, Respondents deny the same.

29. Respondents deny the allegations in paragraph 29.

SECOND CAUSE OF ACTION
False Statements in Course of Investigation
 (Respondent Nathan Dahl)

30. Paragraph 30 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 30 implies any unprofessional or unlawful conduct, Respondents deny the same.

31. Paragraph 31 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 31 implies any unprofessional or unlawful conduct, Respondents deny the same

32. Respondents deny the allegations in paragraph 32.

THIRD CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
 (Respondent Dahl's Specialty Pharmacy of Carson)

33. Paragraph 33 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 33 implies any unprofessional or unlawful conduct, Respondents deny the same.

34. Respondents deny the allegations in paragraph 34.

OTHER DEFENSES

35. Each cause of action fails to state a claim upon which relief can be granted.

36. The Nevada Board of Pharmacy cannot as a matter of law determine whether any effects Patient D.L. allegedly experienced were the "direct and proximate" result of ingesting prescription 5070945 without expert medical opinion and medical records.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

37. Respondents reserve the right to assert other affirmative defenses in this matter and in any civil litigation that may follow and to provide additional facts and mitigating circumstances.

38. To the extent Respondents did not specifically admit allegations in the Notice, they deny such allegations.

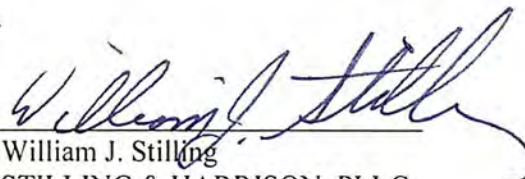
PRAYER FOR RELIEF

39. That the Board find that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondent.

40. That the Board dismiss all Causes of Action in the Notice.

41. That the Board provide further relief to Respondents as it finds just and proper.

DATED this 27th day of September 2021.



William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents
Nathan Dahl, RPh
Dahl's Specialty Pharmacy of
Carson

CERTIFICATE OF SERVICE

I hereby certify that on September 27, 2021, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
1050 E. Flamingo Road E217
Las Vegas, NV 89119
bkandt@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☒ Electronic Mail

David Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
dwuest@pharmacy.nv.gov

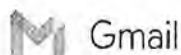
- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☒ Electronic Mail

By: _____



8/31/2021

Exhibit A
Dahl's Pharmacy Mail - ARL - New Client Packet and Price Book



nate dahl <natedahl@dahlsrx.com>

ARL - New Client Packet and Price Book

11 messages

Darnaby, Michael <mdarnaby@arlok.com>

To: "natedahl@dahlsrx.com" <natedahl@dahlsrx.com>

Tue, Jun 15, 2021 at 8:20 AM

Good morning Nathan,

Thank you for inquiring about our testing services here at ARL! We would love to help you with your testing needs.

To get started with ARL, please see the attached "Welcome!" packet that has sample submission steps using our online portal, sample guidelines, and a few forms we would need filled out to set up your account:

- Billing/Client Information Form
- Credit Card Authorization Form
- A copy of your pharmacy's W9

Once we have these 3 items, we can set up your account. You can send these forms in with your samples, or send directly to me, whichever is more convenient for you.

I have also attached our 2021 Price Book which outlines our routine testing services, sample requirements, and turnaround times. Per our conversation, potency testing of dalfampridine (4-aminopyridine) is \$160 per test and has a 3 business day turnaround time. We would need 5 capsules per potency test.

If you have any questions at all, such as a step-by-step walkthrough of the sample submission process, help with setting up your online portal account, or any other testing questions, please do not hesitate to contact me. I am more than happy to help in any capacity!

Thank you,

Michael Darnaby - Client Services Representative

ARL Bio Pharma, Inc.

840 Research Parkway, Suite 546

Oklahoma City, OK 73104

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2 attachments
ARL Price Book 2021 (June).pdf
1991K

 Welcome to ARL (Pharmacy) 2021.pdf
1690K

nate dahl <natedahl@dahlsrx.com>

Wed, Jun 16, 2021 at 12:18 PM

8/31/2021

Exhibit A
Dahl's Pharmacy Mail - ARL - New Client Packet and Price Book

To: "Darnaby, Michael" <mdarnaby@arlak.com>

Michael

Attached is the W9 and other info. Accounting should have my credit card info. If not please let me know.

[Quoted text hidden]

--

Nathan Dahl
PharmD, RPH

Dahl's Pharmacy Compounding and Specialty

1047 N Curry Street

Carson City, NV 89703

Phone: 1-844-914-9067

Fax: 775-885-8347

Website: dahlspharmacy.com

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 ARL LABS.pdf
100K

Darnaby, Michael <mdarnaby@arlak.com>
To: nate dahl <natedahl@dahlsrx.com>

Wed, Jun 16, 2021 at 12:23 PM

Hello Mr. Dahl,

This is great, thank you for providing this.

I called over to our accounting team, and they did not receive your email with your credit card form. Could you resend and attached me on the email, if possible? I may need to get with our IT team to see what happened with this.

I will have your quote over to you ASAP.

Thank you.

Michael Darnaby - Client Services Representative

ARL Bio Pharma, Inc.

840 Research Parkway, Suite 546

Oklahoma City, OK 73104

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8/31/2021

Exhibit A

Dahl's Pharmacy Mail - ARL - New Client Packet and Price Book

From: nate dahl <natedahl@dahlsrx.com>
 Sent: Wednesday, June 16, 2021 2:19 PM
 To: Darnaby, Michael <mdarnaby@arlok.com>
 Subject: Re: ARL - New Client Packet and Price Book

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

[Quoted text hidden]

Darnaby, Michael <mdarnaby@arlok.com>
 To: nate dahl <natedahl@dahlsrx.com>

Wed, Jun 16, 2021 at 1:22 PM

Hello Mr. Dahl,

Attached is the requested quote with the accelerated turnaround time of 5 business days. Please let me know if you have any questions.

Thank you.

Michael Darnaby - Client Services Representative

ARL BioPharma, Inc.

840 Research Parkway, Suite 546

Oklahoma City, OK 73104

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[Quoted text hidden]

 Dahl's Specialty Pharmacy (NV) Verification of ID and Quant of 4-aminopyridine (210616).pdf
 729K

nate dahl <natedahl@dahlsrx.com>
 To: "Darnaby, Michael" <mdarnaby@arlok.com>

Wed, Jun 16, 2021 at 1:46 PM

Michael

I have spoken with the State Board about the price and they are going to send a separate sample and we are going to split the cost of the test. Therefore, we do not need to proceed with this sample. I thank you very much for your promptness and all your help. I look forward to working with you in the future. Have a great day.

[Quoted text hidden]

Darnaby, Michael <mdarnaby@arlok.com>
 To: nate dahl <natedahl@dahlsrx.com>

Wed, Jun 16, 2021 at 1:50 PM

Hello Mr. Dahl,

Thank you for the update! I will look forward to receiving the sample from the State Board. If you have any questions or need any future testing needs, please let me know and I will be more than happy to help.

8/31/2021

Exhibit A
Dahl's Pharmacy Mail - ARL - New Client Packet and Price Book

Best,

[Quoted text hidden]

nate dahl <natedahl@dahlsrx.com>
To: "Damaby, Michael" <mdamaby@arok.com>

Thu, Aug 26, 2021 at 1:00 PM

Michael

I am just following up with you on this matter. Does ARL Labs still have possession of the samples that were sent in directly to ARL Labs from Dahl's Specialty Pharmacy? What is your standard time frame of keeping such samples and can you verify how many samples you originally received directly from Dahl's Specialty Pharmacy and how many of those you currently have still? Thanks so much for all your help.

Regards,

Nathan Dahl

[Quoted text hidden]

Nate Dahl Dahl's Pharmacy

Damaby, Michael <mdamaby@arok.com>
To: nate dahl <natedahl@dahlsrx.com>

Mon, Aug 30, 2021 at 8:23 AM

Hello Nathan,

I apologize for the delayed response, as I was out of the office Thursday and Friday. I will check to see if we still have these in house, as our protocols have us dispose of samples after 30 days of completion or cancellation.

I can confirm we received 10 capsules total of lot# 05102021@6.

I will let you know ASAP if we still have this sample.

[Quoted text hidden]

nate dahl <natedahl@dahlsrx.com>
To: "Damaby, Michael" <mdamaby@arok.com>

Tue, Aug 31, 2021 at 10:58 AM

Thank you for the update. Yes, please let me know if you still have those samples or if they have been disposed of when you find that information out.
[Quoted text hidden]

nate dahl <natedahl@dahlsrx.com>
To: "Damaby, Michael" <mdamaby@arok.com>

Tue, Aug 31, 2021 at 11:02 AM

Michael

No problem onb the delay. I appreciate you getting back to me. Can you also please confirm to me, if you have record, what day ARL Labs received the 10 capsules with the lot# 05102021@6 shipped from Dahl's Specialty Pharmacy? Thank you again for all your help.

[Quoted text hidden]

Damaby, Michael <mdamaby@arok.com>
To: nate dahl <natedahl@dahlsrx.com>

Tue, Aug 31, 2021 at 11:05 AM

Hello Nate,

We received this lot on 6/16/2021. Our sample admin team is still checking on the status of this sample, as it had been marked for disposal but it could still be in the disposal bins. I will let you know ASAP if we find it.

[Quoted text hidden]

5C

FILED**JUL 23 2021**NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

AKINDELE E. KOLADE, MD,
Certificate of Registration No. CS21917,JEAN-MARIE SWAINE, APRN,
Certificate of Registration No. CS24065, andNNENNA A. OLUBAJO, APRN,
Certificate of Registration No. CS27850,

Respondents.

Case Nos. 19-237-CS-A-S
19-237-CS-B-S
19-237-CS-C-S**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, 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 NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Akindele E. Kolade, MD (Kolade), held a controlled substance registration, Certificate of Registration No. CS21917; Respondent Jean-Marie Swaine, APRN (Swaine), held a controlled substance registration, Certificate of Registration No. CS24065; and Respondent Nnenna A. Olubajo, APRN (Olubajo), held a controlled substance registration, Certificate of Registration No. CS27850, all issued by the Board.

FACTUAL ALLEGATIONS

2. Kolade unlawfully issued thirteen (13) prescriptions for controlled substances while engaged in overseas travel, to patients with whom he did not have a bona fide therapeutic

relationship, by pre-signing prescriptions and/or providing a signature stamp to Swaine and Olubajo. Prescriber records and prescriptions document that Swaine and Olubajo unlawfully issued these controlled substance prescriptions under Kolade's name and credentials while Kolade was traveling outside of the U.S. in April 2018, October 2018, and February 2019,

3. Olubajo prescribed controlled substances and dangerous drugs prior to being registered to do so. Prescriber records and prescriptions document a total of eight (8) controlled substance prescriptions written prior to October 17, 2018, when Olubajo was issued Certificate of Registration No. CS27850.

APPLICABLE LAW

4. It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03-§ 1306.05; NRS 453.226(1); NRS 453.232; NRS 453.321(1)(a); NRS 453.377; NRS 453.381; NRS 639.100(1); NRS 639.235(1); NAC 453.440.

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); 21 CFR § 1306.04(a); NRS 453.381(1).

6. An advanced practice registered nurse may only prescribe controlled substances with authorization from both the Board and the State Board of Nursing. NRS 639.2351; NAC 639.854.

7. It is a felony offense to falsify a prescription for a controlled substance. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1) (f) and (h).

8. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.281(1); NRS 453.331(1)(c); NRS 639.2813(1).
9. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).
10. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).
11. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).
12. Performing any act, task or operation for which licensure is required without the required registration constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).
13. Prescribing a drug as a prescribing practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).
14. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

15. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

16. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Violations of Federal Controlled Substances Act

17. By issuing controlled substance prescriptions under Kolade's name and credentials while Kolade was engaged in overseas travel, to patients with whom he did not have a bona fide therapeutic relationship, as alleged herein, Kolade, Swaine and Olubajo violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), 21 CFR § 1306.04(a) and/or 21 CFR § 1306.05, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

SECOND CAUSE OF ACTION

Violations of State Law

18. By issuing controlled substance prescriptions under Kolade's name and credentials while Kolade was engaged in overseas travel, to patients with whom he did not have a bona fide therapeutic relationship, as alleged herein, Kolade, Swaine and Olubajo violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.331(1) (f) and (h), NRS 453.381(1), NRS 453.401(1)(a), NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1) and/or NAC 453.440(1)(c), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction/ Incompetent, Unskillful or Negligent Performance of Duties

19. By issuing controlled substance prescriptions under Kolade's name and credentials while Kolade was engaged in overseas travel, to patients with whom he did not have a bona fide therapeutic relationship, as alleged herein, Kolade, Swaine and Olubajo were party to a fraudulent or deceitful practice or transaction, performed their duties as the holders of controlled substance registrations in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h) and (i), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Prescribing Without Bona Fide Therapeutic Relationship (Respondent Akindele E. Kolade, MD)

20. By prescribing controlled substances for patients with whom he had not established a bona fide therapeutic relationship, before he had examined the patients and without his direct supervision, and for whom he had neither diagnosed or determined that a controlled substance was medically necessary, as alleged herein, Kolade engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(o), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION

Violations of Federal and State Law for Unlicensed Prescribing (Respondent Nnenna A. Olubajo, APRN)

21. By prescribing controlled substances prior to being registered to do so, as alleged herein, Olubajo violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), 21 CFR § 1306.04(a), NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.331(1)(c), (f) and (h), NRS 453.381(1), NRS 453.401(1)(a), NRS

639.100(1), NRS 639.235(1), NRS 639.2351, NRS 639.281(1), NRS 639.2813(1), NAC 453.440(1)(c) and/or NAC 639.854, and is subject to discipline pursuant to NRS 639.210(11) and (12).

SIXTH CAUSE OF ACTION

Unprofessional Conduct – Unlicensed Prescribing/ Party to a Fraudulent/Deceitful Practice/Transaction/ Incompetent, Unskillful or Negligent Performance of Duties (Respondent Nnenna A. Olubajo, APRN)

22. By prescribing controlled substances prior to being licensed to do so, as alleged herein, Olubajo was a party to a fraudulent or deceitful practice or transaction, performed her duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), (i) and (k), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

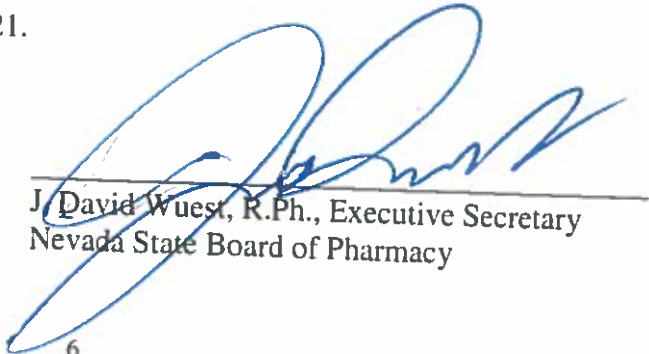
SEVENTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

23. By their actions as alleged herein, Kolade, Swaine and Olubajo have committed acts that render their registrations to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

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.

DATED this 23rd day of July, 2021.


J. David Wuest, R.Ph., 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. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 19-237-CS-B-S

Petitioner,

v.

JEAN-MARIE SWAINE, APRN,
Certificate of Registration No. CS24065,STATEMENT TO THE RESPONDENT
AND NOTICE OF 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 and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, 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 show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

**Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123**

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

**Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671**

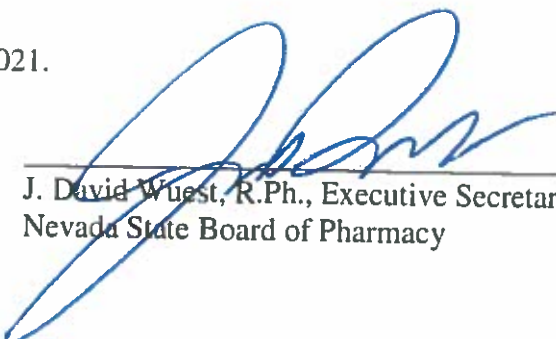
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of July, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jean-Marie Swaine. APRN
[REDACTED] W Charleston Blvd Ste [REDACTED]
Las Vegas, NV 89146



KRISTOPHER MANGOSING

2/8/20

Ms. Dena McClish, Investigator
Nevada State Board of Pharmacy
1050 E. Flamingo Rd Ste E217
Las Vegas, NV 89119

Dear Ms. McClish,

This letter is a response to your investigation regarding 7 patients who were seen by me between 2/5/19- 2/6/2019. As you know, the date of service had been 1 year from today. The information I provide to you is based out of the best of my recollection. I do not have authorization to access patient charts, as I stopped practicing with Dr. Kolade on 7/5/2019.

I worked with Dr. Kolade in January 18, 2019 for the first time that year. He had informed me that his whole office staff had left including Nurse Practitioners, secretary, medical assistant and biller. He further asked me to cover for him while he planned on going out of town in February. I worked under a physician collaboration agreement with Dr. Kolade.

As I recall, I saw those 7 patients who were already established patients. They were being seen at his clinic. (most of them). I don't have access to patient charts in order to verify accuracy. I reviewed previous notes, evaluated patient symptoms and continued to prescribe medications that were appropriate. My practice is: a) writing non-controlled substance medications on a separate script paper, with refills as necessary; b) reviewing PMP record; and c) writing controlled-substances on a separate script, since I did not provide refills for those medications without proper monitoring.

On 2/5/19- 2/6/2019, I saw patients and wrote scripts accordingly. I remember that the medical assistant Yadira, had informed me that "pharmacies were calling to verify controlled substances scripts that were given to patients". She further informed me that "patients were getting upset that they were not able to obtain controlled substances that I had written. The pharmacy did not dispense the medications without proper verification. I had an active DEA; but the pharmacies were unable to verify DEA with prescription pad which did not have my credentialing information, name, DEA number, license # and NPI #; therefore the patients were not given the medications (controlled substances) that I had written for them.

Yadira called Dr. Kolade- he responded. On speaker phone, Dr. Kolade instructed us to write controlled substances on "stamped script pads and or pre-signed script pads, signed by him"; I remember telling him that I did not feel comfortable doing that, but he insisted that Yadira and I write the medications (controlled substances) on stamped/ pre-signed script pads. I remember Yadira, (medical assistant) telling me that they were doing that for Dr. Kolade's patients in his absence. Yadira wrote the controlled substances on Dr. Kolade's script pad and used Dr. Kolade's stamp – as per Dr. Kolade's instructions. I might have written some of the scripts, while the medical assistant wrote the others. I need to see the copy of the scripts in order to verify accuracy.

She further informed me that "Dr. Kolade had several script pads that were pre-signed by him. Yadira and the office secretary (Amber) were writing medications for Dr. Kolade's patients".

I remember that initially, Yadire was not able to find "pre-signed scripts; so she used the stamp for the controlled substances". She asked the patients to return to pick up scripts with Dr. Kolade's stamp and information on prescription pad. Yadire wrote the controlled substances.

Later that day, she informed me that "Dr. Kolade asked her to go in his office to get more blank script pads that he had pre-signed" to use for patients with controlled substances, in order to avoid conflict with pharmacies not dispensing their medications. As I remember, that is the reason why some controlled substances scripts had Dr. Kolade's stamp and the others had Dr. Kolade's signed script pad.

In addition, I discovered that Dr. Kolade was prescribing multiple controlled substances to several patients, without urine testing. He told me to write "opiate prescriptions for patients" which he said were for psychiatric reasons". I did not feel comfortable doing this. I refused. Dr. Kolade demonstrates "highly un-ethical and un-professional practices" including:

- 1) Failure to follow regulatory guidelines for controlled substances
- 2) Over-prescribing opiate medications to patients for "psychiatric reasons" without proper monitoring
- 3) Failure to follow Suboxone Treatment protocols- without proper monitoring
- 4) Failure to follow prescribing guidelines; UHS utilization review had sent our office letters regarding "concerns" about Dr. Kolade's practice, specifically giving multiple controlled substances that are contra-indicated to patients (prescribing Adderall and Xanax) to the same patients.

I later discovered that other Nurse Practitioners left because of similar reasons. His whole office staff left him for similar reasons.

Other issues:

- 1) I was told that a previous NP by the name of "Neme" worked for Dr. Kolade, did not have a Nevada License; but was seeing patients at his office. She returned to Texas just 1 week before I started working for Dr. Kolade in February 2019.
- 2) I later found out that another NP, Leesha Bitto left because Dr. Kolade did not pay her for several months.
- 3) There was a Physician Assistant student name "Yeme" who was seeing patients and was writing on Dr. Kolade's pre-signed script pads.
- 4) Dr. Kolade's former secretary informed me that in 2016-2017, Dr. Kolade worked at Boulder City Hospital. She claimed that Dr. Kolade left pre-signed script pads for RNs to write scripts when patients were discharged from the hospital because Dr. Kolade only rounded for less than 1 hour on the unit. The patients were being discharged without medications, therefore Dr. Kolade left RNs blank pre-signed script pads to write patient medications upon discharge.

I left Dr. Kolade's practice in July 5, 2019. Dr. Kolade did not pay me the appropriate amount of reimbursement over 5 months that I worked for him. I had to retain an attorney in order to demand for Dr. Kolade to provide me some compensation. (I have documents from attorneys).

Dr. Kolade demonstrates retaliation acts against me for reasons including: a) demanding payment for my services; b) refusing to write opioid prescriptions to his patients; c) refusing to write combination Adderall and Xanax to patients; d) performing urine monitoring for patients with controlled substances and e) notifying the Board of Medicine of Dr. Kolade's endangering patient safety.

I hope this helps your investigation. The events happened a year ago. I cannot recall specific details of the events. I no longer have access to patients' charts in order to verify accuracy.

Enclosed are the following documents:

- 1) Copy of text messages from Dr. Kolade's cell phone (925) 818-7361.
- 2) Copy of a patient PMP- Dr. Kolade was asking me to prescribe- Hydrocodone #180 tabs (I refused)

This statement is true and accurate.

If you have further questions, please feel free to reach me at anytime (702) 771-4787.

Respectfully,

Jean-Marie Swaine, APRN



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**AKINDELE E. KOLADE, MD,
Certificate of Registration No. CS21917,**

**JEAN-MARIE SWAINE, APRN,
Certificate of Registration No. CS24065, and**

**NNENNA A. OLUBAJO, APRN,
Certificate of Registration No. CS27850,**

Respondents.

**Case Nos. 19-237-CS-A-S
 19-237-CS-B-S
 19-237-CS-C-S**

**STIPULATION AND ORDER
(Respondent Swaine ONLY)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Jean-Marie Swain, APRN, Certificate of Registration No. CS24065, **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about July 23, 2021, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.
3. Respondent filed an Answer and Notice of Defense to the Accusation.
4. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act),

NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*:

A. Respondent Swaine unlawfully issued controlled substance prescriptions under Respondent Akindele E. Kolade, MD's name and credentials while Kolade was engaged in overseas travel, in violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), 21 CFR § 1306.04(a), 21 CFR § 1306.05, NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.331(1) (f) and (h), NRS 453.381(1), NRS 453.401(l)(a), NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1) and/or NAC 453.440(1)(c), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11) and/or (12); and

B. Respondent was party to a fraudulent or deceitful practice or transaction, performed her duties as the holder of controlled substance registration in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h) and (i), committed an act that renders

registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210 and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. The certificate of registration of Respondent Jean-Marie Swain, APRN, Certificate of Registration No. CS24065, is hereby suspended. The suspension is stayed, and Respondent is placed on probation for one year, subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding her duties and responsibilities as a prescribing practitioner;

B. Respondent shall pay a fine of One Thousand Dollars (\$1000.00) for the violations, payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

C. Respondent shall pay Five Hundred Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order; and

D. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no new charges filed against her by the Board while on probation.

10. Upon successful completion of probation, Respondent's Certificate of Registration No. CS24065 will be fully restored.

11. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 13, 2021. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

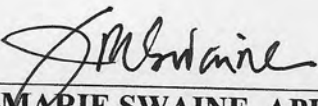
15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of October, 2021

Signed this ____ day of October, 2021

 11/5/2021
 JEAN-MARIE SWAINE, APRN,
 Certificate of Registration No. CS24065

 BRETT KANDT, ESQ.
 General Counsel
 Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Jean-Marie Swain, APRN, Certificate of Registration No. CS24065, in Case No. 19-237-CS-B-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of October, 2021.

 Helen Park, Pharm.D.
 President
 Nevada State Board of Pharmacy

5D



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NEVADA HEALTH RX, INC.
D/B/A PRAX-RX,
Pharmacy License No. PH02898,**

**SCOT SILBER, RPH,
Certificate of Registration No. 08362,**

Respondents.

**CASE NOS. 18-043-PH-S
18-043-RPH-S**

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, 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 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Nevada Health Rx, Inc. d/b/a Prax-Rx ("Prax") held a Pharmacy License No. PH02898, and Respondent Scot Silber ("Silber") held a Nevada Pharmacist Certificate of Registration No. 08362, all issued by the Board.

DISCIPLINARY HISTORY

2. In April 2004, the Board entered an Order in *Board of Pharmacy v. Respondent Scot M. Silber, R.Ph., Case No. 03-016-RPH-S*, for violations resulting in the mislabeling of dosage directions on a prescription label for Roxanol Liquid, a Schedule II opioid analgesic. The patient ingested an unknown quantity of the medication and was subsequently hospitalized. The Board ordered Silber to pay a fine of \$500.00.

3. In October 2012, the Board entered a Stipulation and Order in *Board of Pharmacy v. Respondent Scot M. Silber, R.Ph., Case No. 11-090-RPH-S*, for violations resulting in a

dispensing error. Silber misread a prescription and compounded 20 mg/cc morphine sulfate with *2,500 mcg/cc baclofen* rather than the 20 mg/cc morphine sulfate with *250.0 mcg/cc baclofen* as prescribed. The compound was administered to the patient who was subsequently hospitalized for baclofen toxicity. The Board placed Silber on probation for two years and imposed a \$2,500 fine.

FACTUAL ALLEGATIONS

4. Respondent Prax is/was located on 61 Spectrum Boulevard, Las Vegas, Nevada 89101.
5. Respondent Silber was hired as the managing pharmacist of Prax on or about May 2017.
6. On or about July 17, 2017, Silber created a telephonic prescription record, number 100051, for patient C.F. for Cialis 20 mg, quantity twenty (20), by Dr. E.K. Dr. E.K. indicated that he treated patient C.F. for hypogonadism for which he prescribed testosterone 1% gel on September 5, 2017, January 23, 2018, and on May 15, 2018. Dr. E.K. stated that he has never written or telephoned any Cialis prescription for patient C.F.
7. On or about November 7, 2017, Silber created a telephonic prescription, number 100410, for patient C.F. for sildenafil 20 mg, quantity ninety (90). Silber dispensed this prescription to patient C.F. under Dr. E.K. Dr. E.K. stated that he treated patient C.F. for hypogonadism for which he prescribed testosterone 1% gel on September 5, 2017, January 23, 2018, and on May 15, 2018. Dr. E.K. stated that he has never written or telephoned any sildenafil prescription for patient C.F.
8. Patient C.F. is a personal friend of Respondent Silber.
9. On or about July 27, 2017, Silber created a telephonic prescription record, number C100076, for himself as the patient for testosterone 200 g/ml, quantity twenty-four (24) 1 ml vials with 5 refills called in by Dr. W.L.'s office. Two (2) 1 ml vials of testosterone cypionate were dispensed by Silber to himself on July 28, 2017. Dr. W.L. stated that he did not have a written or telephoned record of testosterone prescription for Silber on or about July 27, 2017.

10. On or about July 28, 2017, Silber created a telephonic prescription record, number 100077, for himself as the patient for cyanocobalamin 1000 mcg/ml one (1) – 10 ml vial with 5 refills called in by Dr. W.L. Dr. W.L. stated that he did not have a written or telephoned record of this prescription for Silber on or about July 28, 2017.

11. On or about September 19, 2017, Dr. P.E. wrote a prescription, number C100208, for 1 mg alprazolam, quantity ninety (90), with 5 refills and instructions to take 1 tablet 3 times per day for patient J.B. On or about September 20, 2017, Silber dispensed the initial fill of the alprazolam prescription to patient J.B.

12. On or about September 25, 2017, Dr. B.C. wrote a prescription, number 100228, for gabapentin 300 mg, quantity ninety (90), with directions for patient J.B. to take 1 capsule three times a day with twelve (12) refills. Silber dispensed the initial fill of the gabapentin on or about the same day.

13. On or about November 30, 2017, Silber dispensed all of the refills of prescription number C100208 to patient J.B. for a total of four-hundred and fifty (450) tablets of alprazolam 1mg, or a 150-day supply. Silber did not provide any pharmacy records of contact with the prescriber or other explanation for dispensing the remaining refills all at one time. Dr. P.E. confirmed that while he did write the prescription for alprazolam 1mg quantity ninety (90) with 5 refills for patient J.B. on September 19, 2017, he did not authorize a quantity of four-hundred and fifty (450) tablets to be dispensed at one time.

14. On or about November 30, 2017, Respondent Silber dispensed the remaining eleven (11) refills of gabapentin 300 mg for patient J.B. for nine-hundred and ninety (990) capsules, or a 330-day supply. Silber provided no pharmacy records of contact with the prescriber or notation of why the total of the remaining refills was dispensed at one time. Dr. B.C. stated that she did write the prescription on September 25, 2017 for patient J.B., but at no time did Dr. B.C. authorize nine-hundred and ninety (990) capsules to be dispensed all at one time.

15. Patient J.B. was hired by Respondent Silber as the vice president of operations at Prax. Patient J.B. was also the operations manager at Green Valley Drugs, and management consultant for Partell Pharmacy. Silber was once an owner of Green Valley Drugs, and formerly the managing pharmacist for Partell Pharmacy.

16. On or about March 20, 2018, the Drug Enforcement Administration ("DEA") Diversion Investigators executed an inspection warrant on Prax. The DEA conducted a closing inventory of controlled substances, obtained documentation, and questioned Silber. Respondent Silber stated to the DEA investigator that he had not conducted an initial inventory of controlled substances.

17. Silber also disclosed to DEA investigators that Prax sells controlled substances to prescribers for office administration and appear in the Prescription Monitoring Program ("PMP") as dispensed prescriptions. Approximately forty-nine (49) invoices to physician offices and thirty-two (32) sales to patients during the April 1, 2017 to March 20, 2018 time period were discovered in sales reports. Prescription records for controlled substances and dangerous drugs from same time period reveal approximately eighty-two (82) patient-specific prescriptions and five-hundred and seventy-three (573) prescription numbers assigned to office use medications. Prax was not registered as a distributor/wholesaler and only held a pharmacy registration with the Board.

18. During the DEA investigation, it was also discovered that 2 fentanyl 50mcg/ml 2ml vials were broken during shipment. Prax never completed a DEA 106 form or reported the fentanyl loss to the DEA within 1 business day of loss discovery.

19. Neither Prax nor Silber completed a controlled substance loss or theft form for the fentanyl loss to the Board within 10 days after loss discovery.

20. On or about April 13, 2018, a voluntary DEA surrender of controlled substances registration for Prax was executed by owner Greg Sundem.

APPLICABLE LAW

21. A person shall not dispense or distribute controlled substances and/or dangerous drugs in violation of law. NRS 453.331; NRS 453.381; NRS 453.568; NRS 454.221; NRS 454.223; NRS 454.311; NRS 454.321; NRS 639.2353(2); NRS 639.2396; NRS 639.2813; NAC 453.440; NAC 453.480-.488; NAC 639.945; 21 CFR § 1306.04.

22. NRS 639.2396 permits a pharmacist in his professional judgment, under certain circumstances, to dispense a 90-day supply of a drug other than a controlled substance.

23. Persons registered to dispense controlled substances and/or dangerous drugs shall keep records and maintain inventories in conformance with the recordkeeping and inventory requirements of state and federal law. NRS 453.246; NRS 453.326; NRS 453.568; NAC 453.475; NAC 453.480; NAC 453.485; NAC 639.482; NAC 639.485; NAC 639.487; NAC 639.745; 21 CFR § 1304.21.

24. Controlled substance loss must be reported to the DEA within one (1) business day. 21 USC § 842(a)(5); 21 CFR § 1301.76(b).

25. Any controlled substance loss must be reported to the Board within ten (10) days. NRS 453.568.

26. A licensee/registrant may not engage in unauthorized practice or beyond scope of existing licensure/registration. NRS 453.321(1)(a); NRS 639.100; NRS 639.2813; NAC 639.593; 21 USC § 841(a)(1).

27. It is unlawful for any person to falsely represent himself as a practitioner, or an agent of the practitioner, entitled to write prescriptions in this state. NRS 639.2813.

28. A person/entity may not engage in wholesale distribution without proper licensure/registration. NRS 639.100; NAC 639.593; 21 USC § 823; 21 USC § 841(a)(1); 21 CFR § 205.4; 21 CFR § 1301.13.

29. The Board may suspend or revoke a registration pursuant to NRS 639.210(15) when a person has "as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has

knowingly allowed a violation of any provision of this chapter or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision.”

30. A pharmacy owner is responsible for violations committed by the pharmacy’s employees. NAC 639.702; NAC 639.945(2).

FIRST CAUSE OF ACTION

Violation of State Loss Reporting Requirement (Respondents Prax and Silber)

31. By failing to report shortages/loss of controlled substances within ten (10) days of loss discovery to the Board, and thereby maintaining appropriate counts of inventory, Respondents Prax and Silber violated NRS 453.568, NAC 453.480-.485, NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4), (12), (15), and (17), and/or NRS 639.255.

SECOND CAUSE OF ACTION

Violation of Federal Loss Reporting Requirement (Respondent Prax)

32. By failing to report shortages/loss of controlled substances within one (1) business day of loss discovery to the DEA, and thereby maintaining appropriate counts of inventory, Respondent Prax violated NAC 639.945(1)(i), 21 USC § 842(a)(5), and 21 CFR § 1301.76(b), and is subject to discipline pursuant to NRS 639.210(4), (11), and (17), and/or NRS 639.255.

THIRD CAUSE OF ACTION

Fraudulent and Unprofessional Conduct (Respondent Silber)

33. By creating telephonic prescriptions for controlled substances and/or dangerous drugs for himself and patient C.F., and dispensing same under other practitioners’ names without their knowledge or consent, Silber engaged in fraudulent and unprofessional conduct in violation of NRS 639.2813, NAC 639.945(1)(d), (h), (i), and (k), and is subject to discipline pursuant to NRS 639.210(4), and (12), and/or NRS 639.255.

FOURTH CAUSE OF ACTION

Failure to Keep Complete and Accurate Records (Respondents Prax and Silber)

34. By failing to take initial inventory, keep complete, accurate, and readily retrievable records of all controlled substances dispensed, and failing to account for missing controlled substances, Prax and Silber violated NRS 453.568, NAC 453.475, NAC 453.485, NAC 639.482, NAC 639.485, NAC 639.487, NAC 639.745, 21 CFR § 1304.21, and are subject to discipline pursuant to NRS 639.210(11), (12), and/or (15), and/or NRS 639.255.

FIFTH CAUSE OF ACTION

Failure to Fill Prescription of Patient J.B. as Prescribed (Respondent Silber)

35. By failing to fill the prescriptions for gabapentin and alprazolam of patient J.B. as indicated without consulting with the prescribing practitioners before modifying or filling all of the refills at once for J.B.'s prescriptions, Silber engaged in unprofessional conduct pursuant to NAC 639.945(1)(d), and (i), in violation of NRS 639.2396(1) and (2), NAC 453.440(7), and is subject to discipline pursuant to NRS 639.210(4), and (12), and/or NRS 639.255.

SIXTH CAUSE OF ACTION

Unlicensed Practice of Distribution/Wholesale (Respondent Prax)

36. By dispensing prescriptions for "office use" to medical offices and/or practitioners without a wholesaler's license, Prax engaged in unlicensed practice of distribution/wholesale, in violation of NRS 639.100, NRS 639.233, NAC 639.593, 21 USC § 823, 21 USC § 841(a)(1), 21 CFR § 205.4, 21 CFR § 1301.13, and is subject to discipline pursuant to NRS 639.210(4), (11), and (12), NRS 639.255, and/or NRS 639.2895.

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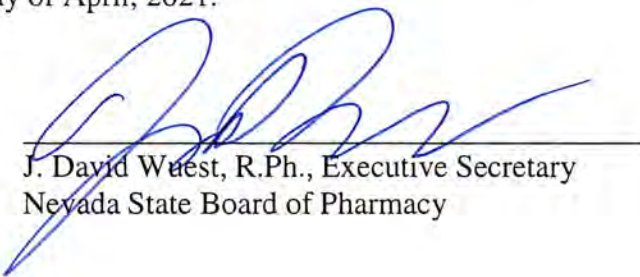
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SEVENTH CAUSE OF ACTION
Pharmacy/Owner Responsibilities
(Respondent Prax)

37. As the owner/operator of Prax at the time of each of the violations alleged herein, Prax is responsible for the violations, including those of its employees, pursuant to NAC 639.702, and NAC 639.945(2), and is subject to discipline pursuant to NRS 639.210(12) and/or NRS 639.255.

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

Signed this 30th day of April, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board, and to submit an answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, then the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 18-043-PH-S

Petitioner,

v.

**NEVADA HEALTH RX, INC.
D/B/A PRAX-RX,
Pharmacy License No. PH02898,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF 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 and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, 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 show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

The Board has scheduled your hearing on this matter for Wednesday, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive

044, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

**Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123**

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

**Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671**

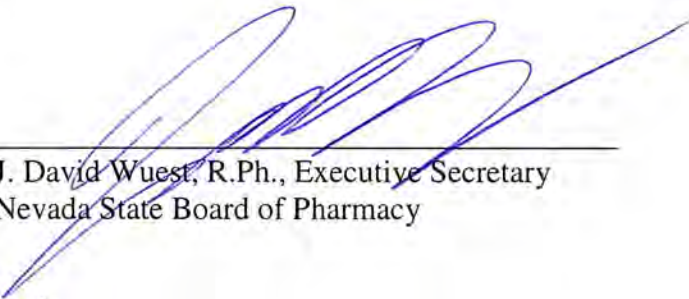
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of April, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NEVADA HEALTH RX, INC.
D/B/A PRAX-RX,
Pharmacy License No. PH02898,**

Respondent.

CASE NOS. 18-043-PH-S

**ANSWER AND NOTICE
OF DEFENSE**

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

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

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

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

DATED this ____ day of _____, 2021.

TYPE OR PRINT NAME

**AUTHORIZED REPRESENTATIVE FOR
NEVADA HEALTH RX, INC.
D/B/A PRAX-RX**

CERTIFICATE OF SERVICE

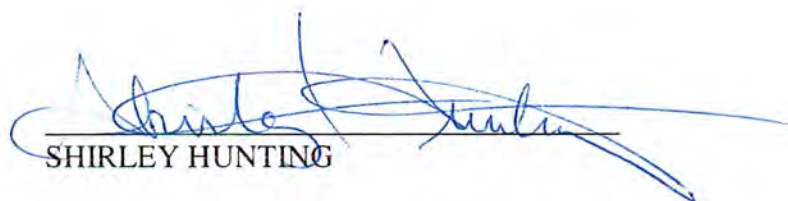
I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of May, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Praxsyn Corporation
7904 E. Chaparral Rd., Ste. A110-210
Scottsdale, AZ 85250

Praxsyn Corporation
777 S. Flagler Dr., Ste. 800
West Palm Beach, FL 33401

Frank J. Brady
Praxsyn Corporation
61 Spectrum Blvd.
Las Vegas, NV 89101

Scot Silber, RPh
[REDACTED] Hazy Hills Ave
Henderson, NV, 89052



SHIRLEY HUNTING

5E

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 18-043-RPH-S

Petitioner,

v.

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

**SCOT SILBER, RPH,
Certificate of Registration No. 08362,**

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 and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, 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 show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive

044, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

**Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123**

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

**Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671**

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of April, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY**NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****SCOT SILBER, RPH,
Certificate of Registration No. 08362,****Respondent.****CASE NO. 18-043-RPH-S****ANSWER AND NOTICE
OF DEFENSE**

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

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

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

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

DATED this _____ day of _____, 2021.

SCOT SILBER, RPH

CERTIFICATE OF SERVICE

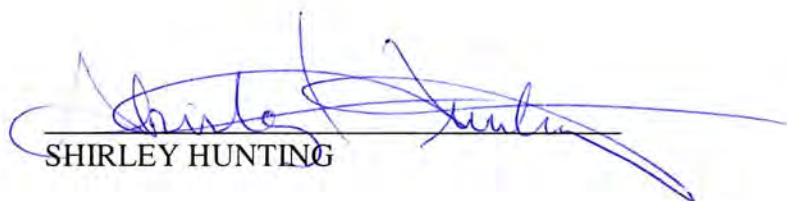
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Frank J. Brady
Praxsyn Corporation
61 Spectrum Blvd.
Las Vegas, NV 89101

Scot Silber, RPh
[REDACTED] Hazy Hills Ave
Henderson, NV, 89052



SHIRLEY HUNTING

5F



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**OMNICARE OF LAS VEGAS,
Pharmacy License No. PHC01949,**

**URI ASSA KRUTILIN, RPH,
Certificate of Registration No. 18266,**

Respondents.

**CASE NO. 18-052-PH-S
18-052-RPH-S**

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, R.Ph., 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 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Omnicare of Las Vegas ("Omnicare") held a Nevada Pharmacy License No. PHC01949; and Respondent Uri Assa Krutilin, RPh ("Assa Krutilin") held a Nevada Pharmacist Certificate of Registration No. 18266, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Omnicare is a compounding pharmacy located on 1525 E. Sunset, #16, Las Vegas, Nevada.
3. Respondent Assa Krutilin is/was the managing pharmacist of Omnicare during the relevant timeframes.
4. On or about June 29, 2018, Board staff visited Omnicare at 8:00 a.m. Pharmacist L.T. was the only pharmacist present with eight (8) technicians.

5. Upon review of the work schedules, timeclock records, security door scan records, and sign in logs, the following violations were discovered:

- a. On or about June 18, 2018, from 8:00 a.m. to 9:30 a.m., Pharmacist J.P. and L.T. were present with technicians J.F., F.B., W.M., D.R., M.R., J.B., and D.W., a ratio of 2:7.
- b. On or about June 22, 2018, from 8:00 a.m. to 8:30 a.m., Pharmacists H.B. and L.T. were present with technicians J.F., F.B., K.F., M.E., A.D., C.F., and V.W., a ratio of 2:7.
- c. On or about June 22, 2018, from 1:30 p.m. to 4:00 p.m., Pharmacists H.B. and Respondent Assa Krutilin were present with technicians F.B., K.F., L.K., A.D., N.K., N.P., J.B., and V.W., a ratio of 2:8.
- d. On or about June 22, 2018, from 5:30 p.m. to 6:00 p.m., Pharmacists H.B. was present with technicians A.M., L.K., A.D., N.K., N.P., and V.W., a ratio of 1:6.
- e. On or about June 22, 2018, from 6:30 p.m. to 8:00 p.m., Pharmacist J.P. was present with technicians A.M., L.K., N.K., N.P., and V.W., a ratio of 1:5.
- f. On or about June 22, 2018, from 8:00 p.m. to 8:30 p.m., Pharmacist J.P. was present with technicians L.K., N.K., N.P., and V.W., a ratio of 1:4.
- g. On or about June 25, 2018, from 8:00 a.m. to 8:30 a.m., Pharmacist L.T. was present with technicians J.F., A.M., K.F., A.D., M.R., and V.W., a ratio of 1:6.
- h. On or about June 25, 2018, from 2:30 p.m. to 4:00 p.m., Respondent Assa Krutilin and Pharmacist J.P. were present with technicians F.B., K.F., M.R., N.P., V.W., R.B., J.B., and D.W., a ratio of 2:8.

- i. On or about June 25, 2018, from 4:00 p.m. to 4:30 p.m., Respondent Assa Krutilin, Pharmacists B.K. and J.P. were present with technicians A.D., F.B., K.F., M.R., N.K., N.P., V.W., R.S., R.B., and D.W., a ratio of 3:10.
- j. On or about June 25, 2018, from 4:30 p.m. to 5:00 p.m., Pharmacists B.K. and J.P. were present with technicians A.D., F.B., N.K., V.W., R.S., J.B., and R.B., a ratio of 2:7.
- k. On or about June 29, 2018 at 8:00 a.m., Pharmacist L.T. was present with F.B., W.M., A.D., C.F., N.P., M.E., V.W., and J.B., a ratio of 1:8.
- l. On or about June 29, 2018, from 4:00 p.m. to 4:30 p.m., Pharmacists H.B., and B.K. were present with technicians A.M., F.B., K.F., L.K., W.M., N.K., R.S., R.B., J.B., and V.W., a ratio of 2:10.

6. Outside of the written work schedule, there are no records to document the hours that managing pharmacist Assa Krutilin was present in the pharmacy.

APPLICABLE LAW

7. Each pharmacy must be managed by a registered pharmacist responsible for the compliance of the pharmacy and its personnel with all federal and state laws and regulations relating to the operation of the pharmacy. NRS 639.220.

8. A written record must be kept available for inspection showing the pharmacists, pharmaceutical technicians, and pharmaceutical technicians on duty during the hours of business. NAC 639.245(1).

9. A managing pharmacist is responsible for violations committed by the pharmacy's employees. NRS 639.220(1); NAC 639.702.

10. The Board may suspend or revoke a registration pursuant to NRS 639.210(15) when a person has "as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of this chapter or other state or federal laws or

regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision.”

11. A pharmacy that requires or allows a pharmacist to use pharmaceutical technicians in violation of law or regulation is subject to discipline. NAC 639.260.

12. A pharmacy owner is responsible for violations committed by the pharmacy’s employees. NAC 639.702; NAC 639.945(2).

FIRST CAUSE OF ACTION

Violations of Law and Unprofessional Conduct (Respondent Assa Krutilin)

13. As the managing pharmacist of Omnicare, Assa Krutilin allowed ratios of supervising pharmacists to technicians to be exceeded in violation of NRS 639.220, NAC 639.250(1), and (2), performed his duties in an incompetent, unskillful or negligent manner, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (12), (15), and/or NRS 639.255.

14. Respondent Assa Krutilin failed to keep records to document his own hours worked in the pharmacy in violation of NAC 639.245(1), engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (12), (15), and/or NRS 639.255.

SECOND CAUSE OF ACTION

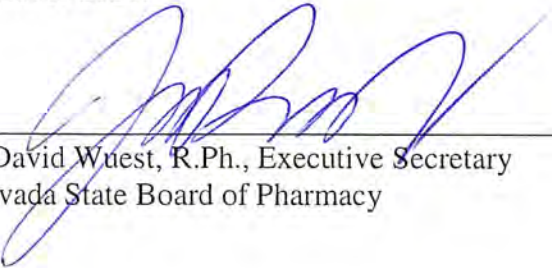
Pharmacy/Owner Responsibilities (Respondent Omnicare)

15. As the owners/operators of Omnicare at the time of each of the violations alleged herein, Omnicare is responsible for the violations, including those of its employees, pursuant to NRS 639.230(5), NAC 639.702, and NAC 639.945(2), and is subject to discipline pursuant to NRS 639.210(12) and/or NRS 639.255.

16. Omnicare allowed pharmacists to use pharmaceutical technicians in violation of ratios pursuant to NAC 639.260, and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

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

Signed this 11th day of October 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board, and to submit an answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, then the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 18-052-PH-S

Petitioner,

v.

OMNICARE OF LAS VEGAS,
PHARMACY LICENSE NO. PHC01949,STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING

Respondent.

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

1. 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 and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, 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.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The hearing for case number 18-052-PH-S has been scheduled for Wednesday, December 1, 2021, 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123**

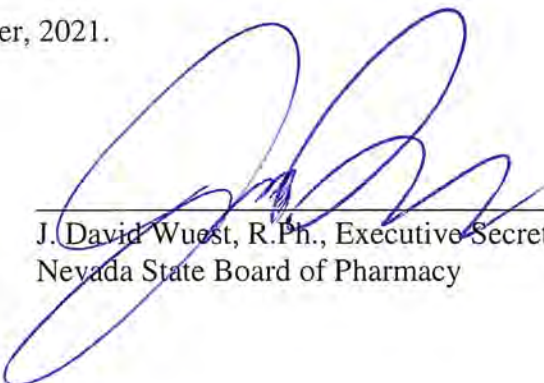
Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of October, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**OMNICARE OF LAS VEGAS,
Pharmacy License No. PHC01949,**

Respondent.

CASE NO. 18-052-PH-S

**ANSWER AND NOTICE
OF DEFENSE**

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

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

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

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

DATED this _____ day of _____, 2021.

TYPE OR PRINT NAME

**AUTHORIZED REPRESENTATIVE FOR
OMNICARE OF LAS VEGAS**

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of October, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

URI ASSA KRUTILIN, RPH
[REDACTED] W PEBBLE RD [REDACTED]
LAS VEGAS, NV, 89123

OMNICARE OF LAS VEGAS
1525 E SUNSET ROAD SUITE 16
LAS VEGAS, NV 89119



SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**OMNICARE OF LAS VEGAS,
Pharmacy License No. PHC01949,**

**URI ASSA KRUTILIN, RPH,
Certificate of Registration No. 18266,**

Respondents.

**CASE NO. 18-052-PH-S
18-052-RPH-S**

**STIPULATION AND ORDER AS TO
RESPONDENT OMNICARE OF LAS
VEGAS ONLY**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), Respondent Omnicare of Las Vegas ("Omnicare"), Pharmacy License No. PHC01949, by and through Omnicare's representative, Brian Convery, **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent Omnicare and this matter.
2. On or about October 11, 2021, Board Staff served Respondent Omnicare with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.
3. In lieu of filing its Answer and Notice of Defense through representative, Brian Convery, submit this Stipulation and Order for the Board's consideration.
4. Respondent is aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.
5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS

Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives its rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Krutilin was the managing pharmacist of Omnicare during all alleged and relevant timeframes. During a Board inspection/visitation of Omnicare on or about June 29, 2018, a Board inspector discovered that pharmacist L.T. was present with eight (8) pharmaceutical technicians;

B. Upon further Board investigation, it was discovered from June 18, 2018 to June 29, 2018, Omnicare was out of ratio for pharmacist/pharmaceutical technicians an additional twelve (12) occasions which violated NRS 639.220, NAC 639.250(1), and (2), which also constituted unprofessional conduct pursuant to NAC 639.945(1)(i);

C. As the owner/operator of a pharmacy, Omnicare is responsible for the violations of its employees, including its managing pharmacist, pursuant to NRS 639.230(5), NAC 639.702, and NAC 639.945(2); and

D. Omnicare allowed pharmacists to use pharmaceutical technicians in violation of ratios pursuant to NAC 639.260.

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 639.210(4), (12), (15) and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Omnicare stipulate to the following conditions and penalties:

A. Respondent Omnicare shall accept this Stipulation and Order as a public reprimand regarding its duties and responsibilities as a licensed pharmacy;

B. Respondent Omnicare shall pay a fine of Two-Thousand Six-Hundred Dollars (\$2,600.00) for the violations;

C. Respondent Omnicare shall pay One Thousand Dollars (\$1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Respondent Omnicare has re-trained or will re-train employees regarding pharmacist/pharmaceutical technician ratios in compliance with federal and state law, and present to Board's staff for approval within thirty (30) days of entry of this Order.

10. Any failure by Respondent Omnicare to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon the non-compliant Respondent consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on December 1, 2021.

Respondent will appear telephonically or *via* Zoom at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 10 day of November, 2021



OMNICARE OF LAS VEGAS,
Pharmacy License No. PHC01949

**APPROVED AS TO FORM AND
CONTENT**

this 10 day of November, 2021



BRIAN CONVERY
Representative for Respondent
Omnicare of Las Vegas

Signed this ____ day of November, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Omnicare of Las Vegas, Pharmacy License No. PHC01949 in Case No. 18-052-PH-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of December, 2021.

Helen Park, President
Nevada State Board of Pharmacy

5G

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 18-052-RPH-S

Petitioner,

v.

**URI ASSA KRUTILIN, RPH,
Certificate of Registration No. 18266,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

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

1. 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 and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, 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.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The hearing for case number 18-052-RPH-S has been scheduled for Wednesday, December 1, 2021, 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123**

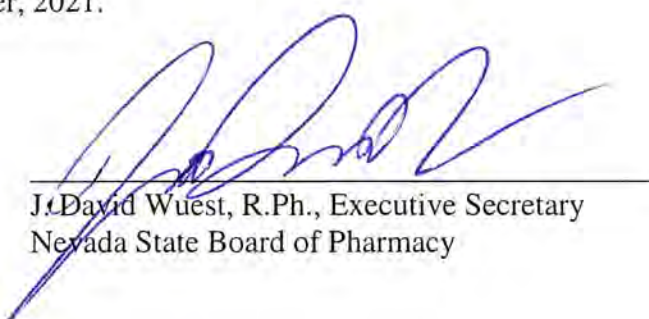
Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of October, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**URI ASSA KRUTILIN, RPH,
Certificate of Registration No. 18266,**

Respondent.

CASE NO. 18-052-RPH-S

**ANSWER AND NOTICE
OF DEFENSE**

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

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

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

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

DATED this _____ day of _____, 2021.

URI ASSA KRUTILIN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of October, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

URI ASSA KRUTILIN, RPH
[REDACTED] W PEBBLE RD [REDACTED]
LAS VEGAS, NV, 89123

OMNICARE OF LAS VEGAS
1525 E SUNSET ROAD SUITE 16
LAS VEGAS, NV 89119



SHIRLEY HUNTING

5H



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STEPHEN DUBIN, MD,
Certificate of Registration No. CS19164,

Respondent.

CASE NO. 20-020-CS-S

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, 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 NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (“Board”) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Stephen P. Dubin, MD (“Dubin”), held a controlled substance registration, Certificate of Registration No. CS19164, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Dubin is/was the medical director of a home hospice company, Jireh Healthcare (“Jireh”), located at 2320 Paseo Del Prado, Suite B101, Las Vegas, Nevada 89102.

3. Jireh employs registered nurses and/or physician assistants, who are agents or staff members for Dubin, to travel to patients’ homes to provide in-home hospice services.

4. Respondent Dubin did not travel to patients’ homes to examine patients in person nor did Dubin directly consult with patients by other electronic or remote device.

5. The United States Department of Justice filed a referral for civil prosecution against Respondent Dubin for prescribing controlled substances prescriptions while out of the country.

6. Dubin was outside of the United States from December 17-24, 2018.
7. On December 18, 2018, Dubin's agent or staff member "Honey" called in a controlled substance schedule IV prescription for patient A.D. for Alprazolam 1 mg tablet, quantity 15.
8. On December 19, 2018, Dubin's agent or staff member "Speedy" called in a controlled substance schedule II prescription for patient M.G. for oxycodone 10-325 mg tablets, quantity 60.
9. On December 19, 2018, Dubin's agent or staff member "Speedy" called in a controlled substance schedule IV prescription for patient M.H. for Lorazepam 0.5 mg tablets, quantity 45.
10. Patient D.B. started care with Jireh on December 20, 2018 and was discharged on December 22, 2018 because he passed away, all during the time when Dubin was out of the country.
11. On December 20, 2018, Dubin's agent or staff member "Honey" called in a controlled substance schedule II prescription for patient D.B. for Morphine Sulfate 20 mg/ml, quantity 30.
12. On December 20, 2018, Dubin's agent or staff member "Honey" called in a controlled substance schedule IV prescription for patient D.B. for Lorazepam 2mg/ml, quantity 30.
13. All of the foregoing controlled substance prescriptions were telephoned by Dubin's agent(s) or staff member(s) to Trinity Pharmacy during a time when Dubin was out of the country.

APPLICABLE LAW

14. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

15. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 USC § 822(a)(2); 21 USC § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.331; NRS 453.431; NRS 453.381(1).

16. It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. NRS 453.226(1); NRS 453.256; NRS 453.321(1)(a); NRS 453.431; NRS 639.100(1); NRS 639.235; NRS 639.23505; NRS 639.2353; NRS 639.2355; NRS 639.239145(2)(a); NAC 453.410; NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.742; NAC 639.745.

17. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 USC § 841(a); 21 USC § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

18. Conspiring to violate the Controlled Substances Act is a felony offense. 21 USC § 846; NRS 453.401(1)(a).

19. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

20. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i), and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

21. Prescribing a drug as a practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship pursuant to NRS 639.235(2)(a), NRS

639.239145(2)(a) constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and (o), and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

22. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j), and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

23. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

24. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

25. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

26. By pre-signing, post-signing, or allowing staff to call in controlled substance schedule II prescriptions for patients without Dubin's dated and handwritten signature while Dubin was engaged in overseas travel, Dubin was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h)(i), NRS 453.236(1), NRS 453.331, and is subject to discipline pursuant to NRS 453.236, NRS 453.241, and/or NRS 639.210.

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

27. By pre-signing, post-signing, or allowing staff to call in controlled substance schedule II prescriptions for patients without Dubin's dated and handwritten signature while Dubin was engaged in overseas travel, and when no bona fide therapeutic relationships with patients were established, Dubin performed his duty as a holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct in violation of NRS 453.331, and NAC 639.945(1)(i), and (o), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210.

THIRD CAUSE OF ACTION

Violations of the Federal and State Controlled Substances Act

28. By pre-signing, post-signing, or permitting his staff to telephone controlled substances schedule II prescriptions without Dubin's dated and handwritten signature, Dubin violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 USC § 822(a)(2), 21 USC § 823(f), 21 USC § 841(a), 21 USC § 842(a), 21 USC § 846 and 21 CFR §§ 1306.03–1306.05, NRS 453.331, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

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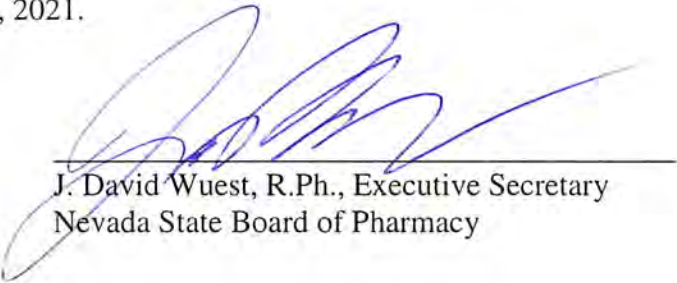
FOURTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

29. As set forth herein, Dubin has committed acts that render his registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

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.

DATED this 13th day of August, 2021.



J. David Wuest, R.Ph., 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. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 20-020-CS-S

Petitioner,

v.

STEPHEN DUBIN, MD,
Certificate of Registration No. CS19164,STATEMENT AND NOTICE OF
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 and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, 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 show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
Las Vegas, NV 89123

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

**Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671**

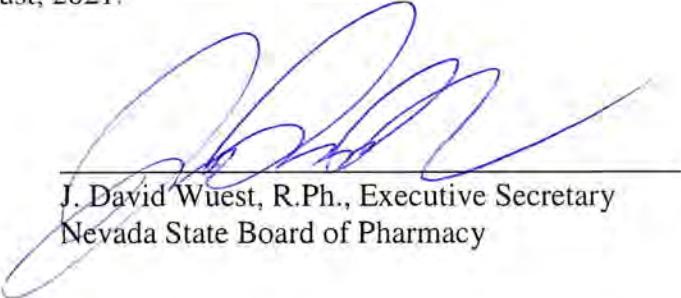
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of August, 2021.

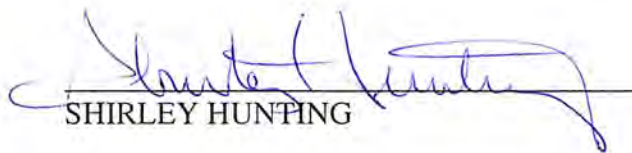


J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Stephen Dubin, MD
[REDACTED] S. Rainbow Blvd., Ste. [REDACTED]
Las Vegas, NV 89118


SHIRLEY HUNTING



1 Crane M. Pomerantz, Esq.
 Nevada Bar No.: 14103
 2 Nadia Ahmed, Esq.
 Nevada Bar No.: 15489
 3 SKLAR WILLIAMS PLLC
 4 410 South Rampart Boulevard, Suite 350
 Las Vegas, Nevada 89145
 5 Telephone: (702) 360-6000
 6 Facsimile: (702) 360-0000
 Email: cpomerantz@sklar-law.com

7 *Attorneys for Stephen Dubin, MD*

8 **BEFORE THE NEVADA STATE BOARD OF PHARMACY**

9
 10 NEVADA STATE BOARD OF
 11 PHARMACY,

12 Petitioner,

13 v.

14 STEPHEN DUBIN, MD,

15 Certificate of Registration No. CS19164,

16 Respondent.
 17

CASE NO.: 20-020-CS-S

**AMENDED ANSWER AND NOTICE OF
 DEFENSE**

18 Respondent above named, respectfully submits this amended answer to the Notice of
 19 Intended Action and Accusation filed in the above-titled matter before the Nevada States Board of
 20 Pharmacy (the "Board"). This amended answer is intended to take the place of, and otherwise
 21 supersede, Respondent's answer filed with the Board on September 3, 2021. Respondent declares:

22 I. That his objections 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 the following
 24 grounds:

25 a. This action is barred by the doctrine of laches. The Board's Notice of
 26 Intended Action and Accusation addresses conduct that is alleged to have occurred in December
 27 2018. The Board filed its Notice of Intended Action and Accusation on August 13, 2021, almost
 28 *three years* after the alleged conduct, without a valid excuse for such delay, as a result of which
 Dr. Dubin was prejudiced. Implicit in the Board's statutes (NRS 639.241, *et. seq.*) and its

1 regulations (NAC 639.120, *et. seq.*) is an obligation to proceed promptly and fairly against
2 Respondent. Because the Board did not promptly make a determination as to whether the Notice
3 of Intended Action and Accusation would be filed against Dr. Dubin until approximately three
4 years after the alleged conduct, evidence favorable to Dr. Dubin's defense has been negatively
5 affected, including the availability of documentary evidence and the erosion of witness memories,
6 among other matters. Lacking good cause and undermining Respondent's ability to defend against
7 the charges, it would be inequitable and unjust for the Board to proceed on these charges.

8 b. The Board has unclean hands because it is engaging in selective and
9 vindictive prosecution by proceeding against Respondent in bad faith and pursuant to a bad motive
10 in retaliation for the United States Attorney's Office for the District of Nevada's ("USAO")
11 decision to decline the referral for civil prosecution due to lack of evidence against Respondent.

12 c. Respondent steadfastly denies that he "pre-sign[ed], post-sign[ed], or
13 allow[ed] staff to call in controlled substance schedule II prescriptions for patients without Dubin's
14 dated and handwritten signature while Dubin was engaged in overseas travel," as alleged in the
15 First, Second, and Third Causes of Action. The Notice of Intended Action and Accusation
16 demonstrates a fundamental misunderstanding of the operative facts, as follows:

17 i. At no point did Dr. Dubin pre-sign, post-sign, or approve
18 prescriptions while he was out of the country.

19 ii. Jireh Healthcare is a hospice provider. Respondent is the medical
20 director. At the time of the events in issue in the Notice of Intended Action and Accusation, Trinity
21 Pharmacy served as Jireh's exclusive pharmacy. Trinity Pharmacy is permitted to fill any
22 prescription within 14 days of the date of issue. NRS 453.431(4).

23 iii. It appears that the allegations in the Notice of Intended Action and
24 Accusation rely entirely on the fill date listed in the Prescription Monitoring Program ("PMP")
25 printout and not the actual prescriptions. The PMP for patients A.D., M.G., M.H. and D.B. reflects
26 a fill date when the prescription was called in by the mid-level hospice provider.

27 iv. For the specific prescriptions at issue, however, Dr. Dubin was
28 unaware they were being filled. He did not pre-sign, post-sign, or authorize Jireh staff to call them
in to Trinity. In each case, Trinity Pharmacy appears to have filled the prescriptions immediately
after receiving the request from the mid-level provider and did not seek or obtain authorization

1 from Dr. Dubin.¹ The face of the prescriptions do not reflect Dr. Dubin's actual signature, and
2 appear to have been signed by someone else or left unsigned.

3 iv. In context, the Notice of Intended Action and Accusation relates to
4 prescriptions written for hospice patients who are most in need of controlled substances to treat
5 intractable pain and other conditions attendant to their terminal status. The prescriptions for
6 Patients M.G. and D.B. for example, plainly state that these are hospice patients.

7 d. The purpose of the foregoing paragraphs is to place the Board on notice of
8 Respondent's current legal objections to its Complaint. Respondent respectfully reserves the right
9 to expand upon and brief these objections at the appropriate juncture, if necessary, and further
10 reserves the right to raise such other defenses as further investigation and additional evidence
dictates.

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

13 a. Respondent admits that the Board has jurisdiction over this matter.

14 b. Respondent admits the allegations in Paragraphs 2 and 3, but denies that
15 Jireh's employees are his agents or staff members.

16 c. The allegations in Paragraph 4 are vague and overbroad because they are
17 not limited to a specific time frame and fail to identify alleged patients. Because Respondent
cannot respond adequately to these allegations, he denies them.

18 d. With regard to the allegations in Paragraph 5, Respondent admits that
19 diversion investigators with the Drug Enforcement Administration filed a referral for civil
20 prosecution with the USAO. After vetting the matter, including receiving a fulsome response from
21 Respondent, the USAO *declined* the referral for civil prosecution.

22 e. Respondent admits the allegations in Paragraph 6.

23 f. With regard to the allegations in Paragraphs 7 through 9, Respondent denies
24 that "Honey" or "Speedy" are his "agent or staff member." "Honey" and "Speedy" are mid-level
25 providers employed by Jireh Healthcare. Respondent is without sufficient knowledge to respond
26 to the remainder of the allegations in Paragraphs 7 through 9, and thus, denies the allegations on
27 that basis.

28 ¹ Nonetheless, Respondent would have authorized each of these prescriptions had he known
about them because he believes they were appropriate for the conditions being treated.

1 g. Respondent is without sufficient knowledge to respond to the allegations in
2 Paragraph 10, and, thus, denies the allegation on that basis.

3 h. With regard to the allegations in Paragraphs 11 through 13, Respondent
4 denies that "Honey" or "Speedy" are his "agent or staff member." "Honey" and "Speedy" are
5 mid-level providers employed by Jireh Healthcare. Respondent is without sufficient knowledge
6 to respond to the remainder of the allegations in Paragraphs 11 through 13, and thus, denies the
7 allegations on that basis.

8 i. The allegations in Paragraphs 14 - 25 contain conclusions of law for which
9 no answer is required.

10 j. For the reasons set forth in his objections, and based on his admissions and
11 denials of the allegations in the preceding paragraphs, Respondent denies the allegations in the
12 First through Fourth Causes of Action.

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

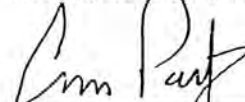
15 Dated this 21st day of October, 2021.

16 *[Please see attached counter-signed copy]*

17 _____
18 Stephen Dubin, MD

19 On behalf of Respondent:

20 SKLAR WILLIAMS PLLC

21 

22 _____
23 Crane M. Pomerantz, Esq.

24 Nevada Bar No.: 14103

25 Nadia Ahmed, Esq.

26 Nevada Bar No.: 15489

27 410 South Rampart Blvd., Suite 350

28 Las Vegas, Nevada 89145

Telephone: (702) 360-6000

Facsimile: (702) 360-000

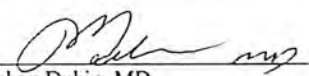
2 to respond to the remainder of the allegations in Paragraphs 11 through 13, and thus, denies the
3 allegations on that basis.

4 i. The allegations in Paragraphs 14 - 25 contain conclusions of law for which
5 no answer is required.

6 j. For the reasons set forth in his objections, and based on his admissions and
7 denials of the allegations in the preceding paragraphs, Respondent denies the allegations in the
8 First through Fourth Causes of Action.

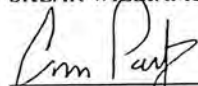
9 k. I hereby declare, under penalty of perjury, that the foregoing Answer and
10 Notice of Defense, and all facts therein stated, are true and correct to best of my knowledge.

11 Dated this 21st day of October, 2021.

12 
13 Stephen Dubin, MD
14

15 On behalf of Respondent:

16 SKLAR WILLIAMS PLLC

17 

18 Crane M. Pomerantz, Esq.
19 Nevada Bar No.: 14103
20 410 South Rampart Blvd., Suite 350
21 Las Vegas, Nevada 89145
22 Telephone: (702) 360-6000
23 Facsimile: (702) 360-000
24
25
26
27
28

I hereby certify that I am an employee of SKLAR WILLIAMS PLLC, and that on this 21st day of October, 2021, I caused two true and correct copies of the foregoing **Amended Answer and Notice of Defense** to be sent via overnight mail to the Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521.

5

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case Nos. 20-020-CS-S

Petitioner,

v.

STIPULATED FACTS

**STEPHEN DUBIN, MD,
Certificate of Registration No. CS19164,**

Respondent.

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Stephen Dubin, MD ("Dubin"), Certificate of Registration No. CS19164, by and through counsel, Crane M. Pomerantz, Esq. and Nadia J. Ahmed, Esq. of Sklar Williams, PLLC, **HEREBY STIPULATE AND AGREE TO THE FOLLOWING FACTS:**

1. The Board has jurisdiction over Respondent and this matter.
2. Respondent Dubin is/was the medical director of a home hospice company, Jireh Healthcare ("Jireh"), located formerly at 2320 Paseo Del Prado, Suite B101, Las Vegas, Nevada 89102. Jireh is currently located at 2688 S. Rainbow Boulevard, Suite A, Las Vegas, Nevada 89146. Jireh is a Medicare-certified home hospice care entity that provides palliative care to terminal patients.
3. Jireh employs registered nurses and/or physician assistants to travel to patients' homes to provide in-home hospice services.
4. Dubin was outside of the United States from December 17-24, 2018.

5. The United States Department of Justice filed a referral for civil prosecution against Respondent Dubin for prescribing controlled substances while out of the country. The civil investigation was closed on June 2020 without prosecution.

6. On December 18, 2018, "Honey" called in a controlled substance schedule IV prescription for patient A.D. for Alprazolam 1 mg tablet, quantity 15, to Trinity Pharmacy.

7. On December 19, 2018, "Speedy" called in a controlled substance schedule II prescription for patient M.G. for oxycodone 10-325 mg tablets, quantity 60, to Trinity Pharmacy.

8. On December 19, 2018, "Speedy" called in a controlled substance schedule IV prescription for patient M.H. for Lorazepam 0.5 mg tablets, quantity 45, to Trinity Pharmacy.

9. Patient D.B. started care with Jireh on December 20, 2018 and was discharged on December 22, 2018.

10. On December 20, 2018, "Honey" called in a controlled substance schedule II prescription for patient D.B. for Morphine Sulfate 20 mg/ml, quantity 30, to Trinity Pharmacy.

11. On December 20, 2018, "Honey" called in a controlled substance schedule IV prescription for patient D.B. for Lorazepam 2mg/ml, quantity 30, to Trinity Pharmacy.

12. All of the foregoing controlled substance prescriptions were telephoned by "Honey" and "Speedy" to Trinity Pharmacy during a time when Dubin was out of the country.

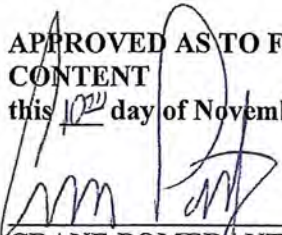
13. Trinity Pharmacy is a retail pharmacy located at 2797 S. Maryland Parkway, Las Vegas, Nevada. Respondent Dubin has no relationship with Trinity Pharmacy, but was aware that it periodically filled prescriptions that he actually authorized for Jireh patients.

14. Janyvill Ruiz ("Ruiz") is a registered nurse who is/was employed by or an independent contractor of Jireh during the relevant timeframes.

15. Ruiz is also known as "Honey".
16. Speedy Cacanindin ("Cacanindin") is a registered nurse who is/was employed by or an independent contractor of Jireh during the relevant timeframes.
17. Cacanindin is also known as "Speedy".

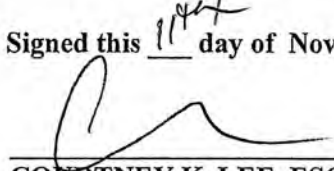
AGREED:

**APPROVED AS TO FORM AND
CONTENT**
this 12th day of November, 2021



CRANE POMERANTZ, ESQ.
NADIA J. AHMED, ESQ.
Counsel for Respondent

Signed this 11th day of November, 2021



COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Nevada State Board of Pharmacy v. Stephen Dubin, MD,
Case No. 20-020

EXHIBIT “1”



Your Home for a Healthier You

TRINITY PHARMACY

2797 S MARYLAND PKWY, STE 28
LAS VEGAS, NV 89109
TEL 702.776.8210

Name: A. D. [redacted]

Address: _____

Tel: _____

Date: 12/18/18

Time: 11:42A

DOB: 5/31/43

alp. lmg

T ahs Anx1SL #15
RB



DR.:
TEL:
NPI:
DEA:

Honey

Dubin

FD 2419706

359-1388

W

Trinity Pharmacy2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195**Prescription Signature Information**

Printed on 06-30-2020

Rx # : 169967

Fill Date : 12-18-2018

Patient Name : D [REDACTED], A [REDACTED]

Facility Name : GC JIREH HEALTHCARE HOSPICE

Filled By : PVN

Dispensed By : JD

Declined Counseling : Yes

Drug Name : ALPRAZOLAM 1 MG TABLET

Qty : 15

Patient Paid : 17.10

Total : 17.10

Dispense Date & Time : 12-21-2018 10:54 AM

Signature : 

May Make You Drowsy Or Dizzy. Do
Not Drive A Vehicle With This Drug. Use
Care When Operating A Vehicle.

If You Are Pregnant, Plan To Become
Pregnant, Or Are Breast-feeding, Talk
With Your Doctor.

Do Not Take Other Medicines Without
Checking With Your Doctor Or
Pharmacist.

Different Manufacturers
Same Drug

Controlled substance dangerous unless used as directed.
Caution: Federal law prohibits the transfer of this drug to any
person other than the patient for whom it was prescribed.

TRINITY PHARMACY "Your Home for a Healthier You"
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011363 PHONE: 702-776-8210

Rx #: C169967 12-18-18

AVE LAS VEGAS NV

TAKE ONE TABLET BY MOUTH AT BEDTIME FOR
ANXIETY/SLEEP

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET

Qty: 15 Refills: 0 Mfg: ACTAVIS US
Dr: DUBIN, STEPHEN PVN
Use By: 12-18-19 Original Date: 12-18-18

Rx # C169967 12-18-18 12-18-18 CHARGEACCT

AVE LAS VEGAS NV

Dr DUBIN, STEPHEN

ALPRAZOLAM 1 MG TABLET

TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

QTY Total \$17.10 Copy \$0.00 NDC # 00228-2031-50

DAV D Days Supply: 15 PVN Qty: 15 2 - Telephone

Auth #:

Use By: 12-18-19

Rx #: C169967 12-18-18
AVE LAS VEGAS NV
Dr DUBIN, STEPHEN
ALPRAZOLAM 1 MG TABLET
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR
ANXIETY/SLEEP

QTY \$17.10 \$0.00 00228-2031-50
DAV: 0 Auth #:
Plan: CHARGEACCT PVN/

Rx #: C169967 12-18-18

ALPRAZOLAM 1 MG TABLET QTY: 15

AVE LAS VEGAS NV
R X 0 1 6 9 9 6 7

TRINITY PHARMACY "Your Home for a Healthier You"
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011363 PHONE: 702-776-8210

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109 702-776-8210
Rx #: C169967 12-18-18 CHARGEACCT

AVE LAS VEGAS NV
Phone # 702- Card ID:

Dr. DUBIN, STEPHEN
5380 S RAINBOW STE 306 LAS VEGAS NV 89123
Phone #: 702-359-1383 DEA #: FD2419706

ALPRAZOLAM 1 MG TABLET

Generic for XANAX 1MG TABLET
ROUND BLUE

Qty: 15 NDC # 00228-2031-50
Auth #:

Amount Due: \$17.10

TRINITY PHARMACY "Your Home for a Healthier You"
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011363 PHONE: 702-776-8210

PATIENT COUNSELING

** PATIENT COUNSELING **

Rx #: C169967 ALPRAZOLAM 1 MG TABLET

Patient: Dr. DUBIN, STEPHEN

NDC #: 00228-2031-5001699670015

Call your doctor for medical advice about side effects. You may
report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?

It is used to treat anxiety. It is used to treat panic attacks.

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?

Signs of an allergic reaction, like rash; hives; itching; red, swollen,
blistered, or peeling skin with or without fever; wheezing; lightness in the
chest or throat; trouble breathing, swallowing, or talking; unusual
hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Signs of
depression, suicidal thoughts, emotional ups and downs, abnormal
thinking, anxiety, or lack of interest in life. Change in balance. Shortness of
breath. Very bad dizziness or passing out. Feeling confused. Memory
problems or loss. Trouble speaking. Trouble passing urine. Period
(menstrual) changes. **WHAT ARE SOME OTHER SIDE EFFECTS OF
THIS DRUG?** Feeling dizzy, sleepy, tired, or weak. Dry mouth. Feeling more
or less hungry. Upset stomach. Constipation. Change in sex interest. Sex
problems. Weight gain or loss.

HOW IS THIS DRUG BEST TAKEN?

Take with or without food. Take with food if it causes an upset stomach.

OTHER PRECAUTIONS:

May Make You Drowsy Or Dizzy. Do Not Drink Alcohol With This Drug. Use
Care When Operating A Vehicle, Vessel, Or Other Machines

HOW DO I STORE AND/OR THROW OUT THIS DRUG?

Store at room temperature in a dry place. Do not store in a bathroom. Store
this drug in a safe place where children cannot see or reach it, and where
other people cannot get to it. A locked box or area may help keep this drug
safe. Keep all drugs away from pets. Throw away unused or expired drugs.
Do not flush down a toilet or pour down a drain unless you are told to do
so. Check with your pharmacist if you have questions about the best way
to throw out drugs. There may be drug take-back programs in your area.

WHAT DO I DO IF I MISS A DOSE?

If you take this drug on a regular basis, take a missed dose as soon as you
think about it. If it is close to the time for your next dose, skip the missed

TRINITY PHARMACY "Your Home for a Healthier You"
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011363 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt: 1 2 3 Note DT below:

*** HAVE A NICE DAY ***

Nevada State Board of Pharmacy v. Stephen Dubin, MD,
Case No. 20-020

EXHIBIT “2”

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE 8101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: M. [REDACTED] G. [REDACTED]DATE OF BIRTH: [REDACTED]

RX NUMBER: _____

12/19/18
4 PM
speedy

Pericet 10/325 mg #60

r for 96 pain pain
for 15 days supply

ICD: M54.5

[REDACTED]
RX 0170088

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: [Signature]

DEA#: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN

DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128

PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

Trinity Pharmacy2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195**Prescription Signature Information**

Printed on 06-30-2020

Rx # : 170068

Fill Date : 12-19-2018

Patient Name : G [REDACTED], M [REDACTED]

Filled By : MLJ

Dispensed By : JD

Declined Counseling : Yes

Drug Name : OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)

Qty : 60

Patient Paid : 120.00

Total : 120.00

Dispense Date & Time : 12-21-2018 10:55 AM

Signature : 

May Cause You Drowsy Or Dizzy. Do Not Drive Alcohol With This Drug. Use Care When Operating A Vehicle. Avoid Or Other Medicines.

Some People Are Sensitive To This Drug. Do Not Take More Than Recommended. The Manufacturer May Cause Some Drowsiness. Discuss Any Questions With Your Doctor.

Do Not Take Other Medicines That Have An Addictive Potential Or May Cause Drowsiness Without Consulting Your Doctor.

Different Manufacturers Same Drug

Controlled substance dangerous unless used as directed. Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

TRINITY PHARMACY "Your Home for a Healthier You"
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011363 PHONE: 702-776-8210

Rx #: N170068 12-19-18

TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN

OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Generic for ENDOCET 10/325MG TABLET
Qty: 60 Refills: 0 Mfg RHODES PHA
Dr. DUBIN, STEPHEN MLJ
Use By: 12-19-19 Original Date: 12-19-18

Rx #: N170068 12-19-18 12-10-18 CHARGEACCT
M. G. RD LAS VEGAS NV
Dr. DUBIN, STEPHEN FD2419708
OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325) RHODES
TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN

Q/D Total \$120.00 Copay \$0.00 NDC #: 42858-0104-01
DAW: 0 Days Supply 15 MLJ Qty 60 1 - Written
Auth #:
Use By 12-19-19

Rx #: N170068 12-19-18
M. G. RD LAS VEGAS NV
Dr. DUBIN, STEPHEN 1023311040
OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325) # 60
TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN
Q/D \$120.00 \$0.00 42858-0104-01
DAW: 0 Auth #:
Plat: CHARGEACCT MLJ/C

Rx #: N170068 12-19-18
M. G. RD LAS VEGAS NV
OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Gen for ENDOCET

RX 0170068

TRINITY PHARMACY "Your Home for a Healthier You"
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011363 PHONE: 702-776-8210

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109 702-776-8210
Rx #: N170068 12-19-18 CHARGEACCT

M. G. RD LAS VEGAS NV
Phone #: 702- Card ID:

Dr. DUBIN, STEPHEN
5380 S RAINBOW STE 306 LAS VEGAS NV 89125
Phone #: 702-359-1368 DEA #: FD2419708

OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Generic for ENDOCET 10/325MG TABLET
ROUND, BICONVEX WHITE TO OFF WHITE
Qty: 60 NDC #: 42858-0104-01
Auth #:

Amount Due \$120.00

TRINITY PHARMACY "Your Home for a Healthier You"
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011363

2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011363 PHONE: 702-776-8210

PATIENT COUNSELING

** PATIENT COUNSELING **

Rx #: N170068 OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Patient: M. G. RD LAS VEGAS NV
Dr. DUBIN, STEPHEN NDC #: 42858-0104-01 4285801040101700680080

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?
It is used to ease pain

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?

Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes. Very bad dizziness or passing out. Feeling very sleepy, trouble breathing, slow breathing, or shallow breathing. Noisy breathing. Breathing problems during sleep (sleep apnea). Feeling confused. Hallucinations (seeing or hearing things that are not there). Mood changes. Very bad constipation. Very bad belly pain. Feeling very tired or weak. A burning, numbness, or tingling feeling that is not normal. Not able to pass urine or change in how much urine is passed. Fast or slow heartbeat. A heart beat that does not feel normal. Fever or chills. Sore throat. Hearing loss. Seizures. Very bad headache. Shakiness. Any unexplained bruising or bleeding. Change in eyesight. Chest pain. Memory problems, or loss of walking. Trouble speaking. Swelling in the arms or legs. A very bad skin reaction (Stevens-Johnson syndrome/toxic epidermal necrolysis) may happen. It can cause very bad health problems that may not go away and sometimes death. Get medical help right away if you have signs like red, swollen, blistered, or peeling skin (with or without fever); red or irritated eyes; or sores in your mouth, throat, nose, or eyes. Taking an opioid drug like this drug may lead to a rare but very bad adrenal gland problem. Call your doctor right away if you have very bad dizziness or passing out, very bad upset stomach or throwing up, or if you feel less hungry, very tired, or very weak. **WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG?** Constipation. Belly pain. Dizziness. Feeling sleepy. Headache. Upset stomach or throwing up. Feeling tired or weak.

HOW IS THIS DRUG BEST TAKEN?

Take by mouth only. Take with or without food. Take with food if it causes an upset stomach. Do not ingest or snort this drug. Do not use at these times.

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt: 1 2 3 Note DT below

--- HAVE A NICE DAY ---

TRINITY PHARMACY "Your Home for a Healthier You"
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011363 PHONE: 702-776-8210

Nevada State Board of Pharmacy v. Stephen Dubin, MD,
Case No. 20-020

EXHIBIT “3”

Trinity Pharmacy2797 S. Maryland Pkwy 2B Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195**Telephoned Prescription****STEPHEN DUBIN**6380 S RAINBOW STE 308
LAS VEGAS NV 89128

DEA #: FD2419708

Lic #: 15772

NPI #: 1029311040

Phone: 702-569-1388

Fax: 702-362-6964

Rpt #: 170065

Rx Written: 12-19-2018

Patient : H [REDACTED] M [REDACTED]
Address : [REDACTED] AVE (JIREH)
LAS VEGAS NV [REDACTED]
Phone # : 702-[REDACTED]
D.O.B. : [REDACTED]
Gender : Female

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100

Quantity : 45

Sig Instructions :

TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

Refills Authorized : 0

RPh : MLJ/CS

Signature

Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW"
IN THE BOX BELOW

[REDACTED] AVE (JIREH) LAS VEGAS NV [REDACTED]
R X 0 1 7 0 0 6 5

Trinity Pharmacy2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195**Prescription Signature Information**

Printed on 06-30-2020

Rx # : 170055

Fill Date : 12-19-2018

Patient Name : H [REDACTED], M [REDACTED]

Filled By : MLJ

Dispensed By : JD

Declined Counseling : Yes

Drug Name : LORAZEPAM 0.5MG TABLET

Qty : 45

Patient Paid : 35.00

Total : 35.00

Dispense Date & Time : 12-21-2018 10:55 AM

Signature : 

Any Use of This Pharmacy Or Other, Do
Not Drink Alcohol With This Drug. Use
Care When Operating A Vehicle.
Consult Your Doctor.

If You Are Pregnant, Plan To Become
Pregnant, Or Are Breast-feeding, Talk
With Your Doctor.

Do Not Take Other Medicines Without
Checking With Your Doctor Or
Pharmacist.

Different Manufacturers
Same Drug

Controlled substance dangerous unless used as directed.
Caution: Federal law prohibits the transfer of this drug to any
person other than the patient for whom it was prescribed.

TRINITY PHARMACY "Your Home for a Healthier You"
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011363 PHONE: 702-776-8210

Rx #: C170055 12-19-18

TAKE ONE TABLET BY MOUTH THREE TIMES
DAILY AS NEEDED

LORAZEPAM 0.5MG TABLET

Generic for ATIVAN TAB 0.5MG 100

Qty: 45 Refills: 0 Mfg: ACTAVIS PH
Dr DUBIN, STEPHEN MLJ
Use By: 12-19-19 Original Date: 12-19-18



Rx #: C170055 12-19-18 12-19-18 CHARGEACCT
M. H. AVE LAS VEGAS NV DOB: [REDACTED]
Dr. DUBIN, STEPHEN FD2419705
LORAZEPAM 0.5MG TABLET ACTAVIS
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

QTY Total \$35.00 Copay \$0.00 NDC #: 00591-0240-10
DAW: 0 Days Supply: 15 MLJ Qty: 45 2 - Telephone
Auth #
Use By: 12-19-19

Rx #: C170055 12-19-18
M. H. AVE LAS VEGAS NV DOB: [REDACTED]
Dr. DUBIN, STEPHEN 1023311040
LORAZEPAM 0.5MG TABLET #45
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS
NEEDED
QTY \$35.00 \$0.00 00591-0240-10
DAW: 0 Auth #
Plan: CHARGEACCT MLJ/CC

Rx #: C170055 12-19-18
M. H. AVE LAS VEGAS NV DOB: [REDACTED]
LORAZEPAM 0.5MG TABLET QTY: 45
Gen for ATIVAN

RX 0170055

TRINITY PHARMACY "Your Home for a Healthier You"
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011363 PHONE: 702-776-8210

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109 702-776-8210
Rx #: C170055 12-19-18 CHARGEACCT

M. H. AVE LAS VEGAS NV 12-09-1932
Phone #: 702- [REDACTED] Card ID

Dr. DUBIN, STEPHEN
5380 S RAINBOW STE 338 LAS VEGAS NV 89128
Phone #: 702-359-1388 DEA #: FD2419705

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100
ROUND, FLAT-FACED, BEVELLED EDGE

Qty: 45 NDC #: 00591-0240-10
Auth #:

Amount Due: \$35.00

TRINITY PHARMACY

"Your Home for a Healthier You"
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011363 PHONE: 702-776-8210

PATIENT COUNSELING

Rx #: C170055 LORAZEPAM 0.5MG TABLET

Patient: M. H. AVE LAS VEGAS NV
Dr. DUBIN, STEPHEN

NDC #: 00591-0240-10 1700550045

Call your doctor for medical advice about side effects. You may
report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?

It is used to treat anxiety. It is used to treat seizures. It is used to ease
anxiety before surgery. It may be given to you for other reasons. Talk with
the doctor.

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?

Signs of an allergic reaction, like rash; hives; itching; red, swollen,
blistered, or peeling skin with or without fever; wheezing; tightness in the
chest or throat; trouble breathing; swallowing; or talking; unusual
hoarseness; or swelling of the mouth, face, lips, tongue, or throat. New or
worse behavior or mood changes like depression or thoughts of
suicide. Hallucinations (seeing or hearing things that are not there). Change
in balance. Feeling confused. Memory problems or loss. Very bad dizziness
or passing out. Change in eyesight. Muscle weakness. Dark urine or yellow
skin or eyes. This drug may cause very bad and sometimes deadly
breathing problems. Call your doctor right away if you have slow, shallow,
or trouble breathing. WHAT ARE SOME OTHER SIDE EFFECTS OF THIS
DRUG? Feeling dizzy, sleepy, tired, or weak. Headache.

HOW IS THIS DRUG BEST TAKEN?

Take with or without food. Take with food if it causes an upset stomach.

OTHER PRECAUTIONS:

May Make You Drowsy Or Dizzy. Do Not Drink Alcohol With This Drug. Use
Care When Operating A Vehicle, Vessel, Or Other Machines.

HOW DO I STORE AND/OR THROW OUT THIS DRUG?

Store at room temperature protected from light. Store in a dry place. Do
not store in a bathroom. Store this drug in a safe place where children
cannot see or reach it, and where other people cannot get to it. A locked
box or area may help keep this drug safe. Keep all drugs away from
pets. Throw away unused or expired drugs. Do not flush down a toilet or
pour down a drain unless you are told to do so. Check with your
pharmacist if you have questions about the best way to throw out drugs.
There may be drug take-back programs in your area.

TRINITY PHARMACY "Your Home for a Healthier You"
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011363 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt: 1 2 3 Note DT below:

*** HAVE A NICE DAY ***

Nevada State Board of Pharmacy v. Stephen Dubin, MD,
Case No. 20-020

EXHIBIT “4”

JIREH HEALTHCARE

2320 PASEO DEL PRADO SUITE B101 LAS VEGAS, NV 89102
TEL: 702-359-1388

12/20/18
4 PM
Honey

PATIENT NAME: D. B. DATE OF BIRTH: [REDACTED]
Rx NUMBER: _____

MORPHINE SULFATE OS 20MG/ML #30

GIVE 5MG (0.25 ML) SL EVERY 4 HOURS PRN FOR MILD PAIN/SOB, 10 MG (0.5 ML) SL Q4H PRN FOR MOD PAIN/SOB, 20 MG (1 ML) SL Q4H PRN FOR SEVERE PAIN/SOB

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: [Signature] DEA #: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 Las Vegas, Nevada 89128

PLEASE FAX BACK TO 702-776-7195

[REDACTED]
CIVILIAN LAS VEGAS NV
RX 0170143

TRINITY PHARMACY

2810 W CHARLESTON BLVD STE E44 LAS VEGAS, NV 89102 T: 702-776-8210 F: 702-776-7195

Do Not Drive or Operate
Machinery After Using This Drug. Use
Only When Prescribed by a Doctor.
Do Not Drink Alcohol While
Using This Drug.

Warning: Breastfeeding is Not Recommended
While Using This Medicine. Consult Your
Doctor or Pharmacist.

Taking More Of This Medication Than
Recommended May Cause Serious
Breathing Problems

Different Manufacturers
Same Drug

Controlled substance dangerous unless used as directed.
Caution: Federal law prohibits the transfer of this drug to any
person other than the patient for whom it was prescribed.

TRINITY PHARMACY
"Your Home for a Healthier You"
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011383 PHONE: 702-776-8210

Rx #: N170143 12-20-18

GIVE 5MG (0.25ML) SL EVERY 4 HOURS AS
NEEDED FOR MILD PAIN/SOB. 10MG (0.5ML)
EVERY 4 HOURS AS NEEDED FOR MODERATE
PAIN/SOB. 20MG (1ML) EVERY 4 HOURS FOR
SEVERE PAIN/SOB

MORPHINE SULFATE OS 20MG/ML

Qty: 30 Refills: 0 Mfg: ROXANE LAB
Dr. DUBIN, STEPHEN MLJ
Use By: 12-20-19 Original Date: 12-20-18

Rx #: N170143 12-20-18 12-20-18 CHARGEACCT
DOB: [REDACTED] CIRCLE LAS VEGAS NV [REDACTED]
Dr. DUBIN, STEPHEN FD2419706
MORPHINE SULFATE OS 20MG/ML ROXANE L
GIVE 5MG (0.25ML) SL EVERY 4 HOURS AS NEEDED FOR MILD
PAIN/SOB. 10MG (0.5ML) EVERY 4 HOURS AS NEEDED FOR
MODERATE PAIN/SOB. 20MG (1ML) EVERY 4 HOURS FOR SEVERE
PAIN/SOB
Total: \$60.00 Copay: \$0.00 NDC #: 00054-0404-44
DAW: 3 Days Supply: 15 MLJ Qty: 30 1 - Written
Auth #:
Use By: 12-20-19

Rx #: N170143 12-20-18
DOB: [REDACTED] CIRCLE LAS VEGAS NV [REDACTED]
Dr. DUBIN, STEPHEN 1023311000
MORPHINE SULFATE OS 20MG/ML #20
GIVE 5MG (0.25ML) SL EVERY 4 HOURS AS NEEDED FOR
MILD PAIN/SOB. 10MG (0.5ML) EVERY 4 HOURS AS
NEEDED FOR MODERATE PAIN/SOB. 20MG (1ML) EVERY
4 HOURS FOR SEVERE PAIN/SOB
DAW: 3 Auth #:
Plan: CHARGEACCT MLJCC

Rx #: N170143 12-20-18
DOB: [REDACTED] CIRCLE LAS VEGAS NV [REDACTED]
MORPHINE SULFATE OS 20MG/ML QTY: 30

Rx #: N170143 02-15-1935
DOB: [REDACTED] CIRCLE LAS VEGAS NV [REDACTED]
R X 0 1 7 0 1 4 3

TRINITY PHARMACY
"Your Home for a Healthier You"
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011383 PHONE: 702-776-8210

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109 702-776-8210
Rx #: N170143 12-20-18 CHARGEACCT

DOB: [REDACTED] 02-15-1935
CIRCLE LAS VEGAS NV [REDACTED]
Phone #: 702- [REDACTED] Card ID:

Dr. DUBIN, STEPHEN
5360 S RAINBOW STE 308 LAS VEGAS NV 89128
Phone #: 702-359-1388 DEA #: FD2419706

MORPHINE SULFATE OS 20MG/ML

CLEAR
Qty: 30 NDC #: 00054-0404-44
Auth #:

Amount Due \$60.00

TRINITY PHARMACY
"Your Home for a Healthier You"
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011383 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt 1 2 3 Note DT below

*** HAVE A NICE DAY ***

TRINITY PHARMACY

"Your Home for a Healthier You"
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109
DEA: FT5011383 PHONE: 702-776-8210

PATIENT COUNSELING ** PATIENT COUNSELING **

Rx #: N170143 MORPHINE SULFATE OS 20MG/ML

Patient: Dr. DUBIN, STEPHEN
Dr. DUBIN, STEPHEN

NDC #: 00054-0404-44 01701430030

Call your doctor for medical advice about side effects. You may
report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?

It is used to ease pain.

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?

Signs of an allergic reaction, like rash; hives; itching; red, swollen,
blistered, or peeling skin with or without fever; wheezing; tightness in the
chest or throat; trouble breathing, swallowing, or talking; unusual
hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Very bad
dizziness or passing out. Chest pain or pressure or a fast heartbeat. Feeling
confused. Noisy breathing. Breathing problems during sleep (sleep
apnea). Seizures. Severe constipation or stomach pain. These may be signs
of a severe bowel problem. Depression or other mood changes. Swelling in
the arms or legs. Fever, chills, or sore throat. Pain when passing urine. A
burning numbness, or tingling feeling that is not normal. A severe and
sometimes deadly problem called serotonin syndrome may happen if you
take this drug with certain other drugs. Call your doctor right away if you
have agitation; change in balance; confusion; hallucinations; fever; fast or
abnormal heartbeat; flushing; muscle twitching or stiffness; seizures;
shivering or shaking; sweating a lot; severe diarrhea; upset stomach, or
throwing up; or severe headache. Taking an opioid drug like this drug may
lead to a rare but very bad adrenal gland problem. Call your doctor right
away if you have very bad dizziness or passing out, very bad upset
stomach or throwing up, or if you feel less hungry, very tired, or very weak.
WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? Feeling
dizzy, sleepy, tired, or weak. Dry mouth. Constipation, diarrhea, stomach
pain, upset stomach, throwing up, or feeling less
hungry. Headache. Anxiety. Sweating a lot.

HOW IS THIS DRUG BEST TAKEN?

Take with or without food. Take with food if it causes an upset stomach. Do
not inject or snort this drug. Doing any of these things can cause very bad
side effects like trouble breathing and death from overdose. Measure liquid
doses carefully. Only use the measuring device that comes with this liquid
drug.

OTHER PRECAUTIONS:

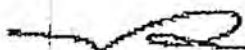
Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx # : 170143
Fill Date : 12-20-2018
Patient Name : B [REDACTED], D [REDACTED]
Filled By : MLJ
Dispensed By : ADMIN
Declined Counseling : No
Drug Name : MORPHINE SULFATE OS 20MG/ML
Qty : 30
Patient Paid : 60.00
Total : 60.00
Dispense Date & Time : 12-20-2018 05:58 PM
Signature :



Trinity Pharmacy

2767 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription



STEPHEN DUBIN

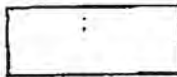
6380 S RAINBOW STE 308
LAS VEGAS NV 89128DEA #: FD2418708
Lic #: 13772
NPI #: 1023311040Phone: 702-358-1388
Fax: 702-382-0854

RxF: 170144

Rx Written: 12-20-2018

Patient : B [REDACTED] D [REDACTED]
Address : [REDACTED] CIRCLE
LAS VEGAS NV [REDACTED]
Phone # : 702- [REDACTED]
D.O.B. : [REDACTED]
Gender : Male4 PM
HoneyLORAZEPAM O/C 2MG/ML
Generic for LORAZEPAM O/S 2MG/ML
Quantity : 30 (thirty)Sig Instructions :
GIVE 0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5 ML
EVERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR
SEVERE ANXIETY

Refills Authorized : 0 RPh : MLJ / CC

MD called in new RX 12/28/18
Signature _____ Date _____THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW"
IN THE BOX BELOW

Dispense As Written

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx # : 170144
Fill Date : 12-20-2018
Patient Name : B [REDACTED] D [REDACTED]
Filled By : MLJ
Dispensed By : ADMIN
Declined Counseling : No
Drug Name : LORAZEPAM O/C 2MG/ML
Qty : 30
Patient Paid : 65.00
Total : 65.00
Dispense Date & Time : 12-20-2018 05:58 PM
Signature :



Controlled substance dangerous unless used as directed.
Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

Store in a refrigerator. Do not freeze. Throw away any part not used after 3 months. Protect from light. Store this drug in a safe place where children cannot see or reach it, and where other people cannot get to it. A locked box or area may help keep this drug safe. Keep all drugs away from pets. Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**JAMES FORSYTHE, MD, HMD,
Certificate of Registration No. CS05385,**

Respondent.

CASE NO. 19-144-CS-N

**FIRST AMENDED
NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, 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 NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent James Forsythe, MD, HMD, held a Nevada controlled substance registration, Certificate No. CS105385, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about September 17, 2019, Board staff investigated Respondent's practice at Forsythe Cancer Care Center a/k/a Century Wellness Center located at 521 Hammill Lane, Reno NV. The investigation revealed that Respondent failed to properly label, segregate and/or dispose of adulterated and/or expired dangerous drugs, including open multi-dose containers.

3. The following expired drugs were discovered in the infusion room cabinets:

- One 25-count box of Potassium Chloride Concentrate for injection, 40mEq/20ml Expiration date 2/1/18.
- One unopened multi-dose vial of Magnesium Chloride Injection, 200 mg/ml Expiration date 12/18.
- One partial multi-dose vial of Magnesium Chloride Injection, 200 mg/ml, no opening date. Expiration date 12/17.
- Two unopened bottles of L-Lysine HCL Injection, 100 mg/ml, 30mL MDV in clear plastic bag, prescribed to Dorothy P. Expiration date 12/17/18. Compounded at McGliff Compounding Pharmacy, Santa Ana, California.

- Two unopened bottles of L-Lysine HCL Injection, 100 mg/ml, 30 mL MDV in clear plastic bag, prescribed for Gloria W. Expiration date 12/17/2018. Compounded at McGliff Compounding Pharmacy, Santa Ana, California.
- One unopened bottle of L-Lysine HCL Injection, 100 mg/ml, 30 mL MDV prescribed to Traci M. Expiration date 10/27/2018.
- One unopened bottle of Dexpantenol 250 mg/mL 30 mL MDV prescribed to Kevin P. Expiration date 11/11/2018.
- One unopened 5-count box of Dexpantenol Injection 250mg/ml 10mL SDV prescribed to Kim H. Expiration date 1/20/2019.
- One unopened 5-count box of Dexpantenol Injection 250mg/ml 10mL SDV prescribed to Dorothy P. Expiration date 1/20/2019
- One opened 30 ml multi-dose vial of Methylcobalamin Injection, 1000 mcg/mL. Expiration date 1/23/19.
- One unopened 30 ml multi-dose vial of L-Lysine HCL Injection 100 mg/ml. Expiration date 12/17/18.
- Two unopened 30 ml multidose vials of Pyridoxine HCL Injection 100 mg/ml Solution. Expiration date 5/29/2019.
- One unopened 50 mL preservative-free multidose vial of Ascorbic Acid Injection 500 mg/mL. Expiration date 1/05/2018.
- One unopened 50 mL multidose vial of Lysine HCL Injection 100 mg/ml Solution. Expiration date 12/13/2018.
- One opened 50 mL multidose vial of Lysine HCL Injection 100 mg/ml Solution with no opening date. Expiration date 12/13/2018.
- Three unopened 10 mL multidose vials of Folic Acid Injection 10 mg/ml Solution. Expiration date 6/25/2019.
- One opened 10 mL multidose vial of Folic Acid Injection 10 mg/ml Solution with no opening date. Expiration date 6/25/2019.
- Three 30 mL multidose vials of L-Lysine HCL Injection 100 mg/ml Solution. Expiration date 12/17/2018.
- Six unopened 10 mL preservative-free multidose vials of Pyridoxine Hydrochloride Injection 100 mg/ml. Expiration date 12/05/2018.
- One opened 10 mL multidose vial of Mesna 1gram/10 ml (100 mg/ml) with no opening date. Expiration date 11/18.
- Anfinitor 5mg tablets, #7. Expiration date 2/19
- Creon Capsules #84. Expiration date 10/18 and 11/18.
- Votrient 200 mg tablets. #60. Expiration date 1/18.

4. The following expired drugs were discovered on the store room shelves:

- Four unopened 12 count boxes of 1000 mL Lactated Ringers (Braun). Expiration 6/18.
- One opened 12 count box of 1000 mL 0.9% Sodium Chloride Injection with 4 IV bags missing (Braun). Expiration 9/16.
- One unopened 24 count box of 500 mL Lactated Ringers Injection (Baxter). Expiration 11/18.
- One partially opened box of 36 count 250 mL Lactated Ringers Injection (Baxter). Expiration 10/18.
- One open box of 36 count 250 mL Lactated Ringers Injection (Baxter). Expiration 3/19.
- One unopened box of 36 count 250 mL Lactated Ringers Injection (Baxter). Expiration 4/18.
- Two unopened boxes of 20 count 500 mL 0.9% Sodium Chloride Injection (Baxter). Expiration 3/19.

5. The investigation also revealed that Respondent possessed in his inventory Veterinary 0.9% Sodium Chloride labeled “For Veterinary Use Only.”

APPLICABLE LAW

6. It is unlawful to purchase, access, store, possess, administer, furnish and/or dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.221, NRS 454.311, NRS 454.316.

7. It is unlawful for any person to have in his or her possession, or under his or her control, for the purpose of resale, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation, drug or chemical which . . . is no longer safe or effective for use, as indicated by the expiration date appearing on its label. NRS 639.282(1)(d); *see also* 21 CFR § 211.137.

8. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601(1).

9. The breach of the seal of a multi-dose container must be documented and the contents used within 28 days. NAC 639.67057(2).

10. It is unlawful to sell or dispense any medications that are intended for animals for human consumption. 21 CFR § 201.105.

11. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

12. Violating any provision of the Federal Food, Drug and Cosmetic Act or any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11) and (12).

13. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Violations of Law - Failure to Properly Label, Store and Secure Drugs

14. By failing to properly label, segregate and/or dispose of adulterated and/or expired dangerous drugs to ensure they could not be administered to patients, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 211.137, NRS 639.282(1)(d), NAC 639.601(1), and/or NAC 639.67057(2), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12).

SECOND CAUSE OF ACTION

Unlawful Possession of Veterinary Drugs

15. By possessing in his drug inventory Veterinary 0.9% Sodium Chloride labeled "For Veterinary Use Only" for administration to patients, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 201.105, NRS 454.221, NRS 454.311 and/or NRS 454.316, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12).

THIRD CAUSE OF ACTION**Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties**

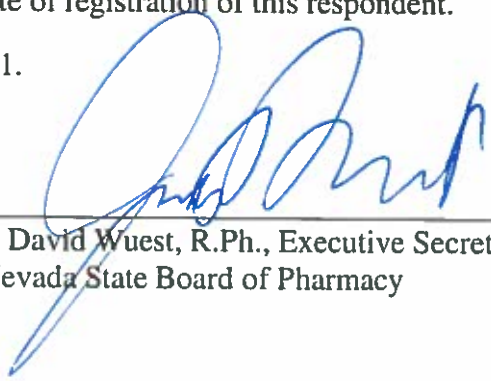
16. By his actions as alleged herein, Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION**Commission of Acts that Render Registration Inconsistent with the Public Interest**

17. By his actions as alleged herein, Respondent has committed an act that would render his Nevada controlled substance registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

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.

DATED this 4th day of October, 2021.



J. David Wuest, R.Ph., 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. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this First Amended Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 19-144-CS-N

Petitioner,

v.

**JAMES FORSYTHE, MD, HMD,
Certificate of Registration No. CS05385,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF 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 and 622A, a First Amended Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, 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 First Amended Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the First Amended Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

III.

The hearing for case number 19-144-CS-N has been scheduled for Wednesday, December 1, 2021, 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123**

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

**Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671**

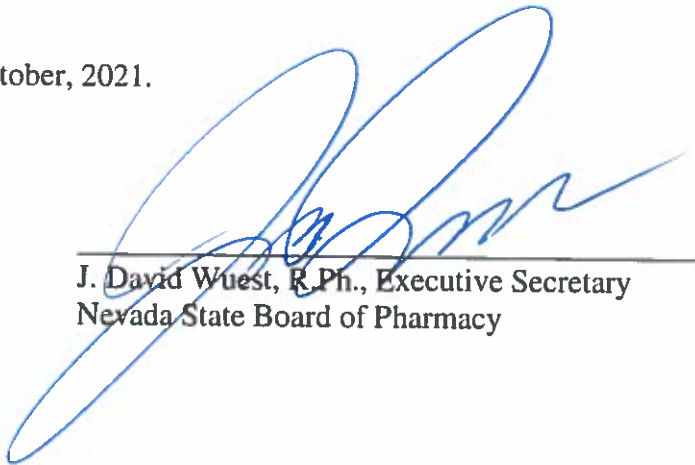
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 4th day of October, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of October, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

James Forsythe, MD, HMD
[REDACTED] Hammill Ln
Reno, NV 89515

Marie Mirch, Esq.
Mirch Law Firm, LLP
1180 Rosecrans Street, Suite 104-552
San Diego, CA 92106


SHIRLEY HUNTING

Marie C. Mirch
 Nevada SBN 6747
 1180 Rosecrans Street #104-552
 San Diego, Ca 92106
 619-501-6220
 marie@mirchlaw.com
 Attorney for Respondent



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner.

v.

**JAMES W. FORSYTHE, MD, HMD,
 Certificate of Registration No. CS05385**

Respondent.

CASE NO. 19-144-CS-N

**NOTICE OF DEFENSE
 AND ANSWER TO FIRST
 AMENDED NOTICE OF
 INTENDED ACTION AND
 ACCUSATION**

Respondent, above named, hereby gives Notice of Defense to the Amended Notice of Intended Action and Accusation ("Notice") filed in the above-entitled matter before the Nevada State Board of Pharmacy and submits the following answer and affirmative defenses:

ANSWER.

JURISDICTION

1. In response to Paragraph 1 of the First Amended Notice, Respondent admits he holds a

Nevada controlled substance registration, but lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies.

FACTUAL ALLEGATIONS

2. In response to Paragraph 2 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.
3. In response to Paragraph 3 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.
4. In response to Paragraph 4 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.
5. In response to Paragraph 5 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.

APPLICABLE LAW

6. In response to Paragraph 6 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.
7. In response to Paragraph 7 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.

8. In response to Paragraph 8 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.
9. In response to Paragraph 9 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.
10. In response to Paragraph 10 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.
11. In response to Paragraph 11 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.
12. In response to Paragraph 12 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.
13. In response to Paragraph 13 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.

FIRST CAUSE OF ACTION

Violations of Law -Failure to properly label, store and Secure Drugs

14. In response to Paragraph 14 of the First Amended Notice, Respondent denies each and every allegation contained therein.

SECOND CAUSE OF ACTION

Unlawful Possession of Veterinary Drugs

15. In response to Paragraph 15 of the First Amended Notice, Respondent denies each and every allegation contained therein.

THIRD CAUSE OF ACTION

Unprofessional Conduct - Incompetent, Unskillful or Negligent Performance of Duties

16. In response to Paragraph 16 of the First Amended Notice, Respondent denies each and every allegation contained therein.

FOURTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

17. In response to Paragraph 17 of the First Amended Notice, Respondent denies each and every allegation contained therein.

AFFIRMATIVE DEFENSES

FIRST AFFIRMATIVE DEFENSE - Failure to State a Claim upon which relief can be granted,

SECOND AFFIRMATIVE DEFENSE- Statute of Limitations

THIRD AFFIRMATIVE DEFENSE - Unclean Hands

FOURTH AFFIRMATIVE DEFENSE - Fraud

FIFTH AFFIRMATIVE DEFENSE - Laches

SIXTH AFFIRMATIVE DEFENSE - Estoppel

SEVENTH AFFIRMATIVE DEFENSE - At all times Respondent acted in good faith and had

reasonable grounds to believe his actions were in compliance with the law.

EIGHTH AFFIRMATIVE DEFENSE - Retaliation

NINTH AFFIRMATIVE DEFENSE - Ambiguity

TENTH AFFIRMATIVE DEFENSE - Waiver

ELEVENTH AFFIRMATIVE DEFENSE - Privilege

TWELFTH AFFIRMATIVE DEFENSE - Justification

THIRTEENTH AFFIRMATIVE DEFENSE - Lack of Standing

FOURTEENTH AFFIRMATIVE DEFENSE - False Claims

FIFTEENTH AFFIRMATIVE DEFENSE - Intervening Supervening causes

SIXTEENTH AFFIRMATIVE DEFENSE - Spoilation of Evidence

SEVENTEENTH AFFIRMATIVE DEFENSE - Entrapment

ADDITIONAL DEFENSES

The Respondent cannot fully anticipate all affirmative defenses that may be applicable to this action, Respondent hereby gives notice that he will rely upon further affirmative defenses as may appear during the course of this action.

Wherefore, Respondent prays that Petitioner take nothing by its Notice and Accusation , and that attorney fees and costs be awarded to the Respondent.

///

///

///

///

AFFIRMATION PURSUANT TO NRS 239B.030

The undersigned does hereby affirm that the preceding document does not contain the social security number of any person.

DATED this 27th day of October, 2021

BY Marie Mirch

Marie Mirch

CERTIFICATE OF MAILING

Pursuant to NRCP 5(b), I certify that I am an employee of MIRCH LAW OFFICES, over the age of EIGHTEEN (18), and not a party to this action. In that capacity, I deposited with an overnight carrier, UPS, with postage prepaid, a true and correct copy of the foregoing **NOTICE OF DEFENSE AND ANSWER TO FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION** upon the following:

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, Nevada 89521

I also served via U.S. Mail. Postage prepaid in an envelope addressed as follows:

Brent Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, Nevada 89521

With courtesy copy emailed to Bkandt@pharmacy.nv.gov

DATED this 29TH day of October, 2021



5J



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**KINEX MEDICAL COMPANY, LLC,
License No. MP00623,**

Respondent.

CASE NO. 21-039-MP-S

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, 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 NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Kinex Medical Company, LLC, License No. MP00623, was a medical products provider based in Waukesha, Wisconsin licensed by the Board.

FACTUAL ALLEGATIONS

2. On or about March 4, 2021, Respondent's authorized representatives appeared before the Board on its application for a second medical products provider license to operate from 5985 Hauck Street #107 in Las Vegas. Respondent's license application was tabled.

3. On or about March 8, 2021, Respondent was served with a cease and desist with a citation and fine pursuant to NRS 639.2895 for Respondent and/or Respondent's employees engaging in the business of furnishing medical devices in Nevada from 5985 Hauck Street #107 without a license.

4. Respondent's authorized representatives subsequently represented to Board staff in the course of investigation that Respondent had ceased operations at 5985 Hauck Street #107 on March 30, 2021.

5. On or about March 30, 2021, Respondent and/or Respondent's employees began engaging in the business of furnishing medical devices in Nevada from 6075 W. Wigwam Avenue, Unit A089 in Las Vegas without a license.

6. On or about April 15, 2021, Respondent's authorized representatives appeared before the Board on its application for license to operate from 5985 Hauck Street #107 and, while under oath, represented to the Board in pertinent part that Respondent and/or Respondent's employees had ceased operations at 5985 Hauck Street #107 on March 30, 2021. Respondent's licensed application was conditionally approved pending inspection.

7. On or about May 4, 2021, Board staff conducted a pre-inspection visit and obtained evidence that Respondent and/or Respondent's employees had engaged in the business of furnishing medical devices in Nevada from 6075 W. Wigwam Avenue, Unit A089 from March 30 until at least April 16, 2021.

8. On or about May 11, 2021, Respondent, by and through counsel, admitted that Respondent and/or Respondent's employees had engaged in the business of furnishing medical devices in Nevada from 6075 W. Wigwam Avenue, Unit A089 from March 30 until at least April 16, 2021.

9. On or about June 15, 2021, Respondent was served with a second cease and desist with a citation and fine for Respondent and/or Respondent's employees continuing to engage in the business of furnishing medical devices in Nevada from 5985 Hauck Street #107 without a license. On the same date, Respondent was served with a separate cease and desist with a citation and fine for Respondent and/or Respondent's employees engaging in the business of furnishing medical devices in Nevada from 6075 W. Wigwam Avenue, Unit A089 without a license.

10. On or about June 29, 2021, Respondent, by and through counsel, withdrew its application for a second medical products provider license to operate from 5985 Hauck Street #107 in Las Vegas.

APPLICABLE LAW

11. Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing medical devices that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of this chapter. NRS 639.233(1).

12. It is unlawful for any wholesaler or manufacturer to furnish, sell, offer for sale, or deliver any medical devices, other than those referred to in NRS 639.270, to any person not authorized by the laws of this state to handle, sell, possess or deal in such devices. NRS 639.288.

13. If a medical products provider sells, leases or otherwise provides medical products at more than one location, it must obtain a license for each location where medical products are sold, leased or otherwise provided. NAC 639.6942(2).

14. Any person who is located outside of this State and who intends to sell medical products to any consumer or medical products provider in this State on a regular basis must apply for an appropriate license pursuant to the provisions of NAC 639.693 to 639.6958, *inclusive*. Any medical products provider or medical products wholesaler that is located outside of this State must comply with the provisions of NAC 639.693 to 639.6958, *inclusive*, for any sale, lease or other disposition of medical products to any person in this State other than a medical products wholesaler or manufacturer that is licensed by the Board. NAC 639.6944(1).

15. Performing any duties as the owner of a business or an entity licensed by the Board or as the employee of any such business in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

16. Aiding or abetting a person not licensed in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j)

and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

17. Performing any act, task or operation for which licensure is required without the required license constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

18. Violating any law or regulation relating to the practices of a medical products provider constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.6941(1)(a) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

19. Willfully making a materially false statement in the course of a Board investigation is a criminal offense and grounds for suspension or revocation of any license issued by the Board. NRS 197.190; NRS 639.210(9).

20. The Board may suspend or revoke a license if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any provision of Chapter 639 of the Nevada Revised Statutes. NRS 639.210(12).

21. The owner of a medical products provider is responsible for the acts of his or her business administrator and employees. NAC 639.6941(2); NAC 639.945(2).

FIRST CAUSE OF ACTION

Violations of State Law

22. By engaging in the business of furnishing medical devices in Nevada from 5985 Hauck Street #107 and 6075 W. Wigwam Avenue, Unit A089 as alleged herein, Respondent and/or Respondent's employees violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.233(1), NRS 639.288, NAC 639.6942(2) and/or NAC 639.6944(1), and Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(12).

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

23. By engaging in the business of furnishing medical devices in Nevada from 5985 Hauck Street #107 and 6075 W. Wigwam Avenue, Unit A089 as alleged herein, Respondent and/or Respondent's employees performed the duties of a licensed medical products provider in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.6941(1)(a) and NAC 639.945(1)(i), and Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(4).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

24. By engaging in the business of furnishing medical devices in Nevada from 5985 Hauck Street #107 and 6075 W. Wigwam Avenue, Unit A089 as alleged herein, Respondent and/or Respondent's employees aided and abetted unlicensed activity and engaged in unprofessional conduct as defined in NAC 639.6941(1)(a) and NAC 639.945(1)(j), and Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Operating as Medical Products Provider Without the Required License

25. By engaging in the business of furnishing medical devices in Nevada from 5985 Hauck Street #107 and 6075 W. Wigwam Avenue, Unit A089 as alleged herein, Respondent and/or Respondent's employees performed acts, tasks and/or operations for which licensure is required without the required license and engaged in unprofessional conduct as defined in NAC 639.6941(1)(a) and/or NAC 639.945(1)(k), and Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(4).

FIFTH CAUSE OF ACTION

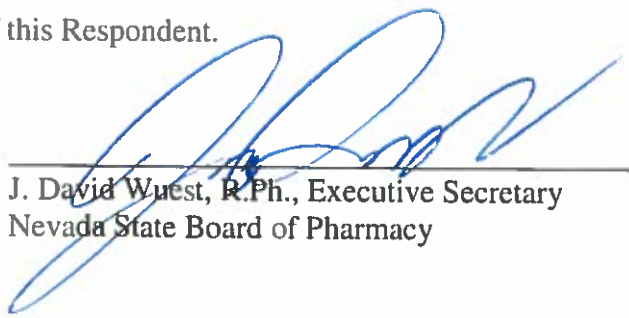
False Statements in Course of Investigation

26. By willfully making false statements in the course of the Board's investigation, as alleged herein, that are material to the administration and enforcement of law, Respondent and/or

Respondent's authorized representatives and employees violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 197.190, and Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(9).

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

Signed this 23rd day of July, 2021.



J. David Wuest, R.Ph., 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. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 21-039-MP-S

Petitioner,

v.

**KINEX MEDICAL COMPANY, LLC,
License No. MP00623,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF 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 and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, 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 show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

**Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123**

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

**Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671**

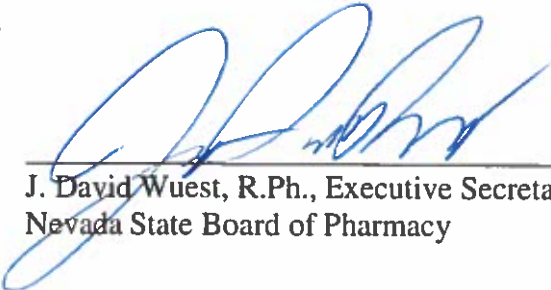
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23 day of July, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

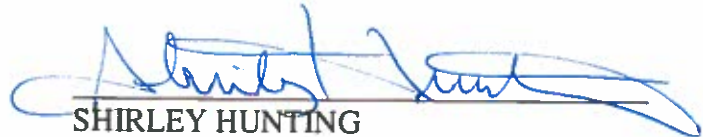
CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 27th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Michael Buckholdt
Saundra Sorenson
Kinex Medical Company
5985 Hauck Street, #107
Las Vegas, NV 89118

Kinex Medical Company
1801 Airport Road, Suite D
Waukesha, WI 53188

Lyn Beggs, Esq.
316 California Ave. #863
Reno, NV 89509



SHIRLEY HUNTING

FILED

AUG 20 2021

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF
PHARMACY,

Petitioner,

vs.

KINEX MEDICAL COMPANY, LLC

License No. MP00623,

Respondent.

Case No.: 21-039-MP-S

ANSWER AND NOTICE OF DEFENSE

Respondent Kinex Medical Company, LLC ("Kinex"), hereby files with the Nevada State Board of Pharmacy ("Board"), its Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on July 23, 2021.

*ANSWER TO ACCUSATION**Jurisdiction*

Kinex agrees that the Board has jurisdiction in this matter as set forth in Paragraph 1. Kinex further answers the Factual Allegations set forth in the Accusation as follows:

Factual Allegations: Paragraphs 2-10

Paragraph 2: Kinex agrees and acknowledges the factual assertions set forth in Paragraph 2.

Paragraph 3: Kinex admits that it was served with a cease and desist notice which was dated March 8, 2021 but it was received approximately one week later. Kinex denies that its employees were engaging in the business of furnishing medical devices from 5985 Hauck Street, #107 without a license.

ANSWER AND NOTICE OF DEFENSE - I

1 **Paragraph 4:** Kinex denies the allegations set forth in Paragraph 4.

2 **Paragraph 5:** Kinex denies the allegations set forth in Paragraph 5.

3 **Paragraph 6:** Kinex agrees and acknowledges that its authorized representatives appeared
4 at a Board meeting on April 15, 2021. Kinex denies that its authorized representatives represented
5 that it had ceased operations at 5985 Hauck Street, #107 as of March 30, 2021.
6

7 **Paragraph 7:** Kinex is without sufficient knowledge to respond to the allegations set forth
8 in Paragraph 7.

9 **Paragraph 8:** Kinex is without sufficient knowledge to respond to the allegations set forth
10 in Paragraph 8 but notes that its counsel referenced in Paragraph 8 is not subject to the jurisdiction
11 of the Board.
12

13 **Paragraph 9:** Kinex agrees and acknowledges that it was served with two cease and desist
14 notices on June 15, 2021, but denies the allegations contained within the notices.

15 **Paragraph 10:** Kinex agrees and acknowledges that it withdrew its pending application on
16 June 29, 2021.
17

18 **Applicable Law: Paragraphs 11 through 21**

19 Kinex agrees that Paragraphs 11 through 21 of the Accusation accurately reflect current
20 Nevada law however, Kinex denies that it has violated any of the statutes or regulations cited
21 therein.
22

23 **Causes of Action: Paragraphs 22 through 26**

24 **First cause of action (paragraph 22):** Kinex denies the allegations set forth therein.

25 **Second cause of action (paragraph 23):** Kinex denies the allegations set forth therein.

26 **Third cause of action (paragraph 24):** Kinex denies the allegations set forth therein.

27 **Fourth cause of action (paragraph 25):** Kinex denies the allegations set forth therein.
28

1 Fifth cause of action (paragraph 26): Kinex denies the allegations set forth therein.

2 *NOTICE OF DEFENSE/MITIGATING INFORMATION*

3 *Affirmative Defenses*

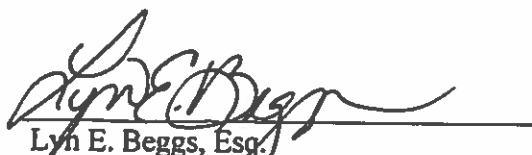
4
5 **First Affirmative Defense:** Petitioner has failed to state a claim upon which a
6 professional sanction or discipline can be based.

7 **Second Affirmative Defense:** Kinex has not violated any of the statutes or
8 regulations referenced in Petitioner's Accusation.

9 *Mitigating Information*

10
11 Kinex, after more than twenty years of doing business in the state of Nevada under its
12 current license and providing orthopedic medical equipment to Nevada patients, has ceased doing
13 all business in Nevada. No medical devices of any nature are being shipped to Nevada patients
14 and Kinex has no intention of returning to Nevada to engage in business as a medical product
15 provider. Kinex reserves the right to present additional information in mitigation at the time of
16 the hearing scheduled in this matter.
17

18
19 Respectfully submitted this 20th of August, 2021.

20
21 

22 Lyn E. Beggs, Esq.
23 Attorney for Respondent Kinex Medical Company,
24 LLC
25
26
27
28



NEVADA STATE BOARD OF PHARMACY

825

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

March 8, 2021

VIA CERTIFIED MAIL

Michael Buckholdt
Saundra Sorenson
Kinex Medical Company
5985 Hauck Street # 107
Las Vegas, NV 89118

Kinex Medical Company
1801 Airport Road, Suite D
Waukesha, WI 53188

Re: CEASE and DESIST/CITATION: Unlicensed Activity in Nevada

Dear Mr. Buckholdt and Ms. Sorenson:

The Nevada State Board of Pharmacy ("Board") has determined, based upon your admissions and/or documents submitted at a Board meeting, that Kinex Medical Company ("Kinex") has engaged in the business of furnishing medical devices in this State without a license. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.233, NRS 639.288, NRS 639.310 and NAC 639.6944.

Kinex is hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST from engaging in the business of furnishing medical devices in this State. This letter shall serve as a CITATION pursuant to NRS 639.2895(2), for unlicensed operation of activity. The Board has assessed an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

Kinex must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check, certified check or money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Kinex has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. See NRS 639.2895(2).

Please be aware that the foregoing does not preclude a formal investigation or filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or c.lee@pharmacy.nv.gov.

Sincerely,


Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0252 5975 46

9171 9690 0935 0252 5975 60

Kristopher Mangosing

To: Joe Dodge
Subject: RE: Items Requested

From: Dove, Kelly <kdove@swlaw.com>
Sent: Tuesday, May 11, 2021 12:46 PM
To: Joe Dodge <j.dodge@pharmacy.nv.gov>; Leann Wilhelm, CHC <Leann_Wilhelm@kinexmedical.com>
Cc: Mike Buckholdt <Mike_Buckholdt@kinexmedical.com>; Kenneth C. Scheuber <KSCHEUBER@pharmacy.nv.gov>; Courtney K. Lee <c.lee@pharmacy.nv.gov>; David Wuest <dwuest@pharmacy.nv.gov>
Subject: RE: Items Requested

Hello Joe,

I am writing in response to your request for additional information.

- (1) Explanation as to why the site continued to provide service to patients through April 16, 2021.

As a preliminary matter, based on the context of your request in which you call the Hauck Street location "the site" as distinguished from the requests below where you refer to the "off-site storage area," we interpret this question as referring to the Hauck Street location. Please let us know if we are incorrect in that interpretation so we may amend our response accordingly.

The Hauck Street location was closed on March 30, 2021 and no one provided services on site or directly from the site following that date, though products were taken from the site on or around March 30 to fulfill orders. Following March 30, the site was not open to the public and employees were not working at the site. As Mr. Buckholdt testified at the April Board meeting, following Kinex's receipt of the March 16 cease and desist letter, Kinex did continue to deliver certain prescribed and ordered products and services directly to doctors and patients who were post-surgical or otherwise expecting those products and services because he was concerned about the patient safety implications of failing to fulfill those orders and leaving those doctors and patients in the lurch. The products and services provided were handled remotely by a small number of setup people from storage or as they had already had some products in their vehicles. Kinex ceased all such activity immediately following the April 15th Board meeting and Kinex has provided no products or services of any kind since April 16, 2021.

- (2) Address of the off-site storage area

6075 W. Wigwam Ave, Unit A089
 Las Vegas, NV 89139

- (3) Who has knowledge of and access to the off-site storage area

The following information is to the best of our knowledge.

Knowledge of the storage area:

Mike Buckholdt
 Leann Wilhelm
 Saundra Sorenson
 Audra Foust
 Charlie Rivero

Access to the storage area:

Saundra Sorenson

Anthony Adams

Joseph Palmer

Colton Tenney (no longer employed by Kinex)

(4) The purpose of the off-site storage area

The purpose of the off-site storage area was to store products and access products while the Hauck Street location was closed to the public and employees.

(5) Whether or not patients received services directly from the off-site storage area

Consistent with the above responses, no patient was directly serviced from the off-site storage area except in the sense that setup people delivered products to patients, some of which had been stored at the off-site storage area. Patients were set up with the products in their homes on in a facility upon discharge – not at Hauck Street or the off-site storage area.

Please let us know if there is any other information Kinex can provide or if you have any additional questions about the above.

Thank you again,
Kelly

Kelly H. Dove | Snell & Wilmer L.L.P. | P: (702) 784-5286 | F: (702) 784-5252

From: Joe Dodge <j.dodge@pharmacy.nv.gov>

Sent: Thursday, May 6, 2021 10:46 AM

To: Leann Wilhelm, CHC <Leann_Wilhelm@kinexmedical.com>

Cc: Mike Buckholdt <Mike_Buckholdt@kinexmedical.com>; Dove, Kelly <kdove@swlaw.com>; Kenneth C. Scheuber <KSCHEUBER@pharmacy.nv.gov>; Courtney K. Lee <c.lee@pharmacy.nv.gov>; David Wuest <dwuest@pharmacy.nv.gov>

Subject: RE: Items Requested

[EXTERNAL] j.dodge@pharmacy.nv.gov

Thanks for the submission. I will review the documents and let you know if I have any questions.

Please submit the following information request that we discussed earlier in the week at the site:

- (1) Explanation as to why the site continued to provide service to patients through April 16th 2021.
- (2) Address of the off-site storage area
- (3) Who has knowledge of and access to the off-site storage area (as a reminder all of the employees that were present for the inspection stated that they didn't know the address of the location)
- (4) The purpose of the off-site storage area
- (5) Whether or not patients received services directly from the off-site storage area

Thanks,

Joe Dodge, Pharm D
Inspector

Nevada State Board of Pharmacy
1050 E. Flamingo Ste E217
Las Vegas, NV, 89119

Office: 702.486.6420 Ext 157

Fax: 702.486.7903

E-mail: j.dodge@pharmacy.nv.gov

Web Page: www.bop.nv.gov

NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Leann Wilhelm, CHC <Leann_Wilhelm@kinexmedical.com>

Sent: Tuesday, May 4, 2021 5:06 PM

To: Joe Dodge <j.dodge@pharmacy.nv.gov>

Cc: Mike Buckholdt <Mike_Buckholdt@kinexmedical.com>; 'Dove, Kelly' <kdove@swlaw.com>

Subject: Items Requested

Hello Joe,

Thank you for your time today. Attached are the additional documents you requested. Please let me know if there is anything else needed.

Thank you,

Leann Wilhelm, CHC
Compliance Officer
Kinex Medical Company, LLC
Direct: 262-521-7338
Toll Free: 800-845-6364 ext. 7338
Fax: 866-588-8026
www.kinexmedical.com



For Technical Support please call or email:
800-845-6364 ext. 7370
techsupport@kinexmedical.com

HIPAA PRIVACY NOTICE: The information contained in or attached to this email may be private, may contain Protected Health Information covered under the Health Insurance Portability and Accountability Act of 1996 (PL 104-191) and must be protected in



July 13, 2021

Via USPS Priority Mail

Courtney Lee, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

Re: Kinex Medical Company: Payment of Citation Fees

Dear Ms. Lee:

Please find enclosed two checks, each in the amount of \$5,000.00, submitted in payment to satisfy the two Citations issued to Kinex Medical Company by the Nevada State Board of Pharmacy ("Board") on June 15, 2021, regarding alleged unlicensed activity. See Exhibit A. The payment of the fines in no way should be considered an admission by Kinex of any inappropriate activity.

As Kinex withdrew its application for a Nevada Medical Device, Equipment & Gases ("MDEG") license in writing on June 29, 2021, we shall assume that the enclosed payment of the citation fines shall conclude all business with the Board.

Should you require any additional information please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lyn E. Beggs', followed by a long horizontal line extending to the right.

Lyn E. Beggs, Esq.

cc: Dave Wuest, NVBOP Executive Secretary
Mike Buckholdt, Kinex Medical
Kelly Dove, Esq.

EXHIBIT A



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

June 15, 2021

VIA EMAIL to counsel: lyn@lbeggslaw.com; kdove@swlaw.com

Michael Buckholdt

Sandra Sorenson

Kinex Medical Company

5985 Hauck Street # 107

Las Vegas, NV 89118

Kinex Medical Company

1801 Airport Road, Suite D

Waukesha, WI 53188

Re: CEASE and DESIST/CITATION: Unlicensed Activity in Nevada at Hauck Street location

Dear Mr. Buckholdt and Ms. Sorenson:

The Nevada State Board of Pharmacy ("Board") has determined, based upon your admissions at Board meeting(s), documents submitted with your application, and/or inspections by Board's staff that Kinex Medical Company ("Kinex") has continued to engage in the business of furnishing medical devices in this State without a license after the initial cease and desist letter of March 8 (fine received on April 9, 2021), and after the date that the activity was represented to have ceased on March 30, 2021. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.233, NRS 639.288, NRS 639.310 and NAC 639.6944.

Kinex is hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST from engaging in the business of furnishing medical devices in this State from the unlicensed Hauck Street location. This letter shall serve as a CITATION pursuant to NRS 639.2895(2), for the continued unlicensed operation of activity from April 1 – 16, 2021, including, but not limited to, generation of invoices, transfer of equipment, *etc.*, out of the Hauck Street location. The Board has assessed an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

Kinex must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check, certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Kinex has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the foregoing does not preclude a formal investigation or filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or c.lee@pharmacy.nv.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Courtney K. Lee", with a long, sweeping horizontal line extending to the right.

Courtney K. Lee

General Counsel

Nevada State Board of Pharmacy



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

June 15, 2021

VIA EMAIL to counsel: lyn@lbeggslaw.com; kdove@swlaw.com

Michael Buckholdt

Sandra Sorenson

Kinex Medical Company

5985 Hauck Street # 107

Las Vegas, NV 89118

Kinex Medical Company

1801 Airport Road, Suite D

Waukesha, WI 53188

Re: CEASE and DESIST/CITATION: Unlicensed Activity in Nevada at storage unit

Dear Mr. Buckholdt and Ms. Sorenson:

The Nevada State Board of Pharmacy ("Board") has determined, based upon your admissions at Board meeting(s), documents submitted with your application, and/or inspections by Board's staff, that Kinex Medical Company ("Kinex") continued to engage in the business of furnishing medical devices in this State without a license after the initial cease and desist letter of March 8, 2021 (fine received on or about April 9, 2021), and after the date that the activity was represented to have ceased on March 30, 2021. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.233, NRS 639.288, NRS 639.310 and NAC 639.6944.

Kinex is hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST from engaging in the business of furnishing medical devices in this State from any unlicensed location. This letter shall serve as a CITATION pursuant to NRS 639.2895(2), for unlicensed operation of activity, including, but not limited to, transfer of equipment, *etc.*, out of the Budget storage unit located at 6075 W. Wigwam Avenue, Unit A089, Las Vegas, NV 89139 from approximately April 1 – 16, 2021. The Board has assessed an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

Kinex must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check, certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Kinex has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the foregoing does not preclude a formal investigation or filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or c.lee@pharmacy.nv.gov.

Sincerely,


Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy



June 29, 2021

Via Electronic Mail

David Wuest, Executive Secretary
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
dwuest@pharmacy.nv.gov

Re: Kinex Medical Company: Withdrawal of Application

Dear Mr. Wuest:

This letter shall serve as notice that Kinex Medical Company ("Kinex") is withdrawing its previously submitted application for a Nevada Medical Device, Equipment & Gases ("MDEG") license as it has decided that it will no longer do any business in Nevada and is leaving the state. Kinex requests that consideration of the application be removed from the agenda for the Nevada State Board of Pharmacy's ("Board") upcoming meeting on July 15, 2021.

As described in the correspondence submitted by attorney Kelly Dove to the Board dated April 13, 2021, Kinex supplied durable medical equipment to patients in Nevada through its Nevada-licensed distributor, Gable Distributors, LLC, ("Gabel") for over twenty years. As previously explained, the two companies agreed to part ways in February 2019 which initiated the process of Gabel moving from the Hauck Street location in Las Vegas where the Kinex and Gabel and done business together. After Gabel was permitted to transfer its license to a new location, Kinex initiated the process to obtain an independent license for the Hauck Street location. Kinex's efforts were hampered by the state of emergency declared in Nevada by Governor Sisolak in March 2020 due to the pandemic and the application was not considered until earlier this year.

Due to the length of time that Kinex has done business in Nevada, it has a significant amount of durable medical equipment still in the state. Kinex is in the process of shutting down its Nevada business to leave the state completely. As Kinex closes all operations it will be required to recover all remaining equipment and ship it from Nevada to its headquarters in Wisconsin. Kinex intends

to complete this process as quickly as possible and wishes to notify the Board that any activities that Kinex is currently engaged in are solely for the purposes for removing all equipment from the State as expeditiously as possible.

We would respectfully request that the Board confirm that the application has been withdrawn at your earliest convenience. After submission of the fines associated with the recent Cease and Desist letters which will be provided submitted under separate cover, Kinex shall assume that all on-going matters with the Board shall be fully concluded. Should you have any concerns or questions regarding the withdrawal please do not hesitate to contact my office.

Sincerely,

A handwritten signature in blue ink, appearing to read "Lyn E. Beggs", with a long, sweeping horizontal line extending to the right.

Lyn E. Beggs, Esq.

cc: Courtney Lee, NVBOP General Counsel
Mike Buckholdt, Kinex Medical
Kelly Dove, Esq.



NV Board of Pharmacy
985 Damonte Ranch Pkwy #206
Reno, NV 89521

3/15/2021

Re: Addendum to MDEG Administrator Form

Dear Board Members,

This letter is to outline the discrepancies that were submitted on the MDEG administrator forms dated January 29th 2021 and March 4th 2021. Both of these reflected incorrect work history for Sandra Sorenson. I would like to provide explanation as to how this information was believed to be accurate by Ms. Sorenson.

Prior to February 2019 Kinex Medical Company and Gabel Distributors entered into a 1099 relationship in which Kinex equipment was dispensed to patients by Gabel Distributors. February 2019 Kinex and Gabel Distributors termed this 1099 relationship and at that time Kinex took over the lease to the Hauck street location as well as transitioned several of Gabel Distributors employees to become Kinex W2 employees.

In June 2019 Sandra Sorenson relocated from the Kinex location in Colorado to the location at Hauck Street in Las Vegas. During this time the transition from Gabel Distributors to Kinex Medical Company at the Hauck Street location was still in progress. Kinex has always referred to that location as the Gabel office. When Ms. Sorenson came to that location the terminology was skewed due to the transition and the former owner of Gabel Distributor being on-site very routinely.

There was no ill-intent to the information that Ms. Sorenson provided to the board as she believed the information to be accurate.

The work history in the MDEG administrator form dated March 15th 2021 is accurate and complete per the knowledge of Kinex Medical Company and Sandra Sorenson.

Regards,

Leann Wilhelm, CHC
Compliance Officer
Kinex Medical Company, LLC

5K



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**DANA FORTE, D.O.,
Certificate of Registration No. CS06451,**

and

**DOMINIC ETLI, A.P.R.N.,
Certificate of Registration Nos. CS25965 and
PR03064,**

Respondents.

**Case No. 18-118-CS-A-S
18-118-CS-B-S**

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, 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 NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Dana Forte, D.O. (Forte), held a Nevada controlled substance registration, Certificate of Registration No. CS06451; Respondent Dominic Etli, A.P.R.N. (Etli), held a prescriber registration, Certificate of Registration No. PR03064 and a controlled substance registration, Certificate of Registration No. CS25965, all issued by the Board.

FACTUAL ALLEGATIONS

1. Forte unlawfully caused to be issued at least seven (7) prescriptions for controlled substances, while engaged in overseas travel, to patients with whom she did not have a bona fide therapeutic relationship.
2. Forte failed to maintain patient treatment charts.

3. Forte prescribed Human Chorionic Gonadotropin ("HCG") to at least twelve (12) patients without records demonstrating a bona fide therapeutic relationship.

4. Forte aided and abetted Etli in the unlawful prescribing of controlled substances by pre-signing or otherwise authorizing at least twenty-six (26) blank prescriptions while she was out of the county.

5. Between approximately May 25, 2017, and June 13, 2017, Etli had possession of prescription blanks which had been signed by Forte. Etli issued at least twenty-five (25) prescriptions for controlled substances on prescriptions Forte had pre-signed.

6. Prescriber records and prescriptions document Etli prescribed controlled substances and dangerous drugs prior to being registered to do so.

7. The Board issued Etli Certificate of Registration No. PR03064 on June 6, 2017. Etli issued at least fourteen (14) prescriptions for dangerous drugs prior to being registered.

8. The Board issued Etli Certificate of Registration No. CS25965 on June 21, 2021. Etli issued a prescription for phentermine and Lexapro on June 1, 2021, prior to being registered.

9. Etli wrote at least three (3) prescriptions and failed to include the date on the prescription.

APPLICABLE LAW

1. It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03 - § 1306.05; NRS 453.226(1); NRS 453.232; NRS 453.321(1)(a); NRS 453.377; NRS 453.381; NRS 639.100(1); NRS 639.235(1); NAC 453.440.

2. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by

the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); 21 CFR § 1306.04(a); NRS 453.381(1).

3. An advanced practice registered nurse may only prescribe controlled substances with authorization from both the Board and the State Board of Nursing. NRS 639.2351; NAC 639.854.

4. It is a felony offense to falsify a prescription for a controlled substance. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1) (f) and (h).

5. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.281(1); NRS 453.331(1)(c); NRS 639.2813(1).

6. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

7. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

8. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

9. Performing any act, task or operation for which licensure is required without the required registration constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

10. Prescribing a drug as a prescribing practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

11. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

12. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

13. The Board may suspend or revoke a registration issued pursuant to NRS 453.231(1)(b) and (h) to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

14. Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request pursuant to NAC 639.945(1)(m) constitutes unprofessional conduct and conduct contrary to the public interest and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

15. Failing to include the date of issue on a prescription as required by NRS 639.2353(2)(h) demonstrates incompetence, unskillfulness, or negligence and constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

FIRST CAUSE OF ACTION

Violations of Federal Controlled Substances Act

17. By issuing controlled substance prescriptions under Forte's name and credentials while Forte was engaged in overseas travel, to patients with whom she did not have a bona fide therapeutic relationship, as alleged herein, Forte and Etli violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), 21 CFR § 1306.04(a) and/or 21 CFR § 1306.05, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

SECOND CAUSE OF ACTION

Violations of State Law

18. By issuing controlled substance prescriptions under Forte's name and credentials while Forte was engaged in overseas travel, to patients with whom she did not have a bona fide therapeutic relationship, as alleged herein, Forte and Etli violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.331(1)(f) and (h), NRS 453.381(1), NRS 453.401(1)(a), NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1) and/or NAC 453.440(1)(c), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction/ Incompetent, Unskillful or Negligent Performance of Duties

19. By issuing controlled substance prescriptions under Forte's name and credentials while Forte was engaged in overseas travel, to patients with whom she did not have a bona fide

therapeutic relationship, as alleged herein, Forte and Etli were party to a fraudulent or deceitful practice or transaction, performed their duties as the holders of controlled substance registrations in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h) and (i), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Prescribing Without Bona Fide Therapeutic Relationship (Respondent Dana Forte, D.O.)

20. By prescribing controlled substances for patients with whom Forte had not established a bona fide therapeutic relationship, before she had examined the patients and for whom she had neither diagnosed or determined that a controlled substance was medically necessary, as alleged herein, Forte engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(o) and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION

Unprofessional Conduct – Failing to Provide Required Documents, Data, or Information (Respondent Dana Forte, D.O.).

21. By failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request, Forte engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(m) which is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

SIXTH CAUSE OF ACTION

Violations of Federal and State Law for Unlicensed Prescribing
(Respondent Domini Etli, APRN)

22. By prescribing controlled substances prior to being registered to do so, as alleged herein, Etli violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), 21 CFR § 1306.04(a), NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.331(1)(c), (f) and (h), NRS 453.381(1), NRS 453.401(l)(a), NRS 639.100(1), NRS 639.235(1), NRS 639.2351, NRS 639.281(1), NRS 639.2813(1), NAC 453.440(1)(c) and/or NAC 639.854 and is subject to discipline pursuant to NRS 639.210(11) and (12).

SEVENTH CAUSE OF ACTION

Unprofessional Conduct – Unlicensed Prescribing/ Party to a Fraudulent/Deceitful Practice/Transaction/ Incompetent, Unskillful or Negligent Performance of Duties
(Respondent Dominic Etli, APRN)

23. By prescribing controlled substances prior to being licensed to do so, as alleged herein, Etli was a party to a fraudulent or deceitful practice or transaction, performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), (i) and (k), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

EIGHTH CAUSE OF ACTION

Violation of State Law/Unprofessional Conduct – Failure to Include Date of Issue on Prescription
(Respondent Dominic Etli, APRN)

24. By failing to include the date of issue on a written prescription(s), Etli violated NRS 639.2353(2)(h), performed his duties as the holder of a registration in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest

in violation of NAC 639.945(1)(i) and is subject to discipline pursuant to NRS 639.210(4) and (12).

NINTH CAUSE OF ACTION

Unprofessional Conduct - Commission of Acts that Render Registration Inconsistent with the Public Interest

25. By their actions as alleged herein, Forte and Etli have committed acts that render their registrations to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231 and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

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.

DATED this 7th day of October 2021.



J. David Wuest, R.Ph., 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. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 18-118-CS-A-S

Petitioner,

v.

DANA FORTE, D.O.,
Certificate of Registration No. CS06451,

**STATEMENT TO THE RESPONDENT
 AND NOTICE OF HEARING**

Respondent.

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

1. 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 and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, 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.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The hearing for case number 18-118-CS-A-S has been scheduled for Wednesday, December 1, 2021, 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

**Hilton Garden Inn Las Vegas Strip South
 7830 S. Las Vegas Blvd.
 Las Vegas, NV 89123**

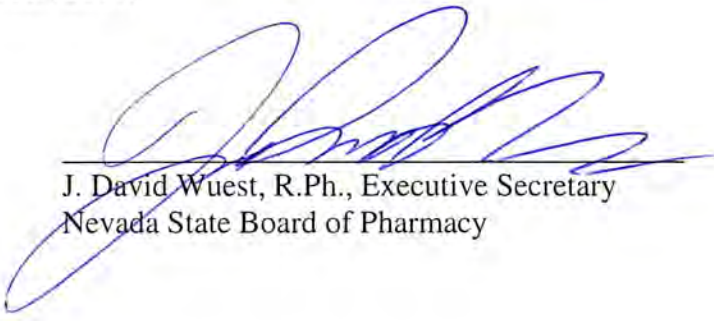
Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 7th day of October, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY**NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****DANA FORTE, D.O.,
Certificate of Registration No. CS06451,****Respondent.****CASE NO. 18-118-CS-A-S****ANSWER AND NOTICE
OF DEFENSE**

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

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

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

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

DATED this _____ day of _____, 2021.

DANA FORTE, D.O.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of October, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Dana Forte, DO
[REDACTED] W. Cheyenne
Las Vegas, NV 89129

Dominic Etli, APRN
[REDACTED] N. Tenaya Way
Las Vegas, NV 89128


SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**DANA FORTE, D.O.,
Certificate of Registration Nos. CS06451,**

and

**DOMINIC ETLI, A.P.R.N.,
Certificate of Registration Nos. CS25965 and
PR03064,**

Respondents.

**Case No. 18-118-CS-A-S
18-118-CS-B-S**

**STIPULATION AND ORDER
(Respondent Forte ONLY)**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board") by and through its Assistant General Counsel, Peter Keegan, Esq, and Respondent Dana Forte, D.O., Certificate of Registration No. CS06451, by and through counsel, Crane Pomerantz, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent Dana Forte, D.O. ("Forte") and Respondent Dominic A.P.R.N., ("Etli") in this matter.
2. On or about October 8, 2021, Forte was served with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.
3. Forte is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
4. Forte is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A

(Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Forte has failed to comply with the provisions of this Stipulation, Forte hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

FACTUAL ALLEGATIONS

6. Forte unlawfully caused to be issued at least seven (7) prescriptions for controlled substances, while engaged in overseas travel, to patients with whom she did not have a bona fide therapeutic relationship.

7. Upon request from the Board, Forte was unable to provide patient treatment charts or otherwise demonstrate a bona fide therapeutic relationship for at least twelve (12) patients to whom she had prescribed Human Chorionic Gonadotropin ("HCG").

8. Forte aided and abetted Etli in the unlawful prescribing of controlled substances by pre-signing or otherwise authorizing at least twenty-six (26) blank prescriptions while she was out of the county.

9. Between approximately June 1, 2017, and June 13, 2017, Etli had possession of prescription blanks which had been signed by Forte. During this time, Etli issued at least twenty-five (25) prescriptions for controlled substances on prescriptions Forte had pre-signed.

10. Prescriber records and prescriptions document Etli prescribed controlled substances and dangerous drugs prior to being registered to do so.

11. The Board issued Etli Certificate of Registration No. PR03064 on June 6, 2017. Etli issued at least fourteen (14) prescriptions for dangerous drugs prior to being registered.

12. The Board issued Etli Certificate of Registration No. CS25965 on June 21, 2021. Etli issued a prescription for phentermine and Lexapro on June 1, 2021, prior to being registered.

13. Etli wrote at least three (3) prescriptions and failed to include the date on the prescription.

ALLEGED VIOLATIONS OF LAW

FIRST CAUSE OF ACTION

Violations of Federal Controlled Substances Act (Respondent Dana Forte, M.D., and Respondent Domini Etli, APRN)

14. By issuing controlled substance prescriptions under Forte's name and credentials while Forte was engaged in overseas travel, to patients with whom she did not have a bona fide therapeutic relationship, as alleged herein, Forte and Etli violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), and are subject to discipline pursuant to NRS 453.236(1)(e) and NRS 639.210(11).

SECOND CAUSE OF ACTION

Violations of State Law (Respondent Dana Forte, M.D., and Respondent Domini Etli, APRN)

15. By issuing controlled substance prescriptions under Forte's name and credentials, while Forte was engaged in overseas travel, to patients with whom she did not have a bona fide therapeutic relationship, as alleged herein, Forte and Etli violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.381(1), NRS 639.2895, and/or NRS 639.235(1), and are subject to discipline pursuant to NRS 453.236(1)(e) and NRS 639.210(12).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction/ Incompetent, Unskillful or Negligent Performance of Duties (Respondent Dana Forte, M.D., and Respondent Domini Etli, APRN)

16. By issuing controlled substance prescriptions under Forte's name and credentials while Forte was engaged in overseas travel, to patients with whom she did not have a bona fide therapeutic relationship, as alleged herein, Forte and Etli were party to a fraudulent or deceitful practice or transaction, performed their duties as the holders of controlled substance registrations in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h) and (i), and are subject to discipline pursuant to NRS 453.236(1)(e) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Prescribing Without Bona Fide Therapeutic Relationship (Respondent Dana Forte, D.O.)

17. By prescribing controlled substances for patients with whom Forte had not established a bona fide therapeutic relationship, before she had examined the patients and for whom she had neither diagnosed or determined that a controlled substance was medically necessary, as alleged herein, Forte engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(o) and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 639.210(4).

FIFTH CAUSE OF ACTION

Unprofessional Conduct – Failing to Provide Required Documents, Data, or Information (Respondent Dana Forte, D.O.).

18. By failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request, Forte engaged in unprofessional conduct and conduct contrary to the public

interest pursuant to NAC 639.945(1)(m) which is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

SIXTH CAUSE OF ACTION
Unprofessional Conduct - Commission of Acts that Render Registration Inconsistent with
the Public Interest
 (Respondent Dana Forte, M.D., and Respondent Domini Etli, APRN)

19. By their actions as alleged herein, Forte and Etli have committed acts that render their registrations to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231 and are subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

CULPABILITY

20. Forte admits the truth of each and every factual allegation.

21. Forte does not admit or deny the alleged violations of law.

DISCIPLINARY ORDER

22. In consideration of the foregoing admissions and stipulations, and to save the time and expense of litigating the alleged violations of law before the Board, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

- A. Forte's Controlled Substance registration, Certificate of Registration No. CS06451, is hereby suspended. The suspension is stayed and Forte is placed on probation for two (2) years, during which time Forte shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no new charges filed against her by the Board while on probation;
- B. Forte shall accept this Stipulation and Order as a public reprimand regarding her duties and responsibilities as a prescribing practitioner;

- C. Forte acknowledges this Stipulation and Order constitutes discipline reportable to the National Practitioner Data Bank;
- D. Forte shall pay a fine of Five-Thousand Dollars (\$5,000.00) for the violations, by a separate *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;
- E. Forte shall pay One Thousand Dollars (\$1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, by a separate *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order; and
- F. Upon successful completion of probation, Forte's Certificate of Registration No. CS06451 will be fully restored.

23. Any failure by Forte to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Forte to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Forte, the Board may impose additional discipline upon Forte consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

24. The Board's General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on December 2, 2021. Forte will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Forte is not present at the meeting.

25. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330.

26. If the Board rejects any part or all this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board – unless the parties reach an alternative agreement on the record which is approved by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

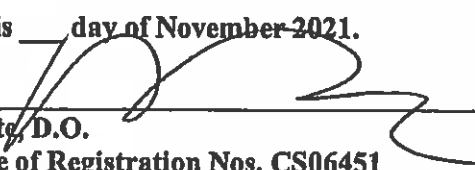
27. Subject to the approval of this Stipulation by the Board, the Board and Forte agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has

freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

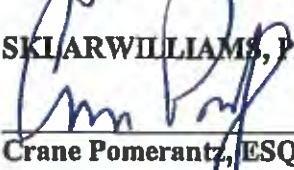
AGREED:

Signed this 7th day of November 2021.


Dana Forte, D.O.
Certificate of Registration Nos. CS06451

APPROVED AS TO FORM AND CONTENT
this 5th day of November 2021.

SKLAR WILLIAMS, PLLC


Crane Pomerantz, ESQ.
Nevada Bar No.
410 S. Ramparts Blvd., Suite 350
Las Vegas, Nevada 89145
702-360-6000
Counsel for Respondent Dominic Etli

APPROVED AS TO FORM AND CONTENT
this 5th day of November 2021.

NEVADA STATE BOARD OF PHARMACY


Peter Keegan, Esq.
Assistant General Counsel
Nevada Bar No. 12237
985 Damonte Ranch Pkwy, Suite 206
Reno, Nevada 89521
775-850-1440

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Dana Forte, D.O., Certificate of Registration No. CS06451, in Case No. 18-118-CS-A-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this day of December 2021.


Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**DANA FORTE, D.O.,
Certificate of Registration No. CS06451,**

and

**DOMINIC ETLI, A.P.R.N.,
Certificate of Registration Nos. CS25965 and
PR03064,**

Respondents.

**Case No. 18-118-CS-A-S
18-118-CS-B-S**

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, 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 NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Dana Forte, D.O. (Forte), held a Nevada controlled substance registration, Certificate of Registration No. CS06451; Respondent Dominic Etli, A.P.R.N. (Etli), held a prescriber registration, Certificate of Registration No. PR03064 and a controlled substance registration, Certificate of Registration No. CS25965, all issued by the Board.

FACTUAL ALLEGATIONS

1. Forte unlawfully caused to be issued at least seven (7) prescriptions for controlled substances, while engaged in overseas travel, to patients with whom she did not have a bona fide therapeutic relationship.
2. Forte failed to maintain patient treatment charts.

3. Forte prescribed Human Chorionic Gonadotropin ("HCG") to at least twelve (12) patients without records demonstrating a bona fide therapeutic relationship.

4. Forte aided and abetted Etli in the unlawful prescribing of controlled substances by pre-signing or otherwise authorizing at least twenty-six (26) blank prescriptions while she was out of the county.

5. Between approximately May 25, 2017, and June 13, 2017, Etli had possession of prescription blanks which had been signed by Forte. Etli issued at least twenty-five (25) prescriptions for controlled substances on prescriptions Forte had pre-signed.

6. Prescriber records and prescriptions document Etli prescribed controlled substances and dangerous drugs prior to being registered to do so.

7. The Board issued Etli Certificate of Registration No. PR03064 on June 6, 2017. Etli issued at least fourteen (14) prescriptions for dangerous drugs prior to being registered.

8. The Board issued Etli Certificate of Registration No. CS25965 on June 21, 2021. Etli issued a prescription for phentermine and Lexapro on June 1, 2021, prior to being registered.

9. Etli wrote at least three (3) prescriptions and failed to include the date on the prescription.

APPLICABLE LAW

1. It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03 - § 1306.05; NRS 453.226(1); NRS 453.232; NRS 453.321(1)(a); NRS 453.377; NRS 453.381; NRS 639.100(1); NRS 639.235(1); NAC 453.440.

2. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by

the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); 21 CFR § 1306.04(a); NRS 453.381(1).

3. An advanced practice registered nurse may only prescribe controlled substances with authorization from both the Board and the State Board of Nursing. NRS 639.2351; NAC 639.854.

4. It is a felony offense to falsify a prescription for a controlled substance. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1) (f) and (h).

5. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.281(1); NRS 453.331(1)(c); NRS 639.2813(1).

6. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

7. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

8. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

9. Performing any act, task or operation for which licensure is required without the required registration constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

10. Prescribing a drug as a prescribing practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

11. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

12. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

13. The Board may suspend or revoke a registration issued pursuant to NRS 453.231(1)(b) and (h) to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

14. Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request pursuant to NAC 639.945(1)(m) constitutes unprofessional conduct and conduct contrary to the public interest and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

15. Failing to include the date of issue on a prescription as required by NRS 639.2353(2)(h) demonstrates incompetence, unskillfulness, or negligence and constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

FIRST CAUSE OF ACTION

Violations of Federal Controlled Substances Act

17. By issuing controlled substance prescriptions under Forte's name and credentials while Forte was engaged in overseas travel, to patients with whom she did not have a bona fide therapeutic relationship, as alleged herein, Forte and Etli violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), 21 CFR § 1306.04(a) and/or 21 CFR § 1306.05, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

SECOND CAUSE OF ACTION

Violations of State Law

18. By issuing controlled substance prescriptions under Forte's name and credentials while Forte was engaged in overseas travel, to patients with whom she did not have a bona fide therapeutic relationship, as alleged herein, Forte and Etli violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.331(1)(f) and (h), NRS 453.381(1), NRS 453.401(l)(a), NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1) and/or NAC 453.440(1)(c), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction/ Incompetent, Unskillful or Negligent Performance of Duties

19. By issuing controlled substance prescriptions under Forte's name and credentials while Forte was engaged in overseas travel, to patients with whom she did not have a bona fide

therapeutic relationship, as alleged herein, Forte and Etli were party to a fraudulent or deceitful practice or transaction, performed their duties as the holders of controlled substance registrations in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h) and (i), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Prescribing Without Bona Fide Therapeutic Relationship (Respondent Dana Forte, D.O.)

20. By prescribing controlled substances for patients with whom Forte had not established a bona fide therapeutic relationship, before she had examined the patients and for whom she had neither diagnosed or determined that a controlled substance was medically necessary, as alleged herein, Forte engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(o) and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION

Unprofessional Conduct – Failing to Provide Required Documents, Data, or Information (Respondent Dana Forte, D.O.).

21. By failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request, Forte engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(m) which is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

SIXTH CAUSE OF ACTION

Violations of Federal and State Law for Unlicensed Prescribing
(Respondent Domini Etli, APRN)

22. By prescribing controlled substances prior to being registered to do so, as alleged herein, Etli violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), 21 CFR § 1306.04(a), NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.331(1)(c), (f) and (h), NRS 453.381(1), NRS 453.401(l)(a), NRS 639.100(1), NRS 639.235(1), NRS 639.2351, NRS 639.281(1), NRS 639.2813(1), NAC 453.440(1)(c) and/or NAC 639.854 and is subject to discipline pursuant to NRS 639.210(11) and (12).

SEVENTH CAUSE OF ACTION

Unprofessional Conduct – Unlicensed Prescribing/ Party to a Fraudulent/Deceitful Practice/Transaction/ Incompetent, Unskillful or Negligent Performance of Duties
(Respondent Dominic Etli, APRN)

23. By prescribing controlled substances prior to being licensed to do so, as alleged herein, Etli was a party to a fraudulent or deceitful practice or transaction, performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), (i) and (k), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

EIGHTH CAUSE OF ACTION

Violation of State Law/Unprofessional Conduct – Failure to Include Date of Issue on Prescription
(Respondent Dominic Etli, APRN)

24. By failing to include the date of issue on a written prescription(s), Etli violated NRS 639.2353(2)(h), performed his duties as the holder of a registration in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest

in violation of NAC 639.945(1)(i) and is subject to discipline pursuant to NRS 639.210(4) and (12).

NINTH CAUSE OF ACTION

Unprofessional Conduct - Commission of Acts that Render Registration Inconsistent with the Public Interest

25. By their actions as alleged herein, Forte and Etli have committed acts that render their registrations to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231 and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

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.

DATED this 7 day of October 2021.



J. David Wuest, R.Ph., 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. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 18-118-CS-B-S

Petitioner,

v.

**DOMINIC ETLI, A.P.R.N.,
Certificate of Registration Nos. CS25965 and
PR03064,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

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

1. 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 and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, 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.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The hearing for case number 18-118-CS-B-S has been scheduled for Wednesday, December 1, 2021, 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123**

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 7th day of October, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**DOMINIC ETLI, A.P.R.N.,
Certificate of Registration Nos. CS25965 and
PR03064,**

Respondent.

CASE NO. 18-118-CS-B-S

**ANSWER AND NOTICE
OF DEFENSE**

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

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

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

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

DATED this _____ day of _____, 2021.

DOMINIC ETLI, A.P.R.N.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of October, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Dana Forte, DO
[REDACTED] W. Cheyenne
Las Vegas, NV 89129

Dominic Etli, APRN
[REDACTED] N. Tenaya Way
Las Vegas, NV 89128


SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**DANA FORTE, D.O.,
Certificate of Registration Nos. CS06451,**

and

**DOMINIC ETLI, A.P.R.N.,
Certificate of Registration Nos. CS25965 and
PR03064,**

Respondents.

**Case No. 18-118-CS-A-S
 18-118-CS-B-S**

**STIPULATION AND ORDER
(Respondent Etli ONLY)**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board) by and through its Assistant General Counsel, Peter Keegan, Esq., and Respondent Dominic Etli, A.P.R.N., Certificate of Registration No. CS25965 and PR03064, by and through counsel, Crane Pomerantz, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent Dana Forte, D.O. ("Forte") and Respondent Dominic A.P.R.N., ("Etli") in this matter.
2. On or about October 8, 2021, Respondent was served with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.
3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.
4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS

Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

FACTUAL ALLEGATIONS

6. Forte unlawfully caused to be issued at least seven (7) prescriptions for controlled substances, while engaged in overseas travel, to patients with whom she did not have a bona fide therapeutic relationship.

7. Upon request from the Board, Forte was unable to provide patient treatment charts, or otherwise demonstrate a bona fide therapeutic relationship, for at least twelve (12) patients to whom she had prescribed Human Chorionic Gonadotropin ("HCG").

8. Forte aided and abetted Etli in the unlawful prescribing of controlled substances by pre-signing or otherwise authorizing at least twenty-six (26) blank prescriptions while she was out of the county.

9. Between approximately June 1, 2017, and June 13, 2017, Etli had possession of prescription blanks which had been signed by Forte. During this time, Etli issued at least twelve (12) prescriptions for controlled substances on the prescriptions Forte had pre-signed.

10. Prescriber records and prescriptions document Etli prescribed controlled substances and dangerous drugs prior to being registered to do so.

11. The Board issued Etli Certificate of Registration No. PR03064 on June 6, 2017. Etli issued at least fourteen (14) prescriptions for dangerous drugs prior to being registered.
12. The Board issued Etli Certificate of Registration No. CS25965 on June 21, 2017. Etli issued a prescription for phentermine and Lexapro on June 1, 2021, prior to being registered.
13. Etli wrote at least three (3) prescriptions and failed to include the date on the prescription.

ALLEGED VIOLATIONS OF LAW

FIRST CAUSE OF ACTION

Violations of Federal Controlled Substances Act

(Respondent Dana Forte, M.D., and Respondent Dominic Etli, APRN)

14. By issuing controlled substance prescriptions under Forte's name and credentials while Forte was engaged in overseas travel, to patients with whom she did not have a bona fide therapeutic relationship, as alleged herein, Forte and Etli violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), and are subject to discipline pursuant to NRS 453.236(1)(e) and NRS 639.210(11).

SECOND CAUSE OF ACTION

Violations of State Law

(Respondent Dana Forte, M.D., and Respondent Dominic Etli, APRN)

15. By issuing controlled substance prescriptions under Forte's name and credentials, while Forte was engaged in overseas travel, to patients with whom she did not have a bona fide therapeutic relationship, as alleged herein, Forte and Etli violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.381(1), NRS 639.2895(3), and/or NRS 639.235(1), and are subject to discipline pursuant to NRS 453.236(1)(e) and NRS 639.210(12).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction/ Incompetent, Unskillful or Negligent Performance of Duties

(Respondent Dana Forte, M.D., and Respondent Dominic Etli, APRN)

16. By issuing controlled substance prescriptions under Forte's name and credentials while Forte was engaged in overseas travel, to patients with whom she did not have a bona fide therapeutic relationship, as alleged herein, Forte and Etli were party to a fraudulent or deceitful practice or transaction, performed their duties as the holders of controlled substance registrations in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h) and (i), and are subject to discipline pursuant to NRS 453.236(1)(e) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Violations of Federal and State Law for Unlicensed Prescribing

(Respondent Dominic Etli, APRN)

17. By prescribing controlled substances prior to being registered to do so, as alleged herein, Etli violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), NRS 453.226(1), NRS 453.381(1), NRS 639.2895, NRS 639.235(1), NRS 639.2351, and/or NAC 639.854 and is subject to discipline pursuant to NRS 639.210(11) and (12).

FIFTH CAUSE OF ACTION

Unprofessional Conduct – Unlicensed Prescribing/ Party to a Fraudulent/Deceitful Practice/Transaction/ Incompetent, Unskillful or Negligent Performance of Duties

(Respondent Dominic Etli, APRN)

18. By prescribing controlled substances prior to being licensed to do so, as alleged herein, Etli was a party to a fraudulent or deceitful practice or transaction, performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), (i) and (k), and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 639.210(4).

SIXTH CAUSE OF ACTION

Violation of State Law/Unprofessional Conduct – Failure to Include Date of Issue on Prescription

(Respondent Dominic Etli, APRN)

19. By failing to include the date of issue on a written prescription(s), Etli violated NRS 639.2353(2)(h) and NAC 453.440(1)(c), performed his duties as the holder of a registration in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i) and is subject to discipline pursuant to NRS 639.210(4) and (12).

SEVENTH CAUSE OF ACTION

Unprofessional Conduct - Commission of Acts that Render Registration Inconsistent with the Public Interest

(Respondent Dana Forte, M.D., and Respondent Dominic Etli, APRN)

20. By their actions as alleged herein, Forte and Etli have committed acts that render their registrations to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231 and are subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

CULPABILITY

21. Etli admits the truth of each and every factual allegation.

22. Etli does not admit or deny the alleged violations of law.

DISCIPLINARY ORDER

23. In consideration of the foregoing admissions and stipulations, and to save the time and expense of litigating the alleged violations of law before the Board, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following **Disciplinary Order:**

- A. Etli's Controlled Substance registration, Certificate of Registration No. CS25965, is hereby suspended. The suspension is stayed and Etli is placed on probation for two (2) years,

during which time Etli shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no new charges filed against him by the Board while on probation;

- B. Etli shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a prescribing practitioner;
- C. Etli acknowledges this Stipulation and Order constitutes discipline reportable to the National Practitioner Data Bank;
- D. Etli shall pay a fine of Five-Thousand Dollars (\$5,000.00) for the violations, by *cashier's check or certified check or money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. The fine of Five-Thousand Dollars (\$5,000.00) shall be payable in five installments of One-Thousand Dollars (\$1,000.00) with the first installment due within thirty (30) days of the effective date of this Order and each of the remaining four installments paid within thirty (30) days thereafter;
- E. Etli shall pay One-Thousand Dollars (\$1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, by *cashier's check or certified check or money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. The reimbursement of One-Thousand Dollars (\$1,000.00) shall be paid within thirty (30) days of the fifth installment payment as set forth above in paragraph 24(D); and
- F. Upon successful completion of probation, Etli's Certificate of Registration No. CS25965 will be fully restored.

24. Any failure by Etli to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Etli to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If

such a hearing results in a finding of a violation of this Order by Etli, the Board may impose additional discipline upon Etli consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

25. The Board's General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on December 1, 2021. Etli will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Etli is not present at the meeting.

26. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330.

27. If the Board rejects any part or all this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board – unless the parties reach an alternative agreement on the record which is approved by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

28. Subject to the approval of this Stipulation by the Board, the Board and Etli agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

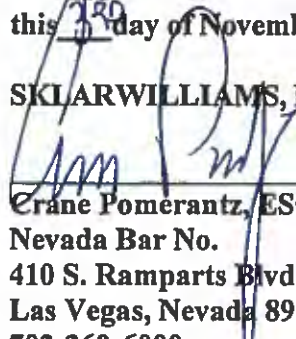
Signed this 2nd day of November 2021.



Dominic Etli
Certificate of Registration Nos.
CS25965 and PR03064

APPROVED AS TO FORM AND CONTENT
this 3rd day of November 2021.

SKLAR WILLIAMS, PLLC



Crane Pomerantz, Esq.
Nevada Bar No.
410 S. Ramparts Blvd., Suite 350
Las Vegas, Nevada 89145
702-360-6000
Counsel for Respondent Dominic Etli

APPROVED AS TO FORM AND CONTENT
this 3rd day of November 2021.

NEVADA STATE BOARD OF PHARMACY



Peter Keegan, Esq.
Assistant General Counsel
Nevada Bar No. 12237
985 Damonte Ranch Pkwy, Suite 206
Reno, Nevada 89521
775-850-1440

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Dominic Etli, A.P.R.N., Certificate of Registration No. CS25965 and PR03064, in Case No. 18-118-CS-B-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of December 2021.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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JUL 24 2020

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ABDEL M. KHALEK, MD,
Certificate of Registration Nos. CS19745 and
PD00722,

ROBERT CHANCELLOR, MD,
Certificate of Registration Nos. CS22616 and
PD27416, and

LINDSAY HOFFMAN, PA-C,
Certificate of Registration Nos. CS18262 and
PD00177,

Respondents.

Case Nos. 19-003-CS-A-S
19-003-CS-B-S
19-003-CS-C-S

NOTICE OF INTENDED ACTION
AND ACCUSATION

J. David Wuest, 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 NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Abdel M. Khalek, MD (Khalek), held a controlled substance registration, Certificate of Registration No. CS19745, and dispensing practitioner registration, Certificate of Registration No. PD00722; Respondent Robert Chancellor, MD (Chancellor), held a controlled substance registration, Certificate of Registration No. CS22616, and dispensing practitioner registration, Certificate of Registration No. PD27416; and Lindsay Hoffman, PA-C (Hoffman), held a controlled substance registration, Certificate of Registration No. CS18262, and dispensing practitioner registration, Certificate of Registration No. PD00177, all issued by the Board.

FACTUAL ALLEGATIONS

2. Vinay Kumar Bararia, MD (Bararia) was not registered with the Board at the time of the events alleged herein.
3. Bararia voluntarily surrendered his license to practice medicine, License No. 11355, to the Nevada State Board of Medical Examiners (NSBME) on March 8, 2013, and was sentenced in federal court for distribution of controlled substances in September 2014.
4. Bararia has owned and operated Nevada Health Services, LLC aka Trimcare (Trimcare), located at 5375 South Fort Apache Road, Suites 102 and 103, in Las Vegas, since August 2018.
5. Khalek co-owned and/or was employed at Trimcare from October 2018 to April 2019.
6. Chancellor co-owned and/or was employed by Trimcare from November 2018 to the present.
7. Hoffman was employed by Trimcare from August 2018 to present.
8. Ageless Aesthetics (Ageless Aesthetics), an unnamed third party, is a medical spa that operates at 5375 South Fort Apache Road, Suite 101, Las Vegas, Nevada 89148, next door to Trimcare, for which Khalek was the medical director from approximately October 2018 to April 2019.
9. Investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation of Trimcare and found evidence of misconduct and violations involving the unlawful possession, administration, prescribing and dispensing of controlled substances and/or dangerous drugs.
10. Khalek, Chancellor and Hoffman permitted Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another

practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state.

11. Khalek unlawfully prescribed controlled substances and/or dangerous drugs, including, without limitation, Testosterone, Phentermine, Phendimetrazine, Topamax, Botox, and Juvederm, for at least two-hundred ninety-eight (298) patients with whom he did not have a bona fide therapeutic relationship from September 2018 to April 2019 by pre-signing prescriptions, providing his log-on information to e-scribing systems to Bararia, and/or failing to secure his secondary authenticator for e-scribing CII medications.

12. Chancellor unlawfully prescribed controlled substances and/or dangerous drugs, including, without limitation, Adderall, Phentermine, and Topamax, for at least ten (10) patients with whom he did not have a bona fide therapeutic relationship from November 2018 to present by pre-signing prescriptions, his log-on information to e-scribing systems to Bararia, and/or failing to secure his secondary authenticator for e-scribing CII medications.

13. Hoffman unlawfully prescribed controlled substances/dangerous drugs, including, but not limited to, Phentermine, and Topamax for at least two (2) patients with whom she did not have a bona fide therapeutic relationship in April 2019 by pre-signing prescriptions.

14. Khalek, Chancellor and Hoffman permitted access of their inventory of controlled substances and dangerous drugs to unlicensed employees of Trimcare and/or Ageless Aesthetics.

15. Khalek, Chancellor and Hoffman failed to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failed to maintain complete, accurate and readily retrievable records of all controlled substances and dangerous drugs purchased and dispensed, failed to inventory controlled substances at least once every two (2) years, failed to properly store and maintain the inventory, failed to maintain the

security of the inventory from unauthorized access, and failed to segregate and/or dispose of adulterated and/or expired dangerous drugs.

16. Chancellor and Hoffman had possession of pre-drawn, unlabeled syringes containing an unidentified dangerous drug.

17. On or about July 7, 2020, Board staff served Bararia with an order pursuant to NRS 639.2895(1) to immediately cease and desist possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from Trimcare.

APPLICABLE LAW

18. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

19. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

20. It is unlawful for a practitioner to prescribe or dispense a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 454.215; NRS 454.301, NRS 639.100(1); NRS 639.23505; NAC 453.410; NAC 639.742; NAC 639.745.

21. It is unlawful for a person to purchase, possess, administer or furnish a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321 and/or NRS 454.356.

22. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

23. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.281(1); NRS 639.2813(1).

24. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

25. A dispensing practitioner must issue a written prescription for each medication dispensed, verify medications for accuracy prior to dispensing, maintain complete, accurate and readily retrievable records of all controlled substances and dangerous drugs purchased and dispensed, inventory controlled substances at least once every two (2) years, properly store and maintain the inventory, maintain the security of the inventory from unauthorized access, and segregate and/or dispose of adulterated and/or expired dangerous drugs. NRS 453.246; NRS 585.370; NRS 585.420; NRS 639.282; NAC 453.400; NAC 453.410; NAC 453.475; NAC 454.040; NAC 639.475; NAC 639.476; NAC 639.510; NAC 639.601; NAC 639.742, NAC 639.743; NAC 639.745; 21 U.S.C. § 842(a)(5); 21 CFR 1304.11; 21 CFR 1304.21.

26. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

27. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

28. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to

NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

29. Dispensing a drug as a dispensing practitioner or prescribing a drug as a prescribing practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and (o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

30. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

31. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

32. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

33. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-

signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

34. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman performed their duties as the holders of controlled substance registrations and dispensing practitioner registrations in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

35. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the

practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman aided or abetted a person not licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(j), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Prescribing/Dispensing Without Bona Fide Therapeutic Relationship

36. By unlawfully prescribing and dispensing controlled substances to patients with whom they did not have a bona fide therapeutic relationship, Khalek, Chancellor and Hoffman engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(n) and (o), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION

Violations of Federal Controlled Substances Act

37. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and

Hoffman violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

SIXTH CAUSE OF ACTION

Violations of State Law for Unlicensed Practice

38. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813 and NRS 639.310, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

SEVENTH CAUSE OF ACTION

Failure to Maintain Security of Controlled Substances or Dangerous Drugs

39. By failing to maintain proper locked security of their inventory of controlled substances and dangerous drugs and/or permitting unauthorized access to their inventory by Bararia and/or other unlicensed employees of Trimcare and/or Ageless Aesthetics, Khalek,

Chancellor and Hoffman violated NAC 453.400, NAC 453.410(1)(d), NAC 454.040, NAC 639.742(3)(c), NAC 639.742(3)(a)(b)(c)&(e), and NAC 639.745(1)(c), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

EIGHTH CAUSE OF ACTION

Failure to Maintain Records for Controlled Substances Dispensed

40. By failing to keep complete, accurate, and readily retrievable records of all controlled substances dispensed, including failing to issue a written prescription for each medication dispensed and failing to inform the patient that he or she may request a written prescription to have it filled at another location of their choice, Khalek, Chancellor, and Hoffman violated NRS 453.246, NAC 453.410(1)(a)(B) and (2), NAC 639.745(2) and (3)(b)(2), 21 U.S.C. § 842(a)(5), 21 CFR 1304.11 and 21 CFR § 1304.21, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11), (12) and (17).

NINTH CAUSE OF ACTION

Failure to Verify Dispensed Medications for Accuracy

41. By failing to verify medications for accuracy prior to dispensing, Khalek, Chancellor, and Hoffman violated NAC 639.743(2)(a) and (b), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

TENTH CAUSE OF ACTION

Failure to Inventory Controlled Substances Every Two Years

42. By failing to inventory controlled substances at least once every two (2) years, Khalek, Chancellor, and Hoffman violated NRS 453.246, NAC 453.475(1)(b), 21 U.S.C. § 842(a)(5), 21 CFR 1304.11 and 21 CFR § 1304.21 and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11), (12) and (17).

ELEVENTH CAUSE OF ACTION

Failure to Properly Segregate/Dispose Adulterated/Expired Drugs

43. By failing to properly segregate and/or dispose of adulterated and/or expired dangerous drugs for administration, Khalek, Chancellor, and Hoffman violated NRS 585.370(1), NRS 639.282(1)(d), NAC 639.050(2), NAC 639.473(1) and (3), NAC 639.510(3) and NAC 639.601(1), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

TWELFTH CAUSE OF ACTION

Failure to Properly Label Pre-Filled Syringes Against

44. By pre-filling syringes without proper labels and/or temperature control, Chancellor and Hoffman violated NRS 585.420, NRS 639.282 (1)(e), NAC 639.476 and NAC 639.510, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210 (12).

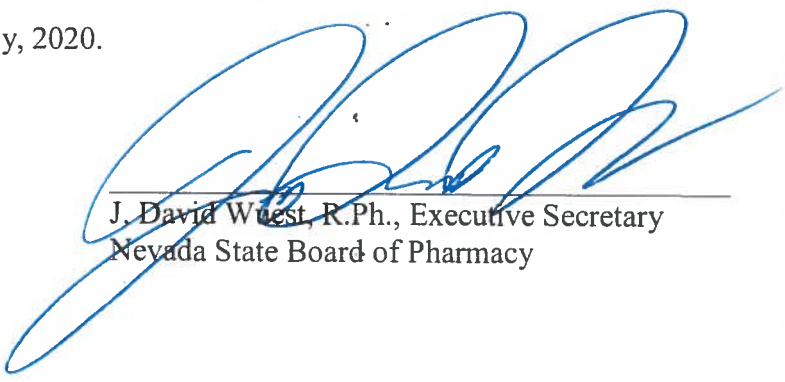
THIRTEENTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

45. By their actions as set forth herein, Khalek, Chancellor and Hoffman have committed acts that render their registrations to prescribe or otherwise dispense a controlled substance inconsistent with the public interest pursuant to NRS 453.231, and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

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.

DATED this 24th day of July, 2020.



J. David Wuest, R.Ph., 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. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 19-003-CS-A-S

Petitioner,

v.

**ABDEL M. KHALEK, MD,
Certificate of Registration Nos. CS19745 and
PD00722,**

**STATEMENT TO
THE RESPONDENT
AND NOTICE OF 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 and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, 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 show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

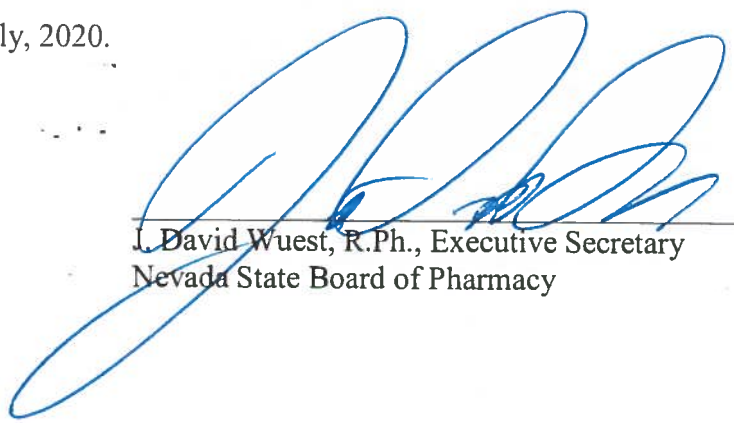
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of July, 2020.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel Khalek, MD

██████ S Ft Apache Rd ██████

Las Vegas, NV 89148

Robert Chancellor, MD

██████ W Sahara Ave ██████

Las Vegas, NV 89117

Lindsay Hoffman, PA-C

██████ S FT Apache Rd ██████

Las Vegas, NV 89148

Jill Chase, Esq.

Lewis Brisbois

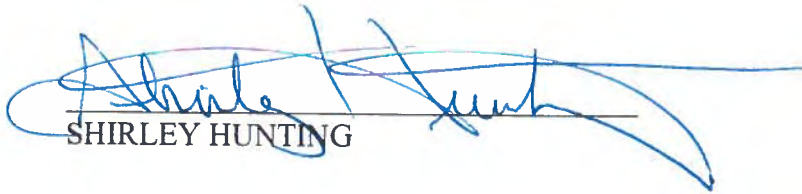
6385 S. Rainbow Blvd., Ste. 600

Las Vegas, NV 89118

E. Brent Bryson, Esq.

7730 W. Sahara Ave., Ste. 109

Las Vegas, NV 89117



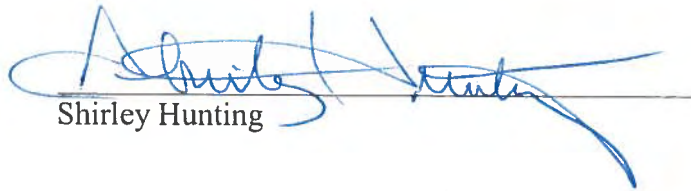
SHIRLEY HUNTING

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of August, 2020, I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

Abdel M. Khalek, MD
[REDACTED] Starboard Avenue
Las Vegas, NV 89117


Shirley Hunting

FILED

AUG 23 2020

NEVADA STATE BOARD
OF PHARMACY

LEWIS BRISBOIS BISGAARD & SMITH LLP
JILL M. CHASE
Nevada Bar No. 5250
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Telephone: 702.893.3383
Facsimile: 702.893.3789
Email: Jill.Chase@lewisbrisbois.com
Attorney for Abdel M. Khalek, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF
PHARMACY,

CASE NO. 19-090-CS-S

ANSWER AND NOTICE OF DEFENSE

Petitioner,

vs.

ABDEL M. KHALEK, M.D.,
Certificate of Registration No. CS19745
and PD00722

Respondent.

ABDEL M. KHALEK, M.D., ("Dr. Khalek"), by and through his counsel, JILL M. CHASE, ESQ. of the law firm of LEWIS BRISBOIS BISGAARD & SMITH, LLP hereby submits his Answer and Notice of Defense.

JURISDICTION

1. Answering Paragraph 1, Respondent objects to this paragraph as it calls for a legal conclusion; notwithstanding, Respondent admits that he held a Board-issued controlled substance registration, Certificate of Registration No. CS19745 and PD00722.

FACTUAL ALLEGATIONS

2. Answering Paragraph 2, Respondent admits that Vinay Kumar Bararia, M.D. was not registered with the Board at the time of the alleged events herein.

3. Answering Paragraph 3, Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph III and therefore denies these allegations.

4. Answering Paragraph 4, Respondent is without sufficient knowledge,

1 information upon which to base a belief as to the truth or falsity of the allegations
2 contained in Paragraph 4 and therefore denies these allegations. .

3 5. Answering Paragraph 5, Respondent admits he was employed at Trimcare
4 from October 2018 to April 2019.

5 6. Answering Paragraph 6, Respondent is without sufficient knowledge,
6 information upon which to base a belief as to the truth or falsity of the allegations
7 contained in Paragraph 6 and therefore denies these allegations.

8 7. Answering Paragraph 7, Respondent is without sufficient knowledge,
9 information upon which to base a belief as to the truth or falsity of the allegations
10 contained in Paragraph 7 and therefore denies these allegations.

11 8. Answering Paragraph 8, Respondent denies that he was the medical
12 director of Ageless Aesthetics from October 2018 to April 2019.

13 9. Answering Paragraph 9, Respondent is without sufficient knowledge,
14 information upon which to base a belief as to the truth or falsity of the allegations
15 contained in Paragraph 9 and therefore denies these allegations.

16 10. Answering Paragraph 10, Respondent denies these allegations as to this
17 Respondent, but is without sufficient knowledge, information upon which to base a belief
18 as to the truth or falsity of the remaining allegations contained in Paragraph 10 and
19 therefore denies these allegations.

20 11. Answering Paragraph 11, Respondent denies these allegations.

21 12. Answering Paragraph 12, Respondent is without sufficient knowledge,
22 information upon which to base a belief as to the truth or falsity of the allegations
23 contained in Paragraph 12 and therefore denies these allegations.

24 13. Answering Paragraph 13, this allegation is not directed to this Respondent
25 is without sufficient knowledge, information upon which to base a belief as to the truth or
26 falsity of the allegations contained in Paragraph 13 and therefore denies these
27 allegations.

28 14. Answering Paragraph 14, Respondent denies these allegations as to this

1 Respondent, but is without sufficient knowledge, information upon which to base a belief
2 as to the truth or falsity of the remaining allegations contained in Paragraph 14 and
3 therefore denies these allegations.

4 15. Answering Paragraph 15, Respondent denies these allegations as to this
5 Respondent, but is without sufficient knowledge, information upon which to base a belief
6 as to the truth or falsity of the remaining allegations contained in Paragraph 15 and
7 therefore denies these allegations.

8 16. Answering Paragraph 16, Respondent is without sufficient knowledge,
9 information upon which to base a belief as to the truth or falsity of the allegations
10 contained in Paragraph 16 and therefore denies these allegations.

11 17. Answering Paragraph 17, Respondent is without sufficient knowledge,
12 information upon which to base a belief as to the truth or falsity of the allegations
13 contained in Paragraph 17 and therefore denies these allegations

14 APPLICABLE LAW

15 18. Answering Paragraph 18, Respondent objects to this paragraph as it calls
16 for a legal conclusion, for which no response is required.

17 19. Answering Paragraph 19, Respondent objects to this paragraph as it calls
18 for a legal conclusion, for which no response is required.

19 20. Answering Paragraph 20, Respondent objects to this paragraph as it calls
20 for a legal conclusion, for which no response is required.

21 21. Answering Paragraph 21, Respondent objects to this paragraph as it calls
22 for a legal conclusion, for which no response is required.

23 22. Answering Paragraph 22, Respondent objects to this paragraph as it calls
24 for a legal conclusion, for which no response is required.

25 23. Answering Paragraph 23, Respondent objects to this paragraph as it calls
26 for a legal conclusion, for which no response is required.

27 24. Answering Paragraph 24, Respondent objects to this paragraph as it calls
28 for a legal conclusion, for which no response is required.

26. Answering Paragraph 26, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

27. Answering Paragraph 27, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

28. Answering Paragraph 28, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

29. Answering Paragraph 29, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

30. Answering Paragraph 30, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

31. Answering Paragraph 31, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

32. Answering Paragraph 32, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

FIRST CAUSE OF ACTION

Unprofessional Conduct-Party to a Fraudulent/Deceitful Practice/Transaction

33. Answering Paragraph 33, Respondent denies that he permitted Bararia to perform any unlawful acts alleged in Paragraph 33, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 33 as to the remaining Respondents and therefore denies these allegations.

SECOND CAUSE OF ACTION

Unprofessional Conduct-Incompetent, Unskillful or Negligent Performance of Duties

34. Answering Paragraph 34, Respondent denies that he permitted Bararia to perform any unlawful acts alleged in Paragraph 34, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations

1 contained in Paragraph 34 as to the remaining Respondents and therefore denies these
2 allegations.

3 THIRD CAUSE OF ACTION

4 Unprofessional Conduct-Aiding and Abetting Unlicensed Practice

5 35. Answering Paragraph 35, Respondent denies that he permitted Bararia to
6 perform any unlawful acts alleged in Paragraph 35, but is without sufficient knowledge,
7 information upon which to base a belief as to the truth or falsity of the allegations
8 contained in Paragraph 35 as to the remaining Respondents and therefore denies these
9 allegations.

10 FOURTH CAUSE OF ACTION

11 Unprofessional Conduct-Prescribing/Dispensing Without Bona Fide Therapeutic 12 Relationship

13 36. Answering Paragraph 36, Respondent denies that he performed any
14 unlawful acts alleged in Paragraph 36, but is without sufficient knowledge, information
15 upon which to base a belief as to the truth or falsity of the allegations contained in
16 Paragraph 36 as to the remaining Respondents and therefore denies these allegations.

17 FIFTH CAUSE OF ACTION

18 Violations of Federal Controlled Substances Act

19 37. Answering Paragraph 37, Respondent denies that he permitted Bararia to
20 perform any unlawful acts alleged in Paragraph 37, but is without sufficient knowledge,
21 information upon which to base a belief as to the truth or falsity of the allegations
22 contained in Paragraph 37 as to the remaining Respondents and therefore denies these
23 allegations.

24 ///

25 ///

26 ///

27 ///

28 ///

SIXTH CAUSE OF ACTION

Violations of State Law for Unlicensed Practice

38. Answering Paragraph 38, Respondent denies that he permitted Bararia to perform any unlawful acts alleged in Paragraph 38, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 38 as to the remaining Respondents and therefore denies these allegations.

SEVENTH CAUSE OF ACTION

Failure to Maintain Security of Controlled Substances or Dangerous Drugs

39. Answering Paragraph 39, Respondent denies that he permitted Bararia and/or other unlicensed employees of Trimcare and/or Ageless Aesthetics to perform any unlawful acts alleged in Paragraph 39, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 39 as to the remaining Respondents and therefore denies these allegations.

EIGHTH CAUSE OF ACTION

Failure to Maintain Records for Controlled Substances Dispensed

40. Answering Paragraph 40, Respondent denies that he performed or committed any of the unlawful acts alleged in Paragraph 40, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 40 as to the remaining Respondents and therefore denies these allegations.

NINTH CAUSE OF ACTION

Failure to Verify Dispensed Medications for Accuracy

41. Answering Paragraph 41, Respondent denies that he performed any unlawful acts alleged in Paragraph 41, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 41 as to the remaining Respondents and therefore denies these allegations.

///

TENTH CAUSE OF ACTION

Failure to Inventory Controlled Substances Every Two Years

42. Answering Paragraph 42, Respondent denies that he performed any unlawful acts alleged in Paragraph 42, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 42 as to the remaining Respondents and therefore denies these allegations.

ELEVENTH CAUSE OF ACTION

Failure to Properly Segregate/Dispose Adulterated/Expired Drugs

43. Answering Paragraph 43, Respondent denies that he performed or committed any of the unlawful acts alleged in Paragraph 43, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 43 as to the remaining Respondents and therefore denies these allegations.

TWELFTH CAUSE OF ACTION

Failure to Properly Label Pre-Filled Syringes Against

44. Answering Paragraph 44, Respondent states that this allegation seeks information about other Respondents for which he is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 44 as to the remaining Respondents and therefore denies these allegations.

THIRTEENTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

45. Answering Paragraph 45, Respondent denies this paragraph as to himself, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 45 as to the remaining Respondents and therefore denies these allegations.

///

///

1 AFFIRMATIVE DEFENSES

2 FIRST AFFIRMATIVE DEFENSE

3 The Board's Complaint fails to state a claim on which relief may be granted.

4 SECOND AFFIRMATIVE DEFENSE

5 The Board's Complaint, and each cause of action therein, is barred by the doctrine
6 of laches, estoppel, and the doctrine of unclean hands.

7 THIRD AFFIRMATIVE DEFENSE

8 Respondent denies each and every allegation of the Board's Complaint not
9 specifically admitted or otherwise pled to herein.

10 WHEREFORE, Respondent prays for judgment as follows:

11 1. That all charges against him be dismissed;

12 2. For such other and further relief as may be deemed just and proper in these
13 premises.

14 DATED: August 28, 2020

Respectfully submitted,

15 Jill M. Chase
16 LEWIS BRISBOIS BISGAARD & SMITH LLP

17 /s/ Jill M. Chase

18 By: _____
19 Attorneys for Abdel Khalek, M.D.



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case No. 19-003-A-S

Petitioner,

v.

ORDER OF SUMMARY SUSPENSION

**ABDEL M. KHALEK, MD,
Certificate of Registration Nos. CS19745 and
PD00722,**

Respondent.

Prior to the preparation of this Order of Summary Suspension, Nevada State Board of Pharmacy (Board) staff presented evidence and information to J. David Wuest, R.Ph., Executive Secretary, regarding Abdel M. Khalek, MD, Certificate of Registration No. CS19745. Upon review of the evidence and information, the Executive Secretary has determined that Certificate of Registration No. CS19745 is subject to summary suspension pursuant to NRS 233B.127(3) and NRS 453.241(3), based upon the following preliminary findings:

1. Charges are pending against Respondent for, in relevant part, permitting the use of his log-on information to e-scribing systems by unlicensed persons and/or failing to secure his secondary authenticator for e-scribing, and violating, attempting to violate, assisting or abetting in the violation of, or conspiring to violate, or knowingly permitting or failing to report a violation of federal and state law, including NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(1)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813, NRS 639.310, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05

2. While those charges are pending, Respondent has failed to review his prescriber activity in the Nevada Prescription Monitoring Program database to report suspected illegal activity and/or unauthorized use of his name and credentials to prescribe controlled substances, in violation of NRS 453.164(7)(a).

3. As of the date of this Order, the Executive Secretary has reasonably determined that the health, safety, or welfare of the public and any patient served by Respondent in the State of Nevada is at risk of imminent harm based upon the findings in paragraphs 1 and 2 above.

4. Based on the foregoing, the Executive Secretary has reasonably determined that a summary suspension of Respondent's Certificate of Registration No. CS19745 is necessary to remove the risk of imminent harm to the health, safety and welfare of the public.

Accordingly, pursuant to NRS 233B.127(3) and NRS 453.241(3):

IT IS HEREBY ORDERED that the Certificate of Registration CS19745 is **SUMMARILY SUSPENDED** until further order of the Board; and,

IT IS FURTHER ORDERED that a public hearing to determine whether this suspension may continue has been set for:

Wednesday, 4/14/2021

9:00 AM or soon thereafter

Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom:

<https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833

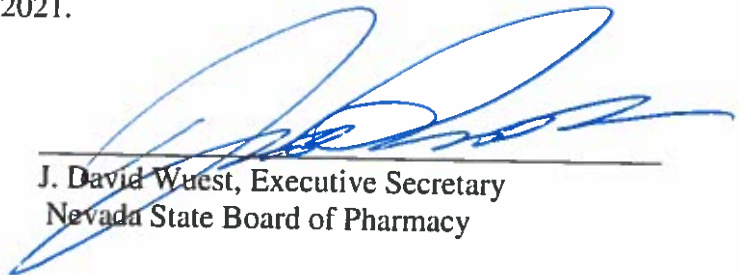
Meeting ID: 588 625 6671

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to

your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

IT IS SO ORDERED.

Entered this 23rd day of February, 2021.



J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of February, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel M. Khalek, MD
[REDACTED] N. Nellis Blvd - Suite [REDACTED]
Las Vegas NV 89110

Abdel M. Khalek, MD
[REDACTED] S. Fort Apache Road - Unit [REDACTED]
Las Vegas NV 89148



BRETT KANDT

5N

JUL 24 2020

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ABDEL M. KHALEK, MD,
Certificate of Registration Nos. CS19745 and
PD00722,

ROBERT CHANCELLOR, MD,
Certificate of Registration Nos. CS22616 and
PD27416, and

LINDSAY HOFFMAN, PA-C,
Certificate of Registration Nos. CS18262 and
PD00177,

Respondents.

Case Nos. 19-003-CS-A-S
19-003-CS-B-S
19-003-CS-C-S

NOTICE OF INTENDED ACTION
AND ACCUSATION

J. David Wuest, 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 NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Abdel M. Khalek, MD (Khalek), held a controlled substance registration, Certificate of Registration No. CS19745, and dispensing practitioner registration, Certificate of Registration No. PD00722; Respondent Robert Chancellor, MD (Chancellor), held a controlled substance registration, Certificate of Registration No. CS22616, and dispensing practitioner registration, Certificate of Registration No. PD27416; and Lindsay Hoffman, PA-C (Hoffman), held a controlled substance registration, Certificate of Registration No. CS18262, and dispensing practitioner registration, Certificate of Registration No. PD00177, all issued by the Board.

FACTUAL ALLEGATIONS

2. Vinay Kumar Bararia, MD (Bararia) was not registered with the Board at the time of the events alleged herein.

3. Bararia voluntarily surrendered his license to practice medicine, License No. 11355, to the Nevada State Board of Medical Examiners (NSBME) on March 8, 2013, and was sentenced in federal court for distribution of controlled substances in September 2014.

4. Bararia has owned and operated Nevada Health Services, LLC aka Trimcare (Trimcare), located at 5375 South Fort Apache Road, Suites 102 and 103, in Las Vegas, since August 2018.

5. Khalek co-owned and/or was employed at Trimcare from October 2018 to April 2019.

6. Chancellor co-owned and/or was employed by Trimcare from November 2018 to the present.

7. Hoffman was employed by Trimcare from August 2018 to present.

8. Ageless Aesthetics (Ageless Aesthetics), an unnamed third party, is a medical spa that operates at 5375 South Fort Apache Road, Suite 101, Las Vegas, Nevada 89148, next door to Trimcare, for which Khalek was the medical director from approximately October 2018 to April 2019.

9. Investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation of Trimcare and found evidence of misconduct and violations involving the unlawful possession, administration, prescribing and dispensing of controlled substances and/or dangerous drugs.

10. Khalek, Chancellor and Hoffman permitted Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another

practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state.

11. Khalek unlawfully prescribed controlled substances and/or dangerous drugs, including, without limitation, Testosterone, Phentermine, Phendimetrazine, Topamax, Botox, and Juvederm, for at least two-hundred ninety-eight (298) patients with whom he did not have a bona fide therapeutic relationship from September 2018 to April 2019 by pre-signing prescriptions, providing his log-on information to e-scribing systems to Bararia, and/or failing to secure his secondary authenticator for e-scribing CII medications.

12. Chancellor unlawfully prescribed controlled substances and/or dangerous drugs, including, without limitation, Adderall, Phentermine, and Topamax, for at least ten (10) patients with whom he did not have a bona fide therapeutic relationship from November 2018 to present by pre-signing prescriptions, his log-on information to e-scribing systems to Bararia, and/or failing to secure his secondary authenticator for e-scribing CII medications.

13. Hoffman unlawfully prescribed controlled substances/dangerous drugs, including, but not limited to, Phentermine, and Topamax for at least two (2) patients with whom she did not have a bona fide therapeutic relationship in April 2019 by pre-signing prescriptions.

14. Khalek, Chancellor and Hoffman permitted access of their inventory of controlled substances and dangerous drugs to unlicensed employees of Trimcare and/or Ageless Aesthetics.

15. Khalek, Chancellor and Hoffman failed to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failed to maintain complete, accurate and readily retrievable records of all controlled substances and dangerous drugs purchased and dispensed, failed to inventory controlled substances at least once every two (2) years, failed to properly store and maintain the inventory, failed to maintain the

security of the inventory from unauthorized access, and failed to segregate and/or dispose of adulterated and/or expired dangerous drugs.

16. Chancellor and Hoffman had possession of pre-drawn, unlabeled syringes containing an unidentified dangerous drug.

17. On or about July 7, 2020, Board staff served Bararia with an order pursuant to NRS 639.2895(1) to immediately cease and desist possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from Trimcare.

APPLICABLE LAW

18. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

19. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

20. It is unlawful for a practitioner to prescribe or dispense a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 454.215; NRS 454.301, NRS 639.100(1); NRS 639.23505; NAC 453.410; NAC 639.742; NAC 639.745.

21. It is unlawful for a person to purchase, possess, administer or furnish a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321 and/or NRS 454.356.

22. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

23. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.281(1); NRS 639.2813(1).

24. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

25. A dispensing practitioner must issue a written prescription for each medication dispensed, verify medications for accuracy prior to dispensing, maintain complete, accurate and readily retrievable records of all controlled substances and dangerous drugs purchased and dispensed, inventory controlled substances at least once every two (2) years, properly store and maintain the inventory, maintain the security of the inventory from unauthorized access, and segregate and/or dispose of adulterated and/or expired dangerous drugs. NRS 453.246; NRS 585.370; NRS 585.420; NRS 639.282; NAC 453.400; NAC 453.410; NAC 453.475; NAC 454.040; NAC 639.475; NAC 639.476; NAC 639.510; NAC 639.601; NAC 639.742, NAC 639.743; NAC 639.745; 21 U.S.C. § 842(a)(5); 21 CFR 1304.11; 21 CFR 1304.21.

26. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

27. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

28. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to

NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

29. Dispensing a drug as a dispensing practitioner or prescribing a drug as a prescribing practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and (o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

30. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

31. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

32. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

33. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-

signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

34. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman performed their duties as the holders of controlled substance registrations and dispensing practitioner registrations in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

35. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the

practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman aided or abetted a person not licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(j), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Prescribing/Dispensing Without Bona Fide Therapeutic Relationship

36. By unlawfully prescribing and dispensing controlled substances to patients with whom they did not have a bona fide therapeutic relationship, Khalek, Chancellor and Hoffman engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(n) and (o), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION

Violations of Federal Controlled Substances Act

37. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and

Hoffman violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

SIXTH CAUSE OF ACTION

Violations of State Law for Unlicensed Practice

38. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(1)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813 and NRS 639.310, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

SEVENTH CAUSE OF ACTION

Failure to Maintain Security of Controlled Substances or Dangerous Drugs

39. By failing to maintain proper locked security of their inventory of controlled substances and dangerous drugs and/or permitting unauthorized access to their inventory by Bararia and/or other unlicensed employees of Trimcare and/or Ageless Aesthetics, Khalek,

Chancellor and Hoffman violated NAC 453.400, NAC 453.410(1)(d), NAC 454.040, NAC 639.742(3)(c), NAC 639.742(3)(a)(b)(c)&(e), and NAC 639.745(1)(c), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

EIGHTH CAUSE OF ACTION

Failure to Maintain Records for Controlled Substances Dispensed

40. By failing to keep complete, accurate, and readily retrievable records of all controlled substances dispensed, including failing to issue a written prescription for each medication dispensed and failing to inform the patient that he or she may request a written prescription to have it filled at another location of their choice, Khalek, Chancellor, and Hoffman violated NRS 453.246, NAC 453.410(1)(a)(B) and (2), NAC 639.745(2) and (3)(b)(2), 21 U.S.C. § 842(a)(5), 21 CFR 1304.11 and 21 CFR § 1304.21, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11), (12) and (17).

NINTH CAUSE OF ACTION

Failure to Verify Dispensed Medications for Accuracy

41. By failing to verify medications for accuracy prior to dispensing, Khalek, Chancellor, and Hoffman violated NAC 639.743(2)(a) and (b), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

TENTH CAUSE OF ACTION

Failure to Inventory Controlled Substances Every Two Years

42. By failing to inventory controlled substances at least once every two (2) years, Khalek, Chancellor, and Hoffman violated NRS 453.246, NAC 453.475(1)(b), 21 U.S.C. § 842(a)(5), 21 CFR 1304.11 and 21 CFR § 1304.21 and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11), (12) and (17).

ELEVENTH CAUSE OF ACTION

Failure to Properly Segregate/Dispose Adulterated/Expired Drugs

43. By failing to properly segregate and/or dispose of adulterated and/or expired dangerous drugs for administration, Khalek, Chancellor, and Hoffman violated NRS 585.370(1), NRS 639.282(1)(d), NAC 639.050(2), NAC 639.473(1) and (3), NAC 639.510(3) and NAC 639.601(1), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

TWELFTH CAUSE OF ACTION

Failure to Properly Label Pre-Filled Syringes Against

44. By pre-filling syringes without proper labels and/or temperature control, Chancellor and Hoffman violated NRS 585.420, NRS 639.282 (1)(e), NAC 639.476 and NAC 639.510, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210 (12).

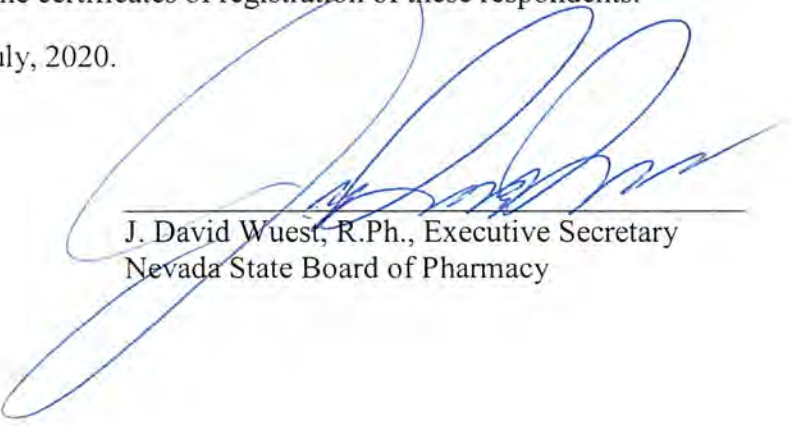
THIRTEENTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

45. By their actions as set forth herein, Khalek, Chancellor and Hoffman have committed acts that render their registrations to prescribe or otherwise dispense a controlled substance inconsistent with the public interest pursuant to NRS 453.231, and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

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.

DATED this 24th day of July, 2020.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 19-003-CS-B-S

Petitioner,

v.

**ROBERT CHANCELLOR, MD,
Certificate of Registration Nos. CS22616 and
PD27416,**

**STATEMENT TO
THE RESPONDENT
AND NOTICE OF 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 and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, 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 show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

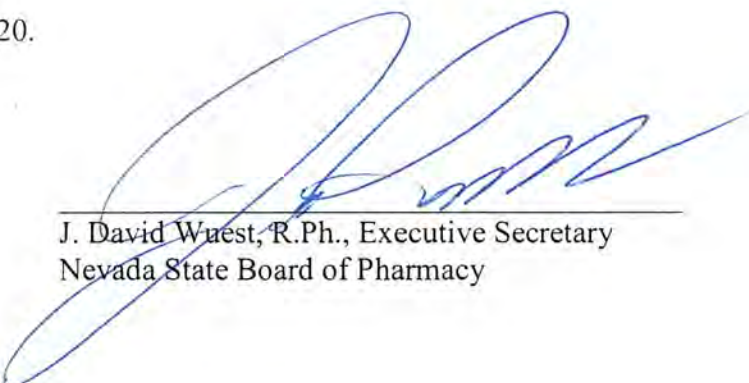
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 2nd day of July, 2020.



J. David Wuest, R.Ph., 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. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

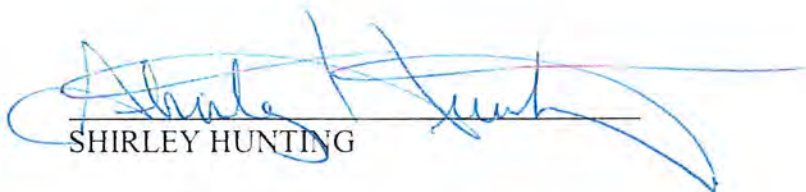
Abdel Khalek, MD
5375 S Ft Apache Rd #102-103
Las Vegas, NV 89148

Robert Chancellor, MD
7975 W Sahara Ave #104
Las Vegas, NV 89117

Lindsay Hoffman, PA-C
5375 S FT Apache Rd #102-103
Las Vegas, NV 89148

Jill Chase, Esq.
Lewis Brisbois
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118

E. Brent Bryson, Esq.
7730 W. Sahara Ave., Ste. 109
Las Vegas, NV 89117



SHIRLEY HUNTING

FILED

AUG 17 2020

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	Case No.: 19-003-CS-B-S
	)	
Petitioner,	)	
	)	
vs.	)	ANSWER AND NOTICE OF
	)	DEFENSE
ROBERT CHANCELLOR, MD,	)	
Certificate of Registration No. CS22616 and	)	
PD27416,	)	
	)	
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: None.

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

Respondent Denies the allegations contained in the Notice of Intended Action and Accusation, Case No. 19-003-CS-B-S.

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

Date this 11th day of August, 2020.

Robert Chancellor MD
ROBERT CHANCELLOR, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ABDEL M. KHALEK, MD,
Certificate of Registration Nos. CS19745 and
PD00722,

ROBERT CHANCELLOR, MD,
Certificate of Registration Nos. CS22616 and
PD27416, and

LINDSAY HOFFMAN, PA-C,
Certificate of Registration Nos. CS18262 and
PD00177,

Respondents.

Case Nos. 19-003-CS-A-S
19-003-CS-B-S
19-003-CS-C-S

**STIPULATED FACTS AS TO
RESPONDENTS ROBERT
CHANCELLOR, MD AND LINDSAY
HOFFMAN, PA-C ONLY**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), Respondent Robert Chancellor, MD ("Chancellor"), Certificate of Registration Nos. CS22616, and PD 27416, Respondent Lindsay Hoffman, PA-C, ("Hoffman"), Certificate of Registration Nos. CS18262 and PD00177, by and through counsel, E. Brent Bryson, Esq.,

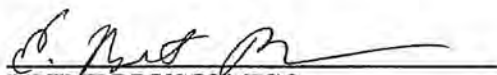
HEREBY STIPULATE AND AGREE TO THE FOLLOWING FACTS:

1. The Board has jurisdiction over Respondents and this matter.
2. Vinay Kumar Bararia, MD ("Bararia") was not registered with the Board at the time of the events alleged herein.
3. Khalek co-owned and/or was employed at Trimcare from October 2018 to April 2019.

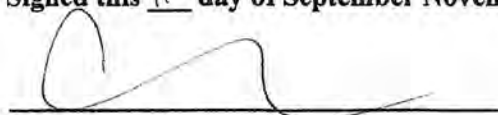
4. Chancellor co-owned and/or was employed by Trimcare from November 2018 to the present.
5. Hoffman was employed by Trimcare from August 2018 to present.
6. On or about July 7, 2020, Board staff served Bararia with an order pursuant to NRS 639.2895(1) to immediately cease and desist possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from Trimcare.

AGREED:

**APPROVED AS TO FORM AND
CONTENT**
this 11 day of September November,
2021


BRENT BRYSON, ESQ.
Counsel for Respondents Robert
Chancellor, MD and Lindsay Hoffman,
PA-C

Signed this 11th day of September November, 2021


COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway Suite 206 • Reno, NV 89521
 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
 E-mail: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

702-486-6420
 Joe Dodge?

INSPECTION NOTICE

INNOVATIVE CARE PHYSICIANS
 5375 ST FT APACHE RD #103
 LAS VEGAS, NV 89148

License: DS00206-CS
 Inspector: L. Banach/D. McCluskey/L.
 Month of Inspection: May 2019
 Inspection #: 99053
 Date of Inspection: 6/13/19

INSTRUCTIONS

This Notice is provided to INNOVATIVE CARE PHYSICIANS to inform you that your dispensing site will be inspected sometime in the month of May. These instructions are intended to assist you to be prepared for the inspection. **You must have completed the following by the first business day of May:**

- ✓ Review and make any needed changes to information shown below
- ✓ Download and print from our website the correct forms. Be advised, in order to complete the inspection process, you will be printing more than one document. Carefully read directions below:
 - Go to <http://bop.nv.gov>
 - From the Homepage, click on the tab labeled: "FORMS"
 - Under the section labeled "Inspection Forms", locate, click on and print the **Dispensing Practitioner Inspection Form and Instruction Sheet**.
- ✓ Attach this page to the front of the inspection forms. Complete the Inspection Form and have the completed form available for review by the Inspector.
- ✓ The dispensing practitioner is responsible to assure compliance with all of the instructions in this matter.
- ✓ If your dispensing practitioner(s) are not on site all hours your facility is open, please keep all dispensing records, invoices and documents in a secure location separate from the medications that are being dispensed. The key to this secure area can be kept in a secure area for access to records by the inspector. The key to the medications can only be in possession of the practitioner.
- ✓ Failure to fully comply with the instructions will be noted as a deficiency and may result in disciplinary action against the dispensing practitioner.
- ✓ The Board will not provide copies of the necessary Inspection Forms by mail or fax. The dispensing practitioner is responsible to obtain the Inspection Forms through the Board's website.

DISPENSING SITE INFORMATION

Our records show the following information regarding your dispensing site. Please review the information carefully and make any changes by striking through any information that is incorrect and adding corrected information in the blanks next to the incorrect information. **You must have this Inspection Notice available which must be completed by the first business day of May and made available to the inspector when he visits.**

Make needed changes below:

Dispensing Site Telephone #: 702-367-0808

Dispensing Site Fax #: 702-367-1339

Dispensing Site E-mail: pharmacy@ihnv.com

Practitioner(s) Name/License#/License Type:

HOFFMAN, LINDSAY: PD00177 ✓

KHALEK, ABDEL MALICK: PD00722 ✗

→ Not here any more

LUCKETTE, ADAM JAMES: PD00246 ✗

→ Not here any more

Robert S. Chancellor PD 27416 ✓

Dispensing Tech(s)/Trainee(s):

ANDERSON, MARISSA B: TD00682 ✗

→ not here anymore

DEVER-GOLDSMITH, MONA L: TD00275 ✗

→ not here anymore

MEDEIROS, JENNIFER: TD01478 ✗

→ not here anymore

SANCHEZ, CONSUELO: TD01206 ✗

→ not here anymore

Ranases, Vistacion TD01750 ✓

Kerrigan, Jason TD01763 ✓ Part Time



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



Please read carefully and retain; it contains important information about your exclusion

You are excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 42 U.S.C. 1320a-7b(f) of the Social Security Act.

This exclusion significantly limits your ability to work in any capacity in the health care field in the United States. No payment will be made by any Federal health care program (such as Medicare, Medicaid, Veterans Administration, TRICARE, the Military Direct Care System, etc.) for any items or services furnished, ordered, or prescribed by you in any capacity. For example, you are prohibited from submitting or causing claims to be submitted to Federal health care programs for items or services which you provide, and you are also prohibited from being employed to provide items or services which are billed to a Federal health care program. Such items or services could include administrative, clerical, and other activities that do not directly involve patient care or the provision of any health care related services.

An excluded person cannot be employed by a provider to perform functions paid for, in whole or in part, by any Federal health care program. Generally speaking, with rare exceptions, you may not be employed by a hospital, nursing home, or any other institutional provider that participates in Federal health care programs.

This exclusion does not affect your rights or the rights of your family members to collect benefits to which you or they may be entitled as a beneficiary under any Federal program such as Medicare, Medicaid, or Social Security.

Under 42 U.S.C. 1320a-7(a)(1)(D), the Office of Inspector General (OIG) is required to notify all applicable State agencies of your exclusion, and they are required to exclude you for the same period of time. The OIG's exclusion is in addition to any sanction an individual State or other Federal agency may impose under its own authority. Notice will be provided to the public and other parties in accordance with 42 U.S.C. 1320a-7(d) and (e).

Any service you provide is a non-covered service. Therefore, notwithstanding 42 U.S.C. 1395w-4(g)(4), you cannot submit claims or cause claims to be submitted for payment under any Federal health care program. Violations of the conditions of your exclusion may subject you to criminal prosecution and/or the imposition of civil monetary penalties and the denial of your reinstatement to the programs. See 42 U.S.C. 1320a-7(a)(1)(D) and 42 C.F.R. 1001.3002(a)(2).

YOUR REINSTATEMENT IS NOT AUTOMATIC. You will not be reinstated at the conclusion of the minimum period of exclusion, or anytime thereafter, **UNLESS YOU APPLY TO THE OIG AND ARE GRANTED REINSTATEMENT** to the Medicare, Medicaid, and all Federal health care programs under the provisions of 42 U.S.C. 1320a-7(g) and 42 C.F.R. 1001.3001-3005. If you were excluded because you lost your license, you may not apply for reinstatement until your license has been restored by the licensing board or agency which originally took the disciplinary action against you. A request for reinstatement may be made to the OIG no earlier than 90 days prior to the expiration of the minimum period of exclusion. The request must be made in writing and should be sent to the Director, Exclusions Branch, Office of Investigations, P.O. Box 23871, Washington, DC 20826. Upon receipt of the request, the OIG will notify you of the information and documentation it requires to reach a decision on your reinstatement.

Obtaining a license, moving to another State, or obtaining a provider number from a Medicare contractor, a State agency, or a Federal health care program does not reinstate your eligibility to participate in those programs.

(04/13 Edition)



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



HOW TO APPEAL YOUR EXCLUSION

If you disagree with this action, you may request a hearing before an administrative law judge (ALJ). You may file a request for a hearing before an ALJ only on the issues of: (i) whether the Inspector General has a basis for the imposition of the sanction, and/or (ii) whether the length of exclusion is unreasonable.

A request for hearing must be made in writing within 60 days of receiving the OIG's notice of exclusion. The date you receive the Inspector General's notice of exclusion will be presumed to be five (5) days after the date of such notice unless there is a reasonable showing to the contrary.

Your request for hearing must be accompanied by a copy of the Inspector General's notice of exclusion, a statement as to the specific issues or findings with which you disagree, along with the basis for your contention that the specific issues and/or findings are incorrect.

Your request for hearing should be filed with the Departmental Appeals Board electronic filing system website (DAB E-File) at <https://dab.efile.hhs.gov>. To file a new appeal using DAB E-File, you must first register a new account, by: (1) clicking "Register" on the DAB E-File home page; (2) entering the information requested on the "Register New Account" form; then (3) clicking "Register Account" at the bottom of the form. If you have more than one representative, each representative must register separately to use DAB E-File on your behalf.

The e-mail address and password provided during registration must be entered on the login screen <https://dab.efile.hhs.gov/login> to access DAB E-File. A Registered User's access to DAB E-File is restricted to the appeals for which he or she is a party or authorized representative. Once registered, you may file your appeal by:

- Clicking the "File New Appeal" link on the "Manage Existing Appeals" screen, then clicking "Civil Remedies Division" on the "File New Appeal" screen; and
- Entering and uploading the requested information and documents on the "File New Appeal - Civil Remedies Division" form.

All documents must be submitted in Portable Document Format ("PDF"). Any document, including a request for hearing, will be deemed to have been filed on a given day, if it is uploaded to DAB E-File on or before 11:59 p.m. Eastern Standard Time of that day. A party that files a request for hearing via DAB E-File will be deemed to have consented to accept electronic service of appeal-related documents that OIG files, or CRD issues on behalf of the Administrative Law Judge, via DAB E-File. Correspondingly, OIG will also be deemed to have consented to electronic service. More detailed instructions on DAB E-File for CRD cases can be found on the link to CRD E-File Procedures on the File New Appeal Screen for CRD appeals.

In the event you are unable to file a hearing request using the DAB E-File system, you may submit all of the required information by mail to:

Director, Civil Remedies Division
Departmental Appeals Board, MS 6132
Room G-644, Cohen Building
330 Independence Avenue, SW
Washington, D.C. 20201

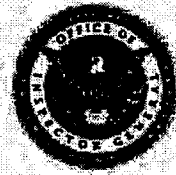
(1/12 Edition)



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



Administrator, Department of Human Resources
Division of Health Care Financing/Policy
1100 E. William Street, Suite 101
Carson City, NV 89701

NOV 28 2014

Dear Administrator:

RE: Vinay Kumar Bararia, M.D., #46626-048
FCI Lompoc
3600 Guard Road
Lompoc, CA 93436

OI File No.: H-14-41075-9
Exclusion Authority: 1128(a)(4)

Medical Doctor
License No.: 11355
DOB: [REDACTED]
SSN: [REDACTED]
NPI No.: [REDACTED]
Medicare Prov. No.: 101625
Medicaid Prov. No.: Unknown

The subject identified above is being excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). This action is effective 20 days from the date shown on this letter.

If you have not already done so, please take the necessary action in accordance with section 1902(a)(39) of the Act to exclude the subject from participation in the title XIX program as of the effective date of this action.

Please note that reinstatement to program reimbursement is not automatic. Therefore, no provider number should be issued to the subject or to any employer on behalf of the subject until you have been notified by the Office of Inspector General that the subject has been reinstated.

In the interim, if the subject submits claims or causes claims to be submitted for items or services furnished under the Medicaid program after the effective date, the subject may be liable for additional civil penalties. Therefore, please notify the U.S. Department of Health and Human Services, Office of Inspector General, ATTN: Exclusions Staff, P.O. Box 23871, Washington, D.C. 20026.

Sincerely,

Charles Grant

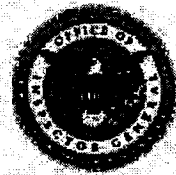
Charles Grant
Director
Exclusions Staff
Office of Investigations



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



Executive Secretary
Nevada State Board of Medical Examiners
P.O. Box 7238
Reno, NV 89510

NOV 28 2014

Dear Executive Secretary:

RE: Vinay Kumar Bararia, M.D., #46626-048
FCI Lompoc
3600 Guard Road
Lompoc, CA 93436

OI File No.: H-14-41075-9
Exclusion Authority: 1128(a)(4)

Medical Doctor
License No.: 11355
DOB: [REDACTED]
SSN: [REDACTED]
NPI No.: [REDACTED]
Medicare Prov. No.: 101625
Medicaid Prov. No.: Unknown

The subject identified above is being excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). These actions are effective 20 days from the date of this letter, and are the result of a felony conviction as defined in section 1128(i) (42 U.S.C. 1320a-7(i)), in the United States District Court, District of Nevada, of a criminal offense related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance as defined under Federal or State law. This applies to any individual or entity that is, or has ever been, a health care practitioner, provider, or supplier; holds a direct or indirect ownership or control interest (as defined in section 1124(a)(3) of the Act) in an entity that is a health care provider or supplier or is, or has ever been, an officer, director, agent or managing employee (as defined in section 1126(b) of the Act) of such an entity; or is, or has ever been, employed in any capacity in the health care industry.

Section 1128(e) of the Act requires that the appropriate licensing or certification authority be notified of such an exclusion, requested to make appropriate investigations and invoke sanctions in accordance with State law and policy, and asked to inform the Inspector General of this Department with respect to any actions taken in response to this request.

Accordingly, if you have not already done so, we request you to make appropriate investigations and invoke sanctions pursuant to applicable State law and policy. We also ask that you fully and currently inform us with respect to any action taken. The information to be supplied should be sent to the U.S. Department of Health and Human Services, Office of Inspector General, ATTN: Exclusions Staff, P.O. Box 23871, Washington, D.C. 20026.

Sincerely,

Charles Grant

Charles Grant
Director
Exclusions Staff
Office of Investigations

Department of Health and Human Services

DEPARTMENTAL APPEALS BOARD

Civil Remedies Division

Vinay Kumar Bararia,
(OI File No.: H-14-4-1075-9),

Petitioner,

v.

The Inspector General

Docket No. C-15-1108

Decision No. CR3863

Date: May 14, 2015

DECISION

I sustain the determination of the Inspector General (I.G.) to exclude Petitioner, Vinay Kumar Bararia, from participating in Medicare and other federally funded health care programs for a period of at least ten years.

I. Background

The I.G. excluded Petitioner, a physician, for a minimum period of ten years pursuant to the requirements of section 1128(a)(4) of the Social Security Act (Act). This section mandates the exclusion of any individual who is convicted of a felony occurring after August 21, 1996, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance. The I.G. based the minimum ten-year exclusion period on the presence of certain aggravating factors that I shall describe.

Petitioner requested a hearing. The I.G. filed a brief and a reply brief, plus exhibits that are identified as I.G. Ex. 1 – I.G. Ex. 7. Petitioner filed a brief plus two exhibits. I identify these exhibits as P. Ex. 1 and P. Ex. 2. I receive the parties' exhibits into the

record. Neither party requested that I convene a hearing in person and so I am deciding this case based on the parties' written filings.

II. Issues, Findings of Fact and Conclusions of Law

A. Issues

The issues are whether: the I.G. is mandated to exclude Petitioner; and, the ten-year minimum exclusion is reasonable.

B. Findings of Fact and Conclusions of Law

There is no dispute as to the I.G.'s mandate to exclude Petitioner. In his brief Petitioner admits that he was convicted of a felony as is described at section 1128(a)(4) of the Act. Petitioner's Brief at 1. Indeed, the evidence establishes that Petitioner was convicted of such an offense. On December 18, 2013, Petitioner pled guilty to a single felony offense under federal law consisting of unlawful distribution of a controlled substance. I.G. Ex. 5. In pleading guilty Petitioner explicitly admitted to selling unlawfully 500 hydrocodone pills (hydrocodone is a controlled substance) to an agent of the United States Drug Enforcement Administration. *Id.* at 4. The crime of which Petitioner was convicted falls squarely within the reach of section 1128(a)(4). It is a felony committed after August 21, 1996, consisting of the unlawful distribution of a controlled substance.

All that is left in dispute is whether the minimum ten-year exclusion imposed by the I.G. is reasonable. Exclusions imposed pursuant to section 1128(a) of the Act must be for a minimum period of five years. Act § 1128(c)(3)(B). Here, the I.G. opted to exclude for a term that is longer than the minimum period.

The I.G. has discretion to do so where there is evidence that proves that an excluded individual is so untrustworthy as to necessitate an exclusion that is for a longer period than the five-year statutory minimum. Evidence of untrustworthiness is admissible if it relates to one of the aggravating factors that is described at 42 C.F.R. § 1001.102(b).

In this case the I.G. asserts the presence of two aggravating factors. First, Petitioner was sentenced to a period of incarceration. 42 C.F.R. § 1001.102(b)(5). He was sentenced to 44 months' imprisonment. I.G. Ex. 2. Second, Petitioner was subject to another adverse action by a State government agency based on the same facts and circumstances that are the basis for his exclusion. 42 C.F.R. § 1001.102(b)(9). Petitioner voluntarily surrendered his license to practice medicine in the State of Nevada on March 13, 2013, after the Investigative Committee of the Nevada State Board of Medical Examiners (Nevada Board) had suspended his license. I.G. Exs. 6, 7. In suspending his license the Nevada Board cited Petitioner's "blatant violation" of federal laws regulating controlled substances. I.G. Ex. 6 at 2.

Evidence relating to the two aggravating factors is sufficient to justify a ten-year exclusion because it establishes Petitioner to be highly untrustworthy. Most damaging is evidence cited by the Nevada Board, which found that Petitioner had engaged in repeated unlawful sales of controlled substances. I.G. Ex. 6 at 2. This undisputed evidence proves that Petitioner was systematically selling controlled substances unlawfully. Moreover, the lengthy term of incarceration that the sentencing judge imposed on Petitioner – 44 months – is strong evidence of his untrustworthiness.

Evidence of aggravation may be offset by evidence of mitigation if it relates to one of the factors set forth at 42 C.F.R. § 1001.102(c). Petitioner argues that there is mitigating evidence in this case. I have examined Petitioner's arguments and the evidence that he offered in support, and I find no evidence relating to one of the regulatory mitigating factors.

Petitioner argues that a ten-year exclusion will have a devastating effect on him, personally, as well as on his family. That is not permissible mitigating evidence. The fact that Petitioner and his family may be affected personally by his exclusion simply cannot be considered in deciding whether the exclusion is reasonable. Adverse personal impact is not a mitigating factor nor should it be. It is likely that any period of exclusion may have an adverse financial impact on the excluded individual. But, that is the collateral consequence of a remedy that is designed to protect programs and their beneficiaries from untrustworthy individuals.

Petitioner also suggests that his culpability is diminished in this case by virtue of the fact that he suffers from a mental illness. Petitioner's Request for Hearing; Petitioner's Brief at 3. To that end, he offered two exhibits consisting of psychiatric evaluations of his mental state that discuss Petitioner's bipolar disorder. P. Exs. 1, 2.

The regulations governing exclusions recognize that a mitigating factor may exist where the sentencing judge determines that the excluded individual's culpability is reduced by virtue of mental illness. 42 C.F.R. § 1001.102(c)(2). The finding of diminished culpability must be memorialized in the record of the sentencing proceeding. *Id.* Petitioner has not offered evidence to prove that the sentencing judge in his case made such a finding. I cannot find the presence of a mitigating factor in the absence of such evidence. Indeed, what evidence exists suggests that the judge did not find diminished culpability. As I.G.'s counsel notes in her reply brief, the sentencing judge apparently denied Petitioner's argument of diminished mental capacity. I.G.'s Reply Brief at 4.

/s/
Steven T. Kessel
Administrative Law Judge



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov



•050106•

Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20180375492-61 Filing Date and Time 08/26/2018 11:00 AM Entity Number E0402202018-4
--	---

(This document was filed electronically.)

ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)	NEVADA HEALTH SERVICES LLC		Check box if a Series Limited- Liability Company ☐	Check box if a Restricted Limited- Liability Company ☐
2. Registered Agent for Service of Process: (check only one box)	☐ Commercial Registered Agent: Name ☒ Noncommercial Registered Agent (name and address below) OR ☐ Office or Position with Entity (name and address below) BHAVNA BARARIA Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity BRONZE RIVER AVE LAS VEGAS Nevada 89149 Street Address City State Zip Code BRONZE RIVER AVE LAS VEGAS Nevada 89149 Mailing Address (if different from street address) City State Zip Code			
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual):			
4. Management: (required)	Company shall be managed by: ☒ Manager(s) OR ☐ Member(s) (check only one box)			
5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) VINAY BARARIA Name BRONZE RIVER AVE LAS VEGAS NV 89149 Street Address City State Zip Code 2) _____ Name Street Address City State Zip Code 3) _____ Name Street Address City State Zip Code			
6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. VINAY BARARIA ☒ VINAY BARARIA Name Organizer Signature BRONZE RIVER AVE LAS VEGAS NV 89149 Address City State Zip Code			
7. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. ☒ BHAVNA BARARIA 8/26/2018 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date			

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 86 LLC Articles
Revised: 10-1-15

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION OF:

NEVADA HEALTH SERVICES LLC
NAME OF LIMITED-LIABILITY COMPANY

ENTITY NUMBER

E0402202018-4

FOR THE FILING PERIOD OF **AUG. 2018** TO **AUG. 2019**

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverlume.gov****

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the fee of \$150.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of <i>Barbara K. Cegavski</i> Barbara K. Cegavski Secretary of State State of Nevada	Document Number 20180375493-72 Filing Date and Time 08/26/2018 11:00 AM Entity Number E0402202018-4
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(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY

ANNUAL LIST FILING FEE: \$150.00 LATE PENALTY: \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW				NRS 76.020 Exemption Codes	
☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: 				001 - Governmental Entity 006 - NRS 680B.020 Insurance Co	
NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.					
NAME VINAY BARARIA		MANAGER OR MANAGING MEMBER			
ADDRESS BRONZE RIVER AVE		CITY LAS VEGAS	STATE NV	ZIP CODE 89149	
NAME		MANAGER OR MANAGING MEMBER			
ADDRESS		CITY	STATE	ZIP CODE	
NAME		MANAGER OR MANAGING MEMBER			
ADDRESS		CITY	STATE	ZIP CODE	
NAME		MANAGER OR MANAGING MEMBER			
ADDRESS		CITY	STATE	ZIP CODE	

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X VINAY BARARIA

Title

MANAGER

Date

8/26/2018 11:00:20 AM

Signature of Manager, Managing Member or
Other Authorized Signature

Nevada Secretary of State List ManOrMem
Revised: 7-1-17

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION OF:

NEVADA HEALTH SERVICES LLC

ENTITY NUMBER

E0402202018-4

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF AUG. 2018 TO AUG. 2019

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsliverflume.gov****
☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)
IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the fee of \$150.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20180454390-16 Filing Date and Time 10/18/2018 10:55 AM Entity Number E0402202018-4
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(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY

ANNUAL LIST FILING FEE: \$150.00 LATE PENALTY: \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW		NRS 76.020 Exemption Codes	
☐	Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: 	001 - Governmental Entity	006 - NRS 680B.020 Insurance Co
NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.			
NAME <u>VINAY BARARIA</u>		MANAGER OR MANAGING MEMBER	
ADDRESS <u>BRONZE RIVER AVE</u>	CITY <u>LAS VEGAS</u>	STATE <u>NV</u>	ZIP CODE <u>89149</u>
NAME <u>ABDEL M KHALEK</u>		MANAGER OR MANAGING MEMBER	
ADDRESS <u>LAKE EAST DR APT</u>	CITY <u>LAS VEGAS</u>	STATE <u>NV</u>	ZIP CODE <u>89117</u>
NAME 		MANAGER OR MANAGING MEMBER	
ADDRESS 	CITY 	STATE 	ZIP CODE
NAME 		MANAGER OR MANAGING MEMBER	
ADDRESS 	CITY 	STATE 	ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X VINAY BARARIA

Title

MANAGER

Date

10/18/2018 10:55:43 AM

Signature of Manager, Managing Member or
Other Authorized Signature

Nevada Secretary of State List ManorMem
Revised 7-1-17

Exhibit 6

NEVADA HEALTH SERVICES LLC

Business Entity Information			
Status:	Active	File Date:	8/26/2018
Type:	Domestic Limited-Liability Company	Entity Number:	E0402202018-4
Qualifying State:	NV	List of Officers Due:	8/31/2019
Managed By:	Managers	Expiration Date:	
NV Business ID:	NV20181612084	Business License Exp:	8/31/2019

Additional Information	
Central Index Key:	

Registered Agent Information			
Name:	BHAVNA BARARIA	Address 1:	BRONZE RIVER AVE
Address 2:		City:	LAS VEGAS
State:	NV	Zip Code:	89149
Phone:		Fax:	
Mailing Address 1:	BRONZE RIVER AVE	Mailing Address 2:	
Mailing City:	LAS VEGAS	Mailing State:	NV
Mailing Zip Code:	89149		
Agent Type:	Noncommercial Registered Agent		

Financial Information	
No Par Share Count:	0
Capital Amount:	\$ 0
No stock records found for this company	

- Officers		☐ Include Inactive Officers	
Manager - VINAY BARARIA			
Address 1:	9335 BRONZE RIVER AVE	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89149	Country:	
Status:	Active	Email:	
Manager - ABDEL M KHALEK			
Address 1:	LAKE EAST DR APT	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89117	Country:	
Status:	Active	Email:	

- Actions/Amendments	

Action Type:	Articles of Organization		
Document Number:	20180375492-61	# of Pages:	1
File Date:	8/26/2018	Effective Date:	
(No notes for this action)			
Action Type:	Initial List		
Document Number:	20180375493-72	# of Pages:	1
File Date:	8/26/2018	Effective Date:	
(No notes for this action)			
Action Type:	Amended List		
Document Number:	20180454390-16	# of Pages:	1
File Date:	10/18/2018	Effective Date:	
(No notes for this action)			

Business License Detail Information

License Number:	2005111.062-190
MJBL Number:	
Business:	Trlmcare Suite 102 Suite 102 5375 S Fort Apache Rd Las Vegas, NV 89148
Business Telephone:	(702) 367-0808
License Category:	Professional Services - Healthcare & Social Assist
Status:	Licensed
Date of License:	11/07/2018
Out of Business Date:	
Business Owner(s)	
Nevada Health Services LLC	

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ADDENDUM TO ASSET PURCHASE AGREEMENT

This is an addendum to the asset agreement between the Ivan Goldsmith on behalf of Goldsmith Health Care, Ltd, DBA Innovative Care Physicians DBA "Trimcare" hereafter known as the "Seller" and Vinay Bararia, MD and Imran S. Chaudhry hereafter known as the "Buyer" for the purchase of the Business Assets of Goldsmith Health Care conducting business on a leased premise located at 5375 S. Fort Apache Rd, Suite 102 Las Vegas NV 89148.

The original agreement stated the buyers were to be the individual Vinay Bararia, MD and Imran S. Chaudhry. The Buyer is now to be a Management Service Organization by the name of Nevada Health Services, LLC.

The sale of business assets has been concluded on 8/31/2018 with payment in full.

 8.31.2018

Ivan Goldsmith, MD

On Behalf of

Goldsmith Health Care, Ltd

 8/31/18

Vinay Bararia, MD

On behalf of

Nevada Health Services, LLC

Agreement

Agreement between Abdel M. Khalek, M.D. and Vinay K Bararia, MD. Regarding the terms and conditions of the Nevada Health Services, LLC/ Trimcare.

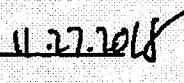
Vinay K Bararia, MD will return the sum of \$75,000 given by Dr. Khalek towards the purchase of this practice from Goldsmith Healthcare, Ltd. This will be done within a timely manner allowing for Dr. Bararia to arrange the funds.

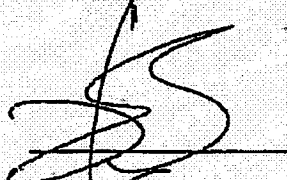
Abdel M. Khalek, M.D. Dr. Khalek will get \$15,000 salary paid to him as per his initial agreement on 12/11/2018. After this he will draw a salary of \$10,000 a month for working 6 hours per day 5 days a week. If there is a decrease in hours worked the monthly salary will be adjusted according to hours worked. This contracted rate of \$10,000.00 per month is for the period starting December 11, 2018 till June 11, 2019.

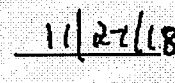
The accounts recievable for insurance payments prior to collected prior to 12/11/2018 will be shared equally between Dr. Khalek and Dr. Bararia.

Upon execution of this agreement Dr. Khalek will have no ownership or interest in ownership of Nevada Health Services, LLC/ Trim care.


Abdel M. Khalek MD


Date


Vinay K. Bararia, MD


Date

ENTITY INFORMATION				
Entity Name: NEVADA HEALTH SERVICES LLC Entity Type: Domestic Limited- Liability Company (88) Formation Date: 08/28/2018 Termination Date: Perpetual Series LLC: ☐ Entity Number: E0402202018-4 Entity Status: Active NV Business ID: NV20181612084 Annual Report Due Date: 8/31/2020 Restricted LLC: ☐				
REGISTERED AGENT INFORMATION				
Name of Individual or Legal Entity: BHAVNA BARARIA CRA Agent Entity Type: NV Business ID: Jurisdiction: Street Address: 9335 BRONZE RIVER AVE, LAS VEGAS, NV, 89149, USA Mailing Address: 9335 BRONZE RIVER AVE, LAS VEGAS, NV, 89149 Individual with Authority to Act: Fictitious Website or Domain Name: Status: Active Registered Agent Type: Non-Commercial Registered Agent Office or Position:				
OFFICER INFORMATION				
☒ VIEW HISTORICAL DATA				
Title	Name	Address	Last Updated	Status
Manager	VINAY BARARIA	5375 S. Fort Apache Rd Suite 102-103, Las Vegas, NV, 89148, USA	08/20/2019	Active
Manager	ROBERT CHANCELLOR	5375 S. FORT APACHE RD SUITE 102, LAS VEGAS, NV, 89148, USA	03/07/2019	Active
Manager	VINAY BARARIA	9335 BRONZE RIVER AVE, LAS VEGAS, NV, 89149, USA	03/07/2019	InActive
Manager	ABDEL M KHALEK	3001 LAKE EAST DR APT 1216, LAS VEGAS, NV, 89117, USA	03/07/2019	InActive
Manager	VINAY BARARIA	9335 BRONZE RIVER AVE, LAS VEGAS, NV, 89149, USA	03/07/2019	InActive
Page 1 of 1, records 1 to 5 of 5				
Filing History			Name History	
Mergers/Conversions				

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20070719100129290

20071108100199040

20071108100199050

20110304100036870

201810031170174

201810311171563

HELP

**Instrument
Number:** 201810311171563

Search Results

Record Date: 10/31/2018

Book Type: FFN - FICTITIOUS FIRM NAMES

Instrument #: 201810311171563

Number of Pages: 1

Doc Type: FFN - FFN
CERTIFICATE

Business Name: TRIMCARE

Mailing Addr 1: 5375 S. FORT
APACHE ROAD

Mailing Addr 2: SUITE 102

Mailing City: LAS VEGAS

Mailing State: NV

Mailing Zip: 89148

Owner Name: NEVADA HEALTH SERVICES LLC

Expiration Date: 10/31/2023

20070719100129290

20071108100199040

20071108100199050

20110304100036870

201810031170174

201810311171563

202001291001530

HELP

**Instrument
Number:**

202001291001530

Search Results**Record Date:** 1/29/2020**Book Type:** FFN - FICTITIOUS FIRM NAMES**Instrument #:** 202001291001530**Number of Pages:** 1**Doc Type:** FFN - FFN
CERTIFICATE**Business Name:** TRIMCARE**Mailing Addr 1:** 5375 S. FORT
APACHE RD, STE 102**Mailing City:** LAS VEGAS**Mailing State:** NV**Mailing Zip:** 89148**Owner Name:** NEVADA HEALTH SERVICES LLC**Expiration Date:** 1/29/2025

Clark County / Business License / Services / License Search

**Business License: Services**

License Search

Business License Detail Information

License Number:	2005111.062-190
MJBL Number:	
Business:	Trimcare Suite 102 Suite 102 5375 S Fort Apache Rd Las Vegas, NV 89148
Business Telephone:	(702) 367-0808
License Category:	Professional Services - Healthcare & Social Assist
Status:	Licensed
Date of License:	11/07/2018
Out of Business Date:	
Business Owner(s)	
Nevada Health Services LLC	

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Policy and procedures for Ordering, storing and administering products

- **Product ordering**

Medical director will be provided the list of items needed for the coming weeks patients.

Manager will provide a complete inventory list of supplies and products currently in stock.

Inventory will be done bi-weekly

Review and approval to be ordered. A log will be kept with the orders that were placed and approval signature from the MD. Manager will order product.

- **Process of the order**

Delivery of the products will be received by the office. MD will be provided the packing slip to confirm and sign off.

- **Storage of product**

Product will be locked in a separate cabinet accessible only by the MD or his nurse.

- **Administering products**

MD will prescribe product to be used on the patient. RN will administer.

All orders will be maintained and signed off by MD. Files will be stored in a locked file cabinet.

NUTRITION CONSULT NOTES

PATIENT NAME: J. [REDACTED] S. [REDACTED] DATE: 1/5/19.
DATE OF BIRTH: [REDACTED] WEIGHT: _____ GOAL WEIGHT: 165.

CLINICAL NOTES

A: Here for followup after 9/2018 has lost fat mass by 3.5 pounds. Hasn't had nutritional recommendation by anyone. So requested nutritional eval.

current nutrition intake:

• 60-70 gm carbs

• 80-90 protein

= 71600 cal/dy

D: poor snacking habits. 0 with carbs post dinner

I: Recommend - makes carbymon phone app

• 40-50 gm carbs.

• >75 gm protein

< 1200 cal/dy.

5/wh cardio 30-45 min

weight loss 3/wh.

M/E:

VB

SIGNATURE: _____

TRIMCARE | NEVADA HEALTH SERVICES | NHS
Robert Chancellor, MD Lindsay Hoffman, PA-C

**FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE**

PATIENT NAME: J [redacted] S [redacted] DATE OF VISIT: 11/5/19
 DATE OF BIRTH: [redacted] AGE: 39 SEX: M CHART NO: 17673
 DRUG ALLERGIES: NKDA TOBACCO: 0 LAST LABS: 12/2018
 ALCOHOL: 0 LMP: 12/2018

VITAL SIGNS:
 TIME: 0:57 SP%: 98
 BP: 99/64 TEMP: 97.4
 PULSE: 11
 HEIGHT: 5 IN 7 CM

SIGNS/SYMPTOMS (SINCE LAST VISIT) DENIES ANY OF THE BELOW
 HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA
 / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION /
 HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /
 DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /
 SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS
 / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
 INITIAL WEIGHT: 225.8 lbs GOAL WEIGHT: 165 lbs
 CURRENT WEIGHT: 183.4 lbs STARTING BMI: 30.8
 8 WK. WEIGHT LOSS: 183.4 lbs CURRENT BMI: 27.7
 TOTAL WEIGHT LOSS: 183.4 lbs WAIST MEAS: IN

WEIGHT LOSS MEDICATIONS

INJECTIONS
 DIET SHOT: L / R # of
 L-CARNITINE: L / R # of
 : L / R # of
 : L / R # of

SUPPLEMENTS **OTHER MEDICATIONS**

PHYSICAL EXAM
 GENERAL - WNL / ABNL CV / PULM - WNL / ABNL ABDOMINAL - WNL / ABNL
 HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:

DIET: LO CARB LO CALORIE **OTHER:**
DIET ADHERENCE: EXCELLENT NON ADHERENT X/WEEK COMMENTS:
EATING MEALS REGULARLY: Y / N **EATING SNACKS REGULARLY:** Y / N
EXERCISE PLAN: STRENGTH TRAINING X/WEEK AEROBIC/CARDIO X/WEEK
OTHER:

REVIEWED: DIET/MENU IN-BODY ANALYSIS LABS FOOD JOURNAL
 METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES
 EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT W/ ANORECTIC AGENTS
 DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: **REVIEWED WITH:** NO CHANGES RECOMMENDED CHANGES BELOW

Rx PHENTERMINE	37.5 MG	#	<u>1</u>	Q	<u>BD</u>	<u>100</u>	HCG PROTOCOL (SEE HCG FLOW SHEET)
Rx BONTRIL	35 MG	#	<u> </u>	Q	<u> </u>	<u> </u>	
Rx BONTRIL	105 MG	#	<u> </u>	Q	<u> </u>	<u> </u>	HCG CONSENT SIGNED
Rx TENUATE	25 MG	#	<u> </u>	Q	<u> </u>	<u> </u>	TOPAMAX CONSENT REVIEWED
Rx TOPAMAX	25 MG	#	<u>1</u>	Q	<u>HS</u>	<u>30</u>	TOPAMAX CONSENT SIGNED
Rx TOPAMAX	50 MG or 100 MG	#	<u> </u>	Q	<u> </u>	<u> </u>	FITNESS PATIENT (NO MEDS)
Rx 5HTP/CARBIDOPA	20 MG / 5 MG	#	<u> </u>	Q	<u> </u>	<u> </u>	TESTOSTERONE Sig: <u> </u>
Rx <u> </u>	<u> </u> MG	#	<u> </u>	Q	<u> </u>	<u> </u>	LABS: <u> </u>

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

seen by nutritionist. Reviewed by Dr. Khalek
& Approved meds

PROVIDER SIGNATURE: MA INITIALS: AK

WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted]
DATE OF BIRTH: [redacted]
DRUG ALLERGIES: [redacted]
AGE: 39 SEX: M/F
TOBACCO: [redacted]
ALCOHOL: [redacted]

DATE OF VISIT: 9/7/2018
CHART NO: 7673
LAST LABS:
LMP:

VITAL SIGNS:
TIME: 10:30
BP: 104/72
PULSE: 88
HEIGHT: 5' 7" IN

SP%: 99
TEMP: 97.9
7 CM

SIGNS/SYMPTOMS (SINCE LAST VISIT) _____ DENIES ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA
/ CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION /
HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /
DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /
SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS
/ EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
INITIAL WEIGHT: 275.8 lbs GOAL WEIGHT: 209 lbs
CURRENT WEIGHT: 190.0 lbs STARTING BMI: 30.8
8 WK. WEIGHT LOSS: 85.8 lbs CURRENT BMI:
TOTAL WEIGHT LOSS: 85.8 lbs WAIST MEAS: _____ IN

WEIGHT LOSS MEDICATIONS

INJECTIONS
DIET SHOT: L / R # of
L-CARNITINE L / R # of
L / R # of
L / R # of

SUPPLEMENTS

OTHER MEDICATIONS

PHYSICAL EXAM

HEENT - WNL / ABNL
DIET: LO CARB
DIET ADHERENCE: EXCELLENT
EATING MEALS REGULARLY: Y / N
EXERCISE PLAN: STRENGTH TRAINING X/WEEK
GENERAL - WNL / ABNL
LO CALORIE
EXTREMITIES - WNL / ABNL
OTHER: _____
CVI / PULM - WNL / ABNL
ABDOMINAL - WNL / ABNL
COMMENTS: _____
X/WEEK COMMENTS: _____
AEROBIC / CARDIO X/WEEK

REVIEWED: DIET/MENU IN-BODY ANALYSIS LABS FOOD JOURNAL
METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES
EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS
DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOW
Rx PHENTERMINE 37.5 MG # 60 Q HCG PROTOCOL (SEE HCG FLOW SHEET)
Rx BONTRIL 35 MG # Q
Rx BONTRIL 105 MG # Q
Rx TENUATE 25 MG # Q
Rx TOPAMAX 25 MG # Q
Rx TOPAMAX 50 MG or 100 MG # Q
Rx 5HTP/CARBIDOPA 20 MG / 5 MG # Q
Rx _____ MG Q
FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER AL

PROVIDER SIGNATURE: [signature]
MA INITIALS: [signature]
[signature] 5:00 PM
[signature] 4:12 PM

**FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE**

PATIENT NAME: D [REDACTED] G [REDACTED] *FLUP DATE OF VISIT: 3/4/19
 DATE OF BIRTH: [REDACTED] AGE: 60 SEX: M CHART NO: 27713
 DRUG ALLERGIES: Pen, Sulfa TOBACCO: 0 LAST LABS: _____
 ALCOHOL: Socially LMP: _____

VITAL SIGNS:

TIME: 11-10 SP%: 98
 BP: 109/72 TEMP: 97.1
 PULSE: 78
 HEIGHT: 5 IN 6 CM

SIGNS/SYMPTOMS (SINCE LAST VISIT) _____ DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA
 / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION /
 HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /
 DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /
 SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS
 / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING

INITIAL WEIGHT: _____ lbs GOAL WEIGHT: _____ lbs
 CURRENT WEIGHT: 169.6 lbs STARTING BMI: _____
 8 WK. WEIGHT LOSS: _____ lbs CURRENT BMI: 27.9
 TOTAL WEIGHT LOSS: _____ lbs WAIST MEAS: _____ IN

WEIGHT LOSS MEDICATIONS**INJECTIONS**

DIET SHOT: L/R # 20 of 20
 L-CARNITINE L/R # _____ of _____
 _____: L/R # _____ of _____
 _____: L/R # _____ of _____

SUPPLEMENTS**OTHER MEDICATIONS**

TOPROL XL
LEVOLIN
SUMATRIPTAN

PHYSICAL EXAM

GENERAL - WNL / ABNL

CV/ PULM - WNL / ABNL

ABDOMINAL - WNL / ABNL

HEENT - WNL / ABNL

EXTREMITIES - WNL / ABNL

COMMENTS: _____

DIET: LO CARB LO CALORIE OTHER: _____

DIET ADHERENCE: EXCELLENT NON ADHERENT X/WEEK COMMENTS: _____

EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N

EXERCISE PLAN: STRENGTH TRAINING X/WEEK AEROBIC/CARDIO X/WEEK

OTHER: _____

REVIEWED: DIET/MENU IN-BODY ANALYSIS LABS FOOD JOURNAL
METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES
EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS
DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOW
 Rx PHENTERMINE 37.5 MG # 30 1/2 Q AM 1/2 Q AM HCG PROTOCOL (SEE HCG FLOW SHEET)
 Rx BONTRIL 35 MG # _____ Q 3 months
 Rx BONTRIL 105 MG # _____ Q _____ HCG CONSENT SIGNED
 Rx TENUATE 25 MG # _____ Q _____ TOPAMAX CONSENT REVIEWED
 Rx TOPAMAX 25 MG # _____ Q _____ TOPAMAX CONSENT SIGNED
 Rx TOPAMAX 50 MG or 100 MG # _____ Q _____ FITNESS PATIENT (NO MEDS)
 Rx 5HTP/CARBIDOPA 20 MG/ 5 MG # _____ Q _____ TESTOSTERONE Sig: _____
 Rx _____ MG _____ Q _____ LABS: _____

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

brief discussed

ASP

PROVIDER SIGNATURE: _____

MA INITIALS: _____

CHANCELLOR011



5375 SOUTH FORT APACHE #103
LAS VEGAS, NV 89148
(702) 367-0808 ☎ | PHONE
(702) 367-1339 ☎ | FAX
TRIMCARE.COM

NUTRITION CONSULT NOTES

PATIENT NAME: D [REDACTED] G [REDACTED] DATE: 12/13/18
DATE OF BIRTH: [REDACTED] WEIGHT: 185 GOAL WEIGHT: 150-155

CLINICAL NOTES

S: Coming to restant med weight loss after ^{6 months} ~~10 years~~ was 179 then now 185 states she knows it is 2° to poor lifestyle with diet & exercise (none).

current intake poor > 2000 cal.
O: ~~7-10-15~~
> 180 gm carbs. 2.50 gm protein
> 80 gm fat

Recommend: 50-60 gm carbs
75-100 gm protein.
< 1200 cal / day
3 meal one snack.

A/P: 5/wh cardio 30 min. light weight training
for tone 3/wh.

SIGNATURE: VB

CHANCELLOR013

**FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE**

PATIENT NAME: D [REDACTED] G [REDACTED] * RE-START
 DATE OF BIRTH: [REDACTED] AGE: 59 SEX: M DATE OF VISIT: 12/13/18
 DRUG ALLERGIES: SULFA, PEN TOBACCO: 0 CHART NO: 27713
 ALCOHOL: Socially LAST LABS: _____
 LMP: _____

VITAL SIGNS:

TIME: _____ SP%: 100
 BP: 102/107 TEMP: 95.8
 PULSE: 75
 HEIGHT: _____ IN _____ CM

SIGNS/SYMPTOMS (SINCE LAST VISIT)

DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA
 / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION /
 HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /
 DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /
 SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS
 / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING

INITIAL WEIGHT: _____ lbs GOAL WEIGHT: _____ lbs
 CURRENT WEIGHT: 185.0 lbs STARTING BMI: _____
 8 WK WEIGHT LOSS: _____ lbs CURRENT BMI: 30.9
 TOTAL WEIGHT LOSS: _____ lbs WAIST MEAS: _____ IN

WEIGHT LOSS MEDICATIONS**INJECTIONS**

DIET SHOT: LIR # 19 of 20
 L-CARNITINE LIR # _____ of _____
 _____: LIR # _____ of _____
 _____: LIR # _____ of _____

SUPPLEMENTS**OTHER MEDICATIONS****PHYSICAL EXAM**

GENERAL - WNL / ABNL

CV / PULM - WNL / ABNL

ABDOMINAL - WNL / ABNL

HEENT - WNL / ABNL

EXTREMITIES - WNL / ABNL

COMMENTS: _____

DIET: LO CARB LO CALORIE OTHER: _____DIET ADHERENCE: EXCELLENT NON ADHERENT XWEEK COMMENTS: _____EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / NEXERCISE PLAN: STRENGTH TRAINING XWEEK AEROBIC/CARDIO XWEEK

OTHER: _____

REVIEWED:DIET/MENU IN-BODY ANALYSIS

LABS

FOOD JOURNAL

METABOLIC SYNDROME

REGULAR PROTEIN INTAKE

HIDDEN CARB SOURCES

EFFECTS OF ALCOHOL

RISK/BENEFIT OF TREATMENT W/ ANORECTIC AGENTS

DISCUSSED TREATMENT ALTERNATIVES

INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS:

REVIEWED WITH: _____

NO CHANGES

RECOMMENDED CHANGES BELOW

Rx PHENTERMINE 37.5 MG # 30 1/2 AM & 1/2 QD NO HCG PROTOCOL (SEE HCG FLOW SHEET)
 Rx BONTRIL 35 MG # _____ Q _____ LD 3 MONTHS
 Rx BONTRIL 105 MG # _____ Q _____
 Rx TENUATE 25 MG # _____ Q _____
 Rx TOPAMAX 25 MG # 30 1 Q PM 2 MONTHS
 Rx TOPAMAX 50 MG or 100 MG # _____ Q _____
 Rx 5HTP/CARBIDOPA 20 MG / 5 MG # _____ Q _____
 Rx _____ MG # _____ Q _____

HCG CONSENT SIGNED

TOPAMAX CONSENT REVIEWED

TOPAMAX CONSENT SIGNED

FITNESS PATIENT (NO MEDS)

TESTOSTERONE Sig: _____

LABS: _____

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

Seen by Nutritionist. Reviewed by Dr. Khalek
& approved Meds. -m

PROVIDER SIGNATURE: _____

MA INITIALS: _____

CHANCELLOR014

FORT APACHE TRIMCARE WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: J [REDACTED] [REDACTED] DATE OF VISIT: 5/6/19
 DATE OF BIRTH: [REDACTED] AGE: 21 SEX: M CHART NO: 30962
 DRUG ALLERGIES: NKOP TOBACCO: [REDACTED] LAST LABS: [REDACTED]
 ALCOHOL: socially LMP: Male

VITAL SIGNS:

TIME: [REDACTED] SP%: [REDACTED]
 BP: 144/80 TEMP: 97.6
 PULSE: 105
 HEIGHT: 5 IN 9 CM

SIGNS/SYMPTOMS (SINCE LAST VISIT)

DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA
 / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION /
 HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /
 DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /
 SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS
 / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING

INITIAL WEIGHT: 531.4 lbs GOAL WEIGHT: 265 lbs
 CURRENT WEIGHT: [REDACTED] lbs STARTING BMI: [REDACTED]
 8 WK. WEIGHT LOSS: 527.0 lbs CURRENT BMI: 79.8
 TOTAL WEIGHT LOSS: [REDACTED] lbs WAIST MEAS: [REDACTED] IN

WEIGHT LOSS MEDICATIONS**INJECTIONS**

DIET SHOT: 10 # 10 of 12
 L-CARNITINE: 10 # 10 of 12
 : L / R # [REDACTED]
 : L / R # [REDACTED]

SUPPLEMENTS**OTHER MEDICATIONS****PHYSICAL EXAM**GENERAL: WNL / ABNLCV/ PULM - WNL / ABNLABDOMINAL - WNL / ABNLHEENT - WNL / ABNLEXTREMITIES - WNL / ABNLCOMMENTS: [REDACTED]DIET: LO CARB LO CALORIE OTHER: [REDACTED]DIET ADHERENCE: EXCELLENT NON ADHERENT X/WEEK COMMENTS: [REDACTED]EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / NEXERCISE PLAN: STRENGTH TRAINING X/WEEK AEROBIC/CARDIO X/WEEKOTHER: [REDACTED]**REVIEWED:**DIET/MENU [REDACTED] IN-BODY ANALYSIS [REDACTED] LABS [REDACTED] FOOD JOURNAL [REDACTED]METABOLIC SYNDROME [REDACTED] REGULAR PROTEIN INTAKE [REDACTED] HIDDEN CARB SOURCES [REDACTED]EFFECTS OF ALCOHOL [REDACTED] RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS [REDACTED]DISCUSSED TREATMENT ALTERNATIVES [REDACTED] INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT [REDACTED]**MEDICATIONS:**REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOWRx PHENTERMINE 37.5 MG # 60 Q [REDACTED] HCG PROTOCOL (SEE HCG FLOW SHEET)Rx BONTRIL 35 MG # [REDACTED] Q [REDACTED]Rx BONTRIL 105 MG # [REDACTED] Q [REDACTED]Rx TENUATE 25 MG # [REDACTED] Q [REDACTED]Rx TOPAMAX 25 MG # [REDACTED] Q [REDACTED]Rx TOPAMAX 50 MG or 100 MG # 30 Q [REDACTED]Rx 5HTP/CARBIDOPA 20 MG/ 5 MG # [REDACTED] Q [REDACTED]Rx: [REDACTED] MG [REDACTED] Q [REDACTED]

FITNESS PATIENT (NO MEDS)

TESTOSTERONE Sig: [REDACTED]LABS: [REDACTED]

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

Telemedicine Visit 1
Verbal order for Rgill, MR
R Pham 5/9/19

PROVIDER SIGNATURE: [REDACTED]MA INITIALS: [REDACTED]

CHANCELLOR016

NUTRITION CONSULT NOTES

PATIENT NAME: J. [REDACTED] [REDACTED]
DATE: 5/6/19.
DATE OF BIRTH: [REDACTED] WEIGHT: 536. GOAL WEIGHT: 22

CLINICAL NOTES

A: patient here after 4 months. states had fallen off his diet. 2° to family issues. again back to TV. dinners / soda chips. But he's been only a 4-5 weeks and not ~~enough~~ like before. also still walking somewhat. He was expecting a lot more tight jeans than now.

Did not calculate. dietary intake

D: Recommend at his same level last

I: $\left. \begin{array}{l} < 2000 \text{ cal/day} \\ < 250 \text{ gm carb} \\ > 100 \text{ gm protein} \end{array} \right\}$

also ↑ walking. advice strict adherence to carb/protein macros

M/E:

SIGNATURE:

VB

Dr. Dr. Chancellor

NUTRITION CONSULT NOTES

PATIENT NAME: [REDACTED] C [REDACTED] DATE: 4/28/19.
DATE OF BIRTH: [REDACTED] WEIGHT: 530 GOAL WEIGHT: ??

CLINICAL NOTES

A: patient here for first time down 17 pounds. from 547 to 530.

patient has switched from TV dinners stopped soda & water. now lentils 1/2 cup - 1/2 cup - and 1/2 cup potato chips. 1st protein in her diet & started walking some.

D: currently 2000-2250 cal/day
< 250 gm carbs
< 60 gm fat
> 100 gm protein

I: Recommend - 1750-2000 cal/day
< 200 gm carbs.
< 60 gm fat
> 100 gm protein
continue walking & increase distance & time.

M/E:

VB

SIGNATURE:

FORT APACHE TRIMCARE WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: J [REDACTED] C [REDACTED] DATE OF VISIT: 1/28/19
 DATE OF BIRTH: [REDACTED] AGE: 24 SEX: M/F CHART NO: 30942
 DRUG ALLERGIES: NKDA TOBACCO: 0 LAST LABS:
 ALCOHOL: Socially LMP: male

VITAL SIGNS: TIME: 12:55 SP%: 100 **SIGNS/SYMPTOMS (SINCE LAST VISIT)** DENIES ANY OF THE BELOW
 BP: 122/76 TEMP: 98.3 HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA
 PULSE: 95 / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION /
 HEIGHT: 5 IN 9 CM HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /
DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /
SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS
/ EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING INITIAL WEIGHT: 531.4 lbs GOAL WEIGHT: (203.9) lbs **WEIGHT LOSS MEDICATIONS**
 CURRENT WEIGHT: lbs STARTING BMI:
 8 WK. WEIGHT LOSS: lbs CURRENT BMI: 18.3
 TOTAL WEIGHT LOSS: 530.4 lbs WAIST MEAS: IN

INJECTIONS DIET SHOT: R # 7 of 12 **SUPPLEMENTS** **OTHER MEDICATIONS**
 L-CARNITINE: L/R # 7 of 12
L/R # of
L/R # of

PHYSICAL EXAM GENERAL - WNL / ABNL CV / PULM - WNL / ABNL ABDOMINAL - WNL / ABNL
 HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:
DIET: LO CARB LO CALORIE **OTHER:**
DIET ADHERENCE: EXCELLENT NON ADHERENT X/WEEK COMMENTS:
EATING MEALS REGULARLY: Y / N **EATING SNACKS REGULARLY:** Y / N
EXERCISE PLAN: STRENGTH TRAINING X/WEEK AEROBIC/CARDIO X/WEEK
OTHER:

REVIEWED: DIET/MENU IN-BODY ANALYSIS LABS FOOD JOURNAL
 METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES
 EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS
 DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: **REVIEWED WITH:** NO CHANGES **RECOMMENDED CHANGES BELOW**
 Rx PHENTERMINE 37.5 MG # TPD Q bid 60 HCG PROTOCOL (SEE HCG FLOW SHEET)
 Rx BONTRIL 35 MG # Q
 Rx BONTRIL 105 MG # Q HCG CONSENT SIGNED
 Rx TENUATE 25 MG # Q TOPAMAX CONSENT REVIEWED
 Rx TOPAMAX 25 MG # Q TOPAMAX CONSENT SIGNED
 Rx TOPAMAX 50 MG or 100 MG # TPD Q hs 30 FITNESS PATIENT (NO MEDS)
 Rx 5HTP/CARBIDOPA 20 MG / 5 MG # Q TESTOSTERONE Sig:
 Rx MG # Q LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER
seen by nutritionist. Reviewed by Dr. Khalek.
& Approved Meds.

PROVIDER SIGNATURE:

MA INITIALS: Levi

CHANCELLOR021



5375 SOUTH FORT APACHE #03
LAS VEGAS, NV 89148
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(702) 367-1339 ☎ | FAX
TRIMCARE.COM

NUTRITION CONSULT NOTES

PATIENT NAME: J. [REDACTED] C. [REDACTED] DATE: 11/6/2018
DATE OF BIRTH: [REDACTED] WEIGHT: 547.6 GOAL WEIGHT: ?

CLINICAL NOTES

A: patient is 24 year old morbidly obese male. been struggling w/ weight since childhood. ~~SD~~ when falling to mother she states since her divorce he started comfort eating and when weight became an issue he developed further confidence issue then just kept eating started 11/2017. BMI has gone up and down now starting again. lives with father alone most of the day. Patient eats - TV dinners usually with lots of soda and junk food.

D: No exercise at all.
- Initial recommendation stop all SODA switch to distilled light since not like water.

I: - stop junk food snacks - and use trail mix
- using pre-cooked meals advised to get right watchers / ~~atkins~~ pre-made meals also advised mother about meal prep.

current.
- 3500+ cal/day
- > 700 gm carbs
- < 75 gm protein

Recommend:
- ~~3500 cal/day~~ to:
- < 2000 cal/day to start
- < 300 gm carbs to start
- > 100 gm protein

M/E:

SIGNATURE: VB

FORT APACHE TRIMCARE WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [REDACTED]

DATE OF BIRTH: [REDACTED]

DRUG ALLERGIES: NKDAAGE: 60 SEX: M / FTOBACCO: sociallyALCOHOL: sociallyDATE OF VISIT: 11/6/18CHART NO: 30962LAST LABS: MaleLMP: Male**VITAL SIGNS:**TIME: 2:55SP%: 95BP: 124/78TEMP: 97.9PULSE: 114HEIGHT: 5 IN9 CM**SIGNS/SYMPTOMS (SINCE LAST VISIT)**

DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA
/ CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION /
HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /
DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /
SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS
/ EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKINGINITIAL WEIGHT: 531.4 lbsGOAL WEIGHT: 10/30/17 lbsCURRENT WEIGHT: 73.4 lbsSTARTING BMI: 73.48 WK. WEIGHT LOSS: 80 lbsCURRENT BMI: 80TOTAL WEIGHT LOSS: 458 lbsWAIST MEAS: 30 IN**WEIGHT LOSS MEDICATIONS****INJECTIONS**DIET SHOT: 12 of 12L-CARNITINE 2 of 2L / R # 2 of 2L / R # 2 of 2**SUPPLEMENTS****OTHER MEDICATIONS****PHYSICAL EXAM**

GENERAL - WNL / ABNL

CVI PULM - WNL / ABNL

ABDOMINAL - WNL / ABNL

HEENT - WNL / ABNL

EXTREMITIES - WNL / ABNL

COMMENTS: DIET: LO CARBLO CALORIEOTHER: DIET ADHERENCE: EXCELLENTEXCELLENTNON ADHERENTX/WEEKCOMMENTS: EATING MEALS REGULARLY: Y / NEATING SNACKS REGULARLY: Y / NEXERCISE PLAN: STRENGTH TRAININGX/WEEKAEROBIC/CARDIOX/WEEKOTHER: **REVIEWED:**DIET/MENU IN-BODY ANALYSIS LABS FOOD JOURNAL METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT **MEDICATIONS:**REVIEWED WITH: NO CHANGES

RECOMMENDED CHANGES BELOW

Rx: PHENTERMINE

37.5 MG

#

1 po q bid60

HCG PROTOCOL (SEE HCG FLOW SHEET)

Rx: BONTRIL

35 MG

#

Q

Rx: BONTRIL

105 MG

#

Q

HCG CONSENT SIGNED

Rx: TENUATE

25 MG

#

Q

TOPAMAX CONSENT REVIEWED

Rx: TOPAMAX

25 MG

#

Q

TOPAMAX CONSENT SIGNED

Rx: TOPAMAX

50 MG or 100 MG

#

1 po q hr30

FITNESS PATIENT (NO MEDS)

Rx: SHHP/CARBIDOPA

20 MG/ 5 MG

#

QTESTOSTERONE Sig: Rx: MG

#

QLABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT

2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

seen by nutritionist. Reviewed by Dr. Khalek.& approved meds.PROVIDER SIGNATURE: MA INITIALS: CP

**FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE**

PATIENT NAME: S [REDACTED] R [REDACTED] ***FLWP*** DATE OF VISIT: 5/31/19
 DATE OF BIRTH: [REDACTED] AGE: 29 SEX: M CHART NO: 26241
 DRUG ALLERGIES: ALLERGEN TOBACCO: 0 LAST LABS: _____
 ALCOHOL: 0 LMP: _____

VITAL SIGNS: TIME: 11:30 SP%: 99 **SIGNS/SYMPTOMS (SINCE LAST VISIT)** _____ **DENIES ANY OF THE BELOW**
 BP: 119/70 TEMP: 98.1 HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA
 PULSE: 92 HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /
 HEIGHT: 4 IN 11 CM DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /
 SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS
 / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING INITIAL WEIGHT: _____ lbs GOAL WEIGHT: 100 lbs **WEIGHT LOSS MEDICATIONS**
 CURRENT WEIGHT: 173 lbs STARTING BMI: 130
 8 WK. WEIGHT LOSS: _____ lbs CURRENT BMI: 93.4
 TOTAL WEIGHT LOSS: 173 lbs WAIST MEAS: _____ IN

INJECTIONS **SUPPLEMENTS** **OTHER MEDICATIONS**
 DIET SHOT: L / R # _____ of _____
 L-CARNITINE L / R # _____ of NO SHOTS
 _____ L / R # _____ of _____
 _____ L / R # _____ of _____

PHYSICAL EXAM GENERAL - WNL / ABNL CV / PULM - WNL / ABNL ABDOMINAL - WNL / ABNL
 HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS: _____
 DIET: LO CARB LO CALORIE OTHER: _____
 DIET ADHERENCE: EXCELLENT NON ADHERENT X/WEEK COMMENTS: _____
 EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
 EXERCISE PLAN: STRENGTH TRAINING X/WEEK AEROBIC/CARDIO X/WEEK
 OTHER: _____

REVIEWED: DIET/MENU IN-BODY ANALYSIS LABS FOOD JOURNAL
METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES
EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS
DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: **REVIEWED WITH:** NO CHANGES **RECOMMENDED CHANGES BELOW**
 Rx PHENTERMINE 37.5 MG # 1/2 Q 4 HCG PROTOCOL (SEE HCG FLOW SHEET)
 Rx BONTRIL 35 MG # Q 12
 Rx BONTRIL 105 MG # Q _____ **HCG CONSENT SIGNED**
 Rx TENUATE 25 MG # Q _____ **TOPAMAX CONSENT REVIEWED**
 Rx TOPAMAX 25 MG # Q _____ **TOPAMAX CONSENT SIGNED**
 Rx TOPAMAX 50 MG or 100 MG # Q _____ **FITNESS PATIENT (NO MEDS)**
 Rx 5HTP/CARBIDOPA 20 MG / 5 MG # Q _____ **TESTOSTERONE Sig:** _____
 Rx _____ MG Q _____ **LABS:** _____

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER
was anorexic Hct 30% at SUMMER ~ 3 wks - on FpH
Hb endometrial issues - needs to stabilize Hct before
considering HCG + Sermorelin
Rehan

PROVIDER SIGNATURE: _____ MA INITIALS: _____

Fort Apache TrimCare

 ALLERGIES: ~~IX~~ NKDA

Diet Shot Flow Sheet

PATIENT NAME:

S [REDACTED] R [REDACTED] #26241

DOB:

[REDACTED]

Date: 4/23/15	Date:	Date:	Date:	Date:	Date:	Date:
Time: 9:10	Time:	Time:	Time:	Time:	Time:	Time:
BP: 111/73	BP: /	BP: /	BP: /	BP: /	BP: /	BP: /
Pulse: 100	Pulse:	Pulse:	Pulse:	Pulse:	Pulse:	Pulse:
Resp: 18	Resp:	Resp:	Resp:	Resp:	Resp:	Resp:
Temp: 97.6	Temp:	Temp:	Temp:	Temp:	Temp:	Temp:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Change:	Change:	Change:	Change:	Change:	Change:	Change:
Diet Shot: L/R Glute	Diet Shot: L/R Glute	Diet Shot: L/R Glute	Diet Shot: L/R Glute	Diet Shot: L/R Glute	Diet Shot: L/R Glute	Diet Shot: L/R Glute
L-Carnitine: L/R Glute	L-Carnitine: L/R Glute	L-Carnitine: L/R Glute	L-Carnitine: L/R Glute	L-Carnitine: L/R Glute	L-Carnitine: L/R Glute	L-Carnitine: L/R Glute
Vitamin D: L/R Glute	Vitamin D: L/R Glute	Vitamin D: L/R Glute	Vitamin D: L/R Glute	Vitamin D: L/R Glute	Vitamin D: L/R Glute	Vitamin D: L/R Glute
Testosterone: L/R Glute	Testosterone: L/R Glute	Testosterone: L/R Glute	Testosterone: L/R Glute	Testosterone: L/R Glute	Testosterone: L/R Glute	Testosterone: L/R Glute
Other: RF only	Other:	Other:	Other:	Other:	Other:	Other:
Meds:	Meds:	Meds:	Meds:	Meds:	Meds:	Meds:
Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:
MA:	MA:	MA:	MA:	MA:	MA:	MA:

Notes: 4/23/15 - OK to continue current Diet
 Rx Phen 37.5mg #45 1 AM & 1/2 PM.
 per Dr. Chandler.

CHANCELLOR029

**FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE**

PATIENT NAME: S [REDACTED] R [REDACTED] *FLUX
 DATE OF BIRTH: [REDACTED] AGE: 28 SEX: M / F DATE OF VISIT: 3/22/19
 DRUG ALLERGIES: None TOBACCO: 0 CHART NO: 26241
 ALCOHOL: 0 LAST LABS: _____
 LMP: _____

VITAL SIGNS: TIME: _____ SP%: 97
 BP: 121/76 TEMP: 97.7
 PULSE: 89
 HEIGHT: _____ IN _____ CM

SIGNS/SYMPTOMS (SINCE LAST VISIT) _____ DENIES ANY OF THE BELOW
 HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA
 / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION /
 HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /
 DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /
 SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS
 / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
 INITIAL WEIGHT: _____ lbs GOAL WEIGHT: 56 lbs
 CURRENT WEIGHT: _____ lbs STARTING BMI: 31.1
 8 WK. WEIGHT LOSS: 17.4 lbs CURRENT BMI: _____
 TOTAL WEIGHT LOSS: 12.3 lbs WAIST MEAS: _____ IN

WEIGHT LOSS MEDICATIONS

INJECTIONS DIET SHOT: L / R # _____ of _____
 L-CARNITINE L / R # _____ of _____
 _____ L / R # _____ of _____
 _____ L / R # _____ of _____

SUPPLEMENTS NO SUPPS

OTHER MEDICATIONS NONE

PHYSICAL EXAM GENERAL - WNL / ABNL CV / PULM - WNL / ABNL ABDOMINAL - WNL / ABNL
 HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS: _____
 DIET: _____ LO CARB _____ LO CALORIE _____ OTHER: _____
 DIET ADHERENCE: _____ EXCELLENT _____ NON ADHERENT _____ X/WEEK COMMENTS: _____
 EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
 EXERCISE PLAN: _____ STRENGTH TRAINING _____ X/WEEK _____ AEROBIC/CARDIO _____ X/WEEK
 OTHER: _____

REVIEWED: _____ DIET/MENU _____ IN-BODY ANALYSIS _____ LABS _____ FOOD JOURNAL _____
 _____ METABOLIC SYNDROME _____ REGULAR PROTEIN INTAKE _____ HIDDEN CARB SOURCES _____
 _____ EFFECTS OF ALCOHOL _____ RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS _____
 _____ DISCUSSED TREATMENT ALTERNATIVES _____ INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT _____

MEDICATIONS: REVIEWED WITH: _____ NO CHANGES _____ RECOMMENDED CHANGES BELOW _____
 Rxc PHENTERMINE 37.5 MG # 1 AM Q 1 PM 45 HCG PROTOCOL (SEE HCG FLOW SHEET)
 Rxc BONTRIL 35 MG # _____ Q _____
 Rxc BONTRIL 105 MG # _____ Q _____
 Rxc TENUATE 25 MG # _____ Q _____
 Rxc TOPAMAX 25 MG # 1 HS 30 TOPAMAX CONSENT SIGNED
 Rxc TOPAMAX 50 MG or 100 MG # _____ Q _____
 Rxc SHITP/CARBIDOPA 20 MG / 5 MG # _____ Q _____
 Rxc Carbidopa _____ MG # _____ Q _____
 TESTOSTERONE Sig: _____
 LABS: _____

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

Carb 275 mg
protein 275
RSC

PROVIDER SIGNATURE: _____ MA INITIALS: _____

**FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE**

PATIENT NAME: S [REDACTED] R [REDACTED]DATE OF BIRTH: [REDACTED]AGE: 24.5 SEX: M FDATE OF VISIT: 1/22/19DRUG ALLERGIES: N/ATOBACCO: 0CHART NO: 2624LAST LABS: ALCOHOL: 0LMP: **VITAL SIGNS:**TIME: 9:45 SP%: 98BP: 101/72 TEMP: 98.2PULSE: 100HEIGHT: 5 IN CM**SIGNS/SYMPTOMS (SINCE LAST VISIT)**

DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA

/ CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION /

HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /

DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /

SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS

/ EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKINGINITIAL WEIGHT: 158.7 lbsCURRENT WEIGHT: 153.0 lbs8 WK WEIGHT LOSS: 5.7 lbsTOTAL WEIGHT LOSS: 158.7 lbsGOAL WEIGHT: 264 lbsSTARTING BMI: 13.2CURRENT BMI: 20.9WAIST MEAS: IN**WEIGHT LOSS MEDICATIONS**Weight P 5 # 2 mos**INJECTIONS**DIET SHOT: L / R # of L-CARNITINE L / R # of L / R # of L / R # of **SUPPLEMENTS****OTHER MEDICATIONS****PHYSICAL EXAM**

GENERAL - WNL / ABNL

CV / PULM - WNL / ABNL

ABDOMINAL - WNL / ABNL

HEENT - WNL / ABNL

EXTREMITIES - WNL / ABNL

COMMENTS: DIET: LO CARB LO CALORIE OTHER: DIET ADHERENCE: EXCELLENT NON ADHERENT X WEEKEATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / NEXERCISE PLAN: STRENGTH TRAINING X WEEKOTHER: **REVIEWED:**

DIET/MENU

IN-BODY ANALYSIS

LABS

FOOD JOURNAL

METABOLIC SYNDROME

REGULAR PROTEIN INTAKE

HIDDEN CARB SOURCES

EFFECTS OF ALCOHOL

RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS

DISCUSSED TREATMENT ALTERNATIVES

INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS:REVIEWED WITH: NO CHANGES

RECOMMENDED CHANGES BELOW

Rx PHENTERMINE

37.5 MG

#

2 BID30 HCG PROTOCOL (SEE HCG FLOW SHEET)

Rx BONTRIL

35 MG

#

Q

Rx BONTRIL

105 MG

#

Q

Rx TENUATE

25 MG

#

Q

Rx TOPAMAX

25 MG

#

143930

HCG CONSENT SIGNED

TOPAMAX CONSENT REVIEWED

TOPAMAX CONSENT SIGNED

Rx TOPAMAX

50 MG or 100 MG

#

Q

FITNESS PATIENT (NO MEDS)

Rx 5HTP/CARBIDOPA

20 MG / 5 MG

#

QTESTOSTERONE Sig:

Rx

MG

#

QLABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

not following diet - will get treadmill
knows what needs to do.

PROVIDER SIGNATURE: R. PhanMA INITIALS:

Fort Apache TrimCare

[] NKDA

Diet Shot Flow Sheet

ALLERGIES:

PATIENT NAME:

DOB:

Date: 12/22/18	Date:	Date:	Date:	Date:	Date:	Date:
Time: 9:50	Time:	Time:	Time:	Time:	Time:	Time:
BP: 104/23	BP: /	BP: /	BP: /	BP: /	BP: /	BP: /
Pulse: 104	Pulse:	Pulse:	Pulse:	Pulse:	Pulse:	Pulse:
Resp: 98	Resp:	Resp:	Resp:	Resp:	Resp:	Resp:
Temp: 98.1	Temp:	Temp:	Temp:	Temp:	Temp:	Temp:
Weight: 153.8	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Change:	Change:	Change:	Change:	Change:	Change:	Change:
Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute
L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute
Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute
Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute
Other: PF	Other:	Other:	Other:	Other:	Other:	Other:
Meds:	Meds:	Meds:	Meds:	Meds:	Meds:	Meds:
Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:
MA: J02	MA:	MA:	MA:	MA:	MA:	MA:

Notes: 12/22/18 → OK TO CONTINUE RX per Dr. Khalek -

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Real Doctors. Real People. Real Weight Loss.

NUTRITION CONSULT NOTES

PATIENT NAME: S [REDACTED] R [REDACTED] DATE: 11/29/18
DATE OF BIRTH: [REDACTED] WEIGHT: 153.3- GOAL WEIGHT: 130

CLINICAL NOTES

A: Here was requested nutrition since last visit
no dietary restrictions given.

① gained 23 pounds since last visit 9/28/18
2 months of exercise poor only

current 2000 cal or more
doesn't want to discuss any further
just wants MC.

D:

① amount < 1000 cal/d
< 40g carbs

I:

< 50g protein
> 75g protein

cardio - 5-6/week 30-45 min low impact.
w/ MC - 3-4/week for time intervals.

cont monitors daily

M/E:

VB

SIGNATURE:

TRIMCARE | NEVADA HEALTH SERVICES | NHS

Robert Chancellor, MD

Lindsay Hoffman, PA-C

CHANCELLOR037

**FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE**

PATIENT NAME: J [REDACTED] R [REDACTED] *FLUP*DATE OF BIRTH: [REDACTED]AGE: SEX: M ☒ F ☒DATE OF VISIT: 11/29/18CHART NO: 26241DRUG ALLERGIES: NKATOBACCO: 0LAST LABS: ALCOHOL: 0LMP: **VITAL SIGNS:**TIME: SP%: BP: TEMP: PULSE: HEIGHT: 5 IN 0 CM**SIGNS/SYMPTOMS (SINCE LAST VISIT)**

DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA
/ CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION /
HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /
DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /
SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS
/ EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKINGINITIAL WEIGHT: 158.7 lbs GOAL WEIGHT: 130 lbsCURRENT WEIGHT: 153.3 lbs STARTING BMI: 32.08 WK. WEIGHT LOSS: lbs CURRENT BMI: 29.9TOTAL WEIGHT LOSS: lbs WAIST MEAS: IN**WEIGHT LOSS MEDICATIONS****INJECTIONS**DIET SHOT: L / R # of L-CARNITINE L / R # of L / R # of L / R # of **SUPPLEMENTS****OTHER MEDICATIONS****PHYSICAL EXAM**

GENERAL - WNL / ABNL

CV/ PULM - WNL / ABNL

ABDOMINAL - WNL / ABNL

HEENT - WNL / ABNL

EXTREMITIES - WNL / ABNL

COMMENTS: DIET: ☒ LO CARB ☒ LO CALORIEOTHER: 1200 cal/dayDIET ADHERENCE: EXCELLENT NON ADHERENT X/WEEKCOMMENTS: EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / NEXERCISE PLAN: ☒ STRENGTH TRAINING 3 X/WEEK ☒ AEROBIC/CARDIO X/WEEKOTHER: **REVIEWED:**☒ DIET/MENU IN-BODY ANALYSIS LABS FOOD JOURNAL☒ METABOLIC SYNDROME ☒ REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES☒ EFFECTS OF ALCOHOL ☒ RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS☒ DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT**MEDICATIONS:**REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOWRx PHENTERMINE 37.5 MG # 30 1/2 Q AM & 1/2 Q PM HCG PROTOCOL (SEE HCG FLOW SHEET)Rx BONTRIL 35 MG # Q Rx BONTRIL 105 MG # Q Rx TENUATE 25 MG # Q Rx TOPAMAX 25 MG # Q Rx TOPAMAX 50 MG or 100 MG # Q Rx 5HTP/CARBIDOPA 20 MG/ 5 MG # Q Rx MG Q

HCG CONSENT SIGNED

TOPAMAX CONSENT REVIEWED

TOPAMAX CONSENT SIGNED

FITNESS PATIENT (NO MEDS)

TESTOSTERONE Sig: LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

Seen by Nutritionist.Reviewed by Dr. Khalek & approved Rx.PROVIDER SIGNATURE: MA INITIALS: mm

CHANCELLOR038

FORT APACHE TRIMCARE WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: J N X-122-START R DATE OF VISIT: 5/9/19
 DATE OF BIRTH: [REDACTED] AGE: 21 SEX: M CHART NO: 27052
 DRUG ALLERGIES: PEN TOBACCO: 0 LAST LABS:
 ALCOHOL: socially LMP: male

VITAL SIGNS: TIME: 12:07 SP%: 94 **SIGNS/SYMPTOMS (SINCE LAST VISIT)** **DENIES ANY OF THE BELOW**
 BP: 129/70 TEMP: 97.6 HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA
 PULSE: 85 / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION /
 HEIGHT: 6 IN 2 CM HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /
DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /
SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS
/ EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING INITIAL WEIGHT: 323.2 lbs GOAL WEIGHT: 216 lbs **WEIGHT LOSS MEDICATIONS**
 CURRENT WEIGHT: 309.0 lbs STARTING BMI: 41.5
 8 WK WEIGHT LOSS: 14.2 lbs CURRENT BMI:
 TOTAL WEIGHT LOSS: 14.2 lbs WAIST MEAS: IN

INJECTIONS 12 + 12 **SUPPLEMENTS** Nim-adherent
 DIET SHOT: 12 of 12 **OTHER MEDICATIONS**
 L-CARNITINE 12 of 12

PHYSICAL EXAM GENERAL - WNL / ABNL CV / PULM - WNL / ABNL ABDOMINAL - WNL / ABNL
 HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:
 DIET: LO CARB LO CALORIE OTHER:
 DIET ADHERENCE: EXCELLENT NON ADHERENT X/WEEK COMMENTS:
 EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: STRENGTH TRAINING X/WEEK AEROBIC/CARDIO X/WEEK
 OTHER:

REVIEWED: DIET/MENU IN-BODY ANALYSIS LABS FOOD JOURNAL
METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES
EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS
DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOW
 Rx PHENTERMINE 37.5 MG # 7 Q bid 60 HCG PROTOCOL (SEE HCG FLOW SHEET)
 Rx BONTRIL 35 MG # 7 Q bid 60
 Rx BONTRIL 105 MG # 7 Q bid 60 HCG CONSENT SIGNED
 Rx TENIATE 25 MG # 7 Q bid 60 TOPAMAX CONSENT REVIEWED
 Rx TOPAMAX 25 MG # 7 Q bid 60 TOPAMAX CONSENT SIGNED
 Rx TOPAMAX 50 MG or 100 MG # 7 Q bid 60 FITNESS PATIENT (NO MEDS)
 Rx 5HTP/CARBIDOPA 20 MG / 5 MG # 7 Q bid 60 TESTOSTERONE Sig:
 Rx MG # 7 Q bid 60 LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER
C. 1000 cal 100g protein 60g fat
< 600? 2g protein 60g fat
270g protein 60g fat
 PROVIDER SIGNATURE: MA INITIALS:

Fort Apache TrimCare

Medication Flow Sheet

- ☒ TrimCare Monthly with OV: New \$375 Existing \$375
☐ TrimCare Monthly Existing \$175
☒ TrimCare 3 Month Prepay: New \$575 Existing \$525
- ☐ HCG 23 Day \$499
☐ HCG 40 Day \$599
☐ HCG Extension \$200
- ☐ Testosterone HRT
☐ HRT HCG

8 Week Follow Up Paid On: 05/09/19

Shot Type: D-S		Paid On: 5/9/19		O-V \$349		Shot Type: L-C		Paid On: 5/9/19	
Shot #1/4	Shot #2/4	Shot #3/4	Shot #4/4	☒ Month #1/3		Shot #1/4	Shot #2/4	Shot #3/4	Shot #4/4
				☐ Month #2/3					
				☐ Month #3/3					

Shot Type: Testosterone Paid On: / /

Shot #1/10	Shot #2/10	Shot #3/10	Shot #4/10	Shot #5/10	Shot #6/10	Shot #7/10	Shot #8/10	Shot #9/10	Shot #10/10

Date:	Medication	Patient Signature
	☐ Sermorelin Bottle # ☐ HCG Bottle #	
134023 10702-0077-10 5/9/19 1:11 PM ENDIMETRAZINE TARTRATE 35MG TAB #60 Lot:14891A-2020 AEG NORDGREN DOB 5/22/1947 you require additional counseling for this medication? YES nature:		#1/3 viceth
134024 47335-0707-86 5/9/19 1:11 PM PIRAMATE 25MG TAB #30 Lot:GKT1251B-5/2/2020 you require additional counseling for this medication? YES nature:		

8 Week Follow Up Paid On: 05/10/19

Shot Type:		Paid On:		Shot Type:		Paid On:	
Shot #1/4	Shot #2/4	Shot #3/4	Shot #4/4	Shot #1/4	Shot #2/4	Shot #3/4	Shot #4/4

Shot Type: Testosterone Paid On: / /

Shot #1/10	Shot #2/10	Shot #3/10	Shot #4/10	Shot #5/10	Shot #6/10	Shot #7/10	Shot #8/10	Shot #9/10	Shot #10/10

Date:	Medication	Patient Signature
	☐ Sermorelin Bottle # ☐ HCG Bottle #	

Fort Apache TrimCare

[] NKDA
ALLERGIES: PCN

Diet Shot Flow Sheet

PATIENT NAME: J [REDACTED] N [REDACTED]

#29053

DOB: [REDACTED]

Date: 5/16/19	Date: 5/23/19	Date: 5/30/19	Date: 6/6/19	Date: 6/13/19	Date:	Date:
Time: 12:40	Time:	Time:	Time: 11:45	Time: 10:30	Time:	Time:
BP: 112/65	BP: 118/59	BP: 123/70	BP: 116/65	BP: 120/72	BP:	BP:
Pulse: 64	Pulse: 70	Pulse: 114	Pulse: 71	Pulse: 72	Pulse:	Pulse:
Resp: 16	Resp: 17	Resp: 15	Resp: 16	Resp: 17	Resp:	Resp:
Temp: 97.7	Temp: 97.0	Temp: 97.7	Temp: 97.7	Temp: 97.7	Temp:	Temp:
Weight: 240.0	Weight: 242	Weight: 245.0	Weight: 245	Weight: 244.4	Weight:	Weight:
Change: 0	Change: 2	Change:	Change:	Change: (2.4)	Change:	Change:
Diet Shot: 10 L/R Glute 1/2	Diet Shot: 11 L/R Glute 1/2	Diet Shot: 12 L/R Glute 1/2	Diet Shot: 11 L/R Glute 1/2	Diet Shot: 21/2 L/R Glute 1/2	Diet Shot: 31/2 L/R Glute 1/2	Diet Shot: L/R Glute
L-Carnitine: 10 L/R Glute 1/2	L-Carnitine: 11 L/R Glute 1/2	L-Carnitine: 12 L/R Glute 1/2	L-Carnitine: 11 L/R Glute 1/2	L-Carnitine: 21/2 L/R Glute 1/2	L-Carnitine: 31/2 L/R Glute 1/2	L-Carnitine: L/R Glute
Vitamin D: L/R Glute	Vitamin D: L/R Glute	Vitamin D: L/R Glute	Vitamin D: L/R Glute	Vitamin D: L/R Glute	Vitamin D: L/R Glute	Vitamin D: L/R Glute
Testosterone: L/R Glute	Testosterone: L/R Glute	Testosterone: L/R Glute	Testosterone: L/R Glute	Testosterone: L/R Glute	Testosterone: L/R Glute	Testosterone: L/R Glute
Other:	Other:	Other:	Other:	Other: RF	Other:	Other:
Meds:	Meds:	Meds:	Meds:	Meds: 2nd MONTH	Meds:	Meds:
Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:
MA: 1	MA: 5	MA: 6	MA: 6	MA:	MA:	MA:

Notes:

NEVADA HEALTH SERVICES/TRIMCARE

NURSE	Nurse: <i>[Signature]</i>	Date: 2/4/19	Time: 1:05	Patient Name: D [REDACTED] T [REDACTED]																																																																																																															
	Age: 35	Sex: F	DOB: [REDACTED]	Insurance: Cash	Copay/%																																																																																																														
ALLERGIES:	SMOKER: (Y) N		VITALS																																																																																																																
	LMP: [REDACTED]		Time	Temp	Resp	Pulse	Blood Pressure																																																																																																												
CURRENT MEDS:	Hd C:		X	97.8	98	88	109/59																																																																																																												
	W: 137.4		PHYSICAL EXAM																																																																																																																
H:	s: Rx pills. (send to pharmacy)		<table border="0"> <tr> <td>NI</td> <td>Abnl</td> <td>HEENT</td> <td>NI</td> <td>Abnl</td> <td>ABDOMEN</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>PERRLA</td> <td>☐</td> <td>☐</td> <td>Normoactive BS</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>EOMI</td> <td>☐</td> <td>☐</td> <td>NT/ND</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>TMs</td> <td>MMM</td> <td>☐</td> <td>No HSM</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>O/P clear</td> <td></td> <td>☐</td> <td>EXTREMITIES</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>NECK</td> <td></td> <td>☐</td> <td>No C/C/E</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>Supple</td> <td></td> <td>☐</td> <td>NEURO</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>Carotids 2+ Bilat</td> <td></td> <td>☐</td> <td>CN II-VII Intact</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>No Cervical LAD</td> <td></td> <td>☐</td> <td>Strength 5/5 Bilat</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>Thyroid</td> <td></td> <td>☐</td> <td>Sensation Intact Bilat</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>RESPIRATORY</td> <td></td> <td>☐</td> <td>DTRs 2+ Bilat</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>Normal Resp Effort</td> <td></td> <td>☐</td> <td>GU</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>CTA/P Bilat</td> <td></td> <td>☐</td> <td>BREASTS</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>CARDIOVASCULAR</td> <td></td> <td>☐</td> <td>LYMPH NODES</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>RRR n1 S1S2</td> <td></td> <td>☐</td> <td>SKIN</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>No M/R/G</td> <td></td> <td>☐</td> <td>RECTAL</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>Rad Pulses 2+ Bilat</td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐</td> <td>☐</td> <td>DP/PT 2+ Bilat</td> <td></td> <td></td> <td></td> </tr> </table>					NI	Abnl	HEENT	NI	Abnl	ABDOMEN	☐	☐	PERRLA	☐	☐	Normoactive BS	☐	☐	EOMI	☐	☐	NT/ND	☐	☐	TMs	MMM	☐	No HSM	☐	☐	O/P clear		☐	EXTREMITIES	☐	☐	NECK		☐	No C/C/E	☐	☐	Supple		☐	NEURO	☐	☐	Carotids 2+ Bilat		☐	CN II-VII Intact	☐	☐	No Cervical LAD		☐	Strength 5/5 Bilat	☐	☐	Thyroid		☐	Sensation Intact Bilat	☐	☐	RESPIRATORY		☐	DTRs 2+ Bilat	☐	☐	Normal Resp Effort		☐	GU	☐	☐	CTA/P Bilat		☐	BREASTS	☐	☐	CARDIOVASCULAR		☐	LYMPH NODES	☐	☐	RRR n1 S1S2		☐	SKIN	☐	☐	No M/R/G		☐	RECTAL	☐	☐	Rad Pulses 2+ Bilat				☐	☐	DP/PT 2+ Bilat			
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CLINICIAN	o: Needs to eventually taper off Suboxone.		PLAN:																																																																																																																
	A: Discontinue Suboxone. Will give the lowest dose and hopefully taper off. Cannot find out with give Suboxone last visit.		Hopefully last visit for Suboxone with the end point.																																																																																																																
1GB-10	TX/RX/LAB/RAY		THIS WAS DR. VRS 140/p (Walgreens 702 657 6508) [Signature] Suboxone																																																																																																																
	Satisfaction		Referral or Admit to:																																																																																																																
☐ SATISFIED WITH VISIT ☐ NOT SATISFIED WITH VISIT																																																																																																																			
REASON:																																																																																																																			
FOLLOW UP:		CLINICIAN SIGNATURE:																																																																																																																	

NEVADA HEALTH SERVICES/TRIMCARE

NURSE/MA	Nurse: <i>RB</i>	Date: <i>12/26/18</i>	Time: <i>4:28</i>	Patient Name: <i>D [REDACTED] T [REDACTED]</i>				
	Age: <i>35</i>	Sex: <i>F</i>	DOB: [REDACTED]	Insurance: <i>CASH PAY \$125.00</i> Copay/%				
	ALLERGIES: <i>NKDA</i>		SMOKER: <i>Y N</i>	VITALS				
	LMP:		Time	Temp	Resp	Pulse	Blood Pressure	
NURSE/MA	CURRENT MEDS:		Hd C:	<i>X</i>	<i>97.3</i>	<i>96</i>	<i>94</i>	<i>105</i>
	W: <i>133.4</i>							<i>62</i>
	H:		PHYSICAL EXAM					
	S: <i>rx refills suboxone</i>		NI ☐ Abnl ☐ HEENT ☐ ☐ PERRLA ☐ ☐ EOMI ☐ ☐ TMs ☐ MMM ☐ ☐ O/P clear ☐ ☐ NECK ☐ ☐ Supple ☐ ☐ Carotids 2+ Bilat ☐ ☐ No Cervical LAD ☐ ☐ Thyroid ☐ ☐ RESPIRATORY ☐ ☐ Normal Resp Effort ☐ ☐ CTA/P Bilat ☐ ☐ CARDIOVASCULAR ☐ ☐ RRR nl S1S2 ☐ ☐ No M/R/G ☐ ☐ Rad Pulses 2+ Bilat ☐ ☐ DP/PT 2+ Bilat	NI ☐ Abnl ☐ ABDOMEN ☐ ☐ Normoactive BS ☐ ☐ NT/ND ☐ ☐ No HSM ☐ ☐ EXTREMITIES ☐ ☐ No C/C/E ☐ ☐ NEURO ☐ ☐ CN II-VII Intact ☐ ☐ Strength 5/5 Bilat ☐ ☐ Sensation Intact Bilat ☐ ☐ DTRs 2+ Bilat ☐ ☐ GU ☐ ☐ BREASTS ☐ ☐ LYMPH NODES ☐ ☐ SKIN ☐ ☐ RECTAL				
NURSE/MA	A: <i>S. [unclear] off subox</i>		PLAN					
			<i>suboxone</i> <i>4/1 suboxone BID</i> <i>\$60</i> <i>CD refills</i> <i>W/G # [unclear]</i> <i>(702) 657-6508</i> <i>Dave</i>					
	WHO IS THIS →							
	TX/RX/LAB/XRAY		TIME					
NURSE/MA	SATISFACTION		Referral or Admit to:					
	☐ SATISFIED WITH VISIT ☐ NOT SATISFIED WITH VISIT							
	REASON:							
	FOLLOW UP:		CLINICIAN SIGNATURE:					

Calvin Scott & Co Inc
 DEA #PC0106989
 209 Eubank NE
 Albuquerque, NM 87123-2745



INVOICE

Invoice Number: 1810062
 Invoice Date: Oct 4, 2018
 Sales Order: 1810062
 Page: 1

Voice: 505-294-8825
 Fax: 505-294-8826

6899 - 6/30/2019

Bill To:

Abdel M. Khalek
 5375 S Fort Apache Rd. Ste 103
 Las Vegas, NV 89148

Ship to:

Lindsay M. Hoffman, PA
 5375 S Fort Apache Rd. 102-103
 10/20 2,2N,3,3N,4,5,
 Las Vegas, NV 89148

Customer ID	Customer PO	Payment Terms	
Goldsmith, Ivan MD	Connie/Kurt	Credit Card	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	UPS Ground	10/4/18	10/4/18

Quantity	Lot #	Description	Unit Price	Amount
1.000	643K-CS18299-06/21	Phentermine HCL White/Blue Speck Tabs - 37.5 mg NDC # 10702-0025-10	115.00	115.00
1.000		1 X 1 M BULK		
1.000		1000		
		--- GROUND SHIPPING --- Shipped on: 10/04/2018 Tracking#: 1ZE88280A851115836 Service: Ground Total Weight: 0.9 Number of Packages: 1 Billing Option: Prepaid End Shipment(s)		
		28400		

**ALL CLAIMS FOR DAMAGED OR
 INCOMPLETE ITEMS MUST BE
 REPORTED WITHIN 48 HOURS.**

Check/Credit Memo No:

Subtotal	115.00
Sales Tax	
Freight	19.91
Total Invoice Amount	134.91
Payment/Credit Applied	
TOTAL	134.91

Overdue invoices are subject to late charges.

Exhibit 15

Calvin Scott & Co Inc

DEA #PC0106989

209 Eubank NE

Albuquerque, NM 87123-2745

Voice: 505-294-8825

Fax: 505-294-8826

**INVOICE**

Invoice Number: 1810062

Invoice Date: Oct 4, 2018

Sales Order: 1810062

Page: 1

6899 - 6/30/2019

Bill To:

Abdel M. Khalek
5375 S Fort Apache Rd. Ste 103
Las Vegas, NV 89148

Ship to:

Lindsay M. Hoffman, PA
5375 S Fort Apache Rd. 102-103
10/20 2,2N,3,3N,4,5,
Las Vegas, NV 89148

Customer ID	Customer PO	Payment Terms	
Goldsmith, Ivan MD	Connie/Kurt	Credit Card	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	UPS Ground	10/4/18	10/4/18

Quantity	Lot #	Description	Unit Price	Amount
1.000	643K-CS18299-06/21	Phentermine HCL White/Blue Speck Tabs - 37.5 mg	115.00	115.00
1.000		NDC # 10702-0025-10		
1.000		1 X 1 M BULK		
		— GROUND SHIPPING —		
		Shipped on: 10/04/2018		
		Tracking#: 1ZE88280A851115836		
		Service: Ground		
		Total Weight: 0.9		
		Number of Packages: 1		
		Billing Option: Prepaid		
		End Shipment(s)		

**ALL CLAIMS FOR DAMAGED OR
INCOMPLETE ITEMS MUST BE
REPORTED WITHIN 48 HOURS.**

Check/Credit Memo No:

Subtotal	115.00
Sales Tax	
Freight	19.91
Total Invoice Amount	134.91
Payment/Credit Applied	
TOTAL	134.91

Overdue invoices are subject to late charges.

Calvin Scott & Co Inc

DEA #PC0106989
209 Eubank NE
Albuquerque, NM 87123-2745

**INVOICE**

Invoice Number: 1809169
Invoice Date: Sep 17, 2018
Sales Order: 1809169
Page: 1

Voice: 505-294-8825
Fax: 505-294-8826

6116 - 6/30/2019

Bill To:

Ivan L. Goldsmith, M.D.
5375 S Fort Apache Rd. Ste 103
Las Vegas, NV 89148

Ship to:

Ivan L. Goldsmith, MD
5375 S Fort Apache Rd. 102-103
9/20 2,2N,3,3N,4,5
Las Vegas, NV 89148

Customer ID	Customer PO	Payment Terms	
Goldsmith, Ivan MD	Connie/Kurt	Credit Card	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Red Label Overnight	9/17/18	9/17/18

Quantity	Lot #	Description	Unit Price	Amount
10.000	CRC/L30	Child Resistant Container w/Label 30 Ct.	19.85	198.50
0.300	641V-CS18261-04/21	Phendimetrazine Time-Release Brn/Cir Caps - 105 mg. NDC # 69543-0409-10		
1.000		1 X 10 X 30 CRC/L		
4.000	643K-CS18299-06/21	Phentermine HCL White/Blue Speck Tabs - 37.5 mg NDC # 10702-0025-10	115.00	460.00
1.000		4 X 1 M BULK		
2.000	601K-CS18294-12/20	Phendimetrazine Yellow Tabs - 35 mg NDC # 10702-0077-10	115.00	230.00
1.000		2 X 1 M BULK		
1.000		--- OVERNIGHT SHIPPING ---		
		Shipped on: 09/17/2018		
		Tracking#: 1ZE88280A250432041		
		Service: Next Day Air		
		Total Weight: 4.5		
		Number of Packages: 1		
		Billing Option: Prepaid		
		End Shipment(s)		

ALL CLAIMS FOR DAMAGED OR INCOMPLETE ITEMS MUST BE REPORTED WITHIN 48 HOURS.

Check/Credit Memo No:

Subtotal	886.50
Sales Tax	
Freight	58.55
Total Invoice Amount	945.05
Payment/Credit Applied	
TOTAL	945.05

Overdue invoices are subject to late charges.

09/25/2018 16:02 TRIM CARE

(FAX) 702 367 1339

P.005/006



New Account Profile

Physician or Clinic Director to Complete

Physician's Name: Abdel Khalek Specialty: Internal Medicine
 Clinic Name: Trimcare
 Clinic Address: 5375 S. Fort Apache Rd #102 Las Vegas NV 89148
 Ship-To Address: same
 Phone Number: 702 - 878-8888 Fax Number: 702-367-1339
 Email Address: vinayh@trimcare.com Website: www.trimcare.com

Licenses

(Please provide a copy of all applicable licenses listed below)

Medical License # (must include a copy): _____

State Board of Pharmacy License # (must include a copy): _____

*DEA License # (must include a copy): _____

*(Please note: The address on the DEA License must match the clinic's shipping/dispensing address - If you have multiple dispensing clinics/addresses, you must have a separate DEA License for each location.)

Clinic DetailsDoes the Physician stated above currently dispense Controlled Medications? Yes ☒ No ☐If yes, how many years has he/she been dispensing? 1 year

If applicable, please indicate which Schedule Controlled Medications are dispensed:

II _____ Non-II _____ III _____ Non-III _____ IV ☒ V ☒

Please describe how you are currently storing and securing your Controlled Medications:

Have a combination safe

Who has access to this area of interest? _____

How often does your practice conduct a physical inventory of your medications? thru computer softwareWhat is your average number of patients seen in a day? 20

09/25/2018 16:02 TRIM CARE

(FAX) 702 367 1339

P.004/006

Calvin Scott^{Inc}
 Repackaging Biotech Pharmaceuticals

What is your average number of prescriptions per day? 8-10 / day

What is your average monthly total of dispensed Controlled Medications? 250-300

Does the Physician stated above currently dispense supplements? Yes ☒ No ☐

If yes, what supplements are currently being dispensed? proteins powder, vitamins.

If applicable, what is your average monthly total of dispensed supplements products? Varied

What other medications (controlled and/or supplements) are you interested in dispensing at your clinic, if any? phentermine, phendimethazine, topamax, testosterone, Viagra

Packaging

Are you currently utilizing Custom or Stock labels? (Please circle your answer)

Which is your preferred form of packaging?

Amber Vials (CRC) ☐ White Bottle (WBTL) ☐ Heat Seal (HS/S) ☐ BULK ☒

What is your preferred count per bottle/package? 7 14 21 28 30 56 OTHER: ☒

Is there more than one Physician dispensing at this location? Yes ☒ No ☒ one doctor & one PA

Do you have more than one clinic location? Yes ☐ No ☒

If yes, please list them as well as their addresses and whether or not they dispense medications:

Have there been any disciplinary actions taken against the facility, owners, Physicians, stockholders or employees? Yes ☐ No ☒

If yes, please explain: _____

09/25/2018 16:02 TRM CARE

(FAX) 702 367 1339

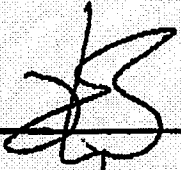
P.003/006



Are background checks performed on your employees? Yes ☒ No ☐

Please include the personnel who will have authorization to place orders, request account information, make payments, request product information and any additional use of the account:

Viceth Baneses, Consuelo Sanchez

Vinay Barana 
(Signature and Title) administrator

9/25/18
(Date)

209 Eubank Blvd. Albuquerque, NM 87123

Info@calvinscottinc.com | (P) (800) 545-6545 | (F) (866) 580-4041

www.calvinscottinc.com

09/25/2018 16:01 TRIM CARE

(FAX) 702 367 1339

P.001/006



Dispensing Software Set Up Form

PRACTICE INFORMATION

Practice Name: NEVADA HEALTH SERVICES LLC

Trade Name (DBA): TRIM CARE

Site DEA #: FK2904793

Ship to Address: 5375 S. FORT APACHE RD. STE 103
LAS VEGAS, NV 89148

Bill to Address: Same as Above.

Telephone: 702-878-8888 Fax: 702-367-1339

Email: 1 info@trimcare.com

Medical Director: Abdel Khalek, MD.

Facility Administrator: VINAY BARARIA Email: vinayb@trimcare.com

Send Product to the Attention of: Vinay Bararia Invoices To: _____

How did you hear about Calvin Scott?: Previous Account

Date You Wish to Have Your Site Live: ASAP

PROVIDERS LIST

Please fill out the form below with all providers that will be dispensing from your site. Please submit a copy of their DEA license and State licenses with attached form. Fax (866) 580-4041
 Providers can be added by a Manager User.

First Name	Last Name	MI	Degree	DEA License #	State License #	NPI #
Abdel	Khalek		MD		6899	
Lindsay	Hoffman		PA		PA1154	

Calvin Scott Inc.
 209 Eubank Blvd. Albuquerque NM. 87123
 (800) 545-8545 | Fx: (866) 580-4041
 www.calvinscottinc.com | sales@calvinscottinc.com

09/25/2018 16:03 TRIM CARE

(FAX) 702 367 1339

P.006/006

USERS LIST

Please fill out the form below with the Users that will be dispensing from your site. Users can be added and deleted by the Staff Manager at any time.

First Name	Last Name	Manager (M) / Assistant (A)	Can Adjust Inventory?	Financial Reports?	Email Address
Abdel	Khalele	(M) / A	(Yes) / No	Yes / No	
Lindsay	Hoffman	(M) / A	(Yes) / No	Yes / No	
		M / A	Yes / No	Yes / No	
		M / A	Yes / No	Yes / No	

Barcode Scanner: Barcode scanners are available for \$50. Please check yes or no if you would like a scanner. Scanner is not required to use the system. The difference can be discussed during a demo or with your sales rep.

☐ Yes

☒ No

Label Printing Options: Patient specific labels can be printed. Please choose either standard label sheets which use a normal printer, or Dymo label option. Dymo prints out small label and does not use ink. Let us know if you have questions.

_____ Label Sheets \$20 per 300 labels

_____ Dymo Labels \$10 per 1,000 labels

SOFTWARE AGREEMENT

These States currently require submitted reports: Alabama, Alaska, Arizona, California, Delaware, Florida, Illinois, Indiana, Idaho, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, New York, New Mexico, Nevada, Oklahoma, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia, Washington, West Virginia, New York

Calvin Scott has a right to cancel the client's site with a 30 day given notice.

The undersigned agrees to adhere to all applicable federal, state, and regulatory commissions and laws governing physician dispensing. The undersigned further agrees to assume complete responsibility of medications delivered to his/her own patients, and will take responsible care in the delivery of such medications. Calvin Scott Inc. is not responsible for improper dispensing/delivery of medications and assumes no liability for such action. The undersigned states that the information provided is true and correct to the best of his/her knowledge.

Name: Vincent Barone Title: manager/admin. Date: 9/25/18

Signature: _____

Calvin Scott Inc.
209 Eubank Blvd. Albuquerque NM. 87123
(800) 545-6545 | Fx: (866) 580-4041
www.calvinscottinc.com | sales@calvinscottinc.com

09/25/2018 16:02 TRIM CARE

(FAX) 702 367 1339

P.002/006

**AUTHORIZATION FOR
CREDIT CARD PAYMENT****Account Information:**Clinic or Company Name: Nevada Health Services, LLC.Doctor's Name: Dr. AbdelkhalekContact Name: Vinay Barara Phone: (702) 878-8888How did you hear about Calvin Scott?: previous account**Credit Card Information:**

We accept Visa, Mastercard and American Express. Sorry no debit transactions.

☒ Continuing Authorization for Calvin Scott Inc., to keep on file and automatically pay invoices as orders are shipped.Credit Card Type (circle one): VISA MASTERCARD AMEX

Please list the following billing information exactly as it appears on your credit card statement.

Credit Card Number: [REDACTED] EXP: [REDACTED]Verification Code: (3 digits on the back, or 4 digits on front for AMEX) [REDACTED]Name as it appears on card: Vinay BararaBilling Address: 5375 S. Fort Apache Rd. Suite Number: 102City: Las Vegas State: NV ZIP: 89148

The undersigned agrees to have his/her credit card charged as authorized above.

Signature of Cardholder: [Signature] Date: 9/25/18**Calvin Scott Inc. Credit Terms:**

Full amount of invoice is due immediately upon shipment of each order, regardless of the account credit limit. Past-due invoices will be assessed a 2% Finance Charge per month and will be placed on a "HOLD" status if any unpaid invoice reaches 15 days past-due. A \$25.00 "Declined Transaction Fee" will be added to the account if not paid in full within 30 days.

Signature to accept credit terms: [Signature]

Please mail or fax completed form to: (866) 580-4041
209 Eubank Blvd. Albuquerque. New Mexico. 87123

Payment Type	Transaction Date	Customer Name	Order Number	Transaction Type	Transaction Status	Approval Code	Total Amount
American Express	2/12/2019 4:15:04 PM	Vinay Bararia	1902040	Prior Auth	Open Batch	140200	\$693.86
American Express	1/31/2019 1:33:30 PM	Vinay Bararia	1901386	Prior Auth	Settled	122763	\$370.61
VirtualCheck	1/29/2019 3:12:36 PM	Vinay Bararia	1901386	Prior Auth	Settled		\$370.61
Visa	1/11/2019 5:27:33 PM	Vinay Bararia	1901201	Prior Auth	Settled	022717	\$338.55
American Express	1/11/2019 5:25:45 PM	Vinay Bararia	1901201	Auth Only	Error/Declined	000005	\$338.55
American Express	1/7/2019 3:31:58 PM	Vinay Bararia	1901009	Prior Auth	Settled	115223	\$412.28
American Express	1/3/2019 5:18:07 PM	Vinay Bararia	1901009	Auth Only	Error/Declined	000005	\$412.28
American Express	12/4/2018 3:17:31 PM	Vinay Bararia	1811319	Prior Auth	Settled	147278	\$938.12
American Express	12/4/2018 1:13:12 PM	Vinay Bararia	1811319	Auth Only	Error/Declined	000005	\$938.12
American Express	12/3/2018 3:58:35 PM	Vinay Bararia	1811319	Auth Only	Error/Declined	000005	\$938.12
American Express	11/30/2018 3:17:28 PM	Vinay Bararia	1811319	Auth Only	Error/Declined	000005	\$938.12
American Express	11/26/2018 11:47:18 AM	Vinay Bararia	1811150	Prior Auth	Settled	156594	\$552.22
American Express	11/19/2018 11:40:02 AM	Vinay Bararia	1811150	Auth Only	Error/Declined	000005	\$552.22
American Express	11/16/2018 12:52:40 PM	Vinay Bararia	1811150	Auth Only	Error/Declined	000005	\$552.22

American Express	11/15/2018 12:28:17 PM	Vinay Bararia	1811150	Auth Only	Error/Declined	000005	\$552.22
American Express	11/14/2018 12:44:17 PM	Vinay Bararia	1811150	Auth Only	Error/Declined	000005	\$552.22
American Express	10/30/2018 12:04:48 PM	Vinay Bararia	1810349	Prior Auth	Settled	113550	\$436.23
American Express	10/5/2018 12:31:16 PM	Vinay Bararia	1810063/65/62	Prior Auth	Settled	148860	\$745.13
American Express	9/21/2018 2:22:15 PM	Vinay Bararia	1809169	Prior Auth	Settled	103304	\$945.05

Payment Type	Transaction Date	Customer Name	Order Number	Transaction Type	Transaction Status	Approval Code	Total Amount
VirtualCheck	1/31/2019 1:08:01 PM	Ivan Goldsmith	SEVT131 201910801	Credit	Settled		\$370.61
MasterCard	1/18/2018 12:03:23 PM	Mona Goldsmith	1801194/ 93	Prior Auth	Settled	09678Z	\$721.86
MasterCard	1/31/2018 11:24:22 AM	Mona Goldsmith	1801363	Prior Auth	Settled	02661Z	\$522.11
MasterCard	2/13/2018 12:06:26 PM	Mona Goldsmith	1802134/ 35/36	Prior Auth	Settled	08777Z	\$649.72
MasterCard	3/2/2018 12:05:46 PM	Mona Goldsmith	1803013	Prior Auth	Settled	06363Z	\$592.45
MasterCard	3/19/2018 1:54:25 PM	Mona Goldsmith	1803240/ 41/42	Prior Auth	Settled	02758Z	\$581.95
MasterCard	4/3/2018 1:24:47 PM	Mona Goldsmith	1804013/ 4014/4015	Prior Auth	Settled	03388Z	\$534.38
MasterCard	4/19/2018 11:45:39 AM	Mona Goldsmith	1804252	Auth Only	Error/Declined	000005	\$887.70
MasterCard	4/20/2018 11:51:05 AM	Mona Goldsmith	1804252	Auth Only	Error/Declined	000005	\$887.70
MasterCard	4/23/2018 10:09:43 AM	Mona Goldsmith	1804252	Prior Auth	Settled	08323Z	\$887.70
MasterCard	5/7/2018 12:17:59 PM	Mona Goldsmith	1805088/ 89/90	Prior Auth	Settled	02764Z	\$596.06
MasterCard	5/17/2018 11:09:11 AM	Mona Goldsmith	1805251	Prior Auth	Settled	07330Z	\$539.69
MasterCard	6/4/2018 1:20:22 PM	Mona Goldsmith	1806006	Prior Auth	Settled	00684Z	\$361.53
MasterCard	6/20/2018 12:19:31 PM	Mona Goldsmith	1806222	Prior Auth	Settled	07930Z	\$738.01
MasterCard	7/3/2018 11:48:11 AM	Mona Goldsmith	1807010/ 1807004	Prior Auth	Settled	04318Z	\$253.57

MasterCard	7/6/2018 10:53:57 AM	Mona Goldsmith	1807041	Prior Auth	Settled	00702Z	\$252.06
MasterCard	8/14/2018 11:48:01 AM	Mona Goldsmith	1808182	Prior Auth	Settled	04972Z	\$291.96
MasterCard	9/19/2018 1:27:38 PM	Mona Goldsmith	1809169	Prior Auth	Settled	02123Z	\$945.05

Dena M. McClish

From: Laura Phillips <lphillips@calvinscottinc.com>
Sent: Thursday, February 21, 2019 8:22 AM
To: Dena M. McClish
Subject: RE: Case #19-003

Dear Inspector McClish,

I wanted to respond to let you know that this hasn't come up with any governing entity in the twelve years I have been a Designated Rep. for Calvin Scott. We are currently researching this and although we are not required to have a DEA Power of Atty. (we only carry C IIIN and CIV) we realize that further due diligence on this issue is necessary. I am in the process of writing a new policy and procedure for this and creating a form for our clinics/physicians to sign off on. I will forward these to you when completed.

Best regards,

Laura Phillips
 Director of Operations

Calvin Scott 

209 Eubank Blvd. NE
 Albuquerque, NM 87123
 T: (505) 294-8825
 F: (505) 294-8826
lphillips@calvinscottinc.com
www.calvinscottinc.com

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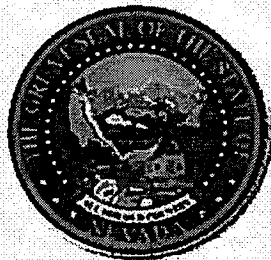
From: Dena M. McClish [mailto:dmcclish@pharmacy.nv.gov]
Sent: Tuesday, February 12, 2019 4:52 PM
To: Laura Phillips <lphillips@calvinscottinc.com>
Subject: RE: Case #19-003

Thank you ma'am. In response to #1, I would ask per what regulation/law, etc is the clinic/practice manager granted access to a physician's license simply by employing them? Please don't get me wrong, I am simply trying to understand this. Anyone can print a copy of a physician's license off the applicable State Board's website so how are you assured that the physician has actually given permission/authorization or even works at that particular clinic? (especially as in this case everything is paid for by an unlicensed individual).

Exhibit 18

Dena M McClish, Investigator

Nevada State Board of Pharmacy
1050 E Flamingo Rd Ste E-217
Las Vegas, NV, 89119



Office: 702.486.6420 ext 154

Cell: 702.494.8672

Fax: 702.486.7903

E-mail: dmcclish@pharmacy.nv.gov

Web Page: www.bop.nv.gov

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From: Laura Phillips [<mailto:lphillips@calvinscottinc.com>]

Sent: Tuesday, February 12, 2019 3:41 PM

To: Dena M. McClish <dmcclish@pharmacy.nv.gov>

Subject: RE: Case #19-003

Hello Inspector McClish,

I will try to best answer your questions here:

1. The software set up and dispensing forms are commonly signed by the practice manager or clinic owner. They employ the physician and are granted access to their license(s). I do not have a document signed by Dr. Khalek but he has authorized the clinic to use his name and DEA license by providing the licenses to him. The clinic and/or licensed physician are required to let us know of any changes, as we wouldn't be able to know otherwise.
2. Connie is Consuelo Sanchez.
3. The dispensing software is hosted by MD Scripts and specific to Calvin Scott however this clinic has the majority of their medication provided by vendors other than us. We provide them with the medications on the invoices, which is like 3 total. The clinic would be able to provide you with the print out of dispenses for the past 6 months on their end. Much of that information is protected under HIPPA and I wouldn't be able to provide it.

Best regards,

Laura Phillips
Director of Operations

Calvin Scott 

209 Eubank Blvd. NE
Albuquerque, NM 87123
T: (505) 294-8825
F: (505) 294-8826

lphillips@calvinscottinc.com
www.calvinscottinc.com

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From: Dena M. McClish [<mailto:dmcclish@pharmacy.nv.gov>]
Sent: Tuesday, February 12, 2019 4:14 PM
To: Laura Phillips <lphillips@calvinscottinc.com>
Subject: RE: Case #19-003

Thank you Ms. Phillips, in looking at this briefly, I do have a few additional questions.

- 1) It appears that the authorization for Dr. Khalek's 'new account profile' and 'software setup' – which I assume also stands as the authorization to order drugs in his name, was signed by a person other than Dr. Khalek (it was signed by Vinay Bararia). Is this common practice and allowable per your policy? I don't see Dr. Khalek's signature on any of the paperwork you sent me so please provide an explanation or other documentation showing how your company received authorization from him to order drugs and other items under his name. If applicable, provide me a copy of your company policy and/or procedure that would outline this.
- 2) I see the name of "Connie" in the PO box for many orders; is this Consuelo Sanchez? –As I don't see a Connie listed anywhere
- 3) Do you provide the dispensing software for this practice as well? If so, please provide me a report of all medications dispensed in the last 6 months.

Again, thank you for your continued cooperation in this matter

Dena M McClish, Investigator
 Nevada State Board of Pharmacy
 1050 E Flamingo Rd Ste E-217
 Las Vegas, NV, 89119



Office: 702.486.6420 ext 154
 Cell: 702.494.8672
 Fax: 702.486.7903
 E-mail: dmcclish@pharmacy.nv.gov
 Web Page: www.bop.nv.gov

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From: Laura Phillips [mailto:lphillips@calvinscottinc.com]
Sent: Tuesday, February 12, 2019 2:47 PM
To: Dena M. McClish <dmcclish@pharmacy.nv.gov>
Subject: Case #19-003
Importance: High

Dear Investigator McClish,

I received your record request for the clinic located at 5375 S. Fort Apache Rd. 102-103, Las Vegas, NV. I have included all of the invoices, licenses, account set up due diligence forms and method of payment used for this address for 2018-2019. On each invoice in the PO box you can see the name of the person who placed the order into the reporting software on the clinic's site at Calvinscottrx.com. That person has been set up as an authorized user on their end. We also list the name of Calvin Scott employee who did the data entry on our end. Kurt, Rachel, Robert and I are the employees here.

Last week was the first we have heard from Dr. Khalek regarding a change in prescriber for this location. The location did send over information for their new provider, Dr. Chancellor. His licensing information provided checks out.

Please let me know if I can clarify anything or if you need further assistance.

Best regards,

Laura Phillips
 Director of Operations

CalvinScott 

209 Eubank Blvd. NE
 Albuquerque, NM 87123
 T: (505) 294-8825
 F: (505) 294-8826
lphillips@calvinscottinc.com
www.calvinscottinc.com

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From: Laura Phillips
Sent: Tuesday, February 12, 2019 3:32 PM
To: Laura Phillips <lphillips@calvinscottinc.com>
Subject: Message from KMBT_C552



Allergan USA, Inc.
5 Giralda Farms
Madison, NJ 07940

Please do not send payments to this address

DELIVERY NOTE

0000615079A
Allergan Customer Service
(800) 377-7790

Sub No.	Serials	Delivery No.	Ship Date	Customer PO No.	Request Date
FEDEX	P1	630379043	08/02/2019	VLMA,BELLA1,B50 - SA	08/02/2019

Sold To No: 581003
REVEKKA FREY RN
3044 BEL AIR DR
LAS VEGAS NV 89109-1586

Ship To No: 633715
ROBERT S CHANCELLOR MD
5375 S FORT APACHE RD STE 103
LAS VEGAS NV 89148-7624

Shipped From:
Allergan USA, Inc.
1800 Waters Ridge Suite 100
Lewisville, Texas 75057

Ordered	Material Number	Description	U/M	Batch/Exp Date	Picked
5	94640	JUVEDERM VOLUMA XC 27G 1/2 2 X 1ml	EA	VB20A90323 11/11/2020	5
1	94640	JUVEDERM VOLUMA XC 27G 1/2 2 X 1ml	BA	VB20A90323 11/11/2020	1

**** Item above is complimentary free goods ****

R Chancellor

Any claims for damages or shortages must be reported to Allergan within 72 hours after receipt of shipment.
Buyer has complied with each applicable subsection of FDCA Sec. 561(27)(A)-(G). Electronic format at
<https://supplynexus.tracelink.com/tn>. Enter your delivery# and PO# from this document.



Allergan USA, Inc.

5 Giralda Farms

Madison, NJ 07940

Please do not send payments to this address

DELIVERY NOTE

 0000515088A
 Allergan Customer Service
 (800) 377-7790

Ship Via	Service Level	Delivery No.	Ship Date	Customer PO No.	Request Date
FEDEX	PL	630379012	08/02/2019	VIMA-BELLA1.R50-SA	08/02/2019

Sold To No: 581003
 REVEKKA FREY RN
 3044 BEL AIR DR
 LAS VEGAS NV 89109-1586

Ship To No: 633715
 ROBERT S CHANCELLOR MD
 5375 S FORT APACHE RD STE 103
 LAS VEGAS NV 89148-7624

Shipped From:
 Allergan USA, Inc.
 C/O UPS SCS
 11811 Landon Dr
 Mira Loma CA 91752

Ordered	Material Number	Description	U/M	Batch/Exp Date	Picked
5	96181	JUVEDERM VOLBELLA XC 2 x 1mL 32G	EA	V15LA80739 09/23/2020	5

R Chanulh

Any claims for damages or shortages must be reported to Allergan within 72 hours after receipt of shipment.
 Seller has complied with each applicable subsection of FDCA Sec. 561(27)(A)-(G). Electronic format at
<https://supplymexus.tracelink.com/vn>. Enter your delivery# and PO# from this document.

Exhibit 20

LINDSAY MARIE HOFFMAN, PA

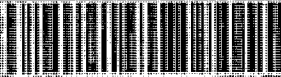
Nevada Health Services
5375 S. Fort Apache, 103
Las Vegas, NV 89148
Phone: (702) 878-8888

NPI: [REDACTED] DEA #: [REDACTED] Lic #: NV 1154

Patient Name: [REDACTED], F Written: Apr 6, 2018

Address: [REDACTED] POMERADO DR
LAS VEGAS NV 89128-2786

DOB: [REDACTED] / Male

Rx ID:
CNFA4CLTGT

CNFA4CLTGT

ADIPEX-P

#30 (Thirty) x 37.5MG TAB

Sig: Take 1/2 tablet by mouth in the morning and 1/2 tablet by
mouth in the afternoon.

Refill: NO Refills, Days Supply: 30

Note: Original Fill has been dispensed. Rx #130073

Signature: _____

CD19-6683

Hand written signature of physician must appear on line above
in Order for the brand name product to be dispensed the prescriber
must write "Medically Necessary" BELOW the signature.

LINDSAY MARIE HOFFMAN, PA Nevada Health Services 5375 S. Fort Apache, 103 Las Vegas, NV 89148 Phone: (702) 878-6888	
NPI: [REDACTED]	DEA #: [REDACTED]
Patient Name: [REDACTED]	Lic #: NV 1154
Address: [REDACTED]	Written: Mar 23, 2018
DOB: [REDACTED]	POLYNESIA CIR
Home: [REDACTED]	HENDERSON NV 89074-1813
	[REDACTED] / Female
Rx Rx ID: D9XJ77581A	 D9XJ77581A
ADIPLEX-P	#90 (Ninety) x 37.5MG TAB
Sig: Take 1 tablet by mouth 1/2 hour before breakfast and 1/2 tablet by mouth before lunch.	
Refill: NO Refills Days Supply: 30	
Note: Original Fill has been dispensed. Rx #129920	
Signature: _____	ICD10: e44.9
Hand written signature of physician must appear on line above In Order for the brand name product to be dispensed the prescriber must write "Medically Necessary" BELOW the signature.	

FFMAN, PA Nevada Health Services 5375 S. Fort Apache, 103 Las Vegas, NV 89148 Phone: (702) 878-6888	
NPI: [REDACTED]	DEA #: [REDACTED]
Patient Name: [REDACTED]	Lic #: NV 1154
Address: [REDACTED]	Written: Mar 9, 2018
DOB: [REDACTED]	POLYNESIA CIR
Home: [REDACTED]	HENDERSON NV 89074-1813
	[REDACTED] / Female
Rx Rx ID: K19ED77NR2	 K19ED77NR2
ADIPLEX-P	5MG TAB
Sig: Take 1 tablet by mouth 1/2 hour before breakfast and 1/2 tablet by mouth before lunch.	
Refill: NO Refills Days Supply: 30	
Note: Original Fill has been dispensed. Rx #129764	
Signature: _____	ICD10: e44.9
Hand written signature of physician must appear on line above In Order for the brand name product to be dispensed the prescriber must write "Medically Necessary" BELOW the signature.	

Send Result Report



MFP

TASKalfa 400ci

Firmware Version 2H7_2F00.016.003 2016.08.18

05/28/2019 14:43
[2H7_1000.024.001] [2H7_1100.002.003] [2H7_7000.015.004]

Job No.: 210445

Total Time: 0°00'23"

Page: 001

Complete

Document:

doc20190528144234

INTERNAL OFFICE USE ORDER FORM		
ACCOUNT #:	118352	DATE: 5/28/19
SHIP TO:	5375 S FORT APACHE RD LAS VEGAS, NV 89148	SHIP TYPE: Circle One Priority O/N Standard O/N 2 nd Day ☒ Ground ☐ Express Saver
DUE DATE REQUESTED:		
SPECIAL INSTRUCTIONS:		
DR NAME: KHANEN, ABDEL	DR PHONE: 702-367-0808	DR DEA:
ROBERT CHANCELLOR (Circle one) FOR IN OFFICE ADMINISTRATION ONLY, NOT FOR RESALE OR DISPENSING TO AN INDIVIDUAL PATIENT.		
SIG FOR PLAQUEX:		
MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES		
DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	_____ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	_____ vials

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	05/28/19 14:42	7028736845	0°00'23"	FAX	OK	200x100 Normal/On

Exhibit 22

INTERNAL OFFICE USE ORDER FORM		
ACCOUNT #: 118352	DATE: 5/28/19	
SHIP TO: 5375 S FORT APACHE RD LAS VEGAS, NV 89148	SHIP TYPE: Circle One Priority O/N Standard O/N 2nd Day ☒ Ground ☐ Express Saver	
DUE DATE REQUESTED:		
SPECIAL INSTRUCTIONS:		
DR NAME: KIMBERLY ADDE ROBERT CHANCELLOR	DR PHONE: 702-367-0808	DR DEA:
FOR IN OFFICE ADMINISTRATION ONLY (Circle one) NOT FOR RESALE OR DISPENSING TO AN INDIVIDUAL PATIENT.		
SIG FOR PLAQUEX: MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES		
DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	_____ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	_____ vials
Gluthathione (PF) 200 mg/ml	10 ML	_____ vials
Methionine-Inositol-Choline 25/50/50 mg/ml	30 ML	_____ vials
Testosterone Cyp GSO 200 mg/ml	10 ML	_____ vials
L-Carnitine 500 mg/ml	30 ML	<u>10</u> vials
Testosterone Cyp GSO 200 mg/ml	30 ML	_____ vials
MIC with Cyanocobalamin 25/50/50/1 mg/ml	30 ML	_____ vials
Thiamine 20 mg/ml/Pyridoxine 100 mg/ml	30 ML	_____ vials
Methylcobalamin 10,000 mcg/ml	10 ML	_____ vials
Plaquex 50 mg/ml	50 ML	_____ vials
Nandrolone Decanoate 200 mg/ml	10 ML	_____ vials
Pyridoxine 100 mg/ml	30 ML	_____ vials
Methylcobalamin 5,000 mcg/ml	10 ML	_____ vials
AminoProtect™ (L-Lysine HCl/L-Arginine HCl) 2.5%/2.5%		_____ 1L IV Bag(s)
REQUESTED BY: VICETH		TECHNICIAN/PHARMACIST: Ashley D. Galvan

FAX# (702) 873-6845

Send Result Report

MFP

TASKalfa 400ci

Firmware Version 2H7_2F00.016.003 :

05/04/2019 13:38

05/04/2019 13:38
[2H7_7000.015.004]

Job No.: 209327

Total T1

Complete

Document:

doc20190504133738

61-h-S
21000Charge Pt John ft
Comes in

minder

Hallandale

Do Not Send Pt Bill. Please bill the OFFICE!

to: 5/4/19

PLEASE FAX TO: (305) 675-3360

Client Name:

M [redacted] D [redacted]

Sex: M

(F)

DOB:

[redacted]

Address:

S. Fort Apache Rd Suite: [redacted]

City: Las Vegas

State: NV

Zip: 89148

Phone:

[redacted]

ALLERGIES:

NKDA

SHIP: ☐ STD OVERNIGHT \$30.00☒ 2ND DAY \$20.00☐ GROUND \$12.00☐ SATURDAY DELIVERY \$45.00SHIP TO: ☐ PATIENT☒ CLINICBILL TO: ☐ PATIENT☒ CLINIC

Please be advised that all orders are shipped with signature request. If you wish to decline, by checking box you will assume all responsibility for the package in the event package gets lost, stolen or damaged.

MEDICATION

QUANTITY

DIRECTIONS

☐

SERMORELIN/GHRP-2 6MG

Inject .15 for 5 days a week on an empty stomach. (2 hrs after last meal).

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECH
001	05/04/19 13:37	3056753360	0*00*25*	FAX	OK	200x100 Normal/On

5/8/19

NO CHARGE per Vinay
exchange service (PRP)

Hallandale		TrimCare Order Form **Do Not Send Pt Bill. Please bill the OFFICE!**	
Date: <u>5/4/19</u>		PLEASE FAX RX TO: (305) 675-3360	
Patient Name: <u>M [REDACTED] D [REDACTED]</u>		Sex: <u>M</u> ☒ <u>F</u>	DOB: <u>[REDACTED]</u>
Address: <u>[REDACTED] S. Fort Apache Rd suite [REDACTED]</u>			
City: <u>Las Vegas</u>		State: <u>NV</u>	Zip: <u>89148</u>
Phone: <u>[REDACTED]</u>			
ALLERGIES: <u>NKDA</u>			
SHIP: ☐ STD OVERNIGHT \$30.00 ☒ 2ND DAY \$20.00 ☐ GROUND \$12.00 ☐ SATURDAY DELIVERY \$45.00			
SHIP TO: ☐ PATIENT ☒ CLINIC BILL TO: ☐ PATIENT ☒ CLINIC			
Please be advised that all orders are shipped with signature request. If you wish to decline, by checking box you will assume all responsibility for the package in the event package gets lost, stolen or damaged.			
MEDICATION		QUANTITY	DIRECTIONS
☐	SERMORELIN/GHRP-2 6MG		Inject .15 for 5 days a week on an empty stomach. (2 hrs after last meal).
☒	HCG 6,000 UNITS	<u>(1)</u>	Inject .30 for <u>20</u> Days
☐	BPC-157		
☐			
☐	SIGNATURE REQUIRED		
PRESCRIBER NAME: <u>DR. ROBERT CHANCELLOR</u>		PHYSICIAN SIGNATURE: <u>[Signature]</u>	
LICENSE: <u>15518</u> DEA: <u>FC4878875</u>		PHONE: <u>(702) 367-0808</u>	
CLINIC ADDRESS: <u>5375 S. FORT APACHE #103</u>		FAX: <u>(702) 367-1339</u>	
CITY: <u>LAS VEGAS</u> STATE: <u>NV</u> ZIP: <u>89148</u>			
THIS FORM DOES NOT PREVENT PATIENTS FROM FREELY CHOOSING ANY PHARMACY FOR THEIR COMPOUNDING NEEDS. PRESCRIBER HEREBY ACKNOWLEDGES THAT HE HAS GIVEN THE PATIENT THE OPTION TO USE HIS/HER PHARMACY OF CHOICE. THIS FORM HAS BEEN PUT TOGETHER AT THE PRESCRIBER'S REQUEST FOR EAS OF PRESCRIBING.			

Tracking # email : vraneses@ihnv.com

Exhibit 25

Send Result Report

MFP

TASKalfa 400ci

Firmware Version ZH7_2F00.016.003 2016.08.18

04/23/2019 10:02
[ZH7_1000.024.001] [ZH7_1100.002.003] [ZH7_7000.015.004]

Job No.: 208794

Total Time: 0°00'24"

Page: 001

Complete

Document: doc20190423100143

INTERNAL OFFICE USE ORDER FORM		
ACCOUNT #: 118352		DATE: 4/23/19
SHIP TO: 6375 S FORT APACHE RD LAS VEGAS, NV 89148		SHIP TYPE: Circle One Priority O/N Standard O/N 2 nd Day Ground/Express Saver
DUE DATE REQUESTED:		
SPECIAL INSTRUCTIONS:		
DR NAME: ROBERT CHANCELLOR	DR PHONE: 702-367-0808	DR DEA:
(Circle one) FOR IN OFFICE ADMINISTRATION ONLY. NOT FOR RESALE OR DISPENSING TO AN INDIVIDUAL PATIENT.		
SIG FOR PLAQUEX:		
MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES		
DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	_____ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	_____ vials

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECH
001	04/23/19 10:02	7028736845	0°00'24"	FAX	OK	200x100 Normal/On

INTERNAL OFFICE USE ORDER FORM		
ACCOUNT #: 118352	DATE: 4/23/19	
SHIP TO: 5375 S FORT APACHE RD LAS VEGAS, NV 89148	SHIP TYPE: Circle One Priority O/N Standard O/N 2nd Day ☒ Ground/Express Saver	
DUE DATE REQUESTED:		
SPECIAL INSTRUCTIONS:		
DR NAME: XXXXXXXXXX Robert Chancellor	DR PHONE: 702-367-0808	DR DEA: XXXXXXXXXX
(Circle one) FOR IN OFFICE ADMINISTRATION ONLY. NOT FOR RESALE OR DISPENSING TO AN INDIVIDUAL PATIENT.		
SIG FOR PLAQUEX:		
MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES		
DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	_____ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	_____ vials
Gluthathione (PF) 200 mg/ml	10 ML	_____ vials
Methionine-Inositol-Choline 25/50/50 mg/ml	30 ML	_____ vials
Testosterone Cyp GSO 200 mg/ml	10 ML	_____ vials
L-Carnitine 500 mg/ml	30 ML	10 vials
Testosterone Cyp GSO 200 mg/ml	30 ML	_____ vials
MIC with Cyanocobalamin 25/50/50/1 mg/ml	30 ML	_____ vials
Thiamine 20 mg/ml/Pyridoxine 100 mg/ml	30 ML	_____ vials
Methylcobalamin 10,000 mcg/ml	10 ML	_____ vials
Plaquex 50 mg/ml	50 ML	_____ vials
Nandrolone Decanoate 200 mg/ml	10 ML	_____ vials
Pyridoxine 100 mg/ml	30 ML	_____ vials
Methylcobalamin 5,000 mcg/ml	10 ML	_____ vials
AminoProtect™ (L-Lysine HCl/L-Arginine HCl) 2.5%/2.5%		_____ 1L IV Bag(s)
REQUESTED BY: VICETH		TECHNICIAN/PHARMACIST: Ashley D. Galvan

Send Result Report

MFP

TASKalfa 400ci



Firmware Version 2H7_2F00.016.003 2016.08.18

03/29/2019 09:11
[2H7_1000.024.001] [2H7_1100.002.003] [2H7_7000.015.004]

Job No.: 207752

Total Time: 0°00'32"

Page: 001

Complete

Document:

doc20190329090613

INTERNAL OFFICE USE ORDER FORM		
ACCOUNT #: 118352	DATE: 3/29/19	
SHIP TO: 5375 S FORT APACHE RD LAS VEGAS, NV 89148	SHIP TYPE: Circle One Priority O/N Standard O/N 2 nd Day ☒ Ground/Express Saver	
DUE DATE REQUESTED: 3/29/19		
SPECIAL INSTRUCTIONS:		
DR NAME: R. Chancellor, MD	DR PHONE: 702-367-0808	DR DEA: [REDACTED]
(Circle one) FOR IN OFFICE ADMINISTRATION ONLY, NOT FOR RESALE OR DISPENSING TO AN INDIVIDUAL PATIENT.		
SIG FOR PLAQUEX: MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES		
DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	vials
Edetate Disodium (PF) 150 mg/ml	10 ML	vials

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECH
001	03/29/19 09:07	7028736845	0°00'32"	FAX	OK	200x100 Normal/On

Exhibit 28

INTERNAL OFFICE USE ORDER FORM		
ACCOUNT #: 118352	DATE: 3/29/19	
SHIP TO: 5375 S FORT APACHE RD LAS VEGAS, NV 89148	SHIP TYPE: Circle One Priority O/N Standard O/N 2nd Day Ground/Express Saver	
DUE DATE REQUESTED: 3/29/19		
SPECIAL INSTRUCTIONS:		
DR NAME: R. Chancellor, MD	DR PHONE: 702-367-0808	DR DEA: XXXXXXXXXX
(Circle one) FOR IN OFFICE ADMINISTRATION ONLY, NOT FOR RESALE OR DISPENSING TO AN INDIVIDUAL PATIENT.		
SIG FOR PLAQUEX:		
MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES		
DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	_____ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	_____ vials
Gluthathione (PF) 200 mg/ml	10 ML	_____ vials
Methionine-Inositol-Choline 25/50/50 mg/ml	30 ML	_____ vials
Testosterone Cyp GSO 200 mg/ml	10 ML	_____ vials
L-Carnitine 500 mg/ml	30 ML	<u>10</u> vials
Testosterone Cyp GSO 200 mg/ml	30 ML	_____ vials
MIC with Cyanocobalamin 25/50/50/1 mg/ml	30 ML	_____ vials
Thiamine 20 mg/ml/Pyridoxine 100 mg/ml	30 ML	_____ vials
Methylcobalamin 10,000 mcg/ml	10 ML	_____ vials
Plaquex 50 mg/ml	50 ML	_____ vials
Nandrolone Decanoate 200 mg/ml	10 ML	_____ vials
Pyridoxine 100 mg/ml	30 ML	_____ vials
Methylcobalamin 5,000 mcg/ml	10 ML	_____ vials
AminoProtect™ (L-Lysine HCl/L-Arginine HCl) 2.5%/2.5%		_____ 1L IV Bag(s)
REQUESTED BY: VICETH		TECHNICIAN/PHARMACIST: Ashley D. Galvan

		TrimCare Order Form **Do Not Send Pt Bill. Please bill the OFFICE!**	
Date: <u>3/29/19</u>		PLEASE FAX RX TO: (305) 675-3360	
Patient Name: <u>J [REDACTED] H [REDACTED]</u>		Sex: M ☐ F ☒	DOB: [REDACTED]
Address: <u>[REDACTED] Country Flats</u>			
City: <u>Las Vegas</u>		State: <u>NV</u>	Zip: <u>89135</u>
Phone: [REDACTED]			
ALLERGIES: <u>NKDA</u>			
SHIP: ☐ STD OVERNIGHT \$30.00 ☐ 2ND DAY \$20.00 ☒ GROUND \$12.00 ☐ SATURDAY DELIVERY \$45.00			
SHIP TO: ☐ PATIENT ☒ CLINIC BILL TO: ☐ PATIENT ☒ CLINIC			
Please be advised that all orders are shipped with signature request. If you wish to decline, by checking box you will assume all responsibility for the package in the event package gets lost, stolen or damaged.			
MEDICATION		QUANTITY	DIRECTIONS
☒ SERMORELIN/GHRP-2 6MG		☒ one	Inject .15 for 5 days a week on an empty stomach. (2 hrs after last meal).
☐ HCG 6,000 UNITS			Inject .30 for 20 or 40 Days
☐ BPC-157			
☐ SIGNATURE REQUIRED			
PRESCRIBER NAME: DR. ROBERT CHANCELLOR		PHYSICIAN SIGNATURE: <u>x. R. Chancellor MD</u>	
LICENSE: 15518 DEA: FC4878875		PHONE: (702) 367-0808	
CLINIC ADDRESS: 5375 S. FORT APACHE #103		FAX: (702) 367-1339	
CITY: LAS VEGAS STATE: NV ZIP: 89148			
THIS FORM DOES NOT PREVENT PATIENTS FROM FREELY CHOOSING ANY PHARMACY FOR THEIR COMPOUNDING NEEDS. PRESCRIBER HERBY ACKNOWLEDGES THAT HE HAS GIVEN THE PATIENT THE OPTION TO USE HIS/HER PHARMACY OF CHOICE. THIS FORM HAS BEEN PUT TOGETHER AT THE PRESCRIBER'S REQUEST FOR EAS OF PRESCRIBING.			

Exhibit 31

✓ Fort Apache TrimCare
5375 S. Fort Apache
Las Vegas, NV 89148
Ph: 702-367-0808
Fax: 702-367-1339

Acct# 118352

Date: 3-9-19

Patient Information:

PD

DNP

Name: (L) [REDACTED]

(F) [REDACTED]

DOB: [REDACTED]

Phone: [REDACTED]

Address: [REDACTED]

S Fort Apache Rd Suite [REDACTED]

City: Henderson/Las Vegas

State: NV

Zip Code: 89148

Allergies: X NKDA

I understand this prescription is compounded specifically for me and can NOT be returned or refunded.

X

Patient Signature (Delivery Only)

Shipping Method:

☐ Ship to Office

Anazao Health
Ph: 702-873-8455
Fax: 702-873-8845

☐ Customer Pick-Up at
Anazao

X Home Delivery \$25

☐ 5-HTP20mg/Carbidopa5mg☐ #15☐ 1 cap po ½ h Before Breakfast☐ Anastrozole 0.2mg - 0.5mg☐ #30☐ 1 cap po qam☐ Betahistine 40mg☐ #60☐ 1 cap po at 2pm☐ Biest 2.5mg☐ #45☐ 1 cap po 4 h Before Bedtime☐ Phentermine 8mg☐ #90☐ 2 caps po 4 h Before Bedtime☐ Phentermine 40mg☐ #120☐ 1 cap po at 2pm and 1 cap 4 h before bed.☐ Progesterone 50mg☐ #☐ Spironalactone 25mg/Doxycycline 100mg

HGH 5.8mg - Dispense _____ Bottle(s)

☐ T3 _____ mcg

Sig: _____ 0.20cc Sub-Q

☐ Topirimate25mg/Bontril 105mg/B-12 1mg

_____ 0.10cc Sub-Q

☐ Topirimate25mg/Phentermine 40mg/B-12 1mg

5 Days on 2 Days off

☐ Triest 1.25 mg

Reconstitute with 2.3ml bacteriostatic water.

☐ Super Hormone (Bi-Est 1.25mg/DHEA 25mg/

Supplies-28g 1/2in syringes #30/bottle and alcohol swabs.

Progesterone 25mg/Testosterone 10mg)

X Super Hormone Crème

X3 ClickStick

HCG 10,000U - Dispense _____ Bottle(s)

Bi-Est 1.25mg/g

Sig: _____ 0.4cc IM

Progesterone 25 mg/g

X Apply 1 gram

4 Days on 3 Days off

Testosterone 10 mg/g

topically daily for 90 days

Supplies- 25g 1in needles #30/bottle and alcohol swabs.

DHEA 25 mg/g

#90 grams

☐ Progesterone Topical _____ mg/gram

Testosterone Cyp. 200mg/ml - Disp. _____ Bottle(s)

☐ Estriol .3% Crème # _____ grams

Sig: _____ 1cc IM

☐ Age Spot Treatment Crème

1 x week

Hydroquinone _____ mg

Supplies - 22g 1.5in needles #10/bottle and alcohol swabs.

Dexamethasone _____ mg

Retinoic Acid _____ mg

☐ Testosterone Crème 200mg/g # _____ grams Sig: Apply 1 gram transdermally QD to shoulder or abdomen.

X R. Chanallo MD

Date Meds Picked Up: / /

Provider Signature:

✓ Robert Chanallo MD
DEA: [REDACTED]

Adam Luckette PA-C

Lindsay Hoffman PA-C

Site: 24407 - Nevada Health Services (Las Vegas, NV)
 Date: Tue 4/30/19 2:02:18 PM PDT

NDC/UPC	Name	Generic	C	Description	Lot	Exp	On Hand	Containers
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB #7	15158A	12/31/2021	2	
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB #30	15158A	12/31/2021	4	
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB #30	15354A	2/28/2022	16	
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB #45	15354A	2/28/2022	6	
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB #60	15354A	2/28/2022	2	
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB (Bulk)	15354A	2/28/2022	900	
00143-9726-01	DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE	C-III	200MG/ML VIAL 10 ML	1805233.1	10/31/2020	6	
00527-1475-01	DIETHYLPROPION HCL	DIETHYLPROPION HCL	C-IV	25MG TAB #60	222325p1	10/31/2019	3	
00527-1475-01	DIETHYLPROPION HCL	DIETHYLPROPION HCL	C-IV	25MG TAB (Bulk)	222325P1	10/31/2019	170	
69543-0409-11	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	C-III	105MG CAP #30	CS18381	11/30/2020	1	
69543-0409-11	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	C-III	105MG CAP #30	CS19026	11/30/2020	7	
10702-0077-10	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	C-III	35MG TAB #30	14991A	9/30/2021	11	
10702-0077-10	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	C-III	35MG TAB #60	14991A	9/30/2021	15	
10702-0077-10	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	C-III	35MG TAB (Bulk)	14991A	9/30/2021	40	
16729-0225-17	ALDACTONE	SPIRONOLACTONE		25MG TAB #30	PX01809	3/31/2020	12	
16729-0225-17	ALDACTONE	SPIRONOLACTONE		25MG TAB (Bulk)	PX01809	3/31/2020	5	
00904-5852-41	ALLER-TEC	CETIRIZINE HCL		10MG TAB #14	L-04702	8/31/2019	6	
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB #10	X10864	6/30/2021	3	
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB #10	X15330	7/31/2021	9	
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB #20	X10864	6/30/2021	2	
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB #20	X15330	7/31/2021	6	
16103-0357-08	ECPIRIN	ASPIRIN		325MG TAB #100	P17L492	12/30/2019	4	
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB #10	L74148	8/31/2020	12	
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB #20	L74148	8/31/2020	9	
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB #30	4500531A	2/29/2020	1	
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB #30	4500531A	2/29/2020	3	
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB (Bulk)	4500531A	2/29/2020	15	
33342-0121-10	REVATIO	SILDENAFIL CITRATE		20MG TAB (Bulk)	B5M848A	9/30/2021	3	
33342-0121-10	REVATIO	SILDENAFIL CITRATE		20MG TAB (Bulk)	B5M854A	10/31/2021	370	
68382-0140-14	TOPAMAX	TOPIRAMATE		100MG TAB #30	M712080	9/30/2019	3	
68382-0140-14	TOPAMAX	TOPIRAMATE		100MG TAB (Bulk)	M712080	9/30/2019	60	
47335-0707-86	TOPAMAX	TOPIRAMATE		25MG TAB #30	GKT1251B	9/30/2021	21	
47335-0707-86	TOPAMAX	TOPIRAMATE		25MG TAB (Bulk)	GKT1251B	9/30/2021	900	
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB #30	ZTPM18009	8/31/2020	4	
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB #30	ZTPM18009	8/31/2020	25	
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB (Bulk)	ZTPM18007	8/31/2020	20	
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB (Bulk)	ZTPM18009	8/31/2020	530	
65862-0188-30	ZOFTRAN	ONDANSETRON HCL		8MG TAB (Bulk)	ONO818005-B	12/31/2021	120	

NDC	Name	Generic	Class	Description	Quantity
10702-0025-10	ADIPEX-P	PHENTERMINE	C-IV	37.5MG TAB	Bulk
10702-0025-10	ADIPEX-P	PHENTERMINE	C-IV	37.5MG TAB	Bulk
10702-0025-10	ADIPEX-P	PHENTERMINE	C-IV	37.5MG TAB	Bulk
10702-0025-10	ADIPEX-P	PHENTERMINE	C-IV	37.5MG TAB	Bulk
10702-0025-10	ADIPEX-P	PHENTERMINE	C-IV	37.5MG TAB	Bulk
00143-9726-01	DEPO-TESTOS	TESTOSTERON	C-III	200MG/ML VIAL	10
00527-1475-01	DIETHYLPROPI	DIETHYLPROPI	C-IV	25MG TAB	Bulk
00527-1475-01	DIETHYLPROPI	DIETHYLPROPI	C-IV	25MG TAB	Bulk
10702-0077-10	PHENDIMETRA	PHENDIMETRA	C-III	35MG TAB	Bulk
10702-0077-10	PHENDIMETRA	PHENDIMETRA	C-III	35MG TAB	Bulk
10702-0077-10	PHENDIMETRA	PHENDIMETRA	C-III	35MG TAB	Bulk
10702-0077-10	PHENDIMETRA	PHENDIMETRA	C-III	35MG TAB	Bulk
10702-0077-10	PHENDIMETRA	PHENDIMETRA	C-III	35MG TAB	Bulk
69543-0409-11	PHENDIMETRA	PHENDIMETRA	C-III	105MG CAP	30
69543-0409-11	PHENDIMETRA	PHENDIMETRA	C-III	105MG CAP	30
16729-0225-17	ALDACTONE	SPIRONOLACTONE		25MG TAB	Bulk
16729-0225-17	ALDACTONE	SPIRONOLACTONE		25MG TAB	Bulk
53489-0143-10	ALDACTONE	SPIRONOLACTONE		25MG TAB	1000
53489-0143-10	ALDACTONE	SPIRONOLACTONE		25MG TAB	1000
00904-5852-41	ALLER-TEC	CETIRIZINE HCL		10MG TAB	14
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB	10
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB	10
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB	20
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB	20
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB	30
16729-0035-16	ANASTROZOLE	ANASTROZOLE		1MG TAB	500
16103-0357-08	ECPIRIN	ASPIRIN		325MG TAB	100
46672-0053-50	ESGIC	BUTALB/ACETAMINOPHEN/CAF		50-325-40 TAB	500
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB	Bulk
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB	Bulk
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB	Bulk
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB	Bulk
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB	Bulk
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB	Bulk
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB	Bulk
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB	Bulk
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB	Bulk
13668-0045-01	LAMICTAL	LAMOTRIGINE		25MG TAB	100
13668-0047-01	LAMICTAL	LAMOTRIGINE		100MG TAB	100
00904-5728-89	LORATADINE	LORATADINE		10MG TAB	90
55111-0684-01	MOTRIN	IBUPROFEN		800MG TAB	100
33342-0121-10	REVATIO	SILDENAFIL CITRATE		20MG TAB	Bulk
33342-0121-10	REVATIO	SILDENAFIL CITRATE		20MG TAB	Bulk
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB	Bulk
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB	Bulk

Lot	Expiration Date	Containers	Counted	Contain Net	
15158A	12/31/2021	2392	2392		
15158A	12/31/2021	3	3		
15158A	12/31/2021	18	18		
15158A	12/31/2021	18	18		
15158A	12/31/2021	1	1		
1805189.1	9/30/2020	9	9		
222325P1	10/31/2019	200	200		
222325p1	10/31/2019	4	4		
14991A	9/30/2021	1000	1000		
14357A	12/31/2020	55	0		-55
14991A	9/30/2021	11	11		
14991A	9/30/2021	7	7		
14991A	9/30/2021	4	4		
CS18381	11/30/2020	1	1		
CS19026	11/30/2020	8	8		
PX01809	3/31/2020	275	275		
PX01809	3/31/2020	6	6		
6822901	10/31/2019	10	0		-10
6825201	12/31/2019	10	0		-10
L-04702	8/31/2019	9	6		-3
X15330	7/31/2021	10	10		
X10864	6/30/2021	5	5		
X15330	7/31/2021	10	10		
X10864	6/30/2021	3	3		
X02649	10/31/2020	6	0		-6
W13760	8/31/2020	6	0		-6
P17L492	12/30/2019	5	4		-1
J150723a	11/30/2018	386	0		-386
L741148	8/31/2020	6	6		
L741148	8/31/2020	1	0		-1
L74116	7/31/2019	3	2		-1
L74148	8/31/2020	300	300		
4500483A	9/30/2019	10	0		-10
4500531A	2/29/2020	15	0		-15
4500442A	5/31/2019	10	0		-10
4500531A	2/29/2020	1	1		
4500531A	2/29/2020	7	7		
BR91C001	1/31/2019	200	0		-200
4T36C015	3/31/2019	100	0		-100
7FE1385	3/2/2019	4	0		-4
HC07117A	3/31/2019	200	0		-200
BSM848A	9/30/2021	132	93		-39
BSM854A	10/31/2021	438	450	+12	
ZTPM18007	8/31/2020	20	0		-20
ZTPM18009	8/31/2020	1550	1550		

STATUS	PATIENT	TIME	PROVIDER	TYPE	CHIEF COMPLAINT
No show	D [REDACTED] B [REDACTED] [REDACTED]	9:20 AM	Robert Chancellor	EST DIET	
Seen	C [REDACTED] C [REDACTED] [REDACTED]	9:45 AM	Robert Chancellor	EST PT	
Seen	B [REDACTED] W D [REDACTED] [REDACTED]	10:00 AM	Robert Chancellor	EST PT	LAB REVIEW AND MED REFILLS..CR
Seen	M [REDACTED] H [REDACTED] [REDACTED]	10:20 AM	Robert Chancellor	LAB REVIEW	
Seen	G [REDACTED] G [REDACTED] [REDACTED]	11:00 AM	Robert Chancellor	NEW PT	MEDICARE & BCBS...CR
Seen	G [REDACTED] [REDACTED] [REDACTED]	11:00 AM	Robert Chancellor	EST PT	refill modafinil...vr
No show	S [REDACTED] G O [REDACTED] [REDACTED]	11:30 AM	Robert Chancellor	EST PT	
Seen	Y [REDACTED] A G [REDACTED] [REDACTED]	12:00 PM	Robert Chancellor	NEW PT	ADDERALL RX AWARE OF TOVA & UTOX...CR
Seen	A [REDACTED] M [REDACTED] [REDACTED]	12:20 PM	Robert Chancellor	EST PT	REFILL MEDS.. VR
Seen	N [REDACTED] A T [REDACTED] [REDACTED]	12:40 PM	Robert Chancellor	EST PT	med refills...cr
Seen	J [REDACTED] M [REDACTED] [REDACTED]	1:00 PM	Robert Chancellor	NEW PT	
Seen	F [REDACTED] C [REDACTED] [REDACTED]	1:20 PM	Robert Chancellor	NEW PT	NEW MEDICAL PATIENT, PAIN ON LOWER ABD X1WEEK. (CIGNA INS)...VR
Seen	D [REDACTED] A [REDACTED] [REDACTED]	1:40 PM	Robert Chancellor	EST PT	MED REFILLS...CR
No show	D [REDACTED] N R [REDACTED] [REDACTED]	2:00 PM	Robert Chancellor	EST PT	DMV FORM FOR LICENSE..CR
Seen	L [REDACTED] T [REDACTED] [REDACTED]	2:00 PM	Robert Chancellor	EST PT	refill adderall..vr
Seen	D [REDACTED] F [REDACTED] [REDACTED]	2:20 PM	Robert Chancellor	EST PT	
Seen	T [REDACTED] F [REDACTED] [REDACTED]	2:40 PM	Robert Chancellor	EST PT	check up

Schedule Standard view - Friday, June 07, 2019



STATUS	PATIENT	TIME	PROVIDER	TYPE	CHIEF COMPLAINT
Seen	M [REDACTED] D [REDACTED] [REDACTED]	9:00 AM	Robert Chancellor	EST DIET	F/UP DIET..VR
Seen	M [REDACTED] D [REDACTED] [REDACTED]	9:20 AM	Robert Chancellor	EST PT	REFILL VYVANSE..VR
Seen	C [REDACTED] L H [REDACTED] [REDACTED]	9:40 AM	Robert Chancellor	LAB REVIEW	
Seen	B [REDACTED] A [REDACTED] [REDACTED]	10:00 AM	Robert Chancellor	EST DIET	F/UP DIET..VR
Seen	P [REDACTED] B [REDACTED] [REDACTED]	10:00 AM	Robert Chancellor	EST PT	REFILL ADDERALL..VR
Seen	T [REDACTED] K R [REDACTED] [REDACTED]	10:20 AM	Robert Chancellor	EST DIET	
Seen	B [REDACTED] M H [REDACTED] [REDACTED]	10:40 AM	Lindsay M Hoffman	EST DIET	F/UP DIET ..
Cancelled : will call next week to R/S...vr	J [REDACTED] C G [REDACTED] [REDACTED]	10:40 AM	Robert Chancellor	EST PT	
Seen	R [REDACTED] P [REDACTED] [REDACTED]	10:40 AM	Robert Chancellor	NEW HRT	NEW HRT..VR
Seen	A [REDACTED] B F [REDACTED] [REDACTED]	11:00 AM	Lindsay M Hoffman	EST DIET	3RD MONTH F/U
No show	A [REDACTED] M [REDACTED] [REDACTED]	11:20 AM	Lindsay M Hoffman	NEW DIET	NEW DIET PATIENT
Seen	S [REDACTED] Q [REDACTED] [REDACTED]	11:20 AM	Robert Chancellor	EST PT	
Seen	J [REDACTED] L Q [REDACTED] [REDACTED]	11:40 AM	Robert Chancellor	EST PT	
Seen	B [REDACTED] T B [REDACTED] [REDACTED]	12:00 PM	Robert Chancellor	EST PT	MD REFILLS..CR
No show	G [REDACTED] R [REDACTED] [REDACTED]	12:00 PM	Lindsay M Hoffman	NEW DIET	NEW DIET PATIENT (CONSULT)...VR
Seen	H [REDACTED] A G [REDACTED] [REDACTED]	12:20 PM	Robert Chancellor	EST PT	STEM-CELL IV...CR
Seen	S [REDACTED] G [REDACTED] [REDACTED]	1:00 PM	Robert Chancellor	NEW PT	MEDICARE HAS A COUGH THAT HASN'T GONE AWAY...CR
Seen	J [REDACTED] L M [REDACTED] [REDACTED]	1:20 PM	Robert Chancellor	EST PT	
Seen	G [REDACTED] B [REDACTED] [REDACTED]	1:40 PM	Robert Chancellor	NEW PT	NEW MEDICAL PATIENT.
Seen	R [REDACTED] H B [REDACTED] [REDACTED]	2:00 PM	Lindsay M Hoffman	EST PT	
Seen	S [REDACTED] R M [REDACTED] [REDACTED]	2:00 PM	Robert Chancellor	EST PT	
Seen	H [REDACTED] K [REDACTED] [REDACTED]	2:20 PM	Robert Chancellor	EST PT	REFILL XANAX (O.V \$100)..VR

Seen	W [REDACTED] H [REDACTED] [REDACTED]	2:20 PM	Lindsay M Hoffman	EST DIET	
Seen	D [REDACTED] J B [REDACTED] [REDACTED]	2:40 PM	Robert Chancellor	EST PT	REFILL ADDERALL AND NEED TOVA TEST DONE TODAY..VR
Seen	M [REDACTED] R [REDACTED] [REDACTED]	2:40 PM	Lindsay M Hoffman	EST PT	Sick -LH
Seen	A [REDACTED] R N [REDACTED] [REDACTED]	3:00 PM	Lindsay M Hoffman	EST DIET	F/UP DIET..VR
Seen	A [REDACTED] P [REDACTED] [REDACTED]	3:00 PM	Robert Chancellor	EST PT	
No show	[REDACTED] D [REDACTED] [REDACTED]	3:20 PM	Lindsay M Hoffman	BOTOX	LH
Seen	L [REDACTED] D [REDACTED] [REDACTED]	3:20 PM	Robert Chancellor	NEW DIET	
Seen	M [REDACTED] K [REDACTED] [REDACTED]	3:20 PM	Robert Chancellor	EST PT	
Seen	[REDACTED] R H [REDACTED] [REDACTED]	4:00 PM	Robert Chancellor	NEW DIET	
Seen	R [REDACTED] R [REDACTED] [REDACTED]	4:40 PM	Robert Chancellor	EST DIET	F/UP DIET ..VR

Schedule Standard view - Saturday, June 08, 2019



STATUS	PATIENT	TIME	PROVIDER	TYPE	CHIEF COMPLAINT
Seen	B [REDACTED] D F [REDACTED] [REDACTED]	9:00 AM	Robert Chancellor	EST PT	clonopin..cr
Seen	S [REDACTED] D F [REDACTED] [REDACTED]	9:00 AM	Robert Chancellor	LAB REVIEW	
Seen	[REDACTED] A B [REDACTED] [REDACTED]	9:20 AM	Robert Chancellor	NEW HRT	NEW HRT (DIET CHART ON FILE)
Seen	T [REDACTED] K L [REDACTED] [REDACTED]	9:20 AM	Robert Chancellor	EST PT	refill
Seen	S [REDACTED] C S [REDACTED] [REDACTED]	9:40 AM	Robert Chancellor	EST PT	UTI...CR
Seen	C [REDACTED] M L [REDACTED] [REDACTED]	10:00 AM	Robert Chancellor	EST DIET	F/UP DIET..VR
Seen	C [REDACTED] M [REDACTED] [REDACTED]	10:20 AM	Robert Chancellor	LAB REVIEW	reviewing labs and imaging results...CR
Seen	M [REDACTED] A [REDACTED] [REDACTED]	10:40 AM	Robert Chancellor	EST PT	REFILL RX..VR
Seen	A [REDACTED] W [REDACTED] [REDACTED]	11:00 AM	Robert Chancellor	EST DIET	f/up diet...vr
Seen	M [REDACTED] W [REDACTED] [REDACTED]	11:20 AM	Robert Chancellor	EST DIET	f/up diet...vr
Seen	L [REDACTED] E [REDACTED] [REDACTED]	11:40 AM	Robert Chancellor	EST DIET	
Seen	C [REDACTED] R F [REDACTED] [REDACTED]	12:00 PM	Robert Chancellor	EST PT	xanax..cr
Seen	H [REDACTED] R S [REDACTED] [REDACTED]	12:20 PM	Robert Chancellor	EST DIET	

Schedule Standard view - Monday, June 10, 2019



STATUS	PATIENT	TIME	PROVIDER	TYPE	CHIEF COMPLAINT
Seen	K M G	9:20 AM	Robert Chancellor	EST DIET	F/UP DIET (2ND MONTH)
Seen	H C	9:40 AM	Robert Chancellor	EST PT	
No show	E	10:00 AM	Robert Chancellor	EST DIET	
Seen	K A	10:20 AM	Robert Chancellor	NEW DIET	
Seen	R A R	10:40 AM	Robert Chancellor	EST PT	feeling sick..CR
Seen	C K D	11:00 AM	Robert Chancellor	EST HRT	go over labs..vr
Seen	J M	11:20 AM	Robert Chancellor	EST PT	hurt groin,
No show	T M M	11:20 AM	Robert Chancellor	NEW PT	NEW MEDICAL PATIENT, BLOOD WORK FOR HORMONE IMBALANCE AND BIPOLAR?? VR
Seen	C M	12:00 PM	Robert Chancellor	EST DIET	f/up diet..vr
Seen	G G	12:00 PM	Robert Chancellor	RESTART DIET	BEEN YEARS..CR
Seen	M	12:40 PM	Robert Chancellor	EST PT	med refills..CR
Seen	D W	1:00 PM	Robert Chancellor	NEW DIET	NEW DIET PATIENT (3 MONTHS \$449)...VR
No show	S R	1:00 PM	Robert Chancellor	EST PT	adderall...CR
Seen	S M	1:20 PM	Robert Chancellor	EST PT	SORE THROAT..CR
No show	T S	1:40 PM	Robert Chancellor	RESTART DIET	
Seen	G W S	2:00 PM	Robert Chancellor	EST PT	adderall...cr
No show	E C E	2:20 PM	Robert Chancellor	EST PT	

Schedule Standard view - Tuesday, June 11, 2019



STATUS	PATIENT	TIME	PROVIDER	TYPE	CHIEF COMPLAINT
Seen	N E G	9:40 AM	Robert Chancellor	EST PT	
Seen	J C	10:00 AM	Robert Chancellor	EST DIET	
Seen	P G	10:20 AM	Robert Chancellor	EST PT	refill
Seen	C C	10:40 AM	Robert Chancellor	EST PT	REFILL MEDS , GO OVER MRI RESULT..VR
Cancelled : call back to reschedule	S P	10:40 AM	Lindsay M Hoffman	EST HRT	BLOOD WORK FOR SERMORELIN/HRT...VR (USE DIET CHART)
No show	A A U	11:00 AM	Robert Chancellor	NEW DIET	
Seen	D P	11:00 AM	Lindsay M Hoffman	EST DIET	F/UP DIET...VR
Seen	A C	11:20 AM	Robert Chancellor	EST PT	1 MONTH F/UP. REFILL SUBOXONE..VR
Seen	M	11:20 AM	Lindsay M Hoffman	EST PT	CASHPT...CR
Seen	C W	11:40 AM	Robert Chancellor	EST PT	
Seen	T S	12:20 PM	Lindsay M Hoffman	EST DIET	RE-START DIET (LAST OV LAST YEAR)...VR
Seen	W H	12:20 PM	Robert Chancellor	NEW PT	ADD eval
Seen	T M	1:00 PM	Robert Chancellor	EST PT	refill adderall..vr
Seen	M S	1:20 PM	Robert Chancellor	EST HRT	
Seen	S D W	1:30 PM	Robert Chancellor	RESTART DIET	
Seen	S R	1:40 PM	Robert Chancellor	EST PT	
Seen	A C T	2:00 PM	Lindsay M Hoffman	EST DIET	3RD MO F/U ..CR
Seen	M	2:20 PM	Robert Chancellor	EST PT	med refills..cr
Seen	A C	3:00 PM	Lindsay M Hoffman	EST PT	HYPER PIGMENTATION/ACNE CREAM ...CR
Seen	C D	3:20 PM	Robert Chancellor	EST PT	med refills...cr
Seen	J M	3:20 PM	Lindsay M Hoffman	NEW DIET	My neighbor -LH
Seen	M J R	4:00 PM	Robert Chancellor	EST PT	

Seen	C [REDACTED] CS [REDACTED] [REDACTED]	4:20 PM	Robert Chancellor	EST PT	REFILL ADDERALL..VR
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ROBERT S CHANCELLOR, MD

Nevada Health Services
5375 S. Fort Apache, 103
Las Vegas, NV 89148
Phone: (702) 878-8888

NPI: [REDACTED] DEA #: [REDACTED] Lic #: NV 15518

Patient Name: C [REDACTED] J [REDACTED] Written: Jun 11, 2019

Address: [REDACTED] MARENGO PL
LAS VEGAS NV 89147-5084

DOB: [REDACTED] / Female



Rx ID:
3U7CDR9BAS



3U7CDR9BAS

ADIPEX-P

#60 (Sixty) x 37.5MG TAB

**Sig: Take 1 tablet by mouth 1/2 hour before breakfast and 1 tablet
by mouth in the afternoon.**

Refill: NO Refills Days Supply: 30

Note: Original Fill has been dispensed. Rx #134387

Signature: _____

ICD10: E66.9

Hand written signature of physician must appear on line above
In Order for the brand name product to be dispensed the prescriber
must write "Medically Necessary" BELOW the signature.

Instructions: Place an "X" in the box that corresponds with the temperature. The shaded zones represent unacceptable temperature ranges. If the temperature recorded is in the shaded zone: 1. Store the vaccine under proper conditions as quickly as possible; 2. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected; 3. Call the immunization program at your local health department for further assistance; and 4. Document the action taken on the Vaccine Storage Troubleshooting Record form.

Pin #:

Provider Name: ROBERT CHANCELLOR, MD Month/Year Reported: APRIL 2016

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1st-15th	4	1	4	2	4	3	4	4	4	5	4	6	4	7	4
Temp F°	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM
Temp C°	29.5	29.5	29.5	29.5	29.5	29.5	29.5	29.5	29.5	29.5	29.5	29.5	29.5	29.5	29.5
46															
47															

Take immediate action if temperature falls in the shaded area

46	7.5														
45	7.0														
44	6.5														
43	6.0														
42	4.5	X	X	X	X	X	X	X	X	X	X	X	X	X	X
41	5.0														
40	4.5														
39	4.0														
38	3.5														
37	3.0														
36	2.0														
35	1.5														

SUNDAY

SUNDAY

34	1.0														
33	0.5														
32	0.0														
31	-0.5														
30	-1.0														
29	-1.5														
28	-2.0														

Take immediate action if temperature falls in the shaded area

Freezer Temp

28	-2.13														
27	-14.0														
26	-14.5														

Take immediate action if temperature falls in the shaded area

5	-15.0	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4	-15.5	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3	-16	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2	-16	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1	-16	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Room Temp															
Staff Initials	WML	WML	WML	WML	WML	WML	WML	WML	WML	WML	WML	WML	WML	WML	WML

Instructions: 1. Mark the shaded zones unacceptable temperature ranges. If the temperature recorded is in the shaded zone, 1. Store the vaccine under proper conditions as quickly as possible; 2. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected; 3. Call the immunization program at your local health department for further assistance; and 4. Document the action taken on the Vaccine Storage Troubleshooting Record form.

Pin #:

Provider Name: **ROBERT CHANCELOE, MD**Month/Year Reported: **APRIL 2019**

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time	4/16	4/17	4/18	4/19	4/20	4/21	4/22	4/23	4/24	4/25	4/26	4/27	4/28	4/29	4/30	
Temp F°	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temp C°	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
249																
48																
47																

Take immediate action if temperature falls into the shaded area

46	7.5															
45	7.0															
44	6.5															
43	6.0															
42	4.5	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
41	5.0															
40	4.5															
39	4.0															
38	3.5															
37	3.0															
36	2.0															
35	1.5															

SUNDAY

SUNDAY

34	1.0															
33	0.5															
32	0.0															
31	-0.5															
30	-1.0															
29	-1.5															
28	-2.0															

Take immediate action if temperature falls into the shaded area

Freezer Temp																
28	-13															
7	-14.0															
6	-14.5															

Take immediate action if temperature falls into the shaded area

5	-15.0															
4	-15.5	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
53	-16															
Room Temp																
Staff Initials	VA	VA	VA	VA	VA	VA	VA	VA	VA	VA	VA	VA	VA	VA	VA	VA

Month/Year Reported: May 2019

[illegible][illegible]

34	1.0
33	0.6
32	0.0
31	-0.5
30	-1.0
29	-1.5
28	-2.0

Take immediate action if temperature falls in the shaded area.

Freezer Temp							
28	-8-13						
7	-140						
6	-145						

Take immediate action if temperature falls in the shaded area.

[illegible]

Instructions: Place an "X" in the box that corresponds with the temperature. The shaded zones represent unacceptable temperature ranges. If the temperature recorded is in the shaded zone: 1. Store the vaccine under proper conditions as quickly as possible. 2. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected. 3. Call the immunization program at your local health department for further assistance, and 4. Document the action taken on the Vaccine Storage Troubleshooting Record form.

Pin #:

Provider Name:

ROBERT CHANCELOE, MD

Month/Year Reported: May 2019

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Temp F°	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temp C°	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
2-19	2-9.5															
48	9.0															
47	8.0															

Take immediate action if temperature falls into the shaded area

46	7.5															
45	7.0															
44	6.5															
43	6.0															
42	4.5															
41	5.0															
40	4.5															
39	4.0															
38	3.5															
37	3.0															
36	2.0															
35	1.5															

SUN 17 MAY

SUN 26 MAY

34	1.0															
33	0.5															
32	0.0															
31	0.5															
30	1.0															
29	1.5															
28	2.0															

Take immediate action if temperature falls into the shaded area

28	2-13															
7	14.0															
6	14.5															

Take immediate action if temperature falls into the shaded area

5	15.0															
4	15.5															
3	16															
Room Temp																
Staff initials																

Instructions: Place an "X" in the box that corresponds with the temperature. The shaded zones represent unacceptable temperature ranges. If the temperature recorded is in the shaded zone, 1. Store the vaccine under proper conditions as quickly as possible, 2. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected, 3. Call the Immunization program at your local health department for further assistance, and 4. Document the action taken on the Vaccine Storage Troubleshooting Record form.

Pin #:

Provider Name: Robert Chmura, MD

Month/Year Reported: June 2019

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Time															
Temp F															
Temp C															
≥ 49															
48															
47															

Take immediate action if temperature falls in the shaded area

46	7.5														
45	7.0														
44	6.5														
43	6.0														
42	5.5														
41	5.0														
40	4.5														
39	4.0														
38	3.5														
37	3.0														
36	2.0														
35	1.5														

SUNDAY

34	1.0														
33	0.5														
32	0.0														
31	-0.5														
30	-1.0														
29	-1.5														
28	-2.0														

Take immediate action if temperature falls in the shaded area

28	2.13														
27	1.0														
26	0.0														
25	-1.0														
24	-2.0														

Take immediate action if temperature falls in the shaded area

23	1.0														
22	0.5														
21	0.0														
20	-0.5														
19	-1.0														
18	-1.5														
17	-2.0														
16	-2.5														
15	-3.0														
14	-3.5														
13	-4.0														
12	-4.5														
11	-5.0														
10	-5.5														
9	-6.0														
8	-6.5														
7	-7.0														
6	-7.5														
5	-8.0														
4	-8.5														
3	-9.0														
2	-9.5														
1	-10.0														
Room Temp															
Staff Initials															

Instructions: Place an "X" in the box that corresponds with the temperature. The shaded zones represent unacceptable temperature ranges. If the temperature recorded is in the shaded zone: 1. Store the vaccine under proper conditions, as quickly as possible; 2. Call the vaccine manufacturer(s) to determine whether the policy of the vaccine(s) has been affected; 3. Call the immunization program at your local health department for further assistance; and 4. Document the action taken on the Vaccine Storage Troubleshooting Record form.

Pin #:

Provider Name:

ROBERT CHANEVOLD, MD

Month/Year Reported:

June 2019

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temp F																
Temp C																
40																
47																

Take immediate action if temperature falls into the shaded area

40	7.5															
45	7.0															
44	6.5															
43	6.0															
42	4.5															
41	5.0															
40	4.5															
39	4.0															
38	3.5															
37	3.0															
36	2.0															
35	1.5															

SUNDAY

SUNDAY

SUNDAY

34	1.0															
33	0.5															
32	0.0															
31	0.5															
30	1.0															
29	1.5															
28	5-20															

Take immediate action if temperature falls into the shaded area

28	2-13															
7	14.0															
8	14.5															

Take immediate action if temperature falls into the shaded area

5	15.0															
4	15.5															
3	5-16															
Room Temp																
Staff Initials																

**FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE**

PATIENT NAME: K [REDACTED] F [REDACTED] DATE OF VISIT: 3/0/19
 DATE OF BIRTH: [REDACTED] AGE: 48 SEX: M/F CHART NO: 24341
 DRUG ALLERGIES: N/A TOBACCO: C LAST LABS:
 ALCOHOL: C LMP:

VITAL SIGNS: TIME: 11:00 SP%: 99 **SIGNS/SYMPTOMS (SINCE LAST VISIT)** DENIES ANY OF THE BELOW
 BP: 104/55 TEMP: 97.5 HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA
 PULSE: 70 HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /
 HEIGHT: 6 IN 5 CM DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /
 SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS
 / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING INITIAL WEIGHT: 144.5 lbs GOAL WEIGHT: 14.2 lbs **WEIGHT LOSS MEDICATIONS**
 CURRENT WEIGHT: lbs STARTING BMI: Remodeling kitchen -
 8 WK. WEIGHT LOSS: lbs CURRENT BMI: 8.36 eating out a lot,
 TOTAL WEIGHT LOSS: 14.6 lbs WAIST MEAS: IN not w/ training

INJECTIONS DIET SHOT: L / R # of **SUPPLEMENTS** 1 LBM **OTHER MEDICATIONS**
 L-CARNATINE L / R # of 1/4 Fat (1) TOPAMAX 75
 : L / R # of Home schooling son - causing stress
 : L / R # of

PHYSICAL EXAM GENERAL: WNL / ABNL CV / PULM: WNL / ABNL ABDOMINAL: WNL / ABNL
 HEENT: WNL / ABNL EXTREMITIES: WNL / ABNL COMMENTS: VF = 11 (+2)

DIET: LO CARB LO CALORIE OTHER:
 DIET ADHERENCE: EXCELLENT NON ADHERENT X/WEEK COMMENTS:

EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: STRENGTH TRAINING 3 X/WEEK AEROBIC/CARDIO 5 X/WEEK
 OTHER: Walking dogs 1 w/ training

REVIEWED: DIET/MENU IN-BODY ANALYSIS LABS FOOD JOURNAL
 METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES
 EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS
 DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOW
 Rx PHENTERMINE 37.5 MG # 60 1/2 Q AM 1/2 Q PM HCG PROTOCOL (SEE HCG FLOW SHEET)
 Rx BONTRIL 35 MG # Q
 Rx BONTRIL 105 MG # 2 w/ supply HCG CONSENT SIGNED
 Rx TENUATE 25 MG # Q TOPAMAX CONSENT REVIEWED
 Rx TOPAMAX 25 MG # 60 T QPM @ 6pm TOPAMAX CONSENT SIGNED
 Rx TOPAMAX 50 MG or 100 MG # Q FITNESS PATIENT (NO MEDS)
 Rx SHIP/CARBIDOPA 20 MG/ 5 MG # Q TESTOSTERONE Sig:
 Rx MG Q LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

PROVIDER SIGNATURE: JH MA INITIALS:

**FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE**

PATIENT NAME: W [REDACTED] F [REDACTED] DATE OF VISIT: 12/11/18
 DATE OF BIRTH: [REDACTED] AGE: 44 SEX: M CHART NO: 24341
 DRUG ALLERGIES: NKDA TOBACCO: 0 LAST LABS: 11/11/2018
 ALCOHOL: 0 LMP: 11/11/2018

VITAL SIGNS: TIME: 11:03 SP%: 100 **SIGNS/SYMPTOMS (SINCE LAST VISIT)** Denies any of the below
 BP: 119/83 TEMP: 97.6 HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA
 PULSE: 78 HEIGHT: 5 IN 5 CM / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION /
 HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /
 DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /
 SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS
 / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING INITIAL WEIGHT: 144.5 lbs GOAL WEIGHT: lbs **WEIGHT LOSS MEDICATIONS**
 CURRENT WEIGHT: lbs STARTING BMI: Holiday eating
 8 WK. WEIGHT LOSS: 139.6 lbs CURRENT BMI: Quit working at home school
 TOTAL WEIGHT LOSS: lbs WAIST MEAS: IN her son.

INJECTIONS DIET SHOT: L / R # of **SUPPLEMENTS** **OTHER MEDICATIONS**
 L-CARNITINE: L / R # of NO SHOP
 : L / R # of
 : L / R # of

PHYSICAL EXAM GENERAL: WNL / ABNL CVI / PULM: WNL / ABNL ABDOMINAL: WNL / ABNL
 HEENT: WNL / ABNL EXTREMITIES: WNL / ABNL COMMENTS: VF = 9 (+1)
 DIET: LO CARB LO CALORIE OTHER:

DIET ADHERENCE: EXCELLENT NON ADHERENT X/WEEK COMMENTS:
 EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N

EXERCISE PLAN: STRENGTH TRAINING 3 X/WEEK AEROBIC/CARDIO X/WEEK
 OTHER: Walking + tennis daily, add wts, elliptical,

REVIEWED: DIET/MENU IN-BODY ANALYSIS LABS FOOD JOURNAL Fry Basse class
METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES or chugha
EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS Fitness
DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT class.

MEDICATIONS: REVIEWED WITH: NO CHANGES 1 RECOMMENDED CHANGES BELOW
 Rx PHENTERMINE 37.5 MG # 100 2 QAM 2 Qnoon HCG PROTOCOL (SEE HCG FLOW SHEET)
 Rx BONTRIL 35 MG # 1 Q supply
 Rx BONTRIL 105 MG # 2 wks supply
 Rx TENUATE 25 MG # Q
 Rx TOPAMAX 25 MG # 30 T QPM @ 6pm HCG CONSENT SIGNED
 Rx TOPAMAX 50 MG or 100 MG # Q TOPAMAX CONSENT REVIEWED
 Rx 5HTP/CARBIDOPA 20 MG/ 5 MG # Q TOPAMAX CONSENT SIGNED
 Rx MG # Q FITNESS PATIENT (NO MEDS)
 TESTOSTERONE Sig:
 LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

PROVIDER SIGNATURE: JAK

MA INITIALS:

FORT APACHE TRIMCARE WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: K [REDACTED] F [REDACTED]DATE OF VISIT: 9/28/18DATE OF BIRTH: [REDACTED]AGE: 44SEX: M FCHART NO: 24341DRUG ALLERGIES: NKDATOBACCO: BLAST LABS: ALCOHOL: BLMP: **VITAL SIGNS:**

TIME: 10:00 SP%: 100
 BP: 102/60 TEMP: 98.6
 PULSE: 64
 HEIGHT: 5 IN 5 CM

SIGNS/SYMPTOMS (SINCE LAST VISIT)

DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA
 / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION /
 HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /
 DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /
 SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS
 / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING

INITIAL WEIGHT: 144 lbs GOAL WEIGHT: 125 lbs (410)
 CURRENT WEIGHT: lbs STARTING BMI: 29.0
 8 WK. WEIGHT LOSS: lbs CURRENT BMI: 22.5
 TOTAL WEIGHT LOSS: 124 lbs WAIST MEAS: IN

WEIGHT LOSS MEDICATIONS

Doing great 74 lbs LBM
5 lbs fat
PBF 3.4%

INJECTIONS

DIET SHOT: L / R # of
 L-CARNITINE L / R # of
 : L / R # of
 : L / R # of

SUPPLEMENTS**OTHER MEDICATIONS**No shotsnone.2 girls in college in VT.**PHYSICAL EXAM**

GENERAL - WNL / ABNL

CV / PULM - WNL / ABNL

ABDOMINAL - WNL / ABNL

HEENT - WNL / ABNL

EXTREMITIES - WNL / ABNL

COMMENTS: VF = 8 (-2)DIET: LO CARB LO CALORIEOTHER: protein 80-100g/d.DIET ADHERENCE: EXCELLENT NON ADHERENT

X/WEEK

COMMENTS: EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N**EXERCISE PLAN:**STRENGTH TRAINING 3 X/WEEKAEROBIC/CARDIO 5 X/WEEKOTHER: Tennis 3x/week, walking dogs.gym - wts**REVIEWED:**DIET/MENU IN-BODY ANALYSISLABSFOOD JOURNALMETABOLIC SYNDROMEREGULAR PROTEIN INTAKEHIDDEN CARB SOURCESEFFECTS OF ALCOHOLRISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTSDISCUSSED TREATMENT ALTERNATIVESINDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT**MEDICATIONS:**REVIEWED WITH:

NO CHANGES

RECOMMENDED CHANGES BELOW

Rx: PHENTERMINE

37.5 MG

301/2 AM 1/2 Qnoon

HCG PROTOCOL (SEE HCG FLOW SHEET)

Rx: BONTRIL

35 MG

60Q

Rx: BONTRIL

105 MG

2 mos supply

HCG CONSENT SIGNED

Rx: TENUATE

25 MG

Q

TOPAMAX CONSENT REVIEWED

Rx: TOPAMAX

25 MG

301 AM @ lpm

TOPAMAX CONSENT SIGNED

Rx: TOPAMAX

50 MG or 100 MG

60Q

FITNESS PATIENT (NO MEDS)

Rx: 5HTP/CARBIDOPA

20 MG / 5 MG

QTESTOSTERONE Sig: Rx: MG# QLABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT

2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

PROVIDER SIGNATURE: JHMA INITIALS:

**FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE**

PATIENT NAME: C [REDACTED]DATE OF VISIT: 7-16-2019DATE OF BIRTH: [REDACTED]AGE: 32SEX: MCHART NO: #50208DRUG ALLERGIES: NUDATOBACCO: 0LAST LABS: 50268ALCOHOL: 0LMP: **VITAL SIGNS:**TIME: 2:15SP%: 98BP: 112/64TEMP: 97.7PULSE: 73HEIGHT: 4 IN11 CM**SIGNS/SYMPTOMS (SINCE LAST VISIT)****DENIES ANY OF THE BELOW**

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA

/ CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION /

HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /

DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /

SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS

/ EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKINGINITIAL WEIGHT: 134.5 lbsGOAL WEIGHT: 120 lbsCURRENT WEIGHT: 143.2 lbsSTARTING BMI: 28.28 WK. WEIGHT LOSS: 143.2 lbsCURRENT BMI: 28.9TOTAL WEIGHT LOSS: 143.2 lbsWAIST MEAS: IN**WEIGHT LOSS MEDICATIONS**phen 37.5mg 1/2 BID**INJECTIONS**DIET SHOT: 0 / 12 of 12L-CARNITINE 0 / 12 of 120 / 12 of 120 / 12 of 12**SUPPLEMENTS****OTHER MEDICATIONS**None**PHYSICAL EXAM**

GENERAL - WNL / ABNL

CV/ PULM - WNL / ABNL

ABDOMINAL - WNL / ABNL

HEENT - WNL / ABNL

EXTREMITIES - WNL / ABNL

COMMENTS: DIET: LO CARBLO CALORIEOTHER: DIET ADHERENCE: EXCELLENTNON ADHERENT

X/WEEK

COMMENTS: EATING MEALS REGULARLY: Y / NEATING SNACKS REGULARLY: Y / N**EXERCISE PLAN:**STRENGTH TRAININGX/WEEKAEROBIC/CARDIOX/WEEKOTHER: **REVIEWED:**DIET/MENU IN-BODY ANALYSIS LABS FOOD JOURNAL METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS DISCUSSED TREATMENT ALTERNATIVESINDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT**MEDICATIONS:**REVIEWED WITH: 37.5 MGNO CHANGES BIDRECOMMENDED CHANGES BELOW 80 HCG PROTOCOL (SEE HCG FLOW SHEET)

Rx PHENTERMINE

37.5 MG# 1Q 2tab

Rx BONTRIL

35 MG# Q

Rx BONTRIL

105 MG# Q

Rx TENUATE

25 MG# Q

Rx TOPAMAX

25 MG# Q

Rx TOPAMAX

50 MG or 100 MG# Q

Rx 5HTP/CARBIDOPA

20 MG/ 5 MG# Q Rx CorditumMG# Q TESTOSTERONE Sig: LABS: FOLLOW UP: 1 WEEKLY FOR DIET SHOT2 IN 8 WEEKS FOR FOLLOW UP WITH PROVIDERwill try Corditum instead of TopamaxPROVIDER SIGNATURE: ASPMA INITIALS:

**FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE**

PATIENT NAME: [REDACTED]

DATE OF BIRTH: [REDACTED]

DRUG ALLERGIES: NILDAAGE 32 SEX: MTOBACCO: 0ALCOHOL: 0DATE OF VISIT: 5/23/2019CHART NO: 50268

LAST LABS: _____

LMP: _____

VITAL SIGNS:TIME: 9:25SP%: 97BP: 100/66TEMP: 97.7PULSE: 80

HEIGHT: _____ IN _____ CM

SIGNS/SYMPTOMS (SINCE LAST VISIT)

DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA
/ CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION /
HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /
DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /
SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS
/ EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING

INITIAL WEIGHT: _____

GOAL WEIGHT: 120 lbs

CURRENT WEIGHT: _____

STARTING BMI: _____

8 WK. WEIGHT LOSS: 133

CURRENT BMI: _____

TOTAL WEIGHT LOSS: 133

WAIST MEAS: _____ IN

WEIGHT LOSS MEDICATIONS

INJECTIONS

DIET SHOT: _____

L-CARNITINE _____

LIPID # 4 of 12
LIPID # 4 of 12
LIPID # _____ of _____
LIPID # _____ of _____

SUPPLEMENTS**OTHER MEDICATIONS**

None

PHYSICAL EXAM

GENERAL - WNL / ABNL

CV / PULM - WNL / ABNL

ABDOMINAL - WNL / ABNL

HEENT - WNL / ABNL

EXTREMITIES - WNL / ABNL

COMMENTS: _____

DIET:

LO CARB

LO CALORIE

OTHER: _____

DIET ADHERENCE _____

EXCELLENT

NON ADHERENT _____

X/WEEK

COMMENTS: _____

EATING MEALS REGULARLY: Y / N

Y / N

EATING SNACKS REGULARLY: Y / N

Y / N

EXERCISE PLAN:

STRENGTH TRAINING _____

X/WEEK

AEROBIC/CARDIO _____

X/WEEK

OTHER: _____

REVIEWED:

DIET/MENU _____

IN-BODY ANALYSIS _____

LABS _____

FOOD JOURNAL _____

METABOLIC SYNDROME _____

REGULAR PROTEIN INTAKE _____

HIDDEN CARB SOURCES _____

EFFECTS OF ALCOHOL _____

RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS _____

DISCUSSED TREATMENT ALTERNATIVES _____

INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT _____

MEDICATIONS:

REVIEWED WITH: _____ NO CHANGES

RECOMMENDED CHANGES BELOW

Rx PHENTERMINE

37.5 MG # _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Rx BONTRIL

35 MG

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Rx BONTRIL

105 MG

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Rx TENUATE

25 MG

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Rx TOPAMAX

25 MG

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Rx TOPAMAX

50 MG or 100 MG

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Rx 5HTP/CARBIDOPA

20 MG / 5 MG

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Rx _____

_____ MG

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

Q _____

FOLLOW UP: 1. WEEKLY FOR DIET SHOT

2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

will 1 Aerobics - 5mmV1#

R&P

PROVIDER SIGNATURE: _____

MA INITIALS: _____

FORT APACHE TRIMCARE WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: C [REDACTED] J [REDACTED]DATE OF VISIT: 3/15/19DATE OF BIRTH: [REDACTED]AGE: 32 SEX: M (F)CHART NO: 90268DRUG ALLERGIES: NoneTOBACCO: 0LAST LABS: 50708ALCOHOL: 0LMP: **VITAL SIGNS:**

TIME: 2:10 SP%: 99
 BP: 105/56 TEMP: 98.6
 PULSE: 104
 HEIGHT: 4 IN 11 CM

SIGNS/SYMPTOMS (SINCE LAST VISIT)

DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA
 / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION /
 HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY /
 DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA /
 SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS
 / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING

INITIAL WEIGHT: 159.5 lbs GOAL WEIGHT: 120 lbs
 CURRENT WEIGHT: lbs STARTING BMI:
 8 WK WEIGHT LOSS: 34.6 lbs CURRENT BMI: 27.5
 TOTAL WEIGHT LOSS: 135.1 lbs WAIST MEAS: IN

WEIGHT LOSS MEDICATIONS

High stress - has been
stress eating rice, candy.

INJECTIONS

DIET SHOT: L/R #1 of 12
 L-CARNATINE: L/R #1 of 12

SUPPLEMENTS

Working
benzocaine

OTHER MEDICATIONS

None

PHYSICAL EXAMGENERAL: WNL / ABNLCV/ PULM: WNL / ABNLABDOMINAL: WNL / ABNLHEENT: WNL / ABNLEXTREMITIES: WNL / ABNLCOMMENTS: Y/F = 8 (+1)DIET: LO CARB LO CALORIEOTHER: 1000-1200 cal/d.DIET ADHERENCE: EXCELLENT NON ADHERENT X/WEEK COMMENTS: EATING MEALS REGULARLY: Y/N EATING SNACKS REGULARLY: Y/NEXERCISE PLAN: STRENGTH TRAINING 3 X/WEEK AEROBIC/CARDIO 5 X/WEEKOTHER: Hot Pilates, Spin, cross fit - 3x/wk.**REVIEWED:**

DIET/MENU IN-BODY ANALYSIS LABS FOOD JOURNAL
METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES
EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS
DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS:REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOW

Rx PHENTERMINE 37.5 MG # 30 20 AM 20 PM HCG PROTOCOL (SEE HCG FLOW SHEET)
 Rx BONTRIL 35 MG # Q
 Rx BONTRIL 105 MG # Q HCG CONSENT SIGNED
 Rx TENUATE 25 MG # Q TOPAMAX CONSENT REVIEWED
 Rx TOPAMAX 25 MG # 30 7 PM @ 5pm TOPAMAX CONSENT SIGNED
 Rx TOPAMAX 50 MG or 100 MG # Q FITNESS PATIENT (NO MEDS)
 Rx 5HTP/CARBIDOPA 20 MG/ 5 MG # Q TESTOSTERONE Sig:
 Rx MG # Q LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

PROVIDER SIGNATURE: JHMA INITIALS:



LAS VEGAS, NV 89148
(702) 367-0808 | PHONE
(702) 367-1339 | FAX
TRIMCARE.COM

NUTRITION CONSULT NOTES

PATIENT NAME: [REDACTED] J [REDACTED] DATE: 2/1/19
DATE OF BIRTH: [REDACTED] WEIGHT: 131.5 ~~134.5~~ GOAL WEIGHT: 120-125

CLINICAL NOTES

A: patient here to get some dietary recommendations
She has the Inbody analysis which she's doing
well with decreased fat mass & doing well with
increase in muscle mass.

doing well. requested dietary followup
states. She is 10 lbs away from goal & is
stagnant. been questioning about keto diet
vs paleo.

D: Assessment following previous rec. well.

Next rec.

I: < 30 gm carbs (simple veg/t fruit carbs)
> 100 gm protein
< 50 gm fat
< 1000 cal.

To continue till goal achieved then
go back to initial recommendation

MEBS per M.D.

M/E:

SIGNATURE:

VB

VB

TRIMCARE | NEVADA HEALTH SERVICES | NHS
Robert Chancellor, MD Lindsay Hoffman, PA-C

HOFFMAN025

ADDENDUM TO ASSET PURCHASE AGREEMENT

This is an addendum to the asset agreement between the Ivan Goldsmith on behalf of Goldsmith Health Care, Ltd. DBA Innovative Care Physicians DBA "Trimcare" hereafter known as the "Seller" and Vinay Bararia, MD Managing Member hereafter known as the "Buyer" for the purchase of the Business Assets of Goldsmith Health Care conducting business on a leased premise located at 5375 S. Fort Apache Rd, Suite 102 Las Vegas NV 89148.

The original agreement stated the buyers were to be the individual Vinay Bararia, MD and Imran S. Chaudhry. The Buyer is now to be a Management Service Organization by the name of Nevada Health Services, LLC.

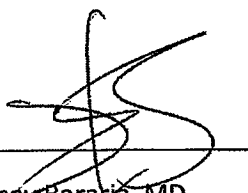
The sale of business assets has been concluded on 8/31/2018 with payment in full.

 8-31-2018

Ivan Goldsmith, MD

On Behalf of

Goldsmith Health Care, Ltd

 8/31/18

Vinay Bararia, MD

On behalf of

Nevada Health Services, LLC

MANAGEMENT SERVICES AGREEMENT

This Management Services Agreement ("Agreement") is made as of January 01, 2019 ("Effective Date"), by and between Robert S. Chancellor MD, PLLC (Hereinafter "Practice"), and Nevada Health Services, LLC (hereinafter "Manager"), individually referred to at times as the "Party" or collectively as the "Parties".

RECITALS

A WHEREAS, Practice is a professional medical corporation engaged in the business of providing health care services to patients;

8. WHEREAS, Manager is a provider of administrative, management, and development services for the health care professions;

C. WHEREAS, the Parties desire to enter into this Agreement for the purpose of engaging Manager to manage the administrative, financial and operational activities of the Practice;

D. WHEREAS, the Parties enter into this Agreement where the Manager owns the assets of the business and is leasing the assets to the Practice to provide healthcare services to patients and the Practice is the custodian of the medical charts.

NOW, THEREFORE, and in consideration of the mutual covenants and agreements hereinafter contained, the Parties do hereby agree as follows:

AGREEMENT

1.0. APPOINTMENT OF MANAGER

Appointment by Practice. Practice hereby appoints Manager as its sole and exclusive manager and hereby grants to Manager the authority and responsibility, as specifically set forth herein, to supervise and manage the day-to-day operations of the Practice, including all revenue and non-revenue producing activities.

2.0 MANAGER'S DUTIES

2.1 Services. Manager shall provide to Practice the services, personnel, facilities, equipment and furnishings set forth on Exhibit "A," attached hereto and incorporated herein by reference (hereafter referred to as the "Services"). Such Services may be changed from time to time by agreement of the Parties in accordance with the provisions of this Agreement. Manager may subcontract out all or any part of the Services set forth in Exhibit "A," provided that Manager properly and adequately supervises the performance of the subcontracted Services.

2.2. Manager Staff. Manager shall engage or employ such qualified non-physician personnel as are necessary for the proper and efficient management of the Practice, including all technical, administrative and clerical staff. All personnel provided by Manager to Practice shall be compensated by Manager and shall be employees or independent contractors of Manager. Manager shall be responsible for compensating all such engaged or employed

persons, including, as applicable, payroll taxes, benefits, and workers' compensation insurance. Manager shall be responsible for supervision of activities performed by all non-physician employees and independent contractors.

2.2 Compliance with Standards. All Services performed by Manager shall be performed in accordance with applicable state and federal laws, accreditation standards, and Practice policies and procedures.

3.0. PRACTICE'S DUTIES

3.1. Physician Employment and Contracting. Practice shall employ or contract with all physician personnel and all physician extenders, e.g., physician assistants and nurse practitioners (hereafter referred to collectively as "Professionals") necessary to provide the patient care services of the Practice.

3.2. Physician Credentialing. Practice shall be responsible for the establishment of appropriate credentialing standards and review committee(s) for the purposes of credentialing its Professionals. Manager shall provide the administrative support necessary to obtain and verify such credentialing information, as directed by the Practice's Medical Director.

3.3 Facilities. Practice may lease space and/or equipment, or sub-lease space and/or equipment ("Facilities") from Manager.

4.0 LICENSING

During the term of this Agreement, Manager hereby licenses to Practice the nonexclusive right to utilize the "**TRIMCARE**" trade name and mark. Practice acknowledges that Manager remains the owner of all titles, rights and interest in the trade name and mark. This license permits Practice to utilize the trade name and mark in its advertising, signage and other documentation of Practice. Upon termination of this Agreement, this license shall simultaneously terminate and Practice shall cease all use of the trade name and mark.

5.0. COMPENSATION

5.1. Manager's Fee. Practice and Manager have exercised care and diligence in determining their respective best estimates of the expenses, investment and reasonable rate of return of Manager in providing the Services required by this Agreement and, based thereon, have determined that the compensation to be paid Manager as provided hereafter, is commensurate with the commercially reasonable value of such Services. This includes the leasing of the assets of Nevada Health Services, LLC. Such compensation is set forth as a sum of \$10,000.00 (Ten Thousand dollars per month).

5.2 Payment. Practice shall remit such compensation due to Manager from the Revenues collected by Manager from the operation of the practice.

5.3 Manager's Statement of Services Rendered. Manager shall provide Practice with a complete statement of Services rendered in the previous month pursuant to this Agreement anytime upon request of the Practice.

6.0 INSURANCE AND INDEMNIFICATION

6.1 Insurance.

6.1.1 Professional Liability Coverage. Practice, at its sole cost and expense, shall obtain and maintain in full force and effect during the term of this Agreement, and all renewals and extensions thereof, professional liability insurance with a licensed insurance company admitted to do business in the State of Nevada, in a minimum amount of One Million Dollars (\$1,000,000) per claim and Three Million Dollars (\$3,000,000) in the annual aggregate, to cover any loss, liability or damage alleged to have been committed by Practice, or by its agents, servants, independent contractors, or employees. If such professional liability coverage is obtained on a claims-made basis, then Practice shall obtain extended reporting malpractice coverage ("tail" coverage) for a period of two (2) years to be effective immediately upon termination of this Agreement. If feasible and the additional cost is minimal, Practice shall include Manager as an additional named insured on its policy. Practice shall provide Manager with written notice at least thirty (30) days prior to any cancellation or amendment of Practice's policy.

6.1.2 Comprehensive General Liability Insurance. Each Party, at its sole cost and expense, will obtain and maintain in full force and effect during the term of this Agreement, and all renewals and extensions thereof, comprehensive general liability insurance covering the Party, its employees, agents, servants, and independent contractors, against loss in the nature of fire, theft, business interruption, general liability, and non-medical negligence, with a minimum liability limit of One Million Dollars (\$1,000,000) per occurrence and Two Million Dollars (\$2,000,000) in the annual aggregate. Each Party shall provide the other Party with written notice at least thirty (30) days prior to any cancellation or amendment of the Party's policy.

6.1.3 Workers' Compensation Insurance. Each Party shall, at its sole cost and expense, obtain and maintain in full force and effect during the term of this Agreement, and all renewals and extensions thereof, workers' compensation insurance as required by the laws of the State of Nevada.

6.2 Indemnification. Each Party shall indemnify, hold harmless, and defend the other Party from any and all liability, loss, claims, lawsuits, damages, injury, costs or expense, arising out of or incident to the performance or nonperformance under this Agreement by such indemnifying Party, its directors, officers, employees, contractors, subcontractors and agents, including (without limitation) all attorneys' fees and court costs; provided, however, neither Party shall be liable to the other hereunder for any claim covered by insurance, except to the extent that the liability of the other Party exceeds the amount of such insurance coverage.

7.0. CONFIDENTIALITY

7.1 Proprietary and Business Information. The Parties acknowledge that during the term of this Agreement, the Parties will acquire or have access to information regarding the business operations of the other Party including, but not limited to, information regarding pricing, billing, claims, compensation, patient lists, provider lists, business operations, provider agreements, trade secrets and business and technical manuals ("Confidential Information"). The Parties

acknowledge that the non-violating Party would suffer financial harm if such Confidential Information were to be disclosed to third Parties. As a condition of this Agreement, the Parties agree not to disclose to, or otherwise discuss such Confidential Information with any third party without the express written consent of the other Party or as expressly required by law. The provisions of this Section shall survive the termination of this Agreement.

7.2 Trade Secrets. The Parties acknowledges that each Party, in connection with its business, has developed certain operating manuals, symbols, trademarks, trade names, service marks, designs, patient lists, procedures, processes, and other copyrighted, patented, trademarked, or legally protectable information which is confidential and proprietary to the Party that constitute its trade secrets. The Parties shall not use any name, symbol, mark, or other proprietary information of the other Party except as expressly permitted.

7.3 Patient Information and Records. Manager and its employees, agents and independent contractors shall safeguard the confidentiality of all medical information pertaining to patients treated by or through Practice and shall comply with all federal and state laws and regulations and all Practice rules or policies with respect to the use and disclosure of such information, including but not limited to the provisions of the Business Associate Agreement as set forth in Exhibit "C" of this Agreement, attached hereto and incorporated herein by reference.

7.4 Practice Property. All documents, papers, notes, memoranda, computer files and other written or electronic records of any kind utilized by Manager during and in connection with the Agreement shall remain the property of Practice at all times. Upon the termination of this Agreement, all such records in Manager's possession shall be left with Practice.

8.0 RELATIONSHIP OF PARTIES

8.1 Conduct of Medical Practice.

8.1.1 Practice shall be solely and exclusively in control of all aspects of the practice of medicine and the provision of medical services. The rendition of all medical professional services, including, but not limited to, diagnosis, treatment, therapy and the prescription of medicine and drugs, the supervision of preparation of medical reports and the maintenance of medical records, shall be the responsibility of Practice. Practice shall have the sole right and authority to hire, employ, train, supervise, terminate and compensate all of its Professionals. Practice shall be responsible to ensure that such Professionals are supervised in accordance with the requirements of state and Federal law and in a manner consistent with current standards of medical practice in the community.

8.1.2 The professional relationship between Practice and all Professionals and their patients, at all times during the term of this Agreement, shall be solely between the Professionals and such patients. Manager shall not interfere with the exercise by the Professionals of their professional judgment. Manager may provide to Practice periodic assessments of the performance by medical personnel of other than professional medical services.

8.1.3 Manager shall not assign or refer patients to Practice in expectation of a fee for such referral. Any such fee for referral is expressly prohibited.

8.1.4 Practice agrees to keep its offices and clinics adequately staffed with such Professionals as may be necessary to efficiently carry out the practice of medicine at the Practice offices, all of whom shall be duly licensed by the State of Nevada. Practice and Professionals shall at all times operate the Practice's medical practice in a manner consistent with current standards of medical practice in Practice's community.

8.2 Independent Contractors. The relationship between Manager and Practice is that of independent contractors. Each Party expressly denies any obligation to compensate the other's employees, contractors, or agents. As independent contractors, each Party shall be liable for that Party's own debt, obligations, acts and omissions. Manager is responsible for the payment of all withholding, social security and other taxes and benefits for Manager and Manager's agents or employees. Manager is responsible for filing all necessary tax returns on Manager's own behalf. Manager, its agents, employees and independent contractors shall not be eligible for any employee benefit plan offered by Practice.

9.0 TERM AND TERMINATION

9.1. Term. The term of this Agreement shall be for a period of ten (10) years, commencing on the Effective Date of this Agreement. This Agreement shall automatically renew for succeeding terms of five (5) years unless either Party, at least one hundred eighty (180) days prior to the expiration of any term, gives written notice of its intention not to renew said Agreement.

9.2 Termination.

This Agreement may be terminated by either Party upon prior written notice for any of the following reasons:

9.2.1 Institution by a Party of proceedings of any nature under any laws of the United States or of any state, whether now existing or subsequently enacted or amended, for the relief of debtors wherein such Party is seeking relief as a debtor;

9.2.2 A general assignment by a Party for the benefit of creditors;

9.2.3 The institution by a Party, in the capacity of a debtor, of a proceeding in which such Party seeks relief from its indebtedness under any section or chapter of the Federal Bankruptcy Act as now existing or hereafter amended or becoming effective;

9.2.4 The institution against a Party, by one or more of its creditors, of a proceeding under any section or chapter of the Federal Bankruptcy Act as now existing or hereafter amended or becoming effective, which proceeding is not dismissed, stayed or discharged within a period of sixty (60) days after the filing thereof or if stayed, which stay is thereafter lifted without a contemporaneous discharge or dismissal of such proceeding;

9.2.5 A proposed plan of arrangement or other action by a Party's creditors taken as a result of a general meeting of the creditors of such Party;

9.2.6 The appointment of a receiver, trustee or like officer, to take possession of a Party's assets; which receivership remains undischarged for a period of thirty (30) days from the date of its imposition;

9.2.7 The material breach of this Agreement by either Party, provided that such breach continues uncured for a period of thirty (30) days after written notice thereof has been given by one of the Parties to the other;

9.2.8 The issuance of a final order of any governmental agency or court which has competent jurisdiction over Parties hereto which order requires the termination of this Agreement; or

9.2.9 Violation of the patient privacy requirements and/or obligations under the Health Insurance Portability and Accountability Act ("HIPPA") in such manner as to require the termination of this Agreement in accordance with the requirements of the Business Associate Agreement identified as Exhibit "C," attached hereto and incorporated herein by reference.

9.3 Effect of Termination.

9.3.1 The various rights and remedies herein provided shall be cumulative and in addition to any other rights and remedies the Parties may be entitled to pursue under the law. The exercise of one or more of such rights or remedies shall not impair the rights of either Party to exercise any other right or remedy at law or in equity.

9.3.2 Termination of this Agreement shall not release or discharge either Party from any obligation, debt or liability which shall have previously accrued and remains to be performed upon the date of termination.

9.3.3 Within sixty (60) days after termination of this Agreement pursuant to this Section, an accounting shall be made by each Party of all sums which may be due and owing to the other Party in accordance with the provisions of this Agreement. Payment to settle any such balance shall be made within thirty (30) days after submission of each accounting.

10.0. GENERAL PROVISIONS

10.1 Entire Agreement; Amendment. The Parties agree that neither Party has made any representation, warranty or covenant not fully set forth herein, and that this Agreement is a complete statement of the entire agreement which supersedes all previous communications between the Parties hereto. This Agreement may only be amended by written instrument executed by both Parties.

10.2 Prior Agreements. This Agreement supersedes all prior oral or written agreements covering the same matter between the Parties.

10.3 Binding Effect. The terms and conditions of this Agreement shall be binding upon and inure to the benefit of the Parties hereto, their successors, assigns, and legal representatives, except that no Party may assign or transfer its rights or obligations under this Agreement in any manner other than as provided in this Agreement.

10.4 Severability. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of this Agreement shall be effective and binding on the Parties.

10.5 Applicable Law. This Agreement, and the application or interpretation thereof, shall be governed exclusively by its terms and by the laws of the State of Nevada. Any actions, arbitration or proceedings instituted by either Party with respect to any matters arising under or growing out of this Agreement shall be brought and tried only in the courts located in the County of Clark, State of Nevada, and each of the Parties hereto expressly waives its rights under any applicable statute to cause any such action or proceeding to be brought or tried elsewhere.

10.6 Headings. Any titles, captions or paragraphs contained in this Agreement are for convenience only and shall not be deemed part of the contents of this Agreement, and shall in no way define, limit, extend or describe the scope of this Agreement or the intent of any provision hereof.

10.7 Dispute Resolution. Any controversies or claims between the Parties regarding this Agreement must first be put in writing and delivered to the other Party. The Parties will make a good faith attempt to resolve the issue in question. If the Parties to this Agreement cannot settle grievances or disputes between them in an informal and expeditious fashion, one or both of the Parties may file suit in an appropriate civil court.

10.8 Assignment. This Agreement and the rights, interests, and benefits hereunder shall not be assigned, transferred, pledged, or hypothecated in any way by either Party without the prior written consent of the other Party, which consent shall not be unreasonably withheld.

10.9 Other Contractual Commitments. Manager represents, assures, and agrees that it has not entered into, and that it shall not enter into, any other contractual commitment, contract, or relationship that will restrict or impair Manager's performance of its contractual obligations under this Agreement

10.10 Representation by Counsel. The Parties acknowledge that they have had the opportunity to consult with legal counsel of their choice prior to execution of this Agreement. The Parties further acknowledge that the terms of this Agreement are the result of negotiations between them and that the terms of this Agreement shall not be construed in favor of, or against, any Party by reason of the extent to which a Party or its counsel participated in its drafting, or by reason of the extent to which this Agreement may be inconsistent with prior drafts thereof.

10.11 Changes in Law. Both Parties agree that in the event that future legislation is enacted or regulations are promulgated or a decision of a court is rendered that, in the opinion of legal counsel for either Party, affects or may affect the legality of this Agreement or materially and adversely affect the ability of either Party to perform its obligations or receive the benefits intended hereunder ("Change in Law"), then Manager agrees to work with Practice in good faith to amend this Agreement as necessary to bring it into compliance with applicable laws and to carry out the original intention of the Parties to the extent possible. If not, either Party may terminate on thirty (30) days' written notice.

10.12 Third-Party Beneficiaries. The rights and obligations of each Party to this Agreement shall inure solely to the benefit of the Parties hereto, and no persons or entity shall be a third party beneficiary of this Agreement

10.13 Waiver. A waiver of any of the terms and conditions hereof shall not be construed as a waiver of any other terms and conditions hereof.

10.14 Notices. Any notice required or permitted by this Agreement shall be given in writing sent by overnight delivery, personal delivery or United States registered or certified mail, return receipt requested, all of which shall be properly addressed, with postage or delivery charges prepaid as follows:

If to Manager: Nevada Health Services, LLC
9335 Bronze River Ave
Las Vegas, NV 89149
Attn: Vinay Bararia, MD,
Managing Member

If to Practice: Robert S. Chancellor MD, PLLC
4600 Swenson St.
Apt. 211
Las Vegas, NV 89119-8624
Attn: Dr. Chancellor

Notices sent by personal delivery shall be deemed given upon actual receipt. Notices sent by overnight delivery shall be deemed given on the next business day. Notices sent via United States registered or certified mail shall be deemed given two (2) business days from mailing.

10.15 Counterparts. This Agreement may be executed in several counterparts, and all counterparts so executed shall constitute one Agreement and shall be binding on all of the Parties hereto, notwithstanding that all of the Parties are not signatory to the original or the same counterparts.

IN WITNESS WHEREOF, the Parties have signed this Agreement as of the date first- above written.

PRACTICE
Robert S. Chancellor, MD PLLC

MANAGER
Nevada Health Services, LLC

/s/ _____

/s/ _____

By: Robert Chancellor, MD

By: Vinay Bararia, MD

Title: Managing Member

Title: Managing Member

EXHIBIT A
MANAGER'S DUTIES

Manager shall provide the following services to Practice:

1. Facilities. Manager shall secure and maintain such space and equipment ("Facilities") as reasonably necessary for Practice to carry out its activities described under this Agreement. Practice shall sub-lease such Facilities, however, such Facilities shall remain the property of Manager, and Practice shall not remove, damage or commit waste to any of the Facilities. Manager will provide for maintenance of the Facilities, utilities, normal janitorial services, refuse disposal and Manager's compensation shall reflect the costs of same.
2. Patient Collections. Carry out all activities related to collection of patient fees, including but not limited to the following activities:
 - 2.1 Develop and implement policies and procedures;
 - 2.2 Prepare and present invoices to patients for payment at time of service;
 - 2.3 Collect and process all payments received;
 - 2.4 Reconcile patient accounts;
 - 2.5 Provide reports of patient account status as requested.
3. Financial Services.
 - 3.1 Bookkeeping;
 - 3.2 Budgeting and monthly reporting of status;
 - 3.3 Accounts receivable;
 - 3.4 Accounts payable;
 - 3.5 Provide report of accounting activities;
 - 3.6 Provide overall financial analysis of Practice;
 - 3.7 Year-end financial reports;
 - 3.8 Issuance of W2 and 1099 forms and related;
 - 3.9 Electronic data processing.
4. Patient Inquiries/Complaints. Develop and implement a program for management of patient inquiries and complaints in accordance with Practice requirements including but not limited to the following activities:
 - 4.1 Respond to initial patient inquiries and complaints;
 - 3.2 Track inquiries and complaints;
 - 3.3 Notify Practice of patient complaints.
5. Contracting
 - 5.1 Assist Practice in contract review and negotiation;
 - 5.2 Assist Practice in recruiting and negotiating agreements with physicians

6. Credentialing Program. Provide administrative support to Practice as necessary to obtain and verify credentialing information in accordance with applicable laws, standards and Practice requirements, including but not limited to the following activities:
 - 6.1 Prepare Credentialing Policies and Procedures;
 - 6.2 Provide administrative support to all credentialing activities;
 - 6.3 Obtain primary source verification;
 - 6.4 Prepare applicable documentation;
 - 6.5 Set up provider credentialing file and follow-up of credentialing documents.
7. Business Development. Manager shall provide research and advice regarding trends and developments related to the business activities of Practice, including business considerations related to the achievement of improved quality of patient care. Manager shall also assist Practice in developing appropriate business goals for Practice.
8. Advertising, Marketing and Public Relations. At Practice's request and sole expense, Manager shall provide such advertising, marketing and public relations assistance as deemed necessary and appropriate to effectively promote and market the health care services provided by Practice. All advertising marketing and public relations services shall be conducted in accordance with applicable state and federal laws and regulations.
9. Regulatory Compliance. Manager shall supervise Practice's compliance with all regulatory and accreditation standards applicable to Practice, including without limitation, those required by contractual obligation or any state or federal law or regulation, or private or public accreditation agency.
10. Technical Support. Manager shall, at Practice's request, provide technical advice regarding the installation and renovation of equipment for the Practice.
11. Professional Services. Manager shall serve as Practice's representative for purposes of obtaining professional services of third Parties, including the services of certified public accountants, independent financial counselors and legal counsel. Compensation for such professional services shall be the responsibility of Practice and is not included within the compensation paid to Manager under this Agreement. Practice agrees that any confidential communications concerning the business of Practice may be disclosed to Manager for purposes of Manager's duties under this Paragraph.
12. Reports. Manager shall provide to Practice on a monthly basis, and at such other times as reasonably requested by Practice, such reports as are mutually agreed upon between Manager and Practice as reasonably necessary for the informed management and operation of the Practice.
13. Operations. Manager shall carry out all office and staff management functions, including but not limited to:
 - 13.1 Human Resources, including recruiting, hiring, training, evaluating, supervising, and termination of all administrative staff
 - 13.2 Scheduling, including making and tracking all patient appointments;

- 13.3 Staffing, including assuring adequate administrative staff; and assisting Practice with scheduling adequate Professional staff.
 - 13.4 General office management, including filing, maintenance of records, etc.
14. Manager's Financial Authority. Manager shall have the authority to receive all funds on behalf of the Practice. Such funds shall be deposited by Manager to a bank account established jointly by Practice and Manager for such purposes. Both Manager and Practice shall have signature authority on such account. Manager shall have the authority to disburse funds from such account in discharge of Practice's financial obligations, with one signature being required on disbursements of less than \$25,000, and two signatures on disbursements greater than such amount. The two signatories may be officers and/or directors of Manager or of Practice.
15. Limitations on Manager's Authority:
- 15.1 Manager shall not, without the prior written consent of the Practice borrow money in the name of the Practice;
 - 15.2 Transfer, hypothecate, compromise or release any Practice claim except on payment in full;
 - 15.3 Sell, lease or hypothecate Practice's property;
 - 15.4 Knowingly suffer or cause anything to be done whereby the Practice's property may be seized or attached or taken in execution, or its ownership or possession otherwise endangered.

EXHIBIT C

BUSINESS ASSOCIATE AGREEMENT

In order to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the regulations promulgated thereunder relating to the privacy and security of Protected Health Information, and notwithstanding any contrary provisions of the underlying agreement, the Parties agree to the following:

A. DEFINITIONS

“Designated Record Set” shall mean a group of records maintained by or for the PRACTICE that is (i) the medical records and billing records about individuals maintained by or for the PRACTICE, (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for the PRACTICE to make decisions about individuals. As used herein the term “Record” means any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by or for the PRACTICE.

“Electronic Transaction Rule” shall mean the standards for processing standard transactions and code sets at 45 C.F.R. Parts 160 and 162.

“Individually Identifiable Health Information” shall mean information that is a subset of health information, including demographic information collected from an individual, and (i) is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse; and (ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (a) identifies the individual, or (b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

“Privacy Standards” shall mean the Standard for Privacy of Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164.

“Protected Health Information” shall mean Individually Identifiable Health Information that is (i) transmitted by electronic media, (ii) maintained in any medium constituting Electronic Media; or (iii) transmitted or maintained in any other form or medium. “Protected Health Information” shall not include (i) education records covered by the Family Educational Right and Privacy Act, as amended, 20 U.S.C. § 1232g; (ii) records described in 20 U.S.C. § 1232g(a)(4)(B)(iv) and (iii) Employment records held by a covered entity in its role as employer.

“Secretary” shall mean the Secretary of the Department of Health and Human Services.

“Security Rule” shall mean the security standards for the protection of electronic Protected Health Information at 45 C.F.R. Parts 160 and 164.

B. OBLIGATIONS OF MANAGER

Section 1. Use of Protected Health Information. Manager shall not, and shall ensure that its directors, officers, employees, contractors, and agents, do not, use Protected Health Information received from the PRACTICE in any manner that would constitute a violation of the Privacy Standards if used by the PRACTICE, except that Manager may use Protected Health Information (i) as permitted or required pursuant to the Agreement between PRACTICE and Manager, (ii) for Manager's proper management and administrative services, (iii) to carry out the legal responsibilities of Manager, or (iv) as required by law. As between Manager and PRACTICE, the PRACTICE is the owner of all Protected Health Information.

Section 2. Disclosure of Protected Health Information. Manager shall not, and shall ensure that its directors, officers, employees, contractors and agents do not, disclose Protected Health Information received from the PRACTICE in any manner that would constitute a violation of the Privacy Standards if disclosed by the PRACTICE, except that Manager may disclose Protected Health Information (i) in a manner permitted pursuant to this Agreement, (ii) for Manager's proper management and administrative services, or (iii) as required by law. To the extent Manager discloses Protected Health Information to a third party as permitted in accordance with this Agreement, Manager must obtain, prior to making any such disclosure, (a) reasonable assurances from such third party that such Protected Health Information will be held confidential as provided pursuant to this Agreement and only used or disclosed as required by law or for the lawful purposes for which it was disclosed to such third party, and (b) an agreement from such third party to immediately notify Manager of any breaches of the confidentiality of the Protected Health Information, to the extent it has obtained knowledge of such breach. Not with standing the foregoing, Manager shall refer all requests for Protected Health Information pursuant to subpoena or any other discovery request or judicial or administrative order mandating disclosure to PRACTICE within two (2) business days of receipt. It shall be the PRACTICE's responsibility to make all determinations regarding compliance with any such mandated disclosure.

Section 3. Minimum Necessary. Manager agrees that all requests for Protected Health Information from PRACTICE will be for the minimum necessary in order to provide the stated services to PRACTICE.

Section 4. Accounting of Disclosures. Manager agrees to document disclosures of Protected Health Information and information related to such disclosures as would be required for PRACTICE to respond to a request by an individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528.

Section 5. Safeguards Against Misuse of Information. Manager agrees that it will implement all appropriate safeguards to prevent the use or disclosure of Protected Health Information other than pursuant to the terms and conditions of this Agreement. Manager further agrees to implement administrative, physical and technical safeguards consistent with the requirements of the Security Rule that reasonably and appropriately protect the confidentiality, integrity and availability of electronic Protected Health Information that it creates, receives, maintains or transmits on behalf of PRACTICE.

Section 6. Reporting of Disclosures of Protected Health Information. Manager shall within five (5) days of becoming aware of a disclosure of Protected Health Information in violation of this Agreement by Manager, its officers, directors, employees, contractors, or agents or by a third party to which Manager disclosed Protected Health Information pursuant to Section 2 of this Exhibit, report any such disclosure to the PRACTICE. Manager further agrees to report to PRACTICE any security incident of which it becomes aware as required by the Security Rule.

Section 7. Mitigation. Manager agrees to mitigate, to the extent practicable, any harmful effect that is known to Manager of a use or disclosure of Protected Health Information by Manager in violation of the requirements of this Agreement.

Section 8. Agreements by Third Parties. Manager shall enter into an agreement with any agent or subcontractor that will have access to Protected Health Information that is received from, or created or received by Manager on behalf of the PRACTICE pursuant to which such agent or subcontractor agrees to be bound by the same restrictions, terms and conditions that apply to Manager pursuant to this Agreement with respect to such Protected Health Information.

Section 9. Access to Information. Within five (5) days of a request by the PRACTICE for access to Protected Health Information about an individual contained in a Designated Record Set, Manager shall make available to the PRACTICE such Protected Health Information for so long as such information is maintained in the Designated Record Set. In the event any individual requests access to Protected Health Information directly from Manager, Manager shall within two (2) business days forward such request to the PRACTICE. It shall be the PRACTICE's responsibility to make all determinations regarding granting or denying any such access requested.

Section 10. Availability of Protected Health Information for Amendment. Within ten (10) days of receipt of a request from the PRACTICE for the amendment of an individual's Protected Health Information or a record regarding an individual contained in a Designated Record Set (for so long as the Protected Health Information is maintained in the Designated Record Set), Manager shall provide such information to the PRACTICE for amendment and incorporate any such amendments in the Protected Health Information as required by 45 C.F.R. § 164.526. In the event the request for an amendment is delivered directly to Manager, Manager shall within two (2) business days forward such request to the PRACTICE. It shall be the PRACTICE's responsibility to make any determinations regarding granting or denying any such amendment requested.

Section 11. Requests for Accounting of Disclosures. Within ten (10) days of notice by the PRACTICE to Manager that it has received a request for an accounting of disclosures of Protected Health Information regarding an individual during the six (6) years prior to the date on which the accounting was requested, Manager shall make available to the PRACTICE such information as is in Manager's possession and is required for the PRACTICE to make the accounting required by 45 C.F.R. § 164.528. At a minimum, Manager shall provide the PRACTICE with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the Protected Health Information, and if known, the address of such entity or person, (iii) a brief description of the Protected Health Information disclosed, and (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to Manager, Manager shall within two (2) business days forward such request to the PRACTICE. It shall be the PRACTICE's responsibility to prepare and deliver any such accounting requested by an individual, subject to Manager's obligations set forth in this

Section. Manager hereby agrees to implement an appropriate recordkeeping process to enable it to comply with the requirements of this Section.

Section 12. Electronic Transactions. If Manager conducts any Standard Transaction for or on behalf of PRACTICE, Manager shall comply with the requirements under the Electronic Transaction Rule.

Section 13. Availability of Books and Records. Manager hereby agrees to make its internal Practices, books and records, including policies and procedures, relating to the use and disclosure of Protected Health Information received from, or created or received by Manager on behalf of the PRACTICE available to PRACTICE or to the Secretary for purposes of the Secretary determining the PRACTICE's and Manager's compliance with the Privacy Standards.

Section 14. Indemnification. Manager agrees to indemnify, defend, and hold harmless PRACTICE, its directors, officers, employees, contractors and agents, against, and in respect of, any and all claims, losses, expenses, costs, damages, obligations, penalties, and liabilities which PRACTICE may incur by reason of Manager's breach of or failure to perform any of its obligations pursuant to this Agreement. Further, Manager agrees to indemnify, defend, and hold harmless PRACTICE, its directors, officers, employees, contractors and agents, against all costs and expenses, including but not limited to, reasonable legal expenses, which are incurred by or on behalf of Manager in connection with the defense of such claims. Any damages resulting from Manager's breach of its obligations pursuant to this Agreement shall be expressly excluded from any limitations of liability set forth in the Original Agreement.

C. TERMINATION OF AGREEMENT WITH MANAGER

Section 1. Termination Upon Breach of Provision to Protected Health Information. Any other provision of this Agreement notwithstanding, this Agreement may be terminated by the PRACTICE upon five (5) days written notice to Manager in the event that the PRACTICE breaches any provision contained in this Agreement and such breach is not cured within such five (5) day period; provided, however, that in the event that termination of this Agreement is not feasible in the PRACTICE's sole discretion, Manager hereby acknowledges that the PRACTICE shall have the right to report the breach to the Secretary. In addition, PRACTICE retains the right to seek injunction and other legal and equitable rights and remedies available under the law as necessary to prevent unauthorized use and disclosure of Protected Health Information.

Section 2. Return or Destruction of Protected Health Information upon Termination. Upon termination of the Original Agreement, Manager shall either return or destroy all Protected Health Information received from the PRACTICE or created or received by Manager on behalf of the PRACTICE and which Manager or any subcontractor still maintains in any form. Manager shall notify PRACTICE of any such destruction. Manager shall not retain any copies of such Protected Health Information. In the event that PRACTICE and Manager mutually agree that it is not feasible to return or destroy such Protected Health Information, the terms and provisions of Article B shall survive termination of this Agreement and such Protected Health Information shall be used and disclosed solely for such purpose or purposes, which prevented the return or destruction of such Protected Health Information.

Asset Purchase Agreement

This Agreement For Sale Of Business Assets made this 7th day of August 2018 by and between Ivan Goldsmith on behalf of Goldsmith Healthcare LTD DBA Innovative Care Physicians DBA "Trimcare", hereinafter called "seller" and Vinay Bararua Nevada _____, hereinafter called "buyer"

Witnesseth

WHERE AS, the seller is the owner of the business commonly known as "Trimcare" business which is presently conducted on a leased premises located at 5375 S. Fort Apache Rd., Suite 102 Las Vegas, NV 89148; and

WHERE AS, the lease to such premises is presently set forth in a written agreement by and between the seller and Vinay Bararua; and

WHERE AS, the business consists of a medical clinic that offers general medical services but emphasizes medical services in the areas of weight loss, antiaging, ADD and medication assisted treatment for opiate addiction; and

WHERE AS, the seller has acquired certain assets in connection with that business consisting of furniture, fixtures, equipment, business telephone numbers, patient lists and charts, inventory, and any licenses that may be transferable at the time of sale. [Business Computers and computer hard drives are not included in the sale]; and

WHERE AS, the seller wishes to sell the business assets of the business and the buyer wishes to purchase the business assets of the business as a going concern upon the terms and conditions hereinafter set forth;

Now, Therefore, in consideration of the mutual promises, covenants and conditions hereinafter set forth, these parties do hereby agree as follows:

1.0 Sale Of Business: seller and buyer agree that buyer shall purchase the assets of the business commonly referred to as "Trimcare" for the purchase price of \$150,000.00.

2.0 Lease: buyer agrees to assume and maintain the month to month lease currently in effect for the business premises between the seller and the landlord with landlord's approval.

Seller's Initials: ILG

Buyer's Initials: VB

3.0 Insurance: buyer agrees to apply for and diligently pursue all applicable policies of insurance required to operate a medical clinic including but not limited to a business policy of liability insurance and medical malpractice insurance. Buyer shall diligently pursue this process until all required policies of insurance have been obtained.

4.0 Trade Name: seller agrees to license to buyer the use of the brand name "Trimcare" for the period of six years from the date of execution of this agreement for the greater Las Vegas metropolitan area only. Seller retains the right to use the brand name "Trimcare" outside the greater Las Vegas metropolitan area for any and all lawful purposes without restriction.

5.0 Earnest Deposit: buyer agrees to deposit in the client trust account of E. Brent Bryson LTD. the amount of \$10,000.00 upon execution of this agreement.

6.0 Refund Of Deposit: buyer shall be entitled to a complete refund of monies deposited as an earnest deposit for a time period of 15 days from the date of execution of this agreement. Buyer and seller understand that in the event that a dispute should arise regarding any funds on deposit such funds will remain on deposit until such dispute is settled between the parties in writing or by court order.

7.0 Waiver Of Liability: both buyer and seller expressly waive any and all liability of E. Brent Bryson Esq. individually and E. Brent Bryson Ltd. arising out of or pertaining to this agreement. Seller and buyer further warrant and represent that E. Brent Bryson Esq. and E. Brent Bryson Ltd. are acting as a scrivener only and have not giving any legal and or tax advice to the parties.

8.0 Receivables: for purposes of this agreement assets of the seller does not include any receivables. Seller shall be entitled to 100% of all receivables due and owing up until the closing date. It is specifically understood by and between the parties that seller's right to collect receivables due and owing as of the closing date survives the closing date.

9.0 Training: seller agrees to commute from Florida to Las Vegas for five days per month for the sum of \$2,500.00 per month for a period of three months. Buyer shall pay for seller's reasonable travel expenses to and from Florida (not to exceed \$500.00) for the three-month period.

10.0 Employees: buyer shall have the option to employ any employees currently employed by seller subject to buyer reaching an agreement with the individual employees.

11.0 Assumption Of Liabilities: except as set forth herein buyer is assuming no liabilities including financial and legal liabilities of seller. These to include employee salaries, purchases made prior to date of closing, payment to entities providing services to the practice prior to closing or any other binding obligations made prior to closing.

Seller's Initials:

ELB

Buyer's Initials:

VB

12.0 Privileged License: this agreement is not contingent upon the buyer obtaining any privileged license. Buyer warrants and represents that he has the legal authority to enter into this agreement and is not violating any Nevada revised statutes or Nevada administrative codes by entering into this agreement.

13.0 Closing: the closing of this transaction shall take place at the law office of E. Brent Bryson Ltd. located at 7730 W. Sahara Suite 109 Las Vegas, NV 89117.

14.0 Closing Date: the closing date of this transaction shall be no later than 15 days from the execution of this agreement.

15.0 Interpretation: this agreement shall be interpreted and the rights of the parties hereto shall be governed by the laws of the state of Nevada.

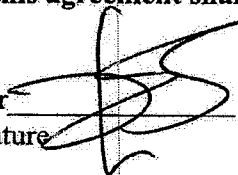
16.0 Venue: any action brought to enforce the terms and provisions of this agreement or any other action brought in law or in equity arising out of or pertaining to this agreement shall be brought only in a court of appropriate jurisdiction in the State of Nevada County of Clark.

17.0 Attorney fees and costs: in the event that an action is brought by one party against the other party regarding a dispute arising out of or pertaining to this agreement the prevailing party shall be entitled to reasonable attorney's fees and costs.

18.0 Grace period: either party without any reason given may terminate this agreement within 15 days of the execution of this agreement without penalty. During this 15 day grace period either party may conduct their own independent investigation of the subject business. If neither party terminates this agreement within the 15 day grace period, this agreement shall become final and binding upon all parties.

The undersigned and each of them represent and warrant that they have the full legal authority to execute this agreement on behalf of themselves or any legal entity and this agreement shall become binding upon execution.

Buyer
Signature



Name

Vinay Bararia

Date:

8/7/18

Seller

IL6

Signature



Name

Ivan Goldstein

Date:

8.7.2018

ORGANIZED UNDER THE LAWS OF THE
STATE OF NEVADA



Certificate Number

1

Percentage Ownership

100%

CERTIFICATE OF OWNERSHIP NEVADA HEALTH SERVICES LLC

THIS IS TO CERTIFY that Bhavna Bararia is a member of
and owns 100% interest in the above Limited-Liability Company organized under the laws of this state and is
entitled to the full benefits and privileges of such membership, subject to duties and obligations, as more fully set forth
in the Company's Articles of Organization and its Operating Agreement as may be in force from time to time.

RESTRICTIONS:

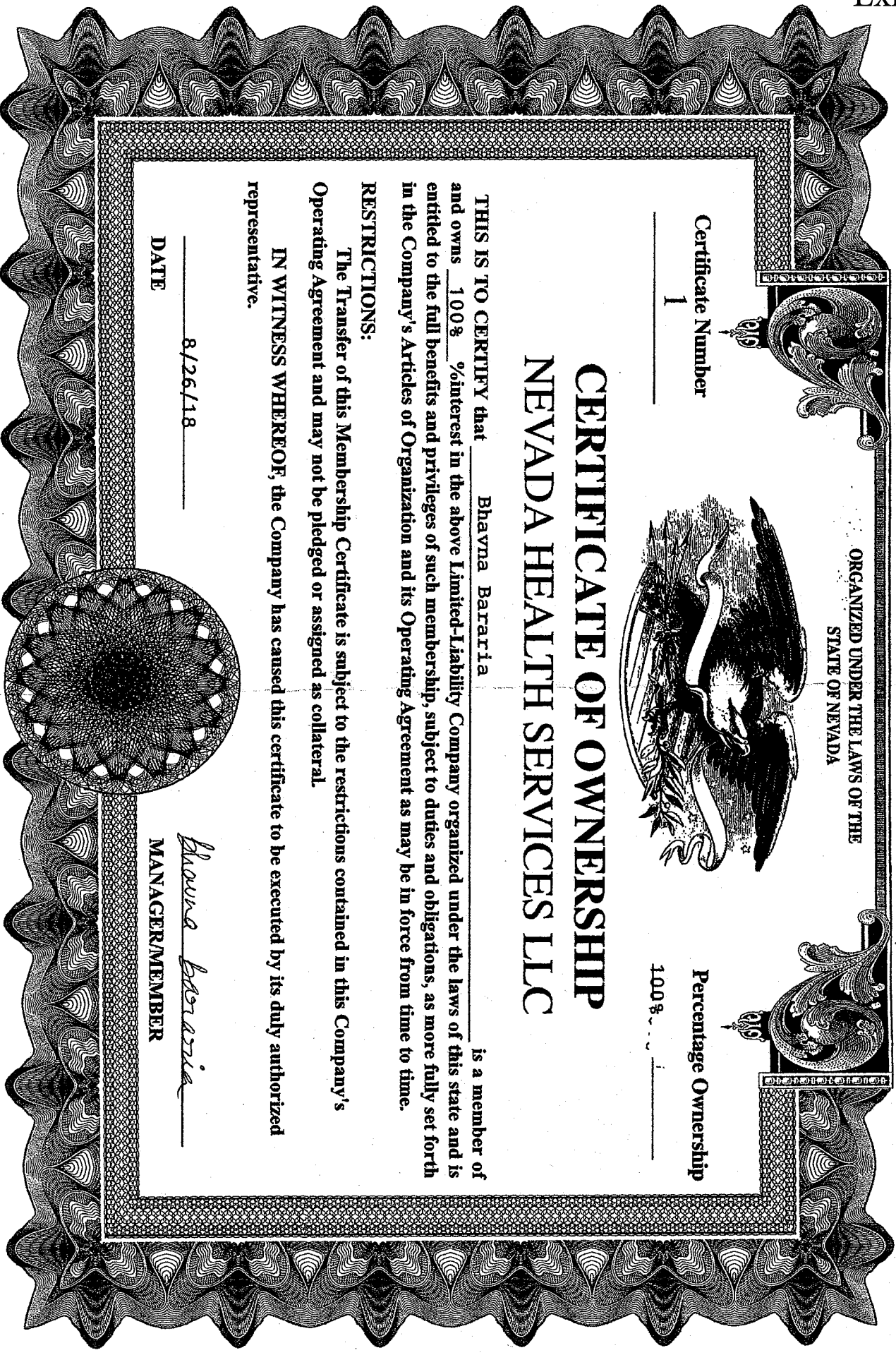
The Transfer of this Membership Certificate is subject to the restrictions contained in this Company's
Operating Agreement and may not be pledged or assigned as collateral.

IN WITNESS WHEREOF, the Company has caused this certificate to be executed by its duly authorized
representative.

DATE 8/26/18

DATE

Bhavna Bararia
MANAGER/MEMBER



50

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 19-003-CS-C-S

Petitioner,

v.

**LINDSAY HOFFMAN, PA-C,
Certificate of Registration Nos. CS18262 and
PD00177,**

**STATEMENT TO
THE RESPONDENT
AND NOTICE OF 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 and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, 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 show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

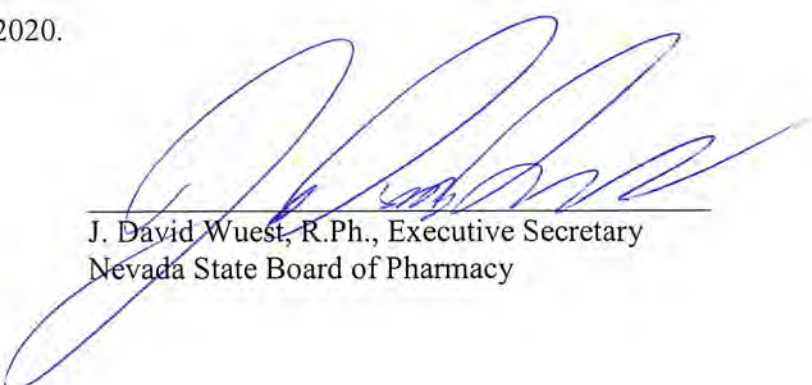
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of July, 2020.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

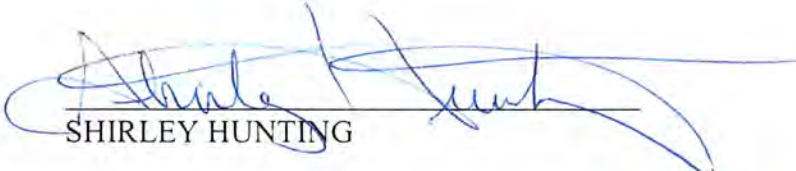
Abdel Khalek, MD
[REDACTED] S Ft Apache Rd [REDACTED]
Las Vegas, NV 89148

Robert Chancellor, MD
[REDACTED] W Sahara Ave [REDACTED]
Las Vegas, NV 89117

Lindsay Hoffman, PA-C
[REDACTED] S FT Apache Rd [REDACTED]
Las Vegas, NV 89148

Jill Chase, Esq.
Lewis Brisbois
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118

E. Brent Bryson, Esq.
7730 W. Sahara Ave., Ste. 109
Las Vegas, NV 89117



SHIRLEY HUNTING

FILED

AUG 17 2020

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	Case No.: 19-003-CS-C-S
	)	
Petitioner,	)	
	)	
vs.	)	ANSWER AND NOTICE OF
	)	DEFENSE
LINDSAY HOFFMAN, P-AC,	)	
Certificate of Registration No. CS18262 and	)	
PD00177,	)	
	)	
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:

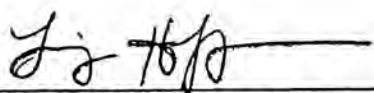
1. That her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds: None.

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

Respondent Denies the allegations contained in the Notice of Intended Action and Accusation, Case No. 19-003-CS-C-S.

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

Date this 17th day of August, 2020.



LINDSAY HOFFMAN, PA-C

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FILED

AUG 03 2020

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

VINAY KUMAR BARARIA, MD,

Respondent.

Case Nos. 19-003-S

STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, an order to cease and desist, citation and fine was served upon Respondent Vinay Kumar Bararia, MD (Bararia) alleging violations of Nevada law as set forth herein.
2. On or about July 17, 2020, Bararia appealed the citation and fine and requested a hearing pursuant to NRS 639.2895(2).

FACTUAL ALLEGATIONS

3. Bararia was not registered with the Board to prescribe or dispense controlled substances or dangerous drugs for Nevada patients at the time of the events alleged herein.
4. Bararia voluntarily surrendered his license to practice medicine, License No. 11355, to the Nevada State Board of Medical Examiners (NSBME) on March 8, 2013, and was sentenced in federal court for distribution of controlled substances in September 2014.
5. Bararia has owned and operated Nevada Health Services, LLC aka Trimcare (Trimcare), located at 5375 South Fort Apache Road, Suites 102 and 103, in Las Vegas, since August 2018.
6. Abdel M. Khalek, MD (Khalek), co-owned and/or was employed at Trimcare from at least October 2018 to April 2019. Khalek held a controlled substance registration,

Certificate of Registration No. CS19745, and dispensing practitioner registration, Certificate of Registration No. PD00722.

3. Robert Chancellor, MD (Chancellor), co-owned and/or was employed by Trimcare from at least November 2018 to the present. Chancellor held a controlled substance registration, Certificate of Registration No. CS22616, and dispensing practitioner registration, Certificate of Registration No. PD27416

4. Lindsay Hoffman, PA-C (Hoffman), was employed by Trimcare from at least August 2018 to present. Hoffman held a controlled substance registration, Certificate of Registration No. CS 18262, and dispensing practitioner registration, Certificate of Registration No. PD

5. Bararia colluded with Khalek, Chancellor and Hoffman in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without the prescribing practitioner having a bona fide therapeutic relationship with patients, without the practitioner being present at the time prescriptions were dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state.

APPLICABLE LAW

6. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

7. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

8. It is unlawful for a practitioner to prescribe or dispense a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS

454.215; NRS 454.301, NRS 639.100(1); NRS 639.23505; NAC 453.410; NAC 639.742; NAC 639.745.

9. It is unlawful for a person to purchase, possess, administer or furnish a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321 and/or NRS 454.356.

10. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

11. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.281(1); NRS 639.2813(1).

12. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

VIOLATIONS OF LAW ALLEGED

13. Bararia has purchased, accessed, stored, possessed, administered, furnished, prescribed and/or dispensed controlled substances and dangerous drugs and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state. This constitutes a violation of Nevada law, including NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813, and NRS 639.310. This also constitutes a violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05.

14. Khalek, Chancellor and Hoffman have been charged in a corresponding administrative action, Case Nos. 19-003-A-S, 19-003-B-S, and 19-003-C-S.

NOTICE OF HEARING

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the at the Hilton Garden Inn located at 7830 South Las Vegas Blvd., Las Vegas, Nevada.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

DATED this 3rd day of August, 2020.


 J. David Wuest, R.Ph., Executive Secretary
 Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of August, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Vinay Kumar Bararia, MD
[REDACTED] S. Ft. Apache Rd., Ste. [REDACTED]
Las Vegas, NV 89148

Vinay Kumar Bararia, MD
[REDACTED] N DURANGO DR [REDACTED]
Las Vegas, NV 89149

E. Brent Bryson, Esq.
7730 W. Sahara Avenue – Suite 109
Las Vegas, NV 89117


SHIRLEY HUNTING



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

PHONE (775) 850-1440 • FAX (775) 850-1444

E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

July 7, 2020

VIA CERTIFIED U.S. MAIL AND PERSONAL SERVICE

Vinay Kumar Bararia, MD
Nevada Health Services, LLC aka Trimcare
[REDACTED] South Fort Apache Road, Suite [REDACTED]
Las Vegas, NV 89148

Re: CEASE and DESIST/CITATION: Unlicensed Practice (Case No. 19-003-S)

Dear Dr. Bararia:

The Nevada State Board of Pharmacy (BOP) has determined that you are possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from your practice in violation of federal and state law. Specifically, you do not hold an active license from the Nevada State Board of Medical Examiners since surrendering your License No. 11355 on March 8, 2013, and you are not registered with the BOP.

You have violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(1)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.2355, NRS 639.2813, NRS 639.310, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05.

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from your practice. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for your unlicensed practice. The Board has assessed you an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check, certified check or money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. See NRS 639.2895(2).

Please be aware that the forgoing does not preclude the filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

6B



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SANDRA BLEDSOE, D/B/A VIP FACES,

Respondent.

Case No. 21-042-S

STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

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

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about May 3, 2021, a Cease and Desist/Citation and Fine was served upon Respondent Sandra Bledsoe (Bledsoe) alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. From approximately July 15, 2015, to at least February 14, 2016, Bledsoe owned and operated VIP Faces, located at 1900 East Desert Inn Road in Las Vegas.
2. Bledsoe is not a licensed practitioner in Nevada.
3. Bledsoe retained Frank P. Silver, MD (Silver), as supervising physician and medical director of VIP Faces, and engaged in the unlawful use of Silver's authority as a licensed practitioner to operate VIP Faces and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs.
4. Bledsoe and/or the staff of VIP Faces unlawfully provided on-site medical treatment, including the administration of dangerous drugs through cosmetic injections, to patients who had not been examined by a practitioner to determine whether a dangerous drug was medically necessary, and without direct supervision from a practitioner.
5. Bledsoe and/or the staff of VIP Faces unlawfully performed cosmetic injections of Botox, Juvaderm and B12 Vitamin Complex.

6. Bledsoe and/or the staff of VIP Faces unlawfully counseled patients regarding their medical treatment, including the administration of dangerous drugs.

7. Bledsoe purchased, possessed and stored an unsecured stock of dangerous drugs at VIP Faces, and failed to properly segregate and/or dispose of adulterated and/or expired dangerous drugs.

8. On or about November 17, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-4041-1, and imposed discipline on Dr. Silver's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r)), related to his failure to adequately supervise Bledsoe in the operation of VIP Faces, and NRS 630.306(1)(b)(3), related to Bledsoe possessing and administering dangerous drugs to patients. *See* EXHIBIT A hereto.

9. On or about June 2, 2021, the Nevada State Board of Pharmacy entered an Order in Case No. 21-001-CS-S, and imposed discipline on Dr. Silver's Nevada controlled substance registration, Certificate of Registration No. CS04120, and a dispensing practitioner registration, Certificate of Registration No. PD00433, related to his failure to put into practice policies and procedures within VIP Faces to ensure that dangerous drugs, *to wit*, cosmetic injectables, were purchased, accessed, stored, possessed, administered, furnished and/or dispensed to patients in compliance with NRS 454.213(1), NRS 454.221 and/or NRS 454.316. *See* EXHIBIT B hereto.

10. On or about June 2, 2021, Bledsoe appealed the Cease and Desist/Citation and Fine and requested a hearing before the Board.

APPLICABLE LAW

1. No person may purchase, access, store, possess, administer, furnish and/or dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213; NRS 454.221; NRS 454.31; NRS 454.316; NRS 454.321; NRS 454.356.

2. A practitioner can give a medical assistant limited authority to possess and administer dangerous drugs pursuant to of NRS 454.213(1)(u), which states in relevant part:

[A] drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . [a] medical assistant, in accordance with applicable regulations of the:

(1) Board of Medical Examiners, *at the direction of the prescribing physician and under the supervision of a physician or physician assistant.*

(2) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

NRS 454.213(1)(u) (*emphasis added*); *see also* NRS 639.100(1).

3. It is a felony offense to knowingly or intentionally obtain possession of a dangerous drug by misrepresentation, fraud, forgery, deception, subterfuge or alteration. NRS 454.311(1).

4. It is a criminal offense to possess a dangerous drug in violation of Nevada law. NRS 454.316(1).

5. It is a felony offense to furnish any dangerous drug in violation of Nevada law. NRS 454.221(1).

6. It is a felony offense to perform a surgical procedure on another person without a license. NRS 200.840(1).

7. It is unlawful for any person to have in his or her possession, or under his or her control, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation or drug which is no longer safe or effective for use, as indicated by the expiration date appearing on its label, or adulterated. 21 U.S.C. § 331; 21 U.S.C. § 351; 21 CFR § 211.137; NRS 585.370; NRS 585.520; NRS 639.282(1)(d).

8. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601(1).

FIRST CAUSE OF ACTION
Violations of Federal and State Law

9. By engaging in unlicensed practice as alleged herein, Bledsoe has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 351, 21 CFR § 211.137, NRS 200.840(1), NRS 454.213, NRS 454.221(1), NRS 454.311(1), NRS 454.316(1), NRS 454.321, NRS 454.356, NRS 585.370, NRS 585.520, NRS 639.100(1), NRS 639.282(1)(d), NAC 639.601(1) and/or NAC 639.637-.640.

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. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

**Home2 Suites Las Vegas Strip South
 7740 Las Vegas Blvd. South
 Las Vegas, NV 89123**

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

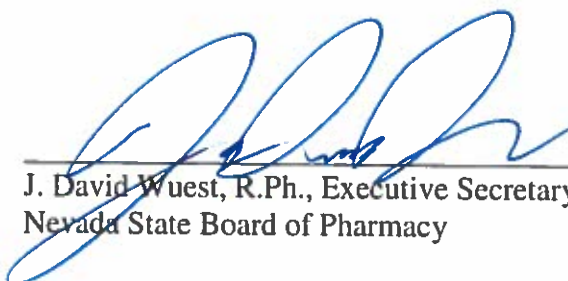
or

**Via Teleconference at 1 (669) 900-6833
 Meeting ID: 588 625 6671**

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the

Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

DATED this 23rd day of July, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy



Nevada State Board of Medical Examiners

IN THE MATTER OF CHARGES AND COMPLAINT AGAINST
FRANK P. SILVER, M.D.
SETTLEMENT AGREEMENT

Case No: 20-4041-1

Date: December 4, 2020

ADJUDICATING MEMBERS

Rachakonda D. Prahbu, M.D.
Victor M. Muro, M.D.
Weldon Havins, M.D., J.D.
Ms. Maggie Arias-Petrel
Bret W. Frey, M.D.

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1. FIRST AMENDED COMPLAINT
2. SETTLEMENT AGREEMENT

1

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 20-4041-1

Against:

FRANK P. SILVER, M.D.,

Respondent.

FILED

NOV 17 2020

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

By: 

FIRST AMENDED COMPLAINT

The Investigative Committee (IC)¹ of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Frank P. Silver, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter 630 (collectively Medical Practice Act), hereby issues its First Amended Complaint (Complaint), stating the IC's charges and allegations as follows:

Respondent's Licensure Status

1. Respondent is currently licensed in active status (License No. 2641), and has been licensed by the Board since August 8, 1972. Respondent is a medical doctor specializing in gynecology and infertility. At all times alleged herein, Respondent was licensed in an active status by the Board pursuant to the provisions of the Medical Practice Act.

Statement of Nevada Law Applicable to "Medical Spas" and "Medical Doctors"

Delegating Practitioners, Medical Assistants, and the Unlicensed Practice of Medicine

2. Pursuant to NRS 630.400(1)(d), it is unlawful for any person to practice medicine without being licensed by the Board under NRS Chapter 630, or by another medical professional licensing board pursuant to NRS Chapters 631 to 637, inclusive, 639, or 640.

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¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chairman, Mr. M. Neil Duxbury and Aury Nagy, M.D.

3. Pursuant to NRS 630.020, the “practice of medicine” means either (1) to diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy, or (2) to apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions, or (3) to perform any of the acts described in subsections (1) and (2) by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States, or (4) to offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections (1) and (2).

4. Pursuant to NRS 630.305(1)(e), a Nevada physician or physician assistant (practitioner) may not aid, assist, employ or advise, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of the Medical Practice Act, and doing so is grounds for initiating disciplinary action or denying licensure.

5. Pursuant to the Medical Practice Act, the only means by which a practitioner may lawfully aid, assist, employ or advise, directly or indirectly, an unlicensed person to engage in the practice of medicine is by delegating specific tasks to an adequately supervised and trained “medical assistant.” Pursuant to NRS 630.0129, a “medical assistant” means a person who (a) performs clinical tasks under the supervision of a physician or physician assistant; and (b) does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks; and the term does not include a person who performs only administrative, clerical, executive or other nonclinical tasks.

6. Pursuant to NRS 630.306(1)(r), a practitioner must supervise adequately a medical assistant, and failing to do so is grounds for initiating disciplinary action or denying licensure.

7. Pursuant to NAC 630.830, a delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to a medical assistant. Pursuant to NAC 630.810(1), a delegating practitioner may not delegate tasks to a medical assistant unless: (a) the delegating practitioner knows that the medical assistant possesses the knowledge, skill and

1 training to perform the task safely and properly; (b) the medical assistant is not required to be
 2 certified or licensed to perform that task; (c) the medical assistant is employed by the delegating
 3 practitioner or the medical assistant and the delegating practitioner are employed by the same
 4 employer; and (d) the employer of the medical assistant has complied with the requirements of
 5 subsection 2 as they relate to the task.

6 8. Pursuant to NAC 630.820, a delegating practitioner may not supervise remotely a
 7 medical assistant, except in a specific case of emergency in a rural area.²

8 9. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a
 9 medical assistant is delegated a task which involves an "invasive procedure,"³ the delegating
 10 practitioner must be immediately available to exercise oversight in person while the medical
 11 assistant performs the task.

12 10. The term "medical director" is not recognized or defined under any Nevada law or
 13 regulation pertaining to the professional conduct and responsibility of licensed medical
 14 professionals, and no law authorizes so-called "medical directors" to violate or circumvent the
 15 aforementioned statutes and regulations of the Medical Practice Act.

16 11. Accordingly, pursuant to NRS 630.400(1)(d), NRS 630.305(1)(e), and
 17 NRS 630.0129, and NAC 630.800 to NAC 630.840:

18 a. If a practitioner, whether by serving as a so-called "medical director" or by
 19 some other relationship or circumstance, aids, assists, employs or advises, directly or
 20 indirectly, any unlicensed person to engage in the practice of medicine, then the practitioner
 21 may lawfully do so only by delegating tasks to an adequately supervised, competent and properly
 22 trained medical assistant.

23
 24 ² Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b)
 25 the delegating practitioner is physically located a significant distance from the location where the task is to be
 26 performed; (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention;
 27 (d) the patient and the delegating practitioner previously established a practitioner-patient relationship; and (e) the
 delegating practitioner is immediately available by telephone or other means of instant communication during the
 performance of the task by the medical assistant. As used in NAC 630.820, "rural area" means any area in this State
 other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

28 ³ The Medical Practice Act does not define "invasive procedure," however, NAC 449.9733, pertaining to
 Medical Facilities, defines "invasive procedure" as "a medical procedure involving entry into the human body by
 puncture or incision or by insertion of an instrument,"

b. If a practitioner, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, and if the practitioner has not done so by delegating specific tasks to an adequately supervised, competent and properly trained medical assistant, then: (1) that unlicensed person has violated NRS 630.400(1)(d), by practicing medicine without a license; and (2) that practitioner has violated NRS 630.305(1)(e), and is subject to discipline for aiding and assisting the unlicensed practice of medicine.

c. If a practitioner delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, then the practitioner remains professionally responsible for the safety and performance of each task, and remains professionally responsible for ensuring that the proper employment relationships exist, that the medical assistant is properly knowledgeable, trained and skilled, that the medical assistant is adequately supervised, and that the practitioner is nearby to supervise the specific medical tasks delegated, and, if it is an invasive medical task, then he or she must be immediately available to exercise oversight in person while the medical assistant performs the task.

d. If a practitioner delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, and if the practitioner fails to adequately supervise that medical assistant as required under the circumstances, then that physician or physician assistant has violated NRS 630.306(1)(r), and is subject to discipline for failing to adequately supervise a medical assistant.

Cosmetologists, "Medical Spas," "Medical Estheticians," & Unlicensed Practice of Medicine

12. Pursuant to NRS 644A.030, a licensed "cosmetologist" is not authorized by such license to practice medicine in any way. Rather, a licensed cosmetologist is authorized to perform only non-medical, cosmetological services, such as cleansing, stimulating or massaging the scalp or cleansing or beautifying the hair by the use of cosmetic preparations, antiseptics, tonics, lotions or creams, cutting, trimming or shaping the hair, removing hair by the use of electrolysis, depilatories, waxing, or sugaring, except for the permanent removal of hair with needles,

manicuring nails, massaging the skin, giving facials, and other miscellaneous non-medical, cosmetological services. Likewise, pursuant to NRS 644A.065, a licensed "esthetician" is not authorized to practice medicine in any way. Instead, pursuant to NRS 644A.075, a licensed esthetician is licensed to engage in "[b]eautifying, massaging, cleansing or stimulating the skin of the human body by the use of cosmetic preparations, antiseptics, tonics, lotions or creams or any device, electrical or otherwise, for the care of the skin," "[a]pplying cosmetics, eyelash extensions or eyelashes to any person, tinting eyelashes and eyebrows, eyelash perming and lightening hair on the body," and "[r]emoving superfluous hair from the body of any person by the use of depilatories, waxing, tweezers or sugaring."

13. Pursuant to NAC 644A.790 a cosmetologist and esthetician is further explicitly prohibited from performing "invasive procedures," which is defined as "an act that affects the structure or function of the skin other than the uppermost layers of the skin," and which for the sake of regulating the practice of cosmetologists and estheticians includes, without limitation, (a) the application of electricity for the sole purpose of contracting a muscle, (b) the application of a topical lotion, cream or other substance which affects anything other than the uppermost layers of the skin, (c) the penetration of the skin by needles, and (d) the abrasion of the skin below the uppermost layers of the skin.

14. There is no such license as "medical esthetician"⁴ or "medical cosmetologist" authorized by any Nevada law or issued by any Nevada sanctioned professional licensing body. The term "medical esthetician" is not recognized or defined under any Nevada law or regulation pertaining to the professional conduct and responsibility of licensed medical professionals, and no law authorizes cosmetologists or estheticians to violate or circumvent the aforementioned statutes and regulations of the Nevada Medical Practice Act by referring to themselves as "medical estheticians" or "medical cosmetologists."⁵

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⁴ Esthetician is sometimes spelled "aesthetician." Nevada law in NRS Chapter 644A refers to "esthetician," and, accordingly, this spelling is used throughout this Complaint.

⁵ In fact, use of the title "medical esthetician" or "medical cosmetologist" by individuals licensed by the Nevada State Board of Cosmetology (NSBC) is prohibited in Nevada. It is grounds for disciplinary action by the NSBC if a licensee uses the term "expert," "advanced," or "medical" in connection with the description of his or her practice. See NAC 644A.870(2).

1 15. Accordingly, a Nevada licensed cosmetologist or esthetician may not practice
2 medicine in any way, or perform invasive medical procedures or medical services of any kind,
3 except as a "medical assistant" to a Nevada licensed medical professional, i.e., either as the
4 medical assistant of a Nevada licensed physician or physician assistant pursuant to
5 NRS 630.0129, et. seq., and NAC 630.800 to NAC 630.830, as described above, or similarly as
6 another type of professional "assistant," "hygienist," "technician," or other such designation,
7 who is delegated tasks by and under the direct supervision of another medical professional
8 who is duly licensed pursuant to NRS Chapters 631 to 637, inclusive, 639, or 640.

9 16. If a cosmetologist or esthetician practices or purports to practice medicine in any
10 way, unless he or she acts as a medical assistant and is delegated tasks and is properly
11 supervised by a professional medical practitioner, then he or she is violating
12 NRS 630.400(1)(d) by practicing medicine without a license.

13 **Nevada Pharmacy Laws Regarding Dangerous Drugs and Hypodermic Devices**

14 17. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation
15 adopted by the Nevada State Board of Pharmacy (Pharmacy Board) is grounds for initiating
16 disciplinary action against a licensee.

17 18. Pursuant to NRS 454.201, a "dangerous drug" is "any drug, other than a controlled
18 substance, unsafe for self-medication or unsupervised use, and includes, the following, (1) any
19 drug which has been approved by the Food and Drug Administration for general distribution and
20 bears the legend: 'Rx Only'; (2) procaine hydrochloride with preservatives and stabilizers
21 (Gerovital H3) in injectable doses and amygdalin (laetrile) which have been licensed by the State
22 Board of Health for manufacture in this State but have not been approved as drugs by the Food
23 and Drug Administration; or (3) any drug which, pursuant to the Board's regulations, may be sold
24 only by prescription because the Board has found those drugs to be dangerous to public health or
25 safety."

26 ///

27 ///

28 ///

1 19. Pursuant to NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense or
2 furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal
3 prescription or by a practitioner.

4 20. Pursuant to NRS 454.009, a "hypodermic" device is "any syringe, needle,
5 instrument, device or implement intended or capable of being adapted for the purpose of
6 administering drugs by subcutaneous, intramuscular or intravenous injection."

7 21. Pursuant to NRS 454.510, it is unlawful for any person to have in his or her
8 possession or under his or her control any hypodermic device (that is restricted by federal law to
9 sale by or on the order of a physician), unless the person has acquired possession of such device in
10 accordance with the provisions of NRS 454.480 to NRS 454.530, inclusive, that is, by sale
11 from a licensed pharmacist, on the prescription of a physician or other practitioner, which
12 prescription is filled as required by NRS 639.236, and may be refilled as authorized by the
13 prescriber.

14 22. Accordingly, pursuant to NRS 454.009, NRS 454.201, NRS 454.316, NRS 454.321
15 and NRS 454.510, a Nevada licensed cosmetologist and/or aesthetician is not permitted by
16 Nevada law to possess, control, access, prescribe, administer, and/or dispense dangerous drugs or
17 hypodermic devices, except as a medical assistant under the direct supervision of a Nevada
18 licensed physician, physician assistant, or other licensed medical professional, and then only if
19 otherwise permitted and in compliance with laws of regulating pharmacies and pharmaceuticals.

20 23. NAC 639.742(1) provides that a practitioner who wishes to dispense
21 dangerous drugs must apply to the Pharmacy Board for a certificate of registration to dispense
22 dangerous drugs. A practitioner must submit a separate application for each site of practice,
23 including, without limitation, telepharmacy, remote site or satellite consultation site, from which
24 the practitioner wishes to dispense dangerous drugs.

25 24. NAC 639.742(2) provides that if a facility from which the practitioner intends to
26 dispense dangerous drugs is not wholly owned and operated by the practitioner, the owner or
27 owners of the facility must also submit an application to the Pharmacy Board for a license to do
28 so.

25. NAC 639.742(3) provides, in pertinent part, that a dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745.⁶
- (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
- (f) All drugs are dispensed only to the patient personally at the facility;
- (g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient.
- (h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

⁶ NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs. (NRS 639.070, 639.0727) 1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs, including, without limitation, a dispensing practitioner, and who dispenses such products for use by the practitioner's patients outside his or her presence shall: (a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include: (1) The name of the patient and, if not readily available from the practitioner's records, the patient's address; (2) The name, strength and quantity of the prescribed controlled substance or dangerous drug; (3) The directions for use; (4) The date the prescription was issued; and (5) A unique identifying number. (b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480. (c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375. (d) Ensure that each package or container, in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801. (e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements. (f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section. 2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing. 3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is: (a) Maintained on paper, the record must: (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440; (2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and (3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location. (a) Maintained in a computer, the record must: (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440; (2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and (3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

26. NAC 639.742(4)(a) to NAC 639.742(b) provides, in part, that with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may enter the room or cabinet in which drugs are stored, or remove drugs from stock.

27. NAC 639.945(1) provides, in pertinent part, that the following acts or practices by a holder of any license, certificate or registration issued by the Pharmacy Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(a) Manufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations.

(b) Except as otherwise provided in NRS 639.2583 to 639.2808, inclusive, for substitutions of generic drugs, dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed, unless the express permission of the orderer or prescriber is obtained and, in the case of a written prescription, unless the following information is recorded on the prescription by the person obtaining permission:

- (1) The date on which the permission was granted;
- (2) The name of the practitioner granting the permission;
- (3) The name of the person obtaining the permission;
- (4) The name of the drug dispensed; and
- (5) The name of the manufacturer or distributor of the drug

(c) Using secret formulas.

(d) Except as otherwise provided by subsection 2 of NRS 639.2396, failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person except as permitted by law.

(e) Failing to confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned.

(f) Operating a pharmacy at a location other than the location at which the pharmacy is licensed to operate.

(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.

(h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.

(i) Performing any of his or her duties as the holder of a license,

certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

(j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.

(k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.

(l) Violating any term or condition of a subpoena or order issued by the Board or the staff of the Board.

(m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.

(n) Dispensing a drug as a dispensing practitioner of a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

28. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or her employ.

29. NAC 639.945(3) provides that, for purposes of applying Pharmacy Board regulations, a bona-fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics, by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

30. Accordingly, any physician or physician assistant who—whether by serving as a so-called “medical director” of, or by furnishing dangerous drugs or hypodermic devices to, or by some other relationship or circumstance with any “medical spa” wherein dangerous drugs or hypodermic devices are possessed, controlled, accessed, prescribed, administered, and/or dispensed—engages in conduct that violates any regulation adopted by the Pharmacy Board, including but not limited to NAC 639.742(1)–(3), (4)(a)–(b), or 639.945(1)–(3), has violated the Nevada Medical Practice Act and is subject to discipline by the Board.

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Respondent's Medical Directorship of Sandra Bledsoe

31. At all relevant times alleged herein, Respondent was an OB/GYN in Las Vegas, Nevada.

32. On or about July 15, 2015, Respondent entered into an agreement (Agreement) with an individual identified as Sandra Bledsoe (Bledsoe). This Agreement allowed Bledsoe to inject Botox, Juvaderm and B12 Vitamin Complex to cosmetic clients, and Respondent acted as supervising physician/Medical Director for VIP Faces, located at 1900 East Desert Inn Road, Las Vegas, Nevada 89169, which was located within the offices of the Desert Inn Women's Clinic. Desert Inn Medical Center owned and operated Desert Inn Women's Clinic at that time. This Agreement provided VIP Faces would pay Desert Inn Medical Center one thousand dollars (\$1,000.00) per month for utilization of two rooms for VIP Faces to perform cosmetic injections using Botox and Juvederm. Also, VIP Faces agreed to refer to Respondent weight loss patients if requested by the client. As Medical Director of VIP Faces, Respondent would examine some, but not all, of VIP Faces clients.

33. On February 24, 2016, the Board's investigators and investigators from the Pharmacy Board inspected VIP Faces located at 1900 E. Desert Inn Road, Las Vegas, NV. Bledsoe was not present during this inspection. However, Respondent was present and stated the following: that he was the supervising physician/Medical Director of VIP Faces, which was owned by Bledsoe, whom he had known for about a year. Unlike his other OB-GYN patients, Respondent did not have a physician-patient relationship with Bledsoe's VIP Faces cosmetic patients. Respondent also stated that he did not examine Bledsoe's cosmetic patients and saw them as they came out of VIP Faces rooms. Respondent did not establish a bona-fide medical relationship with Bledsoe's clients unless they requested other medical care, such as weight loss or gynecology. If a client requested a weight-loss program, then Respondent would examine the patient and prescribe Phentermine as part of their weight loss program. Inspectors found in a refrigerator one used vial of Botox one hundred (100) units with approximately fifty (50) units remaining and two more unopened boxes of Botox units. Respondent admitted that he allowed Bledsoe to act like a medical assistant in ordering products from drug makers Allergan and

1 McKesson utilizing Respondent's DEA number, but did not know exactly how much Bledsoe was
2 ordering for VIP Faces' use or her own personal use.

3 34. Bledsoe routinely injected clients with Botox, and Juvederm without Respondent's
4 medical supervision, and without Respondent's medical orders or instructions. Bledsoe also
5 injected B-12 vitamin for clients after approval by Respondent. VIP Faces held itself out to the
6 public as a "medical spa" "specializing" in injectable cosmetic procedures and "medical" weight-
7 loss.

8 35. Respondent was not a manager, agent, officer or employee of VIP Faces.

9 36. Respondent had no ownership or member interest in VIP Faces, but he had a
10 contractual authority, pursuant to the aforementioned Agreement. Respondent had a statutory duty
11 to manage the medical-related affairs of VIP Faces in compliance with the Medical Practice Act.

12 37. Neither Bledsoe nor other independent contractors of VIP Faces were employed by
13 Respondent during the time Respondent served as Medical Director of VIP Faces.

14 38. At all times relevant to the facts alleged herein, neither Bledsoe, nor her
15 independent contractors of VIP Faces were licensed by any Nevada professional licensing board
16 pursuant to NRS chapters 630 to 637, inclusive, 639 or 640 or licensed to practice medicine in the
17 State of Nevada.

18 39. Other than Respondent as Medical Director no person in any way affiliated with
19 VIP Faces held a medical license issued by the Nevada Medical Board.

20 40. Bledsoe was neither a Nevada licensed cosmetologist nor a Nevada licensed
21 esthetician.

22 41. During Respondent's supervision as Medical Director pursuant to the Agreement,
23 VIP Faces' records failed to indicate that Respondent adequately supervised, contacted or
24 consulted Bledsoe.

25 42. Respondent has been licensed in active status (License No. PD00433) by the
26 Pharmacy Board since September 12, 2013, to dispense prescription drugs at the following
27 location: 1900 E. Desert Inn Road, Suite B, Las Vegas, Nevada 89169.

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1 43. Respondent prescribed prescription-strength Botox; the aforementioned drugs and
2 hypodermic devices are available only by prescription, and are dangerous drugs as defined by
3 NRS 454.201. However, Respondent failed to supervise the amounts ordered and received by VIP
4 Faces, as Bledsoe solely controlled their possession.

5 44. As a result, Respondent, negligently through his lack of supervision, provided the
6 aforementioned dangerous drugs and hypodermic devices in the sole possession, custody and
7 control to Bledsoe.

8 45. During Respondent's agreement as Medical Director of VIP Faces, Bledsoe
9 provided medical treatment, and/or prescriptions, and/or administered dangerous drugs, and/or
10 utilized hypodermic devices, to VIP Faces' patients.

11 46. During Respondent's supervision pursuant to the Agreement, the conduct by
12 Bledsoe constitutes the practice of medicine in Nevada.

13 47. During Respondent's supervision pursuant to the Agreement on the date of
14 inspection, VIP Faces' medical records contained no entries for patient history, notes, examination
15 findings, procedures performed, or therapeutic procedures performed by Respondent, unless the
16 patient was referred by VIP Faces for weight loss or other gynecological procedures.

17 48. During Respondent's supervision pursuant to the Agreement, Bledsoe at her
18 discretion, ordered Botox and Juvederm prescribed by Respondent for utilization at VIP Faces
19 without adequate supervision by Respondent.

20 49. Botox and Juvederm were stored in a secure, locked room or cabinet to which
21 the Respondent and Bledsoe had access to. Respondent did not supervise Bledsoe's access to
22 these dangerous drugs and/or hypodermic devices.

23 50. Botox is introduced hypodermically, that is, subcutaneously.

24 51. During Respondent's supervision as Medical Director pursuant to the Agreement,
25 Bledsoe injected the aforementioned dangerous drugs and utilized hypodermic devices without a
26 dispensing license as required by the Pharmacy Board.

27 52. During Respondent's supervision as Medical Director pursuant to the Agreement,
28 Respondent was not always present when Bledsoe injected the aforementioned dangerous drugs.

53. During Respondent's supervision as Medical Director pursuant to the Agreement, Respondent neither received personally nor accounted for personally the dangerous drugs and/or hypodermic devices utilized for injections administered by Bledsoe.

a. The dangerous drugs and the use of hypodermic devices were not dispensed in accordance with NAC 639.745. Respondent did not have a bona-fide therapeutic relationship with some of the VIP Faces patients at issue.

b. Respondent personally did not inject the drugs dispensed in VIP Faces' two rooms, Respondent failed to assure through supervision that they were dispensed only for medically necessary purposes and according to prevailing standards of care, nor did he assure that a certificate for each dispensing technician employed at the facility was displayed in the room or cabinet in which drugs were stored.

54. Respondent failed to adequately supervise Bledsoe to ensure that she possessed the knowledge, skill, and training to perform injections on clients and/or patients safely and properly.

COUNT I

NRS 630.306(1)(r): Failure to Adequately Supervise

55. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

56. NRS 630.306(1)(r) provides that a failure to supervise adequately a medical assistant pursuant to the regulations of the Board is an act that constitutes grounds for initiating disciplinary action against a licensee.

57. By the conduct described herein, Respondent failed to supervise adequately, or supervise properly Bledsoe, and any contractors of VIP Faces in their performance of medical tasks as Medical Director pursuant to the Agreement.

58. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

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COUNT II

NRS 630.306(1)(b)(3): Engaging in Conduct That Violated Pharmacy Board Regulations

59. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

60. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action against a licensee.

61. By the conduct described herein, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including, but not limited to NAC 639.742(1)–(3), (4)(a)–(b), 639.945(1)–(3).

62. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

WHEREFORE, the IC prays:

1. That the Nevada State Board of Medical Examiners give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Nevada State Board of Medical Examiners set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Nevada State Board of Medical Examiners determine the sanctions it will impose if it finds Respondent violated the Medical Practice Act;

4. That the Nevada State Board of Medical Examiners make, issue and serve upon the Respondent, in writing, its findings of fact, conclusions of law and order, which shall include the sanctions imposed; and,

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1 5. That the Nevada State Board of Medical Examiners take such other and further
2 action as may be just and proper in these premises.

3 Dated this 17 day of November, 2020.

4 INVESTIGATIVE COMMITTEE OF THE
5 NEVADA STATE BOARD OF MEDICAL EXAMINERS

6 By: 
7 Robert Kilroy, Esq., J.D., General Counsel
8 Attorney for the Investigative Committee
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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1 VERIFICATION

2 STATE OF NEVADA)
 3) : ss.
 4 COUNTY OF WASHOE)

5 Mr. M. Neil Duxbury, having been duly sworn, hereby deposes and states under penalty of
 6 perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of
 7 Medical Examiners that authorized the Complaint against the Respondent herein; that he has read
 8 the foregoing Complaint; and that based upon information discovered in the course of the
 9 investigation into a complaint against Respondent, he believes that the allegations and charges in
 10 the foregoing Complaint against Respondent are true, accurate and correct.

11 DATED this 17 day of November, 2020.

12 INVESTIGATIVE COMMITTEE OF THE
 13 NEVADA STATE BOARD OF MEDICAL EXAMINERS

14 M. Neil Duxbury

15 M. Neil Duxbury, Chairman
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1 **CERTIFICATE OF SERVICE**

2 I hereby certify that I am employed by the Nevada State Board of Medical Examiners and
3 that on the 17th day of November, 2020, I served a file-stamped copy of the foregoing **FIRST**
4 **AMENDED COMPLAINT**, via Electronic Mail to the following parties:

5 Valerie I. Fujii, Esq.
6 c/o Frank P. Silver, M.D.
7 Law Offices of Valerie I. Fujii & Associates
8 val@fujii-lawlv.com

9 DATED this 17th day of November, 2020.

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11 Mercedes Fuentes, Legal Assistant
12 Nevada State Board of Medical Examiners
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**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

**In the Matter of Charges and Complaint
Against
FRANK P. SILVER, M.D.,
Respondent.**

Case No. 20-4041-1

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert G. Kilroy, Esq., General Counsel for the Board and attorney for the IC, and Frank P. Silver, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Valarie I. Fujii, Esq., of the Law Offices of Valarie I. Fujii & Associates, hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on August 8, 1972 (License No. 2641).

2. On November 6, 2020, in Case No. 20-8462-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.306(1)(r), Failure to Adequately Supervise Medical Assistant Medical Assistant (Count I), and one (1) violation of NRS 630.306(1)(b)(3), Engaging in Conduct That Violated Pharmacy Board Regulations (Count II).

¹ All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

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1 3. By reason of the foregoing, Respondent is subject to discipline by the Board as
 2 provided in NRS 630.352.

3 4. Respondent was properly served with a copy of this Complaint, has reviewed and
 4 understands this Complaint, and has had the opportunity to consult with competent counsel
 5 concerning the nature and significance of this Complaint.

6 5. Respondent is hereby advised of his rights regarding this administrative matter, and of
 7 his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has
 8 certain rights in this administrative matter as set out by the United States Constitution, the Nevada
 9 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in
 10 NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in
 11 NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the
 12 Complaint, the right to representation by counsel, at his own expense, in the preparation and
 13 presentation of his defense, the right to confront and cross-examine the witnesses and evidence against
 14 him, the right to written findings of fact, conclusions of law and order reflecting the final decision of
 15 the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

16 6. Respondent understands that, under the Board's charge to protect the public by
 17 regulating the practice of medicine, the Board may take disciplinary action against Respondent's
 18 license, including license probation, license suspension, license revocation and imposition of
 19 administrative fines, as well as any other reasonable requirement or limitation, if the Board
 20 concludes that Respondent violated one or more provisions of the Medical Practice Act.

21 7. Respondent understands and agrees that this Agreement, by and between
 22 Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the
 23 Board for consideration in open session at a duly noticed and scheduled meeting. Respondent
 24 understands that the IC shall advocate for the Board's approval of this Agreement, but that the
 25 Board has the right to decide in its own discretion whether or not to approve this Agreement. If
 26 the Board does not agree and approve this Agreement, then Respondent may rescind this
 27 Agreement in its entirety. Respondent understands and agrees that if the Board approves this
 28 Agreement, then the terms and conditions enumerated below shall be binding and enforceable

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1 upon him and the Board.

2 **B. TERMS & CONDITIONS**

3 **NOW, THEREFORE**, in order to resolve the matters addressed herein, i.e., the matters
 4 with regard to the Complaint, Respondent and the IC hereby agree to the following terms and
 5 conditions:

6 1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a
 7 physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set
 8 forth in the Medical Practice Act.

9 2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.**
 10 Respondent acknowledges he is represented by counsel, and wishes to resolve the matters
 11 addressed herein with said counsel. Respondent agrees that if representation by counsel in this
 12 matter materially changes prior to entering into this Agreement and for the duration of this
 13 Agreement, that counsel for the IC will be timely notified of the material change. Respondent
 14 agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to
 15 have a full consultation with and upon the advice of legal counsel.

16 3. **Waiver of Rights.** In connection with this Agreement, and the associated terms
 17 and conditions, if the Board approves this Agreement, and all conditions, then Respondent
 18 knowingly, willingly and intelligently waives all rights in connection with this administrative
 19 matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under
 20 the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the
 21 APA, and any other legal rights that may be available to him or that may apply to him in
 22 connection with the administrative proceedings resulting from the Complaint filed in this matter,
 23 including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and
 24 imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to
 25 settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing
 26 or any further proceedings and without the right to judicial review.

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1 4. Acknowledgement of Reasonable Basis to Proceed. As of the time of entering
2 into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent
3 acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in
4 conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges
5 Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit
6 and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential
7 subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has
8 evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the
9 Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent
10 waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to
11 effectuate this Agreement.

12 5. Consent to Entry of Order. In order to resolve this Complaint pending against
13 Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent
14 engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly,
15 the following terms and conditions are hereby agreed upon:

16 a. Respondent admits to Count I (NRS 630.306(1)(r), Failure to Adequately
17 Supervise Medical Assistant Medical Assistant), and Count II (NRS 630.306(1)(b)(3), Engaging in
18 Conduct That Violated Pharmacy Board Regulations).

19 b. Respondent will pay the costs and expenses incurred in the investigation
20 and prosecution of the above-referenced matter within six (6) months of the Board's acceptance,
21 adoption and approval of this Agreement, the current amount being three thousand one-hundred
22 and forty-five dollars and forty-four cents (\$3145.44). not including any costs that may be
23 necessary to finalize this Agreement. Respondent shall make six (6) monthly payments of
24 \$524.24, with the first payment due on December 18, 2020, and last payment tendered no later
25 than June 4, 2021.

26 c. Respondent shall pay a fine of five hundred dollars (\$500.00) within sixty
27 (60) days of the Board's acceptance, adoption and approval of this Agreement.

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d. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

e. Respondent shall receive a Public Letter of Reprimand.

f. Any other claims arising from the following Board Investigation #15-15840, from which involved Respondent's association with Bledsoe/VIP Faces from 2015-2018, shall be dismissed with prejudice.

g. Respondent shall take three (3) hours of continuing medical education (CME) related to best practices for injectable fillers within the next three (3) months from the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board prior to their completion.

h. Respondent shall remain in his specialty of gynecology and infertility and with his pre-existing and established patients provide injectable fillers upon request; Respondent shall not engage in any medical spa related activities with any unlicensed individuals or entities.

6. **Release From Liability.** In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

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1 7. Procedure for Adoption of Agreement. The IC and counsel for the IC shall
2 recommend approval and adoption of the terms and conditions of this Agreement by the Board in
3 resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of
4 this Agreement, counsel for the IC may communicate directly with the Board staff and the
5 adjudicating members of the Board.

6 Respondent acknowledges that such contacts and communications may be made or
7 conducted ex parte, without notice or opportunity to be heard on his part until the public Board
8 meeting where this Agreement is discussed, and that such contacts and communications may
9 include, but may not be limited to, matters concerning this Agreement, the Complaint and any and
10 all information of every nature whatsoever related to this matter. The IC and its counsel agree that
11 Respondent and/or Counsel for the Respondent may appear at the Board meeting where this
12 Agreement is discussed and, if requested, respond to any questions that may be addressed to the
13 IC or the IC's counsel.

14 8. Effect of Acceptance of Agreement by Board. In the event the Board accepts,
15 approves and adopts this Agreement, the Board shall issue a final order, making this Agreement
16 an order of the Board, and, pending full compliance with the terms herein, the case shall be closed
17 and all remaining claims arising out of the Complaint shall be dismissed with prejudice. If Board
18 does not accept the settlement terms of this Agreement, then the Respondent may withdraw his
19 admissions(s) within this Agreement and may rescind the Agreement in its entirety.

20 9. Effect of Rejection of Agreement by Board. In the event the Board does not
21 accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and
22 effect except as to the following agreement regarding adjudications: (1) Respondent agrees that,
23 notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement
24 and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this
25 Agreement shall disqualify any member of the adjudicating panel of the Board from considering
26 this Agreement and from participating in disciplinary proceedings against Respondent, including
27 adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any
28 such member absent evidence of bad faith.

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1 10. Binding Effect. If approved by the Board, Respondent understands that this
 2 Agreement is a binding and enforceable contract upon Respondent and the Board.

3 11. Forum Selection Clause. The parties agree that in the event either party is
 4 required to seek enforcement of this Agreement in district court, the parties consent to such
 5 jurisdiction and agree that exclusive jurisdiction shall be in the Eighth Judicial District Court,
 6 State of Nevada, Clark County.

7 12. Attorneys' Fees and Costs. The parties agree that in the event an action is
 8 commenced in district court to enforce any provision of this Agreement, the prevailing party shall
 9 be entitled to recover reasonable attorneys' fees and costs.

10 13. Failure to Comply With Terms. Should Respondent fail to comply with any term
 11 or condition of this Agreement once the Agreement has been accepted, approved and adopted by
 12 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice
 13 medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed.
 14 Failure to comply with the terms of this Agreement, including failure to pay any fines, costs,
 15 expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may
 16 result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).
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Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 21 day of NOV, 2020.

INVESTIGATIVE COMMITTEE OF THE
 NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
 Robert Kilroy, Esq., General Counsel
 Attorney for the Investigative Committee

DATED this 24th day of November, 2020.

VALARIE I. FUJII & ASSOCIATES

By: *Valarie Ise Fujii*
 Valarie I. Fujii, Esq.
 Attorneys for Respondent

DATED this 28 day of NOVEMBER, 2020.

Frank P Silver M.D
 Frank P. Silver, M.D., Respondent



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**FRANK P. SILVER, MD,
Certificate of Registration Nos. CS04120 and
PD00433,**

Respondent.

Case No. 21-001-CS-S

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, 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 NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Frank P. Silver, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS04120, and a dispensing practitioner registration, Certificate of Registration No. PD00433, both issued by the Board.

FACTUAL ALLEGATIONS

2. On or about November 17, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-4041-1, and imposed discipline on Respondent's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r)), related to failure to adequately supervise a medical assistant, and NRS 630.306(1)(b)(3), related to engaging in conduct that violates Board regulations for possessing and administering dangerous drugs.

3. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent acted as supervising physician and medical director of VIP Faces, located at 1900 East Desert Road, Las Vegas, Nevada, at the time of the events alleged herein.

4. As detailed in the NSBME's order in Case No. 20-4041-1, Sandra Bledsoe (Bledsoe) owned and operated VIP Faces. Bledsoe is not a licensed as a practitioner in Nevada.

5. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe to act under his authority to operate VIP Faces and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs, specifically to perform cosmetic injections of Botox, Juvaderm and B12 Vitamin Complex, to patients who had not been examined by a practitioner.

6. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe and/or the staff of VIP Faces to administer dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary.

7. As detailed in the NSBME's order in Case No. 20-4041-1, with Respondent's knowledge and authorization, Bledsoe and/or the staff of VIP Faces provided on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections, without direct practitioner supervision.

8. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs and administer dangerous drugs to patients without his supervision.

9. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe and/or the staff of VIP Faces to counsel patients regarding their medical treatment, including the administration of dangerous drugs.

APPLICABLE LAW

10. No person may purchase, access, store, possess, administer, furnish and/or

dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213, NRS 454.221, NRS 454.316, NRS 454.321; NRS 454.356.

11. A practitioner can give a medical assistant limited authority to possess and administer dangerous drugs pursuant to of NRS 454.213(1)(u), which states in relevant part:

[A] drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . [a] medical assistant, in accordance with applicable regulations of the:

(1) Board of Medical Examiners, *at the direction of the prescribing physician and under the supervision of a physician or physician assistant.*

(2) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

NRS 454.213(1)(u) (*emphasis added*); *see also* NRS 639.100(1).

12. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

15. Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a *bona fide* therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n)

and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

17. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

18. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients without his direct supervision, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

19. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients without his direct supervision, Respondent performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

20. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients without his direct supervision, Respondent aided and abetted Bledsoe and/or the staff of VIP Faces in unlicensed practice and engaged in unprofessional conduct as defined in NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Unlawful Administration of Dangerous Drugs Without Bona Fide Therapeutic Relationship

21. By permitting Bledsoe and/or the staff of VIP Faces to administer dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(o), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION

Violations of State Law

22. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS Chapter 630 as detailed in the NSBME's

order in Case No. 20-4041-1, and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 and/or NRS 639.100(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

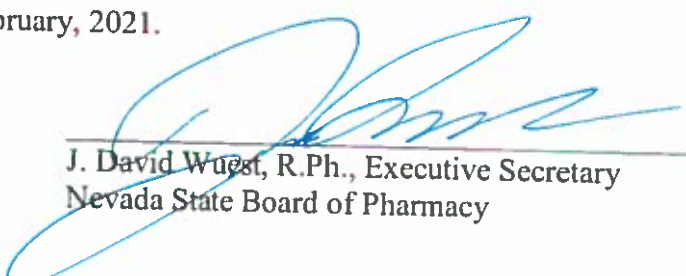
SIXTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

23. By violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-4041-1, and by violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 and/or NRS 639.100(1) as alleged herein, Respondent has committed acts that render his registrations to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

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

Signed this 15th day of February, 2021.


J. David Wuest, R.Ph., 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. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 21-001-CS-S

Petitioner,

v.

**FRANK P. SILVER, MD,
Certificate of Registration Nos. CS04120 and
PD00433,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF 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 and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, 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 show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, April 14, 2021, 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

**Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671**

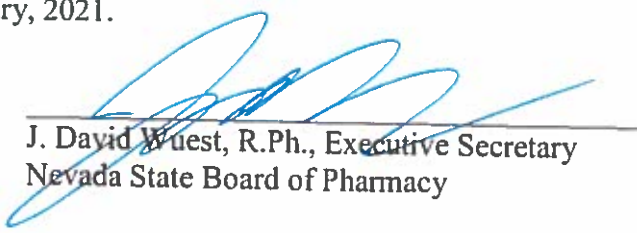
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 15th day of February, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 21-001-CS-S

Petitioner,

v.

**FRANK P. SILVER, MD,
Certificate of Registration Nos. CS04120 and
PD00433,**

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

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

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

DATED this _____ day of _____, 2021.

FRANK P. SILVER, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of February, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Frank Silver, MD
1900 E Desert Inn Rd
Las Vegas, NV 89169


SHIRLEY HUNTING



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case No. 21-001-CS-S

Petitioner,

v.

STIPULATION AND ORDER

**FRANK P. SILVER, MD,
Certificate of Registration Nos. CS04120 and
PD00433,**

Respondent.

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, by and through counsel, Richard A. Schonfeld, Esq., David Z. Chesnoff, Esq., and Valarie I. Fujii, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. On or about February 15, 2021, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.
2. On or about February 28, 2021, Respondent filed an Answer and Notice of Defense to the Accusation.
3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
4. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).
5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing which may be sufficient to establish a factual basis for the violations alleged therein, *to wit*, that:

A. On or about November 17, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-4041-1, and imposed discipline on Respondent's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r) and NRS 630.306(1)(b)(3);

B. Respondent at times failed to put into practice policies and procedures within VIP Faces to ensure that dangerous drugs, *to wit*, cosmetic injectables, were purchased, accessed, stored, possessed, administered, furnished and/or dispensed to patients in compliance with NRS 454.213(1), NRS 454.221 and/or NRS 454.316; and

C. Respondent engaged in conduct contrary to the public interest as defined in NAC 639.945(1).

7. Respondent has not any professional affiliation nor engaged in professional practice with VIP Faces for over three years.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.241(1) and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent admitting to the allegations in the Accusation,

the Board and Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, stipulate to the following:

A. Respondent shall pay a fine of Three-Thousand Dollars (\$3000.00) payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

B. Respondent shall pay One-Thousand Dollars (\$1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

C. Respondent shall establish policies and procedures within his practice to ensure that:

i. A bona fide relationship between the patient and the practitioner ordering a cosmetic injectable exists before the medication is ordered or administered;

ii. The practitioner who examines the patient and orders a cosmetic injectable maintains exclusive possession and control of the medication until after he or she creates a patient-specific and medication-specific order for the administration of the medication;

iii. To the extent a cosmetic injectable called for in an order is put into the control and possession of anyone other than a practitioner, the ordering practitioner personally gives control and possession of the medication to the non-practitioner and only gives the non-practitioner the specific medication in the specific quantity needed to fill the order; and

iv. All cosmetic injectables are kept in a locked storage area with access restricted to authorized persons.

D. Respondent shall comply with all federal and state statutes and regulations regarding cosmetic injectables.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 2, 2021. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter shall be heard by the Board. The terms herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations set forth in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of May, 2021

Signed this ____ day of May, 2021


FRANK P. SILVER, MD,
Certificate of Registration Nos.
CS04120 and PD00433


BRET LANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND
CONTENT this 21st day of May, 2021

APPROVED AS TO FORM AND
CONTENT this 21 day of May, 2021


RICHARD A. SCHONFELD, ESQ.
DAVID Z. CHESNOFF, ESQ.
Counsel for Respondent


VALARIE L. FUJII, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, in Case No. 21-001-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 2nd day of June, 2021.



Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of June, 2021, I served a true and correct copy of the foregoing document by electronic mail to rschonfeld@cslawoffice.net and by Certified U.S. Mail to the following:

Richard A. Schonfeld, Esq.
CHESNOFF & SCHONFELD
520 South Fourth Street
Las Vegas, NV 89101



BRETT KANDT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this, 27th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sandra Bledsoe c/o
Bret Whipple, Esq.
1100 S. 10th Street
Las Vegas, NV 89104


SHIRLEY HUNTING



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

PHONE (775) 850-1440 • FAX (775) 850-1444

E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

May 3, 2021

VIA CERTIFIED U.S. MAIL

9171 9690 0935 0252 0549 40

Sandra Bledsoe
c/o Revenge MD
2405 W. Horizon Ridge Pkwy #100
Henderson, Nevada 89052

Re: CITATION/FINE: Unlicensed Activity (Case No. 21-042-S)

Dear Ms. Bledsoe:

The Nevada State Board of Pharmacy (Board) has determined that from approximately July 15, 2015, to at least February 14, 2016, in the course of your ownership and operation of VIP Faces, located at 1900 East Desert Inn Road in Las Vegas, you engaged in unlicensed activity and fraudulently representing yourself to be a practitioner as follows:

1. You and/or the staff of VIP Faces unlawfully purchased, accessed, stored, possessed, administered, furnished and/or dispensed dangerous drugs, specifically performing cosmetic injections of Botox, Juvaderm and B12 Vitamin Complex, to patients who had not been examined by a practitioner.
2. You and/or the staff of VIP Faces unlawfully provided on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections, without direct practitioner supervision.
3. You and/or the staff of VIP Faces unlawfully counseled patients regarding their medical treatment, including the administration of dangerous drugs.
4. You engaged in the unlawful use of Frank P. Silver, MD's authority as a licensed practitioner to purchase, possess and store an unsecured stock of dangerous drugs at VIP Faces, and failed to properly segregate and/or dispose of adulterated and/or expired dangerous drugs.

This constitutes a violation of state law, including, without limitation, NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356; NRS 639.100(1), NRS 639.281(1), NRS 639.282(1)(d), NAC 639.601(1) and/or NAC 639.898(1).

This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unlicensed activity. The Board has assessed an administrative fine of ten thousand dollars (\$10,000.00) pursuant to NRS 639.2895(3). You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Sandra Bledsoe

May 3, 2021

Page 2

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). Please be aware that the forgoing does not preclude the filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,



Brett Kandt
General Counsel
Nevada State Board of Pharmacy

cc: Bret Whipple, Esq.

9171 9690 0935 0252 0549 33



JUSTICE LAW CENTER

1100 S. 10th Street, Las Vegas, Nevada 89104
T: (702) 731-0000 F: (702) 974-4008
bretwhipple@gmail.com

June 2, 2021



Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

BY E-mail: bkandt@pharmacy.nv.gov

RE: Revenge MD, CITATION/FINE: Unlicensed Activity (Case No. 21-042-S)

Dear Mr. Kandt:

Please accept this letter as notice of my client's appeal of the referenced citation, and its request for a hearing to the Board.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Bret Whipple', written over a horizontal line.

Bret Whipple, Esq.

cc: Sandra Bledsoe



Nevada State Board of Medical Examiners

IN THE MATTER OF CHARGES AND COMPLAINT AGAINST

FRANK P. SILVER, M.D.

SETTLEMENT AGREEMENT

Case No: 20-4041-1

Date: December 4, 2020

ADJUDICATING MEMBERS

Rachakonda D. Prahbu, M.D.
Victor M. Muro, M.D.
Weldon Havins, M.D., J.D.
Ms. Maggie Arias-Petrel
Bret W. Frey, M.D.

INDEX

1. FIRST AMENDED COMPLAINT
2. SETTLEMENT AGREEMENT

1

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 20-4041-1

Against:

FRANK P. SILVER, M.D.,

Respondent.

FILED

NOV 17 2020

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

FIRST AMENDED COMPLAINT

The Investigative Committee (IC)¹ of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Frank P. Silver, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter 630 (collectively Medical Practice Act), hereby issues its First Amended Complaint (Complaint), stating the IC's charges and allegations as follows:

Respondent's Licensure Status

1. Respondent is currently licensed in active status (License No. 2641), and has been licensed by the Board since August 8, 1972. Respondent is a medical doctor specializing in gynecology and infertility. At all times alleged herein, Respondent was licensed in an active status by the Board pursuant to the provisions of the Medical Practice Act.

Statement of Nevada Law Applicable to "Medical Spas" and "Medical Doctors"

Delegating Practitioners, Medical Assistants, and the Unlicensed Practice of Medicine

2. Pursuant to NRS 630.400(1)(d), it is unlawful for any person to practice medicine without being licensed by the Board under NRS Chapter 630, or by another medical professional licensing board pursuant to NRS Chapters 631 to 637, inclusive, 639, or 640.

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¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chairman, Mr. M. Neil Duxbury and Aury Nagy, M.D.

3. Pursuant to NRS 630.020, the “practice of medicine” means either (1) to diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy, or (2) to apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions, or (3) to perform any of the acts described in subsections (1) and (2) by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States, or (4) to offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections (1) and (2).

4. Pursuant to NRS 630.305(1)(e), a Nevada physician or physician assistant (practitioner) may not aid, assist, employ or advise, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of the Medical Practice Act, and doing so is grounds for initiating disciplinary action or denying licensure.

5. Pursuant to the Medical Practice Act, the only means by which a practitioner may lawfully aid, assist, employ or advise, directly or indirectly, an unlicensed person to engage in the practice of medicine is by delegating specific tasks to an adequately supervised and trained “medical assistant.” Pursuant to NRS 630.0129, a “medical assistant” means a person who (a) performs clinical tasks under the supervision of a physician or physician assistant; and (b) does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks; and the term does not include a person who performs only administrative, clerical, executive or other nonclinical tasks.

6. Pursuant to NRS 630.306(1)(r), a practitioner must supervise adequately a medical assistant, and failing to do so is grounds for initiating disciplinary action or denying licensure.

7. Pursuant to NAC 630.830, a delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to a medical assistant. Pursuant to NAC 630.810(1), a delegating practitioner may not delegate tasks to a medical assistant unless: (a) the delegating practitioner knows that the medical assistant possesses the knowledge, skill and

1 training to perform the task safely and properly; (b) the medical assistant is not required to be
 2 certified or licensed to perform that task; (c) the medical assistant is employed by the delegating
 3 practitioner or the medical assistant and the delegating practitioner are employed by the same
 4 employer; and (d) the employer of the medical assistant has complied with the requirements of
 5 subsection 2 as they relate to the task.

6 8. Pursuant to NAC 630.820, a delegating practitioner may not supervise remotely a
 7 medical assistant, except in a specific case of emergency in a rural area.²

8 9. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a
 9 medical assistant is delegated a task which involves an “invasive procedure,”³ the delegating
 10 practitioner must be immediately available to exercise oversight in person while the medical
 11 assistant performs the task.

12 10. The term “medical director” is not recognized or defined under any Nevada law or
 13 regulation pertaining to the professional conduct and responsibility of licensed medical
 14 professionals, and no law authorizes so-called “medical directors” to violate or circumvent the
 15 aforementioned statutes and regulations of the Medical Practice Act.

16 11. Accordingly, pursuant to NRS 630.400(1)(d), NRS 630.305(1)(e), and
 17 NRS 630.0129, and NAC 630.800 to NAC 630.840:

18 a. If a practitioner, whether by serving as a so-called “medical director” or by
 19 some other relationship or circumstance, aids, assists, employs or advises, directly or
 20 indirectly, any unlicensed person to engage in the practice of medicine, then the practitioner
 21 may lawfully do so only by delegating tasks to an adequately supervised, competent and properly
 22 trained medical assistant.

23
 24 ² Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b)
 25 the delegating practitioner is physically located a significant distance from the location where the task is to be
 26 performed; (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention;
 27 (d) the patient and the delegating practitioner previously established a practitioner-patient relationship; and (e) the
 delegating practitioner is immediately available by telephone or other means of instant communication during the
 performance of the task by the medical assistant. As used in NAC 630.820, “rural area” means any area in this State
 other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

28 ³ The Medical Practice Act does not define “invasive procedure,” however, NAC 449.9733, pertaining to
 Medical Facilities, defines “invasive procedure” as “a medical procedure involving entry into the human body by
 puncture or incision or by insertion of an instrument,”

b. If a practitioner, whether by serving as a so-called “medical director” or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, and if the practitioner has not done so by delegating specific tasks to an adequately supervised, competent and properly trained medical assistant, then: (1) that unlicensed person has violated NRS 630.400(1)(d), by practicing medicine without a license; and (2) that practitioner has violated NRS 630.305(1)(e), and is subject to discipline for aiding and assisting the unlicensed practice of medicine.

c. If a practitioner delegates a medical task to a medical assistant, whether by serving as a so-called “medical director” or by some other relationship or circumstance, then the practitioner remains professionally responsible for the safety and performance of each task, and remains professionally responsible for ensuring that the proper employment relationships exist, that the medical assistant is properly knowledgeable, trained and skilled, that the medical assistant is adequately supervised, and that the practitioner is nearby to supervise the specific medical tasks delegated, and, if it is an invasive medical task, then he or she must be immediately available to exercise oversight in person while the medical assistant performs the task.

d. If a practitioner delegates a medical task to a medical assistant, whether by serving as a so-called “medical director” or by some other relationship or circumstance, and if the practitioner fails to adequately supervise that medical assistant as required under the circumstances, then that physician or physician assistant has violated NRS 630.306(1)(r), and is subject to discipline for failing to adequately supervise a medical assistant.

Cosmetologists, “Medical Spas,” “Medical Estheticians,” & Unlicensed Practice of Medicine

12. Pursuant to NRS 644A.030, a licensed “cosmetologist” is not authorized by such license to practice medicine in any way. Rather, a licensed cosmetologist is authorized to perform only non-medical, cosmetological services, such as cleansing, stimulating or massaging the scalp or cleansing or beautifying the hair by the use of cosmetic preparations, antiseptics, tonics, lotions or creams, cutting, trimming or shaping the hair, removing hair by the use of electrolysis, depilatories, waxing, or sugaring, except for the permanent removal of hair with needles,

manicuring nails, massaging the skin, giving facials, and other miscellaneous non-medical, cosmetological services. Likewise, pursuant to NRS 644A.065, a licensed “esthetician” is not authorized to practice medicine in any way. Instead, pursuant to NRS 644A.075, a licensed esthetician is licensed to engage in “[b]eautifying, massaging, cleansing or stimulating the skin of the human body by the use of cosmetic preparations, antiseptics, tonics, lotions or creams or any device, electrical or otherwise, for the care of the skin,” “[a]pplying cosmetics, eyelash extensions or eyelashes to any person, tinting eyelashes and eyebrows, eyelash perming and lightening hair on the body,” and “[r]emoving superfluous hair from the body of any person by the use of depilatories, waxing, tweezers or sugaring.”

13. Pursuant to NAC 644A.790 a cosmetologist and esthetician is further explicitly prohibited from performing “invasive procedures,” which is defined as “an act that affects the structure or function of the skin other than the uppermost layers of the skin,” and which for the sake of regulating the practice of cosmetologists and estheticians includes, without limitation, (a) the application of electricity for the sole purpose of contracting a muscle, (b) the application of a topical lotion, cream or other substance which affects anything other than the uppermost layers of the skin, (c) the penetration of the skin by needles, and (d) the abrasion of the skin below the uppermost layers of the skin.

14. There is no such license as “medical esthetician”⁴ or “medical cosmetologist” authorized by any Nevada law or issued by any Nevada sanctioned professional licensing body. The term “medical esthetician” is not recognized or defined under any Nevada law or regulation pertaining to the professional conduct and responsibility of licensed medical professionals, and no law authorizes cosmetologists or estheticians to violate or circumvent the aforementioned statutes and regulations of the Nevada Medical Practice Act by referring to themselves as “medical estheticians” or “medical cosmetologists.”⁵

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⁴ Esthetician is sometimes spelled “aesthetician.” Nevada law in NRS Chapter 644A refers to “esthetician,” and, accordingly, this spelling is used throughout this Complaint.

⁵ In fact, use of the title “medical esthetician” or “medical cosmetologist” by individuals licensed by the Nevada State Board of Cosmetology (NSBC) is prohibited in Nevada. It is grounds for disciplinary action by the NSBC if a licensee uses the term “expert,” “advanced,” or “medical” in connection with the description of his or her practice. *See* NAC 644A.870(2).

15. Accordingly, a Nevada licensed cosmetologist or esthetician may not practice medicine in any way, or perform invasive medical procedures or medical services of any kind, except as a “medical assistant” to a Nevada licensed medical professional, i.e., either as the medical assistant of a Nevada licensed physician or physician assistant pursuant to NRS 630.0129, et. seq., and NAC 630.800 to NAC 630.830, as described above, or similarly as another type of professional “assistant,” “hygienist,” “technician,” or other such designation, who is delegated tasks by and under the direct supervision of another medical professional who is duly licensed pursuant to NRS Chapters 631 to 637, inclusive, 639, or 640.

16. If a cosmetologist or esthetician practices or purports to practice medicine in any way, unless he or she acts as a medical assistant and is delegated tasks and is properly supervised by a professional medical practitioner, then he or she is violating NRS 630.400(1)(d) by practicing medicine without a license.

Nevada Pharmacy Laws Regarding Dangerous Drugs and Hypodermic Devices

17. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Nevada State Board of Pharmacy (Pharmacy Board) is grounds for initiating disciplinary action against a licensee.

18. Pursuant to NRS 454.201, a “dangerous drug” is “any drug, other than a controlled substance, unsafe for self-medication or unsupervised use, and includes, the following, (1) any drug which has been approved by the Food and Drug Administration for general distribution and bears the legend: ‘Rx Only’; (2) procaine hydrochloride with preservatives and stabilizers (Gerovital H3) in injectable doses and amygdalin (laetrile) which have been licensed by the State Board of Health for manufacture in this State but have not been approved as drugs by the Food and Drug Administration; or (3) any drug which, pursuant to the Board’s regulations, may be sold only by prescription because the Board has found those drugs to be dangerous to public health or safety.”

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1 19. Pursuant to NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense or
2 furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal
3 prescription or by a practitioner.

4 20. Pursuant to NRS 454.009, a "hypodermic" device is "any syringe, needle,
5 instrument, device or implement intended or capable of being adapted for the purpose of
6 administering drugs by subcutaneous, intramuscular or intravenous injection."

7 21. Pursuant to NRS 454.510, it is unlawful for any person to have in his or her
8 possession or under his or her control any hypodermic device (that is restricted by federal law to
9 sale by or on the order of a physician), unless the person has acquired possession of such device in
10 accordance with the provisions of NRS 454.480 to NRS 454.530, inclusive, that is, by sale
11 from a licensed pharmacist, on the prescription of a physician or other practitioner, which
12 prescription is filled as required by NRS 639.236, and may be refilled as authorized by the
13 prescriber.

14 22. Accordingly, pursuant to NRS 454.009, NRS 454.201, NRS 454.316, NRS 454.321
15 and NRS 454.510, a Nevada licensed cosmetologist and/or aesthetician is not permitted by
16 Nevada law to possess, control, access, prescribe, administer, and/or dispense dangerous drugs or
17 hypodermic devices, except as a medical assistant under the direct supervision of a Nevada
18 licensed physician, physician assistant, or other licensed medical professional, and then only if
19 otherwise permitted and in compliance with laws of regulating pharmacies and pharmaceuticals.

20 23. NAC 639.742(1) provides that a practitioner who wishes to dispense
21 dangerous drugs must apply to the Pharmacy Board for a certificate of registration to dispense
22 dangerous drugs. A practitioner must submit a separate application for each site of practice,
23 including, without limitation, telepharmacy, remote site or satellite consultation site, from which
24 the practitioner wishes to dispense dangerous drugs.

25 24. NAC 639.742(2) provides that if a facility from which the practitioner intends to
26 dispense dangerous drugs is not wholly owned and operated by the practitioner, the owner or
27 owners of the facility must also submit an application to the Pharmacy Board for a license to do
28 so.

25. NAC 639.742(3) provides, in pertinent part, that a dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745.⁶
- (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
- (f) All drugs are dispensed only to the patient personally at the facility;
- (g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient.
- (h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

⁶ NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs. (NRS 639.070, 639.0727) 1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs, including, without limitation, a dispensing practitioner, and who dispenses such products for use by the practitioner's patients outside his or her presence shall: (a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include: (1) The name of the patient and, if not readily available from the practitioner's records, the patient's address; (2) The name, strength and quantity of the prescribed controlled substance or dangerous drug; (3) The directions for use; (4) The date the prescription was issued; and (5) A unique identifying number. (b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480. (c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375. (d) Ensure that each package or container, in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801. (e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements. (f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section. 2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing. 3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is: (a) Maintained on paper, the record must: (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440; (2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and (3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location. (a) Maintained in a computer, the record must: (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440; (2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and (3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

26. NAC 639.742(4)(a) to NAC 639.742(b) provides, in part, that with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may enter the room or cabinet in which drugs are stored, or remove drugs from stock.

27. NAC 639.945(1) provides, in pertinent part, that the following acts or practices by a holder of any license, certificate or registration issued by the Pharmacy Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(a) Manufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations.

(b) Except as otherwise provided in NRS 639.2583 to 639.2808, inclusive, for substitutions of generic drugs, dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed, unless the express permission of the orderer or prescriber is obtained and, in the case of a written prescription, unless the following information is recorded on the prescription by the person obtaining permission:

- (1) The date on which the permission was granted;
- (2) The name of the practitioner granting the permission;
- (3) The name of the person obtaining the permission;
- (4) The name of the drug dispensed; and
- (5) The name of the manufacturer or distributor of the drug

(c) Using secret formulas.

(d) Except as otherwise provided by subsection 2 of NRS 639.2396, failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person except as permitted by law.

(e) Failing to confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned.

(f) Operating a pharmacy at a location other than the location at which the pharmacy is licensed to operate.

(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.

(h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.

(i) Performing any of his or her duties as the holder of a license,

certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

(j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.

(k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.

(l) Violating any term or condition of a subpoena or order issued by the Board or the staff of the Board.

(m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.

(n) Dispensing a drug as a dispensing practitioner of a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

28. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or her employ.

29. NAC 639.945(3) provides that, for purposes of applying Pharmacy Board regulations, a bona-fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics, by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

30. Accordingly, any physician or physician assistant who—whether by serving as a so-called “medical director” of, or by furnishing dangerous drugs or hypodermic devices to, or by some other relationship or circumstance with any “medical spa” wherein dangerous drugs or hypodermic devices are possessed, controlled, accessed, prescribed, administered, and/or dispensed—engages in conduct that violates any regulation adopted by the Pharmacy Board, including but not limited to NAC 639.742(1)–(3), (4)(a)–(b), or 639.945(1)–(3), has violated the Nevada Medical Practice Act and is subject to discipline by the Board.

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Respondent's Medical Directorship of Sandra Bledsoe

31. At all relevant times alleged herein, Respondent was an OB/GYN in Las Vegas, Nevada.

32. On or about July 15, 2015, Respondent entered into an agreement (Agreement) with an individual identified as Sandra Bledsoe (Bledsoe). This Agreement allowed Bledsoe to inject Botox, Juvaderm and B12 Vitamin Complex to cosmetic clients, and Respondent acted as supervising physician/Medical Director for VIP Faces, located at 1900 East Desert Inn Road, Las Vegas, Nevada 89169, which was located within the offices of the Desert Inn Women's Clinic. Desert Inn Medical Center owned and operated Desert Inn Women's Clinic at that time. This Agreement provided VIP Faces would pay Desert Inn Medical Center one thousand dollars (\$1,000.00) per month for utilization of two rooms for VIP Faces to perform cosmetic injections using Botox and Juvederm. Also, VIP Faces agreed to refer to Respondent weight loss patients if requested by the client. As Medical Director of VIP Faces, Respondent would examine some, but not all, of VIP Faces clients.

33. On February 24, 2016, the Board's investigators and investigators from the Pharmacy Board inspected VIP Faces located at 1900 E. Desert Inn Road, Las Vegas, NV. Bledsoe was not present during this inspection. However, Respondent was present and stated the following: that he was the supervising physician/Medical Director of VIP Faces, which was owned by Bledsoe, whom he had known for about a year. Unlike his other OB-GYN patients, Respondent did not have a physician-patient relationship with Bledsoe's VIP Faces cosmetic patients. Respondent also stated that he did not examine Bledsoe's cosmetic patients and saw them as they came out of VIP Faces rooms. Respondent did not establish a bona-fide medical relationship with Bledsoe's clients unless they requested other medical care, such as weight loss or gynecology. If a client requested a weight-loss program, then Respondent would examine the patient and prescribe Phentermine as part of their weight loss program. Inspectors found in a refrigerator one used vial of Botox one hundred (100) units with approximately fifty (50) units remaining and two more unopened boxes of Botox units. Respondent admitted that he allowed Bledsoe to act like a medical assistant in ordering products from drug makers Allergan and

1 McKesson utilizing Respondent's DEA number, but did not know exactly how much Bledsoe was
2 ordering for VIP Faces' use or her own personal use.

3 34. Bledsoe routinely injected clients with Botox, and Juvederm without Respondent's
4 medical supervision, and without Respondent's medical orders or instructions. Bledsoe also
5 injected B-12 vitamin for clients after approval by Respondent. VIP Faces held itself out to the
6 public as a "medical spa" "specializing" in injectable cosmetic procedures and "medical" weight-
7 loss.

8 35. Respondent was not a manager, agent, officer or employee of VIP Faces.

9 36. Respondent had no ownership or member interest in VIP Faces, but he had a
10 contractual authority, pursuant to the aforementioned Agreement. Respondent had a statutory duty
11 to manage the medical-related affairs of VIP Faces in compliance with the Medical Practice Act.

12 37. Neither Bledsoe nor other independent contractors of VIP Faces were employed by
13 Respondent during the time Respondent served as Medical Director of VIP Faces.

14 38. At all times relevant to the facts alleged herein, neither Bledsoe, nor her
15 independent contractors of VIP Faces were licensed by any Nevada professional licensing board
16 pursuant to NRS chapters 630 to 637, inclusive, 639 or 640 or licensed to practice medicine in the
17 State of Nevada.

18 39. Other than Respondent as Medical Director no person in any way affiliated with
19 VIP Faces held a medical license issued by the Nevada Medical Board.

20 40. Bledsoe was neither a Nevada licensed cosmetologist nor a Nevada licensed
21 esthetician.

22 41. During Respondent's supervision as Medical Director pursuant to the Agreement,
23 VIP Faces' records failed to indicate that Respondent adequately supervised, contacted or
24 consulted Bledsoe.

25 42. Respondent has been licensed in active status (License No. PD00433) by the
26 Pharmacy Board since September 12, 2013, to dispense prescription drugs at the following
27 location: 1900 E. Desert Inn Road, Suite B, Las Vegas, Nevada 89169.

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1 43. Respondent prescribed prescription-strength Botox; the aforementioned drugs and
2 hypodermic devices are available only by prescription, and are dangerous drugs as defined by
3 NRS 454.201. However, Respondent failed to supervise the amounts ordered and received by VIP
4 Faces, as Bledsoe solely controlled their possession.

5 44. As a result, Respondent, negligently through his lack of supervision, provided the
6 aforementioned dangerous drugs and hypodermic devices in the sole possession, custody and
7 control to Bledsoe.

8 45. During Respondent's agreement as Medical Director of VIP Faces, Bledsoe
9 provided medical treatment, and/or prescriptions, and/or administered dangerous drugs, and/or
10 utilized hypodermic devices, to VIP Faces' patients.

11 46. During Respondent's supervision pursuant to the Agreement, the conduct by
12 Bledsoe constitutes the practice of medicine in Nevada.

13 47. During Respondent's supervision pursuant to the Agreement on the date of
14 inspection, VIP Faces' medical records contained no entries for patient history, notes, examination
15 findings, procedures performed, or therapeutic procedures performed by Respondent, unless the
16 patient was referred by VIP Faces for weight loss or other gynecological procedures.

17 48. During Respondent's supervision pursuant to the Agreement, Bledsoe at her
18 discretion, ordered Botox and Juvederm prescribed by Respondent for utilization at VIP Faces
19 without adequate supervision by Respondent.

20 49. Botox and Juvederm were stored in a secure, locked room or cabinet to which
21 the Respondent and Bledsoe had access to. Respondent did not supervise Bledsoe's access to
22 these dangerous drugs and/or hypodermic devices.

23 50. Botox is introduced hypodermically, that is, subcutaneously.

24 51. During Respondent's supervision as Medical Director pursuant to the Agreement,
25 Bledsoe injected the aforementioned dangerous drugs and utilized hypodermic devices without a
26 dispensing license as required by the Pharmacy Board.

27 52. During Respondent's supervision as Medical Director pursuant to the Agreement,
28 Respondent was not always present when Bledsoe injected the aforementioned dangerous drugs.

53. During Respondent's supervision as Medical Director pursuant to the Agreement, Respondent neither received personally nor accounted for personally the dangerous drugs and/or hypodermic devices utilized for injections administered by Bledsoe.

a. The dangerous drugs and the use of hypodermic devices were not dispensed in accordance with NAC 639.745. Respondent did not have a bona-fide therapeutic relationship with some of the VIP Faces patients at issue.

b. Respondent personally did not inject the drugs dispensed in VIP Faces' two rooms, Respondent failed to assure through supervision that they were dispensed only for medically necessary purposes and according to prevailing standards of care, nor did he assure that a certificate for each dispensing technician employed at the facility was displayed in the room or cabinet in which drugs were stored.

54. Respondent failed to adequately supervise Bledsoe to ensure that she possessed the knowledge, skill, and training to perform injections on clients and/or patients safely and properly.

COUNT I

NRS 630.306(1)(r): Failure to Adequately Supervise

55. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

56. NRS 630.306(1)(r) provides that a failure to supervise adequately a medical assistant pursuant to the regulations of the Board is an act that constitutes grounds for initiating disciplinary action against a licensee.

57. By the conduct described herein, Respondent failed to supervise adequately, or supervise properly Bledsoe, and any contractors of VIP Faces in their performance of medical tasks as Medical Director pursuant to the Agreement.

58. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

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COUNT II

NRS 630.306(1)(b)(3): Engaging in Conduct That Violated Pharmacy Board Regulations

59. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

60. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action against a licensee.

61. By the conduct described herein, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including, but not limited to NAC 639.742(1)–(3), (4)(a)–(b), 639.945(1)–(3).

62. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

WHEREFORE, the IC prays:

1. That the Nevada State Board of Medical Examiners give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Nevada State Board of Medical Examiners set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Nevada State Board of Medical Examiners determine the sanctions it will impose if it finds Respondent violated the Medical Practice Act;

4. That the Nevada State Board of Medical Examiners make, issue and serve upon the Respondent, in writing, its findings of fact, conclusions of law and order, which shall include the sanctions imposed; and,

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1 5. That the Nevada State Board of Medical Examiners take such other and further
2 action as may be just and proper in these premises.

3 Dated this 7 day of November, 2020.

4 INVESTIGATIVE COMMITTEE OF THE
5 NEVADA STATE BOARD OF MEDICAL EXAMINERS

6 By: 
7 Robert Kilroy, Esq., J.D., General Counsel
8 Attorney for the Investigative Committee
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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Mr. M. Neil Duxbury, having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 17 day of November, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

M. Neil Duxbury

M. Neil Duxbury, Chairman

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 17th day of November, 2020, I served a file-stamped copy of the foregoing **FIRST AMENDED COMPLAINT**, via Electronic Mail to the following parties:

Valerie I. Fujii, Esq.
c/o Frank P. Silver, M.D.
Law Offices of Valerie I. Fujii & Associates
val@fujii-lawlv.com

DATED this 17th day of November, 2020.


Mercedes Fuentes, Legal Assistant
Nevada State Board of Medical Examiners

2

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 20-4041-1

Against

FRANK P. SILVER, M.D.,

Respondent.

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert G. Kilroy, Esq., General Counsel for the Board and attorney for the IC, and Frank P. Silver, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Valarie I. Fujii, Esq., of the Law Offices of Valarie I. Fujii & Associates, hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on August 8, 1972 (License No. 2641).

2. On November 6, 2020, in Case No. 20-8462-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.306(1)(r), Failure to Adequately Supervise Medical Assistant Medical Assistant (Count I), and one (1) violation of NRS 630.306(1)(b)(3), Engaging in Conduct That Violated Pharmacy Board Regulations (Count II).

¹ All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

1 3. By reason of the foregoing, Respondent is subject to discipline by the Board as
2 provided in NRS 630.352.

3 4. Respondent was properly served with a copy of this Complaint, has reviewed and
4 understands this Complaint, and has had the opportunity to consult with competent counsel
5 concerning the nature and significance of this Complaint.

6 5. Respondent is hereby advised of his rights regarding this administrative matter, and of
7 his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has
8 certain rights in this administrative matter as set out by the United States Constitution, the Nevada
9 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in
10 NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in
11 NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the
12 Complaint, the right to representation by counsel, at his own expense, in the preparation and
13 presentation of his defense, the right to confront and cross-examine the witnesses and evidence against
14 him, the right to written findings of fact, conclusions of law and order reflecting the final decision of
15 the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

16 6. Respondent understands that, under the Board's charge to protect the public by
17 regulating the practice of medicine, the Board may take disciplinary action against Respondent's
18 license, including license probation, license suspension, license revocation and imposition of
19 administrative fines, as well as any other reasonable requirement or limitation, if the Board
20 concludes that Respondent violated one or more provisions of the Medical Practice Act.

21 7. Respondent understands and agrees that this Agreement, by and between
22 Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the
23 Board for consideration in open session at a duly noticed and scheduled meeting. Respondent
24 understands that the IC shall advocate for the Board's approval of this Agreement, but that the
25 Board has the right to decide in its own discretion whether or not to approve this Agreement. If
26 the Board does not agree and approve this Agreement, then Respondent may rescind this
27 Agreement in its entirety. Respondent understands and agrees that if the Board approves this
28 Agreement, then the terms and conditions enumerated below shall be binding and enforceable

1 upon him and the Board.

2 **B. TERMS & CONDITIONS**

3 **NOW, THEREFORE**, in order to resolve the matters addressed herein, i.e., the matters
 4 with regard to the Complaint, Respondent and the IC hereby agree to the following terms and
 5 conditions:

6 1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a
 7 physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set
 8 forth in the Medical Practice Act.

9 2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.**
 10 Respondent acknowledges he is represented by counsel, and wishes to resolve the matters
 11 addressed herein with said counsel. Respondent agrees that if representation by counsel in this
 12 matter materially changes prior to entering into this Agreement and for the duration of this
 13 Agreement, that counsel for the IC will be timely notified of the material change. Respondent
 14 agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to
 15 have a full consultation with and upon the advice of legal counsel.

16 3. **Waiver of Rights.** In connection with this Agreement, and the associated terms
 17 and conditions, if the Board approves this Agreement, and all conditions, then Respondent
 18 knowingly, willingly and intelligently waives all rights in connection with this administrative
 19 matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under
 20 the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the
 21 APA, and any other legal rights that may be available to him or that may apply to him in
 22 connection with the administrative proceedings resulting from the Complaint filed in this matter,
 23 including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and
 24 imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to
 25 settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing
 26 or any further proceedings and without the right to judicial review.

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4. **Acknowledgement of Reasonable Basis to Proceed.** As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order.** In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I (NRS 630.306(1)(r), Failure to Adequately Supervise Medical Assistant Medical Assistant), and Count II (NRS 630.306(1)(b)(3), Engaging in Conduct That Violated Pharmacy Board Regulations).

b. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within six (6) months of the Board's acceptance, adoption and approval of this Agreement, the current amount being three thousand one-hundred and forty-five dollars and forty-four cents (\$3145.44). not including any costs that may be necessary to finalize this Agreement. Respondent shall make six (6) monthly payments of \$524.24, with the first payment due on December 18, 2020, and last payment tendered no later than June 4, 2021.

c. Respondent shall pay a fine of five hundred dollars (\$500.00) within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement.

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d. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

e. Respondent shall receive a Public Letter of Reprimand.

f. Any other claims arising from the following Board Investigation #15-15840, from which involved Respondent's association with Bledsoe/VIP Faces from 2015-2018, shall be dismissed with prejudice.

g. Respondent shall take three (3) hours of continuing medical education (CME) related to best practices for injectable fillers within the next three (3) months from the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board prior to their completion.

h. Respondent shall remain in his specialty of gynecology and infertility and with his pre-existing and established patients provide injectable fillers upon request; Respondent shall not engage in any medical spa related activities with any unlicensed individuals or entities.

6. Release From Liability. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

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1 7. **Procedure for Adoption of Agreement.** The IC and counsel for the IC shall
 2 recommend approval and adoption of the terms and conditions of this Agreement by the Board in
 3 resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of
 4 this Agreement, counsel for the IC may communicate directly with the Board staff and the
 5 adjudicating members of the Board.

6 Respondent acknowledges that such contacts and communications may be made or
 7 conducted ex parte, without notice or opportunity to be heard on his part until the public Board
 8 meeting where this Agreement is discussed, and that such contacts and communications may
 9 include, but may not be limited to, matters concerning this Agreement, the Complaint and any and
 10 all information of every nature whatsoever related to this matter. The IC and its counsel agree that
 11 Respondent and/or Counsel for the Respondent may appear at the Board meeting where this
 12 Agreement is discussed and, if requested, respond to any questions that may be addressed to the
 13 IC or the IC's counsel.

14 8. **Effect of Acceptance of Agreement by Board.** In the event the Board accepts,
 15 approves and adopts this Agreement, the Board shall issue a final order, making this Agreement
 16 an order of the Board, and, pending full compliance with the terms herein, the case shall be closed
 17 and all remaining claims arising out of the Complaint shall be dismissed with prejudice. If Board
 18 does not accept the settlement terms of this Agreement, then the Respondent may withdraw his
 19 admissions(s) within this Agreement and may rescind the Agreement in its entirety.

20 9. **Effect of Rejection of Agreement by Board.** In the event the Board does not
 21 accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and
 22 effect except as to the following agreement regarding adjudications: (1) Respondent agrees that,
 23 notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement
 24 and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this
 25 Agreement shall disqualify any member of the adjudicating panel of the Board from considering
 26 this Agreement and from participating in disciplinary proceedings against Respondent, including
 27 adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any
 28 such member absent evidence of bad faith.

1 **10. Binding Effect.** If approved by the Board, Respondent understands that this
 2 Agreement is a binding and enforceable contract upon Respondent and the Board.

3 **11. Forum Selection Clause.** The parties agree that in the event either party is
 4 required to seek enforcement of this Agreement in district court, the parties consent to such
 5 jurisdiction and agree that exclusive jurisdiction shall be in the Eighth Judicial District Court,
 6 State of Nevada, Clark County.

7 **12. Attorneys' Fees and Costs.** The parties agree that in the event an action is
 8 commenced in district court to enforce any provision of this Agreement, the prevailing party shall
 9 be entitled to recover reasonable attorneys' fees and costs.

10 **13. Failure to Comply With Terms.** Should Respondent fail to comply with any term
 11 or condition of this Agreement once the Agreement has been accepted, approved and adopted by
 12 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice
 13 medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed.
 14 Failure to comply with the terms of this Agreement, including failure to pay any fines, costs,
 15 expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may
 16 result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).
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OFFICE OF THE GENERAL COUNSEL
 Nevada State Board of Medical Examiners
 9600 Gateway Drive
 Reno, Nevada 89521
 (775) 688-2559

Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 21 day of NOV, 2020.

INVESTIGATIVE COMMITTEE OF THE
 NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
 Robert Kilroy, Esq., General Counsel
 Attorney for the Investigative Committee

DATED this 24th day of November, 2020.

VALARIE I. FUJII & ASSOCIATES

By: *Valarie Ise Fujii*
 Valarie I. Fujii, Esq.
 Attorneys for Respondent

DATED this 28 day of November, 2020.

Frank P Silver M.D
 Frank P. Silver, M.D., Respondent



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**FRANK P. SILVER, MD,
Certificate of Registration Nos. CS04120 and
PD00433,**

Respondent.

Case No. 21-001-CS-S

STIPULATION AND ORDER

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, by and through counsel, Richard A. Schonfeld, Esq., David Z. Chesnoff, Esq., and Valarie I. Fujii, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. On or about February 15, 2021, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.
2. On or about February 28, 2021, Respondent filed an Answer and Notice of Defense to the Accusation.
3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
4. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).
5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing which may be sufficient to establish a factual basis for the violations alleged therein, *to wit*, that:

A. On or about November 17, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-4041-1, and imposed discipline on Respondent's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r) and NRS 630.306(1)(b)(3);

B. Respondent at times failed to put into practice policies and procedures within VIP Faces to ensure that dangerous drugs, *to wit*, cosmetic injectables, were purchased, accessed, stored, possessed, administered, furnished and/or dispensed to patients in compliance with NRS 454.213(1), NRS 454.221 and/or NRS 454.316; and

C. Respondent engaged in conduct contrary to the public interest as defined in NAC 639.945(1).

7. Respondent has not any professional affiliation nor engaged in professional practice with VIP Faces for over three years.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.241(1) and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent admitting to the allegations in the Accusation,

the Board and Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, stipulate to the following:

A. Respondent shall pay a fine of Three-Thousand Dollars (\$3000.00) payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

B. Respondent shall pay One-Thousand Dollars (\$1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

C. Respondent shall establish policies and procedures within his practice to ensure that:

i. A bona fide relationship between the patient and the practitioner ordering a cosmetic injectable exists before the medication is ordered or administered;

ii. The practitioner who examines the patient and orders a cosmetic injectable maintains exclusive possession and control of the medication until after he or she creates a patient-specific and medication-specific order for the administration of the medication;

iii. To the extent a cosmetic injectable called for in an order is put into the control and possession of anyone other than a practitioner, the ordering practitioner personally gives control and possession of the medication to the non-practitioner and only gives the non-practitioner the specific medication in the specific quantity needed to fill the order; and

iv. All cosmetic injectables are kept in a locked storage area with access restricted to authorized persons.

D. Respondent shall comply with all federal and state statutes and regulations regarding cosmetic injectables.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 2, 2021. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter shall be heard by the Board. The terms herein may not be used or referred to in a full hearing on the merits of this matter.

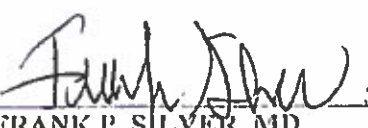
14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations set forth in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of May, 2021

Signed this ____ day of May, 2021

 5/21/21
FRANK P. SILVER, MD,
Certificate of Registration Nos.
CS04120 and PD00433


BRETT RANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND
CONTENT this 21st day of May, 2021

APPROVED AS TO FORM AND
CONTENT this 21 day of May, 2021


RICHARD A. SCHONFELD, ESQ.
DAVID Z. CHESNOFF, ESQ.
Counsel for Respondent


VALARIE I. FUJII, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, in Case No. 21-001-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 2nd day of June, 2021.



Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of June, 2021, I served a true and correct copy of the foregoing document by electronic mail to rschonfeld@cslawoffice.net and by Certified U.S. Mail to the following:

Richard A. Schonfeld, Esq.
CHESNOFF & SCHONFELD
520 South Fourth Street
Las Vegas, NV 89101



BRETT KANDT

6C



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SANDRA BLEDSOE, D/B/A REVENGE MD,

Respondent.

Case Nos. 21-042-B-S/21-042-C-S

**STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING**

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

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about May 18, 2021, a Cease and Desist/Citation and Fine was served upon Respondent Sandra Bledsoe (Bledsoe) at Revenge MD in Henderson, and a separate Cease and Desist/Citation and Fine was served upon Bledsoe at Revenge MD in Reno, alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. Bledsoe owns and operates Revenge MD, with locations at 2405 W. Horizon Ridge Pkwy #100 in Henderson (Henderson location), 10605 Double R Blvd. in Reno (Reno location), and online at www.revengemd.com.
2. Bledsoe is not a licensed practitioner in Nevada.
3. In the course of operating both Revenge MD locations, Bledsoe unlawfully purchases, stores, possesses, administers, furnishes and/or dispenses dangerous drugs, specifically cosmetic injectable fillers including, without limitation, Restylane Kysee, Restylane Lidocaine, Restylane Lyft, Juvederm Voluma with Lidocaine and/or and Liporase, and controlled substances, specifically Phentermine, to patients who have not been examined by a practitioner.

4. In the course of operating both Revenge MD locations, Bledsoe unlawfully provides on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections, without direct practitioner supervision. This constitutes a violation of state law, including, without limitation, NRS 200.840(1), NRS 454.213(1), NRS 454.221(1), 454.311(1); NRS 454.316(1), NRS 454.321, NRS 454.356; NRS 639.100(1); NRS 639.281(1) and/or NRS 639.285.

5. In the course of operating both Revenge MD locations, Bledsoe unlawfully engages in the business of shipping, receiving, storing and distributing prescription drug products into and within Nevada without a license to engage in business as a wholesaler. This constitutes a violation of federal and State law, including, without limitation, 21 U.S. Code § 353(e)(1), 21 CFR Part 205, NRS 639.100, NRS 639.233, NRS 639.288 and NAC 639.585-.607.

6. Some of the drug products involved are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S. This constitutes a violation of federal law, including, without limitation, 21 U.S.C. § 331 and 21 U.S.C. § 355(a), and consequently a violation of NRS 454.351(1) and NRS 585.490.

7. Controlled substances and dangerous drugs at both Revenge MD locations were not kept in a locked storage area with access restricted to authorized persons, and Bledsoe failed to properly store, label, segregate and/or dispose of adulterated and/or expired drugs. Bledsoe permitted, without limitation, the following: opened, undated multi-dose injectables to be used for treatment of patients, vials of expired drugs for treatment of patients, unlabeled compounded drug products (no beyond use date nor information as to origin) for treatment of patients, and pre-drawn, unlabeled syringes with unknown substances for treatment of patients.

8. Bledsoe has refused to make requested records available in the course of the Board's investigation, including complete and accurate invoices and records of the sale and disposition of the drug products, and complete and accurate practitioner records.

9. On or about June 2, 2021, Bledsoe appealed both the Cease and Desist/Citation and Fine served upon the Henderson location and the Cease and Desist/Citation and Fine served upon the Reno location, and requested a hearing before the Board.

APPLICABLE LAW

10. No person may purchase, access, store, possess, administer, furnish and/or dispense a controlled substance without specific authority to do so. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226; NRS 453.321; NRS 453.377; NRS 453.381; NRS 639.100; NRS 639.23505; NAC 639.742.

11. It is a felony offense to acquire a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 843(a)(3); 21 U.S.C. § 846; NRS 453.331(1)(d); NRS 453.391(1).

12. It is a felony offense to possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 844; 21 U.S.C. § 846; NRS 453.336(1); NRS 453.381(8).

13. It is a felony offense to dispense a controlled substance except as authorized by law. 21 U.S.C. § 841(a); NRS 453.232.

14. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

15. No person may purchase, access, store, possess, administer, furnish and/or dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213; NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321; NRS 454.356.

16. A practitioner can give a medical assistant limited authority to possess and administer dangerous drugs pursuant to of NRS 454.213(1)(u), which states in relevant part:

[A] drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . [a] medical assistant, in accordance with applicable regulations of the:

(1) Board of Medical Examiners, *at the direction of the prescribing physician and under the supervision of a physician or physician assistant.*

(2) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

NRS 454.213(1)(u) (*emphasis added*); *see also* NRS 639.100(1).

17. It is a felony offense to knowingly or intentionally obtain possession of a dangerous drug by misrepresentation, fraud, forgery, deception, subterfuge or alteration. NRS 454.311(1).

18. It is a criminal offense to possess a dangerous drug in violation of Nevada law. NRS 454.316(1).

19. It is a felony offense to furnish any dangerous drug in violation of Nevada law. NRS 454.221(1).

20. It is a criminal offense to fraudulently represent oneself to be a practitioner. NRS 639.281(1).

21. It is a felony offense for an unlicensed person to sell or offer for sale any prescription drug. NRS 639.285.

22. It is a felony offense to perform a surgical procedure on another person without a license. NRS 200.840(1).

23. No person may engage in wholesale distribution of prescription drug products into and within Nevada without a license from the Board. 21 U.S. Code § 353(e)(1); 21 CFR Part 205; NRS 639.100; NRS 639.233; NRS 639.288 and NAC 639.585-.607.

24. It is a criminal offense to possess, procure, obtain, sell, offer for sale, give away or otherwise furnish any drug which may not be lawfully introduced into interstate commerce under the Federal Food, Drug and Cosmetic Act. 21 U.S.C. § 331; 21 U.S.C. § 352; 21 U.S.C. § 355(a); NRS 454.351(1); NRS 585.490.

25. All controlled substances and dangerous drugs must be kept in a locked storage area with access restricted to authorized persons. 21 CFR § 1301.71; NAC 639.742(3)(c).

26. It is unlawful for any person to have in his or her possession, or under his or her control, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation or drug which is no longer safe or effective for use, as indicated by the expiration date appearing on its label, or adulterated or misbranded. 21 U.S.C. § 331; 21 U.S.C. § 351; 21 U.S.C. § 352; 21 CFR § 211.137; NRS 585.370; NRS 585.420; NRS 585.520; NRS 639.282(1)(d).

27. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601(1).

28. Multi-dose injectable vials must be dated at the time the seal of the multi-dose container is breached. The contents of the container may be used within 28 days after the breach of the seal occurred. Contents not used within the period set forth may not be used and must be destroyed. NAC 639.67057(2).

29. Complete and accurate invoices and records of the purchase, sale and disposition of drugs shall be maintained and open to inspection by the Board. NRS 454.286; NRS 639.090.

30. Refusing to furnish information lawfully required of the person or otherwise obstructing the course of a Board investigation is a criminal offense. NRS 197.190.

FIRST CAUSE OF ACTION

Unlawful Acquisition, Possession and Dispensing of a Controlled Substance

31. By unlawfully purchasing, storing, possessing, administering, furnishing and/or dispensing controlled substances to patients, specifically Phentermine, Bledsoe has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), NRS 453.226, NRS 453.232, NRS 453.321, NRS 453.331(1)(d), NRS 453.377, NRS 453.381, NRS 453.391(1), NRS 453.401(1)(a), NRS 639.100, NRS 639.23505, NRS 639.281(1), NRS 639.285 and/or NAC 639.742.

SECOND CAUSE OF ACTION

Unlawful Acquisition, Possession and Dispensing of Dangerous Drugs

32. By unlawfully purchasing, storing, possessing, administering, furnishing and/or dispensing dangerous drugs, specifically cosmetic injectable fillers, to patients who have not been examined by a practitioner and without direct practitioner supervision, Bledsoe has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 200.840(1), NRS 454.213(1), NRS 454.221(1), 454.311(1); NRS 454.316(1), NRS 454.321, NRS 454.356; NRS 639.100(1); NRS 639.281(1) and/or NRS 639.285.

THIRD CAUSE OF ACTION

Unlawful Wholesaling of Prescription Drugs

33. By engaging in the business of shipping, receiving, storing and distributing prescription drug products into and within Nevada without a license to engage in business as a wholesaler, Bledsoe has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S. Code § 353(e)(1), 21 CFR Part 205, NRS 639.100, NRS 639.233, NRS 639.288 and/or NAC 639.585-.607.

FOURTH CAUSE OF ACTION

Unlawful Acquisition/Possession/Distribution/Sale of Unapproved Drugs

34. By purchasing, storing, possessing, administering, furnishing, dispensing, shipping, receiving, storing and/or distributing drug products that are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S., Bledsoe has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 355(a), NRS 454.351(1) and/or NRS 585.490.

FIFTH CAUSE OF ACTION

Failure to Properly Secure, Store, Label, Segregate and Dispose Drugs

35. By permitting unrestricted and unsecured access to the stock of dangerous drugs at both Revenge MD locations, failing to properly store and label drugs, failing to follow procedures to reflect expiration dates on opened multi-dose injectable vials, and/or segregate

and/or dispose of adulterated and/or expired dangerous drugs to ensure they could not be administered to patients, Bledsoe violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 351, 21 U.S.C. § 352, 21 CFR § 1301.71; 21 CFR § 211.137, NRS 585.370, NRS 585.420, NRS 585.520, NRS 639.282(1)(d), NAC 639.67057 and/or NAC 639.742(3)(c).

SIXTH CAUSE OF ACTION

Obstruction in Course of Board Investigation

36. By refusing to make requested records available in the course of the Board's investigation, including complete and accurate invoices and records of the sale and disposition of the drug products, and complete and accurate practitioner records, as alleged herein, Bledsoe violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 197.190, NRS 454.286 and/or NRS 639.090.

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. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

**Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123**

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

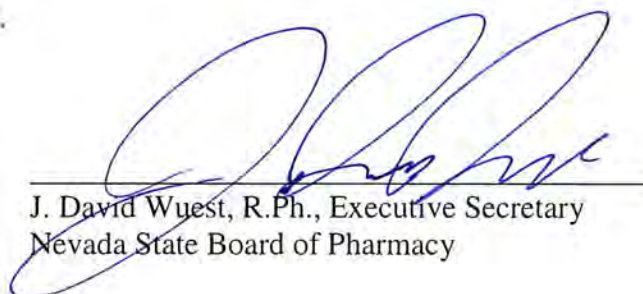
or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

DATED this 23rd day of July, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this, 27th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sandra Bledsoe c/o
Bret Whipple, Esq.
1100 S. 10th Street
Las Vegas, NV 89104



SHIRLEY HUNTING



JUSTICE LAW CENTER

1100 S. 10th Street, Las Vegas, Nevada 89104
T: (702) 731-0000 F: (702) 974-4008
bretwhipple@gmail.com

June 2, 2021

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

BY E-mail: bkandt@pharmacy.nv.gov

RE: Revenge MD, CITATION/FINE: Unlicensed Activity (Case No. 21-042-B-S)

Dear Mr. Kandt:

Please accept this letter as notice of my client's appeal of the referenced citation, and its request for a hearing to the Board.

Very truly yours,

A handwritten signature in black ink, appearing to read "Bret Whipple".

Bret Whipple, Esq.

cc: Sandra Bledsoe



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

PHONE (775) 850-1440 • FAX (775) 850-1444

E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

May 18, 2021

VIA CERTIFIED U.S. MAIL

Sandra Bledsoe
 Revenge MD
 2405 W. Horizon Ridge Pkwy #100
 Henderson, Nevada 89052

Re: CEASE and DESIST/CITATION: Unlicensed Activity in Nevada (Case No. 21-042-B-S)

Dear Ms. Bledsoe:

The Nevada State Board of Pharmacy (Board) has determined that in the course of your ownership and operation of Revenge MD at 2405 W. Horizon Ridge Pkwy #100 in Henderson in Reno you are engaged in unlicensed activity as follows:

1. You unlawfully purchase, store, possess, administer, furnish and/or dispense dangerous drugs, specifically cosmetic injectable fillers including, without limitation, Restylane Kysee, Restylane Lidocaine, Restylane Lyft, Juvederm Voluma with Lidocaine and/or and Liporase, to patients who have not been examined by a practitioner. You unlawfully provide on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections, without direct practitioner supervision. This constitutes a violation of state law, including, without limitation, NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356; NRS 639.100(1), NRS 639.281(1), NRS 639.282(1)(d), NAC 639.601(1) and/or NAC 639.898(1).
2. You are engaged in the business of shipping, receiving, storing and distributing prescription drug products into and within Nevada without a license to engage in business as a wholesaler. This constitutes a violation of federal and State law, including, without limitation, 21 U.S. Code § 353(e)(1), 21 CFR Part 205, NRS 639.100, NRS 639.233, NRS 639.285 and NAC 639.585-.607.
3. Some of the drug products involved are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S. This constitutes a violation of federal law, including, without limitation, 21 U.S.C. § 331 and 21 U.S.C. § 355(a), and consequently a violation of NRS 454.351(1).

This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unlicensed activity. The Board has assessed an administrative fine of ten thousand dollars (\$10,000.00) pursuant to NRS 639.2895(3). You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Sandra Bledsoe
May 18, 2021
Page 2

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). Please be aware that the forgoing does not preclude the filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

A handwritten signature in black ink, appearing to be "BKandt", written over a horizontal line.

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

cc: Bret Whipple, Esq.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18st day of May, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sandra Bledsoe
Revenge MD
10605 Double R Blvd
Reno, NV 89521

Bret Whipple, Esq.
1100 S. 10th Street
Las Vegas, NV 89104


KRISTOPHER MANGOSING

7

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable \$200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: VICTOR Middle: RONALD Last: BRUCE
 Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☒ M ☐ F ☐ X
 Home Address: [REDACTED] FOOTHILL ASH AVENUE
 City: LAS VEGAS State: NV Zip: 89117
 Telephone: [REDACTED] Email: drb@ascensionmedicalcenter.com
 Degree: MD Practitioner License #: 18273 Specialty: INTERNAL MEDICINE
 (You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): ASCENSION MEDICAL CENTER
 Practice Address: 2325 W CHARLESTON BLVD Suite #:
 City: LAS VEGAS State: NV Zip: 89102
 Telephone: 7028349200 Fax: 7026256125 Email: drb@ascensionmedicalcenter.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Personal and Professional History						Yes	No
1. Have you 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?							✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?						✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?						✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?						✓	
If you marked YES to any questions above, include the following information and provide a signed statement of explanation . Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.							
Board Administrative Action:		State:		Date:		Case #:	
Cease & Desist		NV		07/21/2020		19-242-S	
Criminal Action:		State:	Date:	Case #:	County:	Court:	
NRS 630.301		NV	12/11/14	14-12252-1	CLARK	NEVADA	

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

VICTOR BRUCE

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

6/26/2021

Date

6/26/2021

Date

Board Use Only: Date Processed: _____ Amount: 200 Check # 1038

PAYMENT AGREEMENT**VICTOR BRUCE, M.D. – CASE NO. 19-242**

WHEREAS, on or about July 21, 2020, Victor Bruce, M.D. ("Bruce") was ordered by the Nevada State Board of Pharmacy ("Board") pursuant to NRS 639.2895(1) to CEASE and DESIST prescribing or dispensing controlled substances or dangerous drugs for Nevada patients without a valid registration.

WHEREAS, Bruce was concurrently issued a CITATION pursuant to NRS 639.2895(2) for his unlicensed practice and assessed an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

WHEREAS, on July 27, 2020, Dr. Bruce, through his attorney, timely sought an appeal and requested a hearing before the Board regarding the Citation ("Appeal Request").

WHEREAS, the Board and Dr. Bruce arrived at a mutually agreeable resolution regarding the Citation/Statement wherein Dr. Bruce would acknowledge he would pay the Citation's fine amount, and Dr. Bruce would make no admission of a specific violation in relation to the payment of a fine amount. Further, Dr. Bruce would withdraw his appeal to be heard in front of the Board. Accordingly, Dr. Bruce's appeal has been withdrawn/vacated from the Board's October 14, 2020, hearing agenda.

WHEREAS, the parties further agree to the following:

- * Dr. Bruce's general acknowledgement and payment of the fine is not an admission of liability;
- * No signed "acknowledgement" is needed;
- * Payment of the fine does not constitute discipline; and
- * The general acknowledgment and payment of the fine is akin to a settlement where there is no admission of liability.

THEREFORE, Dr. Victor Bruce, hereby agrees to pay the administrative fine imposed through monthly payments pursuant to the following schedule

<u>Due Date</u>	<u>Amount</u>
10/21/2020	1000.00
11/21/2020	800.00
12/21/2020	800.00
1/21/2021	800.00
2/21/2021	800.00
3/21/2021	800.00
Total	\$5,000.00

Bruce shall submit each payment by *cashier's check or certified check or money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway - Suite 206, Reno, Nevada 89521. Bruce has the right to pre-pay any or all of the payments agreed to herein without interest accruing.

The Board and Victor Bruce, M.D. have considered and fully understood the terms in the foregoing agreement and freely and voluntarily agrees to the terms set forth herein.



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

July 21, 2020

VIA CERTIFIED U.S. MAIL AND PERSONAL SERVICE

Victor Bruce, M.D.
2290 McDaniel Street, Suite 2A
North Las Vegas, NV 89030

Re: CEASE and DESIST/CITATION: Unlicensed Practice (Case No. 19-242-S)

Dear Dr. Bruce:

The Nevada State Board of Pharmacy ("BOP") has determined that you are possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from your practice in violation of federal and state law. Specifically, your license was stayed from revocation from the Nevada State Board of Medical Examiners since December 8, 2014, and you are not registered with the BOP. You are prohibited from prescribing controlled substances from schedules II-V during the stayed revocation.

You have violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i); NRS 453.381(1), NRS 453.401(1)(a), NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813, NRS 639.310, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05.

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST possessing, administering, prescribing and/or dispensing controlled substances for Nevada patients from your practice. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for your unlicensed practice. The Board has assessed you an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check, certified check or money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. See NRS 639.2895(2).

Please be aware that the foregoing does not preclude a formal investigation or filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or c.lee@pharmacy.nv.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Courtney K. Lee", is written over a horizontal line.

Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy

Victor Bruce, M.D.
2290 McDaniel St., Ste. 2A
North Las Vegas, NV 89030

August 7, 2020

NEVADA STATE BOARD OF PHARMACY

RE: BME CASE#:19-242-D-S

Dear J. David Wuest,

Please find below my responses to the Factual Allegations cited in your letter.

The line items are all true, except the following:

Item 3:

I am indeed not registered with the Board to prescribe any controlled substances. I did not prescribe unlawfully under another practitioner's credentials. I was attending to patients in my preceptorship role as prescribed by the Nevada Medical Board. In essence, I was operating as a medical student or physician assistant-a very common role in the medical field. The steps involved are as follows; you take a history, conduct a physical, discuss tests needed and prescriptions recommended; then your precepting physician approves and then he/she authorizes prescriptions. I followed this exact blueprint throughout my 15-month long preceptorship.

Item 8:

I was never employed by Dr. Addo-Quaye. I was doing my preceptorship in his clinic for no pay. My role in his clinic was exactly as explained in Item 3.

Item 10:

I did write a few handwritten prescriptions (usually due to patient's choice or convenience). These were ALWAYS for non-controlled substances eg. Losartan for hypertension, citalopram for depression.

Item 11:

There was absolutely no collusion of any sort. All patients were seen per the normal bona fide therapeutic relationship with patients. I did not represent myself as a practitioner entitled to write prescriptions for controlled substances. I was merely an "apprentice" conducting the usual history and physicals on patients and then conferring with Dr. Addo-Quaye who then makes the final decision as to what to prescribe-and then sent the medications to the pharmacy.

I sincerely hope these responses clear the air regarding the allegations.

Respectfully,

A handwritten signature in black ink, appearing to read 'Victor Bruce', with a long horizontal line extending to the right.

Victor Bruce, M.D.



Nevada State Board of Medical Examiners

December 11, 2014

Victor R. Bruce, M.D.
c/o John Hunt, Esq.
Morris Polich & Purdy LLP
500 S. Ranch Drive, Ste 17
Las Vegas, NV 89106

Re: Compliance Case 14-12252-1

Dear Dr. Bruce:

On December 6, 2014 the Nevada State Board of Medical Examiners, approved and accepted the Settlement Agreement regarding the complaint filed on Case No. 14-12252-1 finding the following:

- Respondent engaged in conduct that is grounds for discipline pursuant to the MPA, to wit: conviction of a felony relating to the practice of medicine or the ability to practice medicine, a violation of NRS 630.301(1), as set forth in *Judgment in a Criminal Case* and as was alleged in the Indictment.

As a result the Board entered its **ORDER** as follows:

- Respondent agrees to a stayed revocation of his license to practice medicine until December 31, 2014, when Respondent's license to practice medicine in Nevada will be Revoked;
- Board shall issue a Public Reprimand;
- Following his release from incarceration, Respondent may petition to reinstate license to practice medicine in Nevada, with the following conditions:
 - Reimburse the Board in the amount of \$932.91;
 - Submit proof that he has complied with the required CME requirements while incarcerated;
 - Submit proof that he has surrendered his DEA registration and NV State Pharmacy Board license to prescribe any Schedule, II, III, IV, V controlled substances;
 - Submit proof that he has attended and completed a 24 hour ethics course entitled "The PBI Professional Boundaries Course";
- Upon reinstatement of Respondent's license to practice medicine in Nevada, Respondent shall be placed on probation for 3 years, and shall comply with any terms and conditions of parole and probation related to US District Court Case

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: 775-688-2553

2:13-cr-0041-APG-CWH. Within 30 days of Respondent's release, he shall provide a copy of this agreement to the office of Federal Parole and Probation. Upon release from probation and completion of 3 years probation with the Board, Respondent's license to practice medicine in Nevada shall be reinstated to active status with no restrictions.

- Respondent agrees he shall submit to the Board any and all documentation regarding any of the terms and conditions of parole and probation related to the case 2:13-cr-0041-APG-CWH, upon his release from incarceration.
- This agreement fully and completely resolves any and all matters contained in the complaint 14-12252-1.
- This agreement fully and completely resolves all matters that have or may be alleged by the Board with regards to the Indictment and or *Judgment in a Criminal case*.

Your continued compliance with the terms and conditions will be monitored by the Compliance Unit.

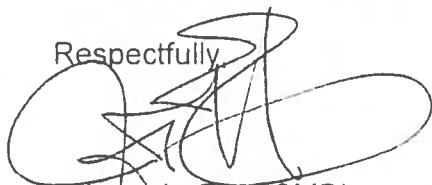
Included in the Order are various conditions that you must fulfill, upon your seeking a license to practice medicine in Nevada, some of which include:

- 1.) The costs in the amount of \$932.91.
- 2.) The 24 hours of CME on ethics, the course titled "The PBI Professional Boundaries Course".
- 3.) Submit proof of your surrendered DEA registration and Nevada State Pharmacy Board license.
- 4.) Submit proof of compliance with the required CME requirements.

Please contact me, in writing, upon your release from incarceration, **within 21 days** and provide the most expeditious method of contacting you. Thereafter, please update me immediately upon any change in your contact information. You may mail the information to the address below, fax it to 775-688-2553 or e-mail it to me at jslnsbme@medboard.nv.gov. In addition, any additional information required from you should be submitted to the same contact numbers and address.

If you have any questions please call or write. Thank you for your cooperation on this matter.

Respectfully,



Johnna LaRue, CMBI
Compliance Officer
Nevada State Board of Medical Examiners
PO Box 7238
Reno, NV 89510
(775) 688-2559, ext. 229



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



EXCLUSIONS BRANCH

P.O. Box 23871

WASHINGTON, D.C. 20026

AUG 10 2015

Victor Ronald Bruce, M.D., #48790-048

Taft CI

P.O. Box 7001

Taft, CA 93268

Dear Victor Ronald Bruce:

RE: OI File Number H-14-4-2941-9

As a result of your conviction in the United States District Court, District of Nevada, the Department of Health and Human Services is required to exclude you from eligibility to participate in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). Section 1128(a) of the Act (42 U.S.C. 1320a-7(a)) authorizes the imposition of this exclusion, which will be in addition to any sanction an individual Federal or State agency may impose under its own authority.

The scope of an exclusion is broad and, if implemented, would have a significant effect on your ability to work in the health care field. If this exclusion is imposed, it would significantly limit your ability to work in the health care field in the United States. No payment would be made by any Federal health care program (such as Medicare, Medicaid, Veterans Administration, TRICARE, etc.) for any items or services you furnish, order, or prescribe in any capacity. For example, you would be prohibited from submitting or causing claims to be submitted to any Federal health care programs for any items or services you provide in any capacity and you would be prohibited from being employed in any capacity to provide any items or services which are billed to a Federal health care program. Such items or services could include administrative, clerical, and other activities that do not directly involve patient care or the provision of any health care related services. Generally speaking, you could not be employed by a hospital, nursing home or other provider or supplier that participates in Federal health care.

You should be aware that an exclusion would not affect your rights or the rights of your family members to collect benefits to which you or they may be entitled as a beneficiary under any Federal program such as Medicare, Medicaid, or Social Security. You may find more information regarding exclusions on the Office of Inspector General's (OIG) website, including Frequently Asked Questions and the Special Advisory Bulletin about the Effect of Exclusion.

To access this site, go to <http://oig.hhs.gov>, click on EXCLUSIONS DATABASE, and then choose the item you would like to access.

Page 2 – Victor Ronald Bruce

You may be eligible for a waiver if an exclusion is implemented under section 1128(a)(1), (a)(3), or (a)(4) of the Act or any combination of exclusion authorities thereof. However, there is no provision for granting a waiver for an exclusion implemented under section 1128(a)(2), whether that authority is used alone or in combination with any of the aforementioned exclusion authorities. The OIG may only waive an exclusion if the person or entity is the sole community practitioner or the sole source of essential specialized services in a community (42 CFR 1001.1801(b)). Such a request must be made in writing to the OIG by the person directly responsible for administering the Federal or State health care program for which the waiver is being requested. (The waiver provision of the Act (section 1128(c)) was amended by section 949 of the Medicare Prescription Drug Improvement and Modernization Act.)

As provided in section 1128(c)(3)(B) of the Act, the minimum period of program exclusion shall be at least 5 years and, if aggravating circumstances warrant, the period may be increased. You have 30 days from the date of this letter to submit any information and supporting documentation you want the OIG to consider before it makes a final determination regarding your exclusion. Please send documentation to support your response to this office at the above address. If you do not submit documentation within 30 days, the OIG will make its decision based on currently available information. Once the OIG has made its determination, the OIG will send you a letter notifying of its decision and, if an exclusion is imposed, of the effective date and length of the exclusion, as well as your appeal rights.

Sincerely,



Peter Clark
Exclusions Director
Office of Investigations

JLS

cc: David Z. Chesnoff, Esq.
Chesnoff & Schonfeld
520 S. 4th Street
Las Vegas, NV 89101

Richard A. Schonfeld, Esq.
Chesnoff & Schonfeld
520 S. 4th Street
Las Vegas, NV 89101



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



NOV 30 2015

Victor Ronald Bruce, M.D., #48790-048
 Taft CI
 P.O. Box 7001
 Taft, CA 93268

Dear Victor Ronald Bruce:

RE: OI File Number H-14-42941-9

This is to notify you that you are being excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act) for a minimum period of 10 years. The scope of this exclusion is broad and has a significant effect on your ability to work in the health care field. This action is being taken under section 1128(a)(4) of the Act (42 U.S.C. 1320a-7(a)) and is effective 20 days from the date of this letter. This exclusion is due to your felony conviction as defined in section 1128(i) (42 U.S.C. 1320a-7(i)), in the United States District Court, District of Nevada, of a criminal offense related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance as defined under Federal or State law. This applies to any individual or entity that is, or has ever been, a health care practitioner, provider, or supplier; holds a direct or indirect ownership or control interest (as defined in section 1124(a)(3) of the Act) in an entity that is a health care provider or supplier or is, or has ever been, an officer, director, agent or managing employee (as defined in section 1126(b) of the Act) of such an entity; or is, or has ever been, employed in any capacity in the health care industry.

This exclusion will affect your ability to claim payment from these programs for items or services that you render; it will NOT affect your right to collect benefits under any Federal health care program such as Medicare, Medicaid or Social Security. You may find more information regarding exclusions on the OIG's website, including Frequently Asked Questions and the Special Advisory Bulletin about the Effect of Exclusion. To access this site, go to <http://oig.hhs.gov>, click on EXCLUSIONS DATABASE, then choose the item you would like to access.

Section 1128(c)(3)(B) of the Act provides that the minimum period of exclusion shall be not less than 5 years. Your period of exclusion is greater than that because our records contain evidence of the following circumstances:

1. The sentence imposed by the court included incarceration. The court sentenced you to 46 months of imprisonment.

Victor Ronald Bruce, M.D., #48790-048

2. The individual or entity was convicted of other offenses besides those which formed the basis for exclusion, or has been the subject of any other adverse action by any Federal, State, or local government agency or board, if the adverse action is based on the same set of circumstances that serves as the basis for imposition of the exclusion. The Nevada State Board of Medical Examiners revoked your medical doctor license.

A detailed explanation of the authority for this exclusion, its effect, and your appeal rights is enclosed and is incorporated as part of this notice by specific reference. You should read this document carefully, act upon it as necessary, and retain it for future reference.

REINSTATEMENT IS NOT AUTOMATIC. You must apply to the OIG and be granted reinstatement. Obtaining a provider number from a Medicare contractor, a State agency, or a Federal health care program does not reinstate your eligibility to participate in those programs.

Sincerely,



Thomas J. Sowinski
Reviewing Official
Health Care Program Exclusions

Enclosure

Open Regulate | New County Music 2021 | September 2021 Board Meeting | Nevada State Board of Pharmacy | Weight Loss Solutions Call now | Verify

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Return to Search Results | Begin a New Search

First Name	WCTOR
Middle Name	RONALD
Last Name	BRUCE
DOB	
NPI	1134138864
UPIN	Unknown
General	PHYSICIAN (MD, DO)
Specialty	PAIN MANAGEMENT
Address	P O BOX 7001 TAFT, CA 91269-0000
Excl. Type	1128(a)(4) FELONY CONTROLLED SUBSTANCE CONVICTION
Excl. Date	12/20/2015
Waiver	

To verify if you have a match, please enter a Social Security Number (SSN) or Employer Identification Number (EIN) without dashes (123456789).

Verify

CLARK HILL

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Clark Hill PLC
3800 Howard Hughes Parkway
Suite 500
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T (702) 862-8300
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August 18, 2021

Via E-mail and US regular mail

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email: msedar@pharmacy.nv.gov

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Re: Victor Bruce, MD

- * **Follow-up to Mr. Sedar's August 4, 2021, letter**
- * **Supplement/amendment to Dr. Bruce's Controlled Substance Application**
- * **Notice of Appearance of Counsel**

Ms. Lee and Messrs. Sedar and Wuest:

This office represents Victor Bruce, MD ("Dr. Bruce"). I have been provided a copy of Mr. Sedar's August 4, 2021, letter addressed to Dr. Bruce regarding his Controlled Substance Application ("CSA") dated June 26, 2021, submitted to the Nevada State Board of Pharmacy (the "Pharmacy Board"). See Exhibit 1, copy of Mr. Sedar's 8-4-2021 letter. Mr. Sedar's letter, in part, advises that Dr. Bruce is required to personally appear before the Pharmacy Board relative to his CSA, with said appearance being scheduled for Tuesday, August 31, 2021, at 9:00 a.m.. Id., first and second paragraphs.

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Re: Victor Bruce, MD

* Follow-up to Mr. Sedar's August 4, 2021, letter

* Supplement/amendment to Dr. Bruce's Controlled Substance Application

* Notice of Appearance of Counsel

1. Notice of Appearance of Counsel.

As to any requirement for a notice of appearance, please accept this letter as notice of appearance of counsel for Dr. Bruce relative to this matter with the Pharmacy Board. Notice is further provided Dr. Bruce and the undersigned will be attending the August 31, 2021, Pharmacy Board hearing via Zoom.

2. Supplement/amendment to Dr. Bruce's Controlled Substance Application.

As you are aware, questions 2, 3, and 4 of Section 5 of the CSA provide as follows:

2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?

Id., CSA, § 5, at pg. 2 (underline emphasis in original).

Dr. Bruce's CSA dated June 26, 2021, answered "Yes" to questions 2, 3, and 4 of Section 5. As a result of these "Yes" answers, Dr. Bruce, in accordance with the CSA's instructions, also provided a signed statement of explanation and provided certain documents with his CSA.

By this letter, Dr. Bruce hereby supplements/amends his explanations and provides additional documents relative to his "Yes" answers to questions 2, 3, and 4 of Section 5 of the CSA. See Consent and Approval by Victor R. Bruce, MD at the last page of this letter.

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* **Follow-up to Mr. Sedar's August 4, 2021, letter**

* **Supplement/amendment to Dr. Bruce's Controlled Substance Application**

* **Notice of Appearance of Counsel**

* **Additional documents/information regarding the judgment in a criminal case from 2014**

As noted in Dr. Bruce's initial explanation to his "Yes" answers to questions 2, 3, and 4 of Section 5 of the CSA (see **Exhibit 2**), on October 23, 2014, in the matter of United States of America v. Victor Bruce, MD, in the United States District Court, District of Nevada, Case No. 2: 13-cr-0041-APG-CWH, the Court entered its Judgment in a Criminal Case, adjudging Dr. Bruce guilty of violating 21 USC §§ 846, 841(a)(1) and (b)(1)(C), conspiracy to distribute oxycodone, and sentencing him to forty-six (46) months of imprisonment, among other sanctions. See **Exhibit 3**, copy of *Judgment in a Criminal Case* filed 10-23-2014.

In light of the criminal action, as noted in Dr. Bruce's initial explanation (**Exhibit 2**), the Nevada State Board of Medical Examiners (the "Medical Board") and Dr. Bruce, on December 8, 2014, entered into a *Settlement Agreement* (**Exhibit 4**) wherein it was agreed that Dr. Bruce's medical license would be revoked. The December 8, 2014, *Settlement Agreement* also provide, in part:

WHEREAS, a *Judgment in a Criminal Case* was filed on October 23, 2014, in the matter of United States of America v. Victor Bruce, MD, United States District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH, wherein it notes Respondent has plead guilty to count (1) of the Indictment and adjudicated guilty of 21 USC §§ 846, 841(a)(1) and (b)(1)(C), conspiracy to distribute oxycodone. The *Judgment in a Criminal Case* also, in part, sentences Respondent to forty-six (46) months of imprisonment, requires Respondent to surrender for service of sentence before 12 p.m. on January 16, 2015, and upon release from imprisonment, sets forth supervised release for three (3) years, subject to certain conditions. Respondent provided the Board with timely notice of the *Judgment in a Criminal Case*. It is important to note Respondent has taken full responsible for issuing controlled substances on more than one occasion to patients not of record and

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Respondent has cooperated with Federal authority in every manner during this investigation. Respondent prior to this incident has no prior criminal background. Respondent has no prior patient complaints or any prior Board actions.

Id., **Exhibit 4**, Medical Board *Settlement Agreement* filed December 8, 2014, at 2:7-19.

Following Dr. Bruce's release from incarceration, he submitted to the Medical Board an application for licensure and preceptor plan. After an appearance by Dr. Bruce and Bernard Kofi Addo-Quaye, MD (Dr. Bruce's preceptor) before the Medical Board at a public meeting on September 7, 2018, the Medical board issued Dr. Bruce an "Active-Restricted" license to practice medicine for the express purpose of permitting him to participate in a preceptorship with Dr. Addo-Quaye, whereby Dr. Addo-Quaye was to supervise the medical activities of Dr. Bruce and to report to the Medical Board regarding Dr. Bruce's competence to practice medicine. The Medical Board ordered Respondent to complete a one (1) year preceptorship with Dr. Addo-Quaye, and explicitly restricted Respondent from prescribing controlled substances for a minimum of twenty-four (24) months or until his probation period lapses, whichever is greater, and subject to prior approval of the Medical Board.¹

Dr. Bruce complied with all the requirements of the *Settlement Agreement* filed December 8, 2014, in Case No. 14-12252-1 (see **Exhibit 4**). In addition, attached is a copy of the May 17, 2021, letter from the United States District Court, District of Nevada, Probation Department, advising that Dr. Bruce has completed his supervision term relative to the criminal case. See **Exhibit 5**.

Accordingly, the Medical Board filed on June 16, 2021, an *Order Removing Conditions from License* which, in part, ordered "all conditions and restrictions be removed

¹ These matters are noted in the *First Amended Complaint* filed November 23, 2020 (**Exhibit 8**), at 2:7-16, ¶5. See further discussion below.

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from Dr. Bruce's license to practice medicine in the State of Nevada and, thereby, Dr. Bruce has an unrestricted license." See **Exhibit 6**.

* **Pharmacy Board's Cease and Desist/Citation: Unlicensed Practice (Case No. 19-242-S) dated July 21, 2020**

As noted above, question 3 of the CSA asks, in part, "[h]ave you been the subject of a board citation...." As to the same, the Pharmacy Board is aware of its own records. Notwithstanding, and out of an abundance of caution, Dr. Bruce received a letter dated July 21, 2020, from Courtney K. Lee, General Counsel, on behalf of the Pharmacy Board regarding a *Cease and Desist/Citation: Unlicensed Practice (Case No. 19-242-S)*. On July 27, 2020, Dr. Bruce, through the undersigned, timely sought an appeal and requested a hearing before the Pharmacy Board regarding the Citation ("Appeal Request").

Following on said Appeal Request, the Pharmacy Board filed on August 3, 2020, a *Statement to the Respondent and Notice of Hearing* (Case No. 19-242-D-S), in the matter captioned Nevada State Board of Pharmacy, Petitioner v. Victor Bruce, MD., Respondent before the Pharmacy Board ("Statement"). The Statement sets the hearing before the Pharmacy Board for September 2, 2020, at 9:00 a.m.

Via letter dated August 11, 2020, Dr. Bruce submitted to the Pharmacy Board his demand/application for a more definite and detailed statement and request for production of documents and information. In response to the demand, the Pharmacy Board, through counsel, provided certain documents on August 14, 2020, and on August 15, 2020, provided a list of witnesses. The Pharmacy Board provided supplemental documents on August 21, 2020. Dr. Bruce provided documents on August 31, 2020. Pharmacy Board counsel and counsel for Dr. Bruce mutually agreed to continue the hearing on Citation from September 2, 2020, at 9:00 a.m. to October 14, 2020 at 9:00 a.m.

The Pharmacy and Dr. Bruce arrived at a mutually agreeable resolution regarding the Citation/Statement in that Dr. Bruce would acknowledge he would pay the Citation's

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fine amount, that Dr. Bruce would make no admission of a specific violation in relation to the payment of a fine amount, and Dr. Bruce would withdrawal his appeal to be heard in front of the Board. Accordingly, Dr. Bruce's appeal was withdrawn/vacated from the Board's October 14, 2020, hearing agenda. See Exhibit 7, Payment Agreement regarding Pharmacy Board Case No. 19-242. The same further notes, in part:

WHEREAS, the parties further agree to the following:

- * Dr. Bruce's general acknowledgement and payment of the fine is not an admission of liability;
- * No signed "acknowledgement" is needed;
- * Payment of the fine does not constitute discipline; and
- * The general acknowledgment and payment of the fine is akin to a settlement where there is no admission of liability.

See Exhibit 7, Payment Agreement, at pg. 1.

* **Nevada State Board of Medical Examiners, Case No. 20-12252-1, captioned *In the Matter of Charges and Complaint Against Victor Ronald Bruce, M.D., Respondent***

The Nevada State Board of Medical Examiners (the "Medical Board"), apparently after receiving information from the Pharmacy Board relative to the just discussed Pharmacy Board Citation, addressed such matters with Dr. Bruce via its Case No. 20-12252-1. The Medical Board's operative complaint was the First Amended Complaint filed November 23, 2020. See Exhibit 8, copy of Medical Board's First Amended Complaint. The First Amended Complaint contained one count. In part, it alleged:

1. Respondent is a medical doctor currently licensed in active-restricted status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC)

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(collectively, the Medical Practice Act), His license was originally issued on September 7, 2018 (License No. 18273).

2. Bernard Kofi Addo-Quaye, M.D. (Addo-Quaye) was at all times relative to this Amended Complaint a licensed medical doctor holding an active license to practice medicine in the State of Nevada (License No. 9413). Addo-Quaye was originally licensed by the Board on June 13, 2000.

3. On October 23, 2014, in the matter of United States of America v. Victor Bruce, MD, United States District Court, District of Nevada, Case No. 2: 13-cr-0041-APG-CWH, the Court entered its Judgment in a Criminal Case, adjudging Respondent guilty of violating 21 USC §§ 846, 841(a)(1) and (b)(1)(C), conspiracy to distribute oxycodone, and sentencing him to forty-six (46) months of imprisonment, among other sanctions.

4. On December 31, 2014, the Board revoked Respondent's former license to practice medicine (License No. 8652) pursuant to a Settlement Agreement and Order entered by the Board on December 8, 2014.

5. Following Respondent's release from incarceration, Respondent submitted to the Board an application for licensure and preceptor plan. After an appearance by Respondent and Addo-Quaye before the Board at a public meeting on September 7, 2018, and good case appearing, the Board issued Respondent an "Active-Restricted" license to practice medicine for the express purpose of permitting him to participate in a preceptorship with Addo-Quaye, whereby Addo-Quaye was to supervise the medical activities of Respondent and report to the Board regarding Respondent's competence to practice medicine. The Board ordered Respondent to complete a one (1) year preceptorship with Addo-Quaye, and explicitly restricted Respondent from prescribing controlled substances for a minimum of twenty-four (24)

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months or until his probation period lapses, whichever is greater, and subject to prior approval of the Board.

6. Addo-Quaye held, at all times relative to this Amended Complaint, a controlled substance registration, Certificate of Registration No. CS10103, issued by the Nevada State Board of Pharmacy (Pharmacy Board).

7. Respondent, at all times relative to this Amended Complaint, did not hold a controlled substance registration, or any other kind of license to prescribe controlled substances, issued by the Pharmacy Board.

8. Addo-Quaye, at all times relative to this Amended Complaint, was the proprietor of "Bernard Addo-Quaye, MD PC," dba "TruCare Medical Center" ("TruCare"). TruCare is located at 2290 McDaniel Street, Suite 2A, North Las Vegas, Nevada 89030.

9. Respondent was engaged as a preceptee of Addo-Quaye at TruCare from September 2018 to present.

10. Addo-Quaye was out of the country from September 1, 2019, to September 20, 2019.

COUNT I

NRS 630,306(1)(b)(3)

(Violation of Statutes and Regulations of the Nevada State Board of Pharmacy)

11. All of the allegations contained in Paragraphs 1-10 above are hereby incorporated by reference as though fully set forth herein.

12. Respondent is a practitioner as defined by NRS 639.0125(1), as a physician, who holds a license to practice medicine in the State of Nevada.

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13. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a provision of chapter 639 of NRS, or a regulation adopted by the State Board of Pharmacy pursuant thereto, that is applicable to a licensee who is a practitioner, as defined in NRS 639.0125, is grounds for initiating discipline against a licensee.

14. The Nevada State Board of Pharmacy adopted NAC 454.060, which sets forth requirements for written prescriptions for dangerous drugs. NAC 454.060 incorporates and includes the prescription requirements of NRS 454.223. In part, NRS 454.223(2)(a) provides:

2. A written prescription must contain:
- (a) The name of the practitioner, the signature of the practitioner if the prescription was not transmitted orally and the address of the practitioner if not immediately available to the pharmacist;

15. Respondent violated NAC 454.060 in that, as Addo-Quaye's preceptee, and while Addo-Quaye was out of the country from September 1, 2019, to September 20, 2019, Respondent prescribed dangerous drugs by using Addo-Quaye's blank prescription pads having Addo-Quaye's name pre-printed on the prescription forms. Respondent failed to cross-out Addo-Quaye's name on the prescription forms and write in his own name prior to Respondent signing his own name on the prescription for dangerous drugs, in violation of NAC 454.060, a regulation of the State Board of Pharmacy, because the above-referenced prescription did not contain Respondent's name (although it did contain Respondent's signature), as required by NRS 454,223(2)(a) which is incorporated by NAC 454.060, a regulation adopted by the State Board of Pharmacy.

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16. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

See Exhibit 8, Medical Board's First Amended Complaint filed 11-23-2020, at 1:17 to 4:2.

Dr. Bruce and the Medical Board resolved case No. 20-12252-1 via a *Settlement Agreement* filed December 4, 2020. See Exhibit 9. In part, same provides:

4. Acknowledgement of Reasonable Basis to Proceed. As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges that Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the count/claim alleged in the Complaint, but for the purposes of resolving these matters and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. Consent to Entry of Order. In order to resolve the Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I of the Complaint, one (1) violation of NRS 630.306(1)(b)(3), Violation of Statutes and Regulations of the Nevada State Board of Pharmacy.

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b. Respondent shall pay a fine of five hundred dollars (\$500.00) within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement.

c. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, in the amount of two thousand eighty-four dollars and eighteen cents (\$2,084.18).

d. Respondent shall undergo an independent peer review examination to assess his current clinical competency to practice medicine, with the evaluation to be completed within ninety (90) days of the Board's acceptance, adoption and approval of this Agreement. The examination shall be conducted pursuant to and in accord with NRS 630.318. The examination shall be conducted by a peer reviewer approved by the Board in advance of the examination. The peer reviewer shall, within thirty (30) days of the completion of the examination, render an opinion and report to the Board regarding whether Respondent is competent to practice medicine with an unrestricted license, noting any concerns or deficiencies and areas of necessary improvement. The peer review and report shall be performed at Respondent's sole expense.

e. Upon completion of the terms and conditions set forth in paragraph 5(b)-(d) above, Respondent shall petition the Board for an unrestricted license, and appear at a public meeting where the Board shall review the record presented and render a determination on that petition in good faith.

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August 18, 2021

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Re: Victor Bruce, MD

* **Follow-up to Mr. Sedar's August 4, 2021, letter**

* **Supplement/amendment to Dr. Bruce's Controlled Substance Application**

* **Notice of Appearance of Counsel**

Id., **Exhibit 9**, *Settlement Agreement* filed 12-4-2020, at pgs. 3-4.

As noted above, Dr. Bruce complied with all the requirements of the *Settlement Agreement* filed December 8, 2014, in Case No. 14-12252-1² (see **Exhibit 4**) as well as all the requirements of the *Settlement Agreement* filed December 4, 2020, in Case No. 20-12252-1 (see **Exhibit 9**).

Accordingly, as partially noted above, the Medical Board filed on June 16, 2021, an *Order Removing Conditions from License* which, in part, ordered "all conditions and restrictions be removed from Dr. Bruce's license to practice medicine in the State of Nevada and, thereby, Dr. Bruce has an unrestricted license." See **Exhibit 6**.

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² The *Settlement Agreement* filed with the Medical Board on December 8, 2014 (**Exhibit 4**), is also referenced at Paragraph 4 of the Medical Board's First Amended Complaint filed November 23, 2020 (**Exhibit 8**). Also, Dr. Bruce referenced same in his initial explanation to his "Yes" answers to questions 2, 3, and 4 of Section 5 of the CSA. See **Exhibit 2**, copy of Dr. Bruce's initial explanation.

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

August 18, 2021

Page 13 of 14

Re: Victor Bruce, MD

* Follow-up to Mr. Sedar's August 4, 2021, letter

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* Notice of Appearance of Counsel

If this letter and attached documents should be directed to a different person or department at the Pharmacy Board, please advise at your earliest convenience.

Should you have any questions after you have reviewed the above, please do not hesitate to contact me at the above address, phone number, fax number, by email at jhunt@clarkhill.com, or contact Dr. Bruce directly.

Thank you.

Sincerely,

CLARK HILL, PLLC

John A. Hunt, Esq.

Consent and Approval by Victor R. Bruce, MD

By my signature below, I, Victor R. Bruce, MD, hereby provide the recipient permission to speak with, disclose information, and release documents to John A. Hunt, Esq. and/or Clark Hill, PLLC regarding the above-referenced matter and any matter pertaining to my status, including licensure or registration, with the recipient. In addition, by my signature below, I hereby approve of the form and content of the above.

By  this 18th day of August, 2021.
Victor R. Bruce, MD

CLARK HILL

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

August 18, 2021

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Re: Victor Bruce, MD

* **Follow-up to Mr. Sedar's August 4, 2021, letter**

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* **Notice of Appearance of Counsel**

INDEX TO EXHIBITS 1-9:

Exhibit 1: Mr. Sedar's 8-4-2021, letter addressed to Dr. Bruce regarding his Controlled Substance Application ("CSA") dated 6-26-2021.

Exhibit 2: Dr. Bruce's initial explanation to his "Yes" answers to questions 2, 3, and 4 of Section 5 of the CSA.

Exhibit 3: *Judgment in a Criminal Case* filed 11-23-2014, in the matter of United States of America v. Victor Bruce, MD, in the United States District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH.

Exhibit 4: *Settlement Agreement* filed 12-8-2014, with the Nevada State Board of Medical Examiners, case no. 14-12252-1.

Exhibit 5: United States District Court, District of Nevada, Probation Department, letter dated 5-17-2021 advising Dr. Bruce has completed his supervision term.

Exhibit 6: *Order Removing Conditions from License* filed 6-16-2021 with the Medical Board which, in part, ordered "all conditions and restrictions be removed from Dr. Bruce's license to practice medicine in the State of Nevada and, thereby, Dr. Bruce has an unrestricted license."

Exhibit 7: *Payment Agreement* entered into with the Pharmacy Board regarding the *Cease and Desist/Citation: Unlicensed Practice (Case No. 19-242-S)*.

Exhibit 8: Medical Board's *First Amended Complaint* filed 11-23-2020, case no. 20-12252-1.

Exhibit 9: Medical Board's *Settlement Agreement* in case no. 20-122521 filed 12-4-2020.

EXHIBIT “1”

EXHIBIT “1”

263740852



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

August 4, 2021

Victor Bruce

██████ Foothill Ash Avenue
Las Vegas, NV 89117

Dear Victor Bruce:

We are in receipt of your application for a license/registration from the Nevada State Board of Pharmacy. After reviewing the application, you are required to personally appear before the Board at a regularly-scheduled meeting for their consideration of approval.

Your appearance has been scheduled for Tuesday, 8/31/2021 9:00:00 AM PST or soon thereafter.¹ Pursuant to Governor Steve Sisolak's Emergency Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session. During the hearing you will be asked to waive your right to the required 21 day notice.

Your appearance is required at the meeting. If you do not appear at the meeting and have not contacted the Board prior to the meeting, the Board may take action on the application in your absence. The person(s) appearing should be thoroughly knowledgeable of and capable of explaining all information contained in the application and submitted in support of the application.

If you have any questions, please feel free to contact the board staff.

Sincerely,

A handwritten signature in dark ink, appearing to read "Mark Sedar".

Mark Sedar
Chief Operating Officer

¹ Please note that the Board meeting will commence Wednesday; however, the meeting will continue, if necessary, on Thursday until the Board concludes its business. The full meeting agenda is available at www.notice.nv.gov and www.bop.nv.gov.

EXHIBIT “2”

EXHIBIT “2”

Explanation for question 24

On December 13, 2013, I was arrested at my clinic (Swanlake Medical Center) by US Marshalls and DEA agents and charged with "conspiracy to distribute oxycodone". I was charged with having written some oxycodone prescriptions for various patients that were filled and diverted for sale on the streets.

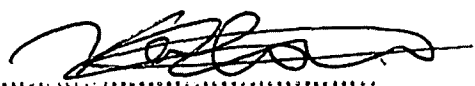
In September 2014, I was sentenced in federal court to serve 46 months in Taft Correctional Institute, California. I had to shut down my then 16-year old practice and turned myself in to serve my sentence January 16, 2015.

I had my original medical licensure in Nevada since 1998 (license number 8652). I practiced successfully in Nevada until December 2014. That license was revoked December 31, 2014.

I completed my sentence in Federal prison camp May 18, 2018. I went to a NV Medical Board hearing September 7, 2018, at which time they approved my application for re-licensure. They gave me a new license 18273 with restrictions of "no controlled substance prescriptions" for 24 months. I was also required to have a preceptor for 1 year. Dr. Bernard Adoo-quaye was approved to provide said preceptorship for the required duration.

I completed every step as required and at the NV Medical Board hearing June 4, 2021, they issued me an active, unrestricted license to practice medicine in the state of Nevada. I have attached a copy.

Thank you.

Signed:.....

Victor R. Bruce, M.D.

EXHIBIT “3”

EXHIBIT “3”

UNITED STATES DISTRICT COURT

District of Nevada

UNITED STATES OF AMERICA

v.

VICTOR BRUCE, MD

JUDGMENT IN A CRIMINAL CASE

Case Number: 2:13-cr-441-APG-CWH

USM Number: 48790-048

RICHARD SCHONFELD

Defendant's Attorney

THE DEFENDANT:☒ pleaded guilty to count(s) One of the Indictment☐ pleaded nolo contendere to count(s) _____
which was accepted by the court.☐ was found guilty on count(s) _____
after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

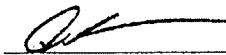
<u>Title & Section</u>	<u>Nature of Offense</u>	<u>Offense Ended</u>	<u>Count</u>
21 USC §§ 846, 841(a)(1) and (b)(1)(C)	Conspiracy to Distribute Oxycodone	11/2013	One

The defendant is sentenced as provided in pages 2 through 6 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) _____ ☐ is ☐ are dismissed on the motion of the United States.

It is ordered that the defendant must 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. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

October 16, 2014

Date of Imposition of Judgment



Signature of Judge

ANDREW P. GORDON, UNITED STATES DISTRICT JUDGE

Name and Title of Judge

October 23, 2014

Date

DEFENDANT: VICTOR BRUCE, MD
 CASE NUMBER: 2:13-cr-441-APG-CWH

IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of: **46 MONTHS**

☒ The court makes the following recommendations to the Bureau of Prisons:
 Due to the proximity of family, the Court recommends the Defendant be permitted to serve his term of incarceration in the Federal Prison Camp, Taft, California.

☐ 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 12 p.m. on JANUARY 16, 2015.

☐ 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 _____

a _____, with a certified copy of this judgment.

 UNITED STATES MARSHAL

By _____
 DEPUTY UNITED STATES MARSHAL

Case 2:13-cr-004 --APG-CWH Document 28 Filed 10/3/14 Page 3 of 6

AO 245B (Rev. 09/11) Judgment in a Criminal Case
Sheet 3 — Supervised Release

Judgment—Page 3 of 6

DEFENDANT: VICTOR BRUCE, MD
CASE NUMBER: 2:13-cr-441-APG-CWH

SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of: **3 YEARS**

The defendant must 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 unlawfully possess a controlled substance. The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of placement on probation and at least two periodic drug tests thereafter, as determined by the court, not to exceed 104 tests annually. Revocation is mandatory for refusal to comply.

- ☐ 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, ammunition, destructive device, or any other dangerous weapon. *(Check, if applicable.)*
- ☒ The defendant shall cooperate in the collection of DNA as directed by the probation officer. *(Check, if applicable.)*
- ☐ The defendant shall comply with the requirements of the Sex Offender Registration and Notification Act (42 U.S.C. § 16901, *et seq.*) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in which he or she resides, works, is a student, or was convicted of a qualifying offense. *(Check, if applicable.)*
- ☐ The defendant shall participate in an approved program for domestic violence. *(Check, if applicable.)*

If this judgment imposes a fine or restitution, it is a condition of supervised release that the defendant pay in accordance with the Schedule of Payments sheet of this judgment.

The defendant must comply with the standard conditions that have been adopted by this court as well as with any additional conditions on the attached page.

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 in a manner and frequency directed by the court or probation officer;
- 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 at least ten days prior to any change in residence or employment;
- 7) the defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any controlled substance or any paraphernalia related to any controlled substances, except as prescribed by a physician;
- 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; and
- 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 or characteristics and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

DEFENDANT: VICTOR BRUCE, MD
CASE NUMBER: 2:13-cr-441-APG-CWH

SPECIAL CONDITIONS OF SUPERVISION

- 1) You shall not possess, have under your control, or have access to any firearm, explosive device, or other dangerous weapons, as defined by federal, state, or local law.
- 2) To ensure compliance with all conditions of release, you shall submit to the search of your person, and any property, residence, business or automobile under your control by the probation officer, or any other authorized person under the immediate and personal supervision of the probation officer without a search warrant at a reasonable time and in a reasonable manner. Provided, however, you shall be required to submit to any search only if the probation officer has reasonable suspicion to believe you have violated a condition or conditions of release. You shall also inform any other residents that the premises may be subject to a search pursuant to this condition.
- 3) You shall be restricted from engaging in employment, consulting, or any association with any medical practice or employment as a physician for a period of **three (3) years** without the prior approval of the probation officer.
- 4) You shall be prohibited from incurring new credit charges, opening additional lines of credit, or negotiating or consummating any financial contracts without the approval of the probation officer.
- 5) You shall provide the probation officer access to any requested financial information, including personal income tax returns, authorization for release of credit information, and any other business financial information in which you have a control or interest.

Note: A written copy of the conditions of release was provided to the Defendant by the Probation Officer in open Court at the time of sentencing.

ACKNOWLEDGMENT

Upon finding of a violation of probation or supervised release, I understand that the court may (1) revoke supervision, (2) extend the term of supervision, and/or (3) modify the conditions of supervision.

These conditions have been read to me. I fully understand the conditions and have been provided a copy of them.

(Signed)

Defendant

Date

U.S. Probation/Designated Witness

Date

DEFENDANT: VICTOR BRUCE, MD
 CASE NUMBER: 2:13-cr-441-APG-CWH

CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

	<u>Assessment</u>	<u>Fine</u>	<u>Restitution</u>
TOTALS	\$ 100.00	\$ WAIVED	\$ N/A

☐ The determination of restitution is deferred until _____. An *Amended Judgment in a Criminal Case (AO 245C)* will be entered after such determination.

☐ The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

<u>Name of Payee</u>	<u>Total Loss*</u>	<u>Restitution Ordered</u>	<u>Priority or Percentage</u>
----------------------	--------------------	----------------------------	-------------------------------

TOTALS	\$ _____	\$ _____
---------------	----------	----------

☐ Restitution amount ordered pursuant to plea agreement \$ _____

☐ The defendant must pay interest on restitution and a fine of more than \$2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).

☐ The court determined that the defendant does not have the ability to pay interest and it is ordered that:

☐ the interest requirement is waived for the ☐ fine ☐ restitution.

☐ the interest requirement for the ☐ fine ☐ restitution is modified as follows:

* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

DEFENDANT: VICTOR BRUCE, MD
 CASE NUMBER: 2:13-cr-441-APG-CWH

SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

- A ☒ Lump sum payment of \$ 100.00 due immediately, balance due
☐ not later than _____, or
☐ in accordance ☐ C, ☐ D, ☐ E, or ☐ F below; or
- B ☐ Payment to begin immediately (may be combined with ☐ C, ☐ D, or ☐ F below); or
- C ☐ Payment in equal _____ (e.g., weekly, monthly, quarterly) installments of \$ _____ over a period of _____ (e.g., months or years), to commence _____ (e.g., 30 or 60 days) after the date of this judgment; or
- D ☐ Payment in equal _____ (e.g., weekly, monthly, quarterly) installments of \$ _____ over a period of _____ (e.g., months or years), to commence _____ (e.g., 30 or 60 days) after release from imprisonment to a term of supervision; or
- E ☐ Payment during the term of supervised release will commence within _____ (e.g., 30 or 60 days) after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or
- F Special instructions regarding the payment of criminal monetary penalties:

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

☐ Joint and Several

Defendant and Co-Defendant Names and Case Numbers (including defendant number), Total Amount, Joint and Several Amount, and corresponding payee, if appropriate.

☐ The defendant shall pay the cost of prosecution.

☐ The defendant shall pay the following court cost(s):

☐ The defendant shall forfeit the defendant's interest in the following property to the United States:

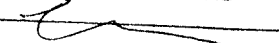
Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) fine interest, (6) community restitution, (7) penalties, and (8) costs, including cost of prosecution and court costs.

EXHIBIT “4”

EXHIBIT “4”

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In re Matters and Complaint Against VICTOR R. BRUCE, M.D., Respondent.	)))))))	Case No. 14-12252-1 FILED DEC - 8 2014 NEVADA STATE BOARD OF MEDICAL EXAMINERS By: 
--	--	--

SETTLEMENT AGREEMENT

THIS AGREEMENT is hereby entered into by and between the Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), composed of Theodore B. Berndt, M.D., Chairman, Valerie J. Clark, BSN, RHU, LUTCF, Member, and Michael J. Fischer, M.D., Member, in the above-captioned matter, by and through Erin L. Albright, Esq., Board General Counsel and counsel for the IC, and Victor R. Bruce, M.D. (Respondent), by and through John A. Hunt, Esq., counsel for Respondent, as follows:

WHEREAS, a Sealed Indictment was filed on December 11, 2013 ("Indictment"), in the matter of United States of America v. Victor Bruce, MD, United States District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH. Respondent provided the Board with timely notice of the Indictment;

WHEREAS, on February 13, 2014, the Board's IC at the time filed a Complaint in case no. 14-12252-1 against Respondent (relative to matters unrelated to the Indictment) charging Respondent with engaging in conduct that is grounds for discipline pursuant to the Nevada

1 Medical Practice Act (MPA), i.e., Nevada Revised Statutes (NRS) Chapter 630 and Nevada
2 Administrative Code (NAC) Chapter 630;

3
4 **WHEREAS**, following extensions of time, on or about April 24, 2014, Respondent filed
5 an Answer to the Complaint in case no. 14-12252-1 denying the allegations contained therein;

6
7 **WHEREAS**, a *Judgment in a Criminal Case* was filed on October 23, 2014, in the matter
8 of United States of America v. Victor Bruce, MD, United States District Court, District of
9 Nevada, Case No. 2:13-cr-0041-APG-CWH, wherein it notes Respondent has plead guilty to
10 count (1) of the Indictment and adjudicated guilty of 21 USC §§ 846, 841(a)(1) and (b)(1)(C),
11 conspiracy to distribute oxycodone. The *Judgment in a Criminal Case* also, in part, sentences
12 Respondent to forty-six (46) months of imprisonment, requires Respondent to surrender for
13 service of sentence before 12 p.m. on January 16, 2015, and upon release from imprisonment, sets
14 forth supervised release for three (3) years, subject to certain conditions. Respondent provided the
15 Board with timely notice of the *Judgment in a Criminal Case*. It is important to note Respondent
16 has taken full responsible for issuing controlled substances on more than one occasion to patients
17 not of record and Respondent has cooperated with Federal authority in every manner during this
18 investigation. Respondent prior to this incident has no prior criminal background. Respondent
19 has no prior patient complaints or any prior Board actions.

20
21 **WHEREAS**, Respondent has received a copy of the Complaint in case no. 14-12252-1,
22 reviewed it, understands it, and has had ample opportunity to consult with his above-identified
23 counsel concerning the nature and significance of the Complaint in case no. 14-12252-1, and
24 Respondent is fully aware concerning his rights and defenses to the Complaint, as well as the
25 possible sanctions that may be imposed if the Board finds and concludes that he has violated one
26 or more provisions of the MPA;

1 **WHEREAS**, Respondent has received a copy of the Indictment and a copy of the
2 *Judgment in a Criminal Case*, reviewed it, understands it, and has had ample opportunity to
3 consult with his above-identified counsel concerning the nature and significance of the same with
4 regards to possible sanctions that may be imposed if the Board finds and concludes that he has
5 violated one or more provisions of the MPA as a result of the Indictment and/or *Judgment in a*
6 *Criminal Case*;

7
8 **WHEREAS**, Respondent understands and agrees that this Agreement is entered into by
9 and between himself and the Board's IC, and not with the Board, but that the IC will present this
10 Agreement to the Board for consideration in open session at a meeting duly noticed and
11 scheduled, and that the IC shall advocate approval of this Agreement by the Board, but that the
12 Board has the right to decide in its own discretion whether or not to approve this Agreement; and,

13
14 **WHEREAS**, Respondent understands and agrees that if the Board approves the terms,
15 covenants and conditions of this Agreement, then the terms, covenants and conditions enumerated
16 below shall be binding and enforceable upon him.

17
18 **NOW THEREFORE**, in order to resolve this matter and all charges alleged by the
19 Board's IC in the Complaint in case no. 14-12252-1 and any and all matters relating to and any
20 and all matters that may be charged by the Board or the Board's IC by virtue of or in connection
21 with the above-referenced Indictment and/or the above-referenced *Judgment in a Criminal Case*,
22 Respondent and the IC hereby agree to the following terms, covenants and conditions:

23
24 **1. Jurisdiction.** Respondent is, and at all times mentioned in the
25 Complaint in case no. 14-12252-1 and at all times relevant with respect to the filing of the
26 Indictment and the filing of the *Judgment in a Criminal Case*, Respondent was a physician
27 licensed to practice medicine in the state of Nevada subject to the jurisdiction of the Board to hear
28 and adjudicate charges of violations of the MPA and to impose sanctions as provided by the MPA.

1
2 **2. Representation by Counsel/Knowing, Willing and Intelligent Agreement.**

3 Respondent is represented by above-identified legal counsel in this matter and has had
4 ample opportunity to review this Agreement, the Complaint in case no. 14-12252-1, the
5 Indictment, the *Judgment in a Criminal Case*, and the related factual basis with regards to the
6 same with said legal counsel, John A. Hunt, Esq. Respondent covenants and agrees that he
7 knowingly, willingly, and intelligently enters into this Agreement.
8

9 **3. Waiver of Rights.** In connection with this Agreement, and the terms, covenants,
10 and conditions contained herein, and the understanding that Respondent knowingly, willingly, and
11 intelligently waives all rights arising under or pursuant to the United States Constitution, the
12 Constitution of the state of Nevada, NRS Chapter 630, NRS Chapter 233B, and any other
13 statutory rights that may be available to him or that may apply to him in connection with the
14 proceedings on the Complaint in case no. 14-12252-1, the Indictment, the *Judgment in a Criminal*
15 *Case*, the defense of said Complaint in case no. 14-12252-1, and the adjudication of the charges in
16 said Complaint in case no. 14-12252-1.

17 In connection with this Agreement, and the terms, covenants, and conditions contained
18 herein, and the understanding that Respondent knowingly, willingly, and intelligently waives all
19 rights arising under or pursuant to the United States Constitution, the Constitution of the state of
20 Nevada, NRS Chapter 630, NRS Chapter 233B, and any other statutory rights that may be
21 available to him or that may apply to him in connection with the proceedings herein and/or any
22 and all matters relating to and any and all matters that may be charged by the Board or the Board's
23 IC by virtue of or in connection with the above-referenced Indictment and/or the above-referenced
24 *Judgment in a Criminal Case*, the defense of the same in this administrative context.
25

26 **4. Consent to Entry of Order.** Respondent concedes only that the Board has
27 sufficient evidence to proceed with its formal Complaint in case no. 14-12252-1 against him, and
28 that by virtue of the Indictment and/or the *Judgment in a Criminal Case*, the Board also has

1 sufficient evidence to bring additional allegations against Respondent, but does not concede or
 2 admit to such allegations, which he expressly denies, and which, but for his desire to reach this
 3 compromise, he would contest at a formal hearing of these matters (i.e., the Complaint in case no.
 4 14-12252-1 as well as any and all matters that could be alleged by the Board with regards to the
 5 Indictment and/or the *Judgment in a Criminal Case*). Accordingly, in order to resolve these
 6 matters without incurring further costs and expense of providing a defense to a formal Complaint,
 7 Respondent hereby agrees¹ that the Board may issue an order finding that Respondent engaged in
 8 conduct that is grounds for discipline pursuant to the MPA, and agrees:

9 a. The Board may find that Respondent engaged in conduct that is grounds for
 10 discipline pursuant to the MPA, to wit: conviction of a felony relating to the practice of medicine
 11 or the ability to practice medicine, a violation of NRS 630.301(1), as set forth in *Judgment in a*
 12 *Criminal Case* and as was alleged in the Indictment;

13 b. Respondent agrees upon adoption of this Agreement, to accept a stayed
 14 revocation of his license to practice medicine in the State of Nevada until such time as
 15 Respondent allows his license to practice medicine in the State of Nevada to be revoked, effective
 16 December 31, 2014. If, during the term of Respondent's stayed revocation, the IC receives
 17 substantial evidence that Respondent has materially breached any of the terms and conditions of
 18 this Agreement, including but not limited to Respondent violating the prohibition of prescribing
 19 any Schedule II, III, IV or V controlled substances, or should Respondent violate any of the terms
 20 of his current release until he surrenders to the Federal Bureau of Prisons on January 16, 2015.
 21 Respondent agrees the IC, without any further hearing or action by the Board, shall issue an Order
 22 Revoking Respondent's license to practice medicine in the State of Nevada. Respondent waives
 23 any right to seek judicial review (state or federal) to reinstate his revoked license pending his
 24 release from incarceration.

25
 26
 27 ¹ All admissions made by Respondent are solely for final disposition of this matter and any subsequent related
 28 administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by
 Respondent are not intended or made for any other use, such as in the context of another state or federal government
 regulatory agency proceeding, state or federal civil or criminal court proceeding, or any other state or federal court
 proceeding, or any credentialing or privileges matter.

1 c. Pursuant to NRS 630.352(4)(b) Respondent agrees the Board shall
2 administer a formal written public reprimand which will include language which is synonymous
3 with the terms of this Agreement.

4 d. Following his release from incarceration pursuant to the *Judgment in the*
5 *Criminal Case*, Respondent's may petition the Board to reinstate Respondents' license to
6 practice medicine in the State of Nevada pursuant to the following terms and conditions:

7 i. Pursuant to NRS 622.400, Respondent shall reimburse to the Board
8 the sum of \$ 932.91, the amount of the costs incurred by the Board to
9 investigate and prosecute this matter, along with the costs to conclude the
10 matter, if any. Respondent must pay the reimbursement costs prior to
11 Respondent petitioning the Board for reinstatement of Respondents' license
12 to practice medicine in the State of Nevada;

13
14 ii. Respondent must submit proof that Respondent has complied with
15 required continuing education requirements while incarcerated;

16
17 iii. Respondent must submit proof that Respondent has surrendered his
18 DEA registration and Nevada State Pharmacy license to prescribe any
19 Schedule II, III, IV or V controlled substances.

20
21 iv. Respondent must submit proof that Respondent has attended and
22 completed a twenty-four (24) hour ethics course entitled "The PBI
23 Professional Boundaries Course". However, Respondent agrees attendance
24 and completion of the twenty-four (24) hour ethics course entitled "The PBI
25 Professional Boundaries Course" may not be used by Respondent to fulfill
26 the normal continuing education requirements regarding ethics.

1 e. Pursuant to NRS 630.353(4)(a) in addition to any additional terms the
2 Board deems appropriate in the event the Board reinstates Respondents' license to practice
3 medicine in the State of Nevada, Respondent shall be placed on probation for a period of three (3)
4 years. Respondent shall also comply with any terms and conditions of parole and probation
5 related to the case of United States of America v. Victor Bruce, MD, United States District
6 Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH. Within thirty (30) days of
7 Respondent release, Respondent shall provide a copy of this Agreement to the office of Federal
8 Parole and Probation. Respondent shall also execute any documents necessary authorizing the
9 office of Federal Parole and Probation to release any and all reports generated regarding
10 Respondent's compliance with the terms and conditions of Respondent's federal probation. Once
11 respondent is given written notice of his completion of his probation, Respondent shall submit the
12 written notice to the Investigative Committee. Upon receipt of the written notice of completion
13 of probation and Respondents' completion of the three (3) years of probation the IC shall, without
14 any further action of the Board, authorize an Order reinstating Respondent's license to the status
15 of good standing without restriction. If, during the term of Respondent's probation, the IC
16 receives substantial evidence that Respondent has materially breached the terms and conditions of
17 his probation, Respondent agrees the IC, without any further hearing or action by the Board, shall
18 issue an order suspending Respondent's license to practice medicine in the State of Nevada.
19 Thereafter, Respondent may request a hearing before the Board to reinstate his license which must
20 be heard within forty-five (45) days of the Order of Suspension. However, during the pendency of
21 the hearing before the Board, Respondent waives any right to seek judicial review (state or
22 federal) to reinstate his privilege to practice medicine in the State of Nevada pending a final Board
23 hearing.

24
25 f. Pursuant to NRS 630.353(4)(a), Respondent agrees he shall submit to the
26 Board any and all documentation regarding any of the terms and conditions of parole and
27 probation related to the case of United States of America v. Victor Bruce, MD, United States
28

1 District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH upon Respondents' release
2 from incarceration.

3
4 g. This Agreement fully and completely resolves all matters contained in the
5 Complaint in case no. 14-12252-1;

6 h. This Agreement fully and completely resolves all matters that have or may
7 be alleged by the Board or the Board's IC against Respondent with regards to the Indictment
8 and/or the *Judgment in a Criminal Case*; and

9 i. The terms of this Agreement shall be reported as required by law.
10

11 **5. Release From Liability.** In execution of this Agreement, the Respondent, for
12 himself, his executors, successors and assigns, hereby releases and forever discharges the state of
13 Nevada, the Board, the Nevada Attorney General, and each of their members, agents and
14 employees in their representative capacities, and in their individual capacities, from any and all
15 manner of actions, causes of action, suits, debts, judgments, executions, claims and demands
16 whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have
17 or claim to have, against any or all of the persons or entities named in this paragraph arising out of
18 or by reason of this investigation, this Agreement or its administration.

19
20 **6. Procedure for Adoption of Agreement.** The IC and counsel for the IC shall
21 recommend approval and adoption of the terms, covenants and conditions contained herein by the
22 Board in resolution of the matters referenced herein and above. In the course of seeking Board
23 approval, adoption and/or acceptance of this Agreement, counsel for the IC may communicate
24 directly with the Board staff and members of the panel of the Board who would adjudicate this
25 case if it were to go to hearing.

26 Respondent acknowledges that such contacts and communication may be made or
27 conducted ex parte, without notice or opportunity to be heard on his part or on the part of his
28 counsel until the public Board meeting where this Agreement is discussed, and that such contacts

1 and communications may include, but not be limited to, matters concerning this Agreement, the
2 Complaint in case no. 14-12252-1, the Indictment, the *Judgment in a Criminal Case*, and any and
3 all information of every nature whatsoever related to the same or the proceedings herein against
4 Respondent. The IC and its counsel agree that Respondent and/or his counsel may appear at the
5 Board meeting where this Agreement is discussed, and if requested, respond to any questions that
6 may be addressed to the IC or its counsel.

7
8 **7. Effect of Acceptance of Agreement by Board.** In the event the Board approves,
9 accepts and adopts the terms, covenants and conditions set out in this Agreement, counsel for the
10 IC will cause to be entered herein the Board's Order accepting, adopting and approving this
11 Settlement Agreement, ordering full compliance with the terms herein and ordering that this case
12 involving the Complaint in case no. 14-12252-1, as well as any matter involving the Indictment,
13 and the *Judgment in a Criminal Case*, be closed.

14
15 **8. Effect of Rejection of Agreement by Board.** In the event the Board does not
16 approve, accept and adopt the terms covenants and conditions set out in this Agreement, this
17 Agreement shall be null, void, and of no further force and effect except as to the following
18 covenant and agreement regarding disqualification of adjudicating Board panel members.
19 Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing
20 contained herein and nothing that occurs pursuant to efforts of the IC or its counsel to seek
21 acceptance and adoption of this Agreement by the Board shall disqualify any member of the
22 adjudicating panel of the Board from considering the charges against Respondent and
23 participating in the disciplinary proceeding in any role, including adjudication of the case.
24 Respondent further agrees that he shall not seek to disqualify any such member absent evidence of
25 bad faith.

9. **Binding Effect.** Providing this Agreement is approved by the Board, Respondent covenants and agrees that this Agreement is a binding and enforceable contract upon Respondent and the Board's IC, which contract may be enforced in a court or tribunal having jurisdiction.

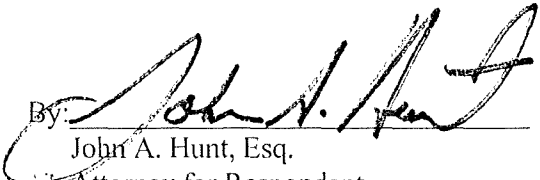
10. **Attorneys' Fees and Costs.** Respondent covenants and agrees that in the event an action is commenced in the district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover costs and reasonable attorneys' fees.

11. **Failure to Comply with Terms.** In the event the Board enters its order approving this Agreement, should Respondent fail to comply with any term or condition recited herein, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in the state of Nevada pending an order to show cause hearing, which will be duly noticed. Further, failure to comply with the terms recited herein may result in additional disciplinary action being initiated against Respondent for a violation of an order of the Board in accordance with NRS 630.3065(2)(a). Moreover, the failure of Respondent to reimburse the Board for monies agreed to be paid as a condition of settlement may subject Respondent to civil collection efforts.

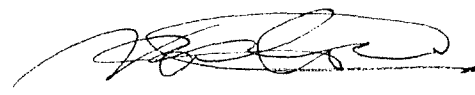
Dated this 1st day of December, 2014.

Dated this 20th day of November, 2014.

By: 
Erin L. Albright, Esq.
Attorney for the Investigative Committee

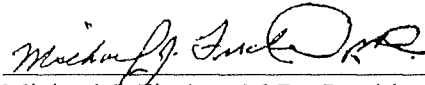
By: 
John A. Hunt, Esq.
Attorney for Respondent

UNDERSTOOD AND AGREED:


Victor R. Bruce, M.D., Respondent

H:\WDDOCS\3598\37072\LV149950.DOC

1 **IT IS HEREBY ORDERED** that the foregoing Settlement Agreement is approved and accepted by the
2 Nevada State Board of Medical Examiners on the 5th day of December 2014, with the final total
3 amount of costs due of \$932.91.

4 

5 Michael J. Fischer, M.D., President

6 NEVADA STATE BOARD OF MEDICAL EXAMINERS
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EXHIBIT “5”

EXHIBIT “5”

United States District Court

DISTRICT OF NEVADA
PROBATION OFFICE

Chad R. Boardman
CHIEF PROBATION OFFICER

☒ Reply to Las Vegas
Foley Federal Building
300 Las Vegas Blvd. South
Suite 1200
Las Vegas, NV 89101
Tel: 702-527-7300
Fax: 702-527-7345



☐ Reply to Reno
Bruce R. Thompson U.S. Courthouse
400 S. Virginia St.
Suite 103
Reno, NV 89501
Tel: 775-686-5980
Fax: 775-686-5990

May 17, 2021

Victor Bruce
[REDACTED] Foothill Ash Avenue
Las Vegas, Nevada 89117

RE: EXPIRATION OF SUPERVISION TERM
Case No. 2:13CR00441

Dear Mr. Bruce:

This letter serves to formally confirm the expiration of your supervision term as ordered in criminal case 2:13CR00441, effective May 17, 2021.

Despite your expiration from supervision, you remain liable for any court-imposed restitution and/or fine amounts that remain outstanding and will be expected to continue with your monthly payments. If you have a felony conviction, you must adhere to all Federal and State laws prohibiting possession of firearms and/or explosive devices. Additionally, should you continue to reside in Nevada, you remain subject to local criminal registration requirements.

Sincerely,

Gabriella Mitchell

Digitally signed by
Gabriella Mitchell
Date: 2021.05.17
07:57:11 -07'00'

Gabriella Mitchell
United States Probation Officer Assistant

-Integrity is Our Guide-

EXHIBIT “6”

EXHIBIT “6”

263284747

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of the License of:

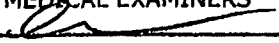
VICTOR RONALD BRUCE, M.D.,

Respondent.

License No. 18273

FILED

JUN 16 2021

NEVADA STATE BOARD OF
MEDICAL EXAMINERSBy: **ORDER REMOVING CONDITIONS FROM LICENSE**

Victor Ronald Bruce, M.D. (Dr. Bruce), License No. 18273, personally appeared in Las Vegas, Nevada, before the Nevada State Board of Medical Examiners (Board) at its regularly scheduled meeting on June 4, 2021, requesting removal of all conditions and restrictions on his medical license.

After considering the request, good cause appearing, the Board enters the following order:

IT IS HEREBY ORDERED that all conditions and restrictions be removed from Dr. Bruce's license to practice medicine in the State of Nevada and, thereby, Dr. Bruce has an unrestricted license.

DATED this 16th day of June, 2021.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:


RACHAKONDA D. PRABHU, M.D.
President of the Board

EXHIBIT “7”

EXHIBIT “7”

PAYMENT AGREEMENT

VICTOR BRUCE, M.D. – CASE NO. 19-242

WHEREAS, on or about July 21, 2020, Victor Bruce, M.D. ("Bruce") was ordered by the Nevada State Board of Pharmacy ("Board") pursuant to NRS 639.2895(1) to CEASE and DESIST prescribing or dispensing controlled substances or dangerous drugs for Nevada patients without a valid registration.

WHEREAS, Bruce was concurrently issued a CITATION pursuant to NRS 639.2895(2) for his unlicensed practice and assessed an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

WHEREAS, on July 27, 2020, Dr. Bruce, through his attorney, timely sought an appeal and requested a hearing before the Board regarding the Citation ("Appeal Request").

WHEREAS, the Board and Dr. Bruce arrived at a mutually agreeable resolution regarding the Citation/Statement wherein Dr. Bruce would acknowledge he would pay the Citation's fine amount, and Dr. Bruce would make no admission of a specific violation in relation to the payment of a fine amount. Further, Dr. Bruce would withdraw his appeal to be heard in front of the Board. Accordingly, Dr. Bruce's appeal has been withdrawn/vacated from the Board's October 14, 2020, hearing agenda.

WHEREAS, the parties further agree to the following:

- * Dr. Bruce's general acknowledgement and payment of the fine is not an admission of liability;
- * No signed "acknowledgement" is needed;
- * Payment of the fine does not constitute discipline; and
- * The general acknowledgment and payment of the fine is akin to a settlement where there is no admission of liability.

THEREFORE, Dr. Victor Bruce, hereby agrees to pay the administrative fine imposed through monthly payments pursuant to the following schedule:

<u>Due Date</u>	<u>Amount</u>
10/21/2020	1000.00
11/21/2020	800.00
12/21/2020	800.00
1/21/2021	800.00
2/21/2021	800.00
3/21/2021	800.00
Total	\$5,000.00

Bruce shall submit each payment by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway - Suite 206, Reno, Nevada 89521. Bruce has the right to pre-pay any or all of the payments agreed to herein without interest accruing.

The Board and Victor Bruce, M.D. have considered and fully understood the terms in the foregoing agreement and freely and voluntarily agrees to the terms set forth herein.

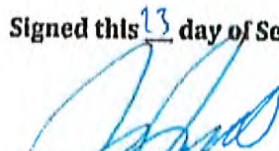
AGREED:

Signed this ___ day of September, 2020



VICTOR BRUCE, M.D.

Signed this ¹³ day of September, 2020



J. DAVID WUEST, R.Ph.
Executive Secretary
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT:

Signed this ___ day of September, 2020



JOHN HUNT, ESQ.
Attorney for Victor Bruce, M.D.

EXHIBIT “8”

EXHIBIT “8”

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 20-12252-1

Against:

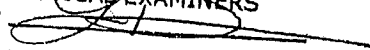
VICTOR RONALD BRUCE, M.D.,

Respondent.

FILED

NOV 23 2020

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

By: 

FIRST AMENDED COMPLAINT

The Investigative Committee (IC)¹ of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Victor Ronald Bruce, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter 630 (collectively Medical Practice Act), hereby issues its First Amended Complaint (Amended Complaint), stating the IC's charges and allegations as follows:

1. Respondent is a medical doctor currently licensed in active-restricted status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). His license was originally issued on September 7, 2018 (License No. 18273).

2. Bernard Kofi Addo-Quaye, M.D. (Addo-Quaye) was at all times relative to this Amended Complaint a licensed medical doctor holding an active license to practice medicine in the State of Nevada (License No. 9413). Addo-Quaye was originally licensed by the Board on June 13, 2000.

3. On October 23, 2014, in the matter of United States of America v. Victor Bruce, MD, United States District Court, District of Nevada, Case No. 2: 13-cr-0041-APG-CWH, the Court

¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Amended Complaint was authorized for filing, was composed of Board members Victor M. Muro, M.D., Chairman, Ms. April Mastroluca, and Weldon Havins, M.D., J.D.

1 entered its Judgment in a Criminal Case, adjudging Respondent guilty of violating 21 USC §§
2 846, 841(a)(1) and (b)(1)(C), conspiracy to distribute oxycodone, and sentencing him to forty-six
3 (46) months of imprisonment, among other sanctions.

4 4. On December 31, 2014, the Board revoked Respondent's former license to practice
5 medicine (License No. 8652) pursuant to a Settlement Agreement and Order entered by the Board
6 on December 8, 2014.

7 5. Following Respondent's release from incarceration, Respondent submitted to the
8 Board an application for licensure and preceptor plan. After an appearance by Respondent and
9 Addo-Quaye before the Board at a public meeting on September 7, 2018, and good case
10 appearing, the Board issued Respondent an "Active-Restricted" license to practice medicine for
11 the express purpose of permitting him to participate in a preceptorship with Addo-Quaye, whereby
12 Addo-Quaye was to supervise the medical activities of Respondent and report to the Board
13 regarding Respondent's competence to practice medicine. The Board ordered Respondent to
14 complete a one (1) year preceptorship with Addo-Quaye, and explicitly restricted Respondent
15 from prescribing controlled substances for a minimum of twenty-four (24) months or until his
16 probation period lapses, whichever is greater, and subject to prior approval of the Board.

17 6. Addo-Quaye held, at all times relative to this Amended Complaint, a controlled
18 substance registration, Certificate of Registration No. CS10103, issued by the Nevada State Board
19 of Pharmacy (Pharmacy Board).

20 7. Respondent, at all times relative to this Amended Complaint, did not hold a
21 controlled substance registration, or any other kind of license to prescribe controlled substances,
22 issued by the Pharmacy Board.

23 8. Addo-Quaye, at all times relative to this Amended Complaint, was the proprietor of
24 "Bernard Addo-Quaye, MD PC," dba "TruCare Medical Center" ("TruCare"). TruCare is located
25 at 2290 McDaniel Street, Suite 2A, North Las Vegas, Nevada 89030.

26 9. Respondent was engaged as a preceptee of Addo-Quaye at TruCare from
27 September 2018 to present.

28 ///

10. Addo-Quaye was out of the country from September 1, 2019, to September 20, 2019.

COUNT I

NRS 630.306(1)(b)(3)

(Violation of Statutes and Regulations of the Nevada State Board of Pharmacy)

11. All of the allegations contained in Paragraphs 1-10 above are hereby incorporated by reference as though fully set forth herein.

12. Respondent is a practitioner as defined by NRS 639.0125(1), as a physician, who holds a license to practice medicine in the State of Nevada.

13. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a provision of chapter 639 of NRS, or a regulation adopted by the State Board of Pharmacy pursuant thereto, that is applicable to a licensee who is a practitioner, as defined in NRS 639.0125, is grounds for initiating discipline against a licensee.

14. The Nevada State Board of Pharmacy adopted NAC 454.060, which sets forth requirements for written prescriptions for dangerous drugs. NAC 454.060 incorporates and includes the prescription requirements of NRS 454.223. In part, NRS 454.223(2)(a) provides:

2. A written prescription must contain:
 - (a) The name of the practitioner, the signature of the practitioner if the prescription was not transmitted orally and the address of the practitioner if not immediately available to the pharmacist;

15. Respondent violated NAC 454.060 in that, as Addo-Quaye's preceptee, and while Addo-Quaye was out of the country from September 1, 2019, to September 20, 2019, Respondent prescribed dangerous drugs by using Addo-Quaye's blank prescription pads having Addo-Quaye's name pre-printed on the prescription forms. Respondent failed to cross-out Addo-Quaye's name on the prescription forms and write in his own name prior to Respondent signing his own name on the prescription for dangerous drugs, in violation of NAC 454.060, a regulation of the State Board of Pharmacy, because the above-referenced prescription did not contain Respondent's name (although it did contain Respondent's signature), as required by NRS 454.223(2)(a) which is incorporated by NAC 454.060, a regulation adopted by the State Board of Pharmacy.

///

OFFICE OF THE GENERAL COUNSEL
 Nevada State Board of Medical Examiners
 9606 Gateway Drive
 Reno, Nevada 89521
 (775) 688-2559

16. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the IC prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Amended Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Amended Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it finds and concludes that there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, to include sanctions to be imposed; and

5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 23 day of November, 2020.

INVESTIGATIVE COMMITTEE OF THE
 NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

Aaron Bart Fricke, Esq., Senior Deputy General Counsel
 Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
 Nevada State Board of Medical Examiners
 9600 Gateway Drive
 Reno, Nevada 89521
 (775) 688-2559

1 VERIFICATION

2 STATE OF NEVADA)
 3) ss.
 4 COUNTY OF WASHOE)

5 Mr. M. Neil Duxbury, having been duly sworn, hereby deposes and states under penalty of
 6 perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of
 7 Medical Examiners that authorized the Complaint against the Respondent herein; that he has read
 8 the foregoing Complaint; and that based upon information discovered in the course of the
 9 investigation into a complaint against Respondent, he believes that the allegations and charges in
 10 the foregoing Complaint against Respondent are true, accurate and correct.

11 DATED this 23 day of November, 2020.

12 INVESTIGATIVE COMMITTEE OF THE
 13 NEVADA STATE BOARD OF MEDICAL EXAMINERS

14 By: M. Neil Duxbury
 15 M. Neil Duxbury, Chairman
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CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 23rd day of November, 2020, I served a file-stamped copy of the **FIRST AMENDED COMPLAINT**, via electronic mail to the following:

John A. Hunt Esq. at jhunt@clarkhill.com
c/o Victor Ronald Bruce, M.D.
3800 Howard Hughes Pkwy., Ste. 500
Las Vegas, NV 89169

DATED this 23rd day of November, 2020.

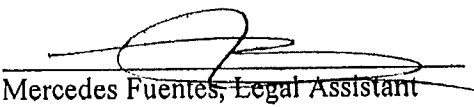

Mercedes Fuentes, Legal Assistant
Nevada State Board of Medical Examiners

EXHIBIT “9”

EXHIBIT “9”

261322291

261557258

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint

Case No. 20-12252-1

Against

FILED

VICTOR RONALD BRUCE, M.D.,

DEC - 4 2020

Respondent.

NEVADA STATE BOARD OF
MEDICAL EXAMINERSBy: SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Senior Deputy General Counsel for the Board and attorney for the IC, and Victor Ronald Bruce, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, John Hunt, Esq., of the law firm of Clark Hill PLC, hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active-restricted status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). His license was originally issued on September 7, 2018 (License No. 18273).

2. On November 23, 2020, in Case No. 20-12252-1, the IC filed a formal First Amended Complaint (Complaint) charging Respondent with violating the Medical Practice Act.² Specifically, the Complaint alleges one (1) violation: one (1) violation of NRS 630.306(1)(b)(3), Violation of Statutes and Regulations of the Nevada State Board of Pharmacy.

///

¹ All agreements and admissions made by Respondent are solely for final disposition of these matters and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

² Due to the filing of the Amended Complaint, the initial formal Complaint filed on August 13, 2020, is withdrawn and deemed to be of no force and effect.

V.R.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1 3. By reason of the foregoing, Respondent is subject to discipline by the Board as
2 provided in NRS 630.352.

3 4. Respondent was properly served with a copy of the Complaint, has reviewed and
4 understands the Complaint, and has had the opportunity to consult with competent counsel
5 concerning the nature and significance of the Complaint.

6 5. Respondent is hereby advised of his rights regarding these administrative matters, and
7 of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has
8 certain rights in these administrative matters as set out by the United States Constitution, the Nevada
9 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in
10 NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in
11 NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the
12 Complaint, the right to representation by counsel, at his own expense, in the preparation and
13 presentation of his defense, the right to confront and cross-examine the witnesses and evidence against
14 him, the right to written findings of fact, conclusions of law and order reflecting the final decision of
15 the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

16 6. Respondent understands that, under the Board's charge to protect the public by
17 regulating the practice of medicine, the Board may take disciplinary action against Respondent's
18 license, including license probation, license suspension, license revocation and imposition of
19 administrative fines, as well as any other reasonable requirement or limitation, if the Board
20 concludes that Respondent violated one or more provisions of the Medical Practice Act.

21 7. Respondent understands and agrees that this Agreement, by and between
22 Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the
23 Board for consideration in open session at a duly noticed and scheduled meeting. Respondent
24 understands that the IC shall advocate for the Board's approval of this Agreement, but that the
25 Board has the right to decide in its own discretion whether or not to approve this Agreement.
26 Respondent further understands and agrees that if the Board approves this Agreement, then the
27 terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

28 ///

OFFICE OF THE GENERAL COUNSEL
 Nevada State Board of Medical Examiners
 9600 Gateway Drive
 Reno, Nevada 89521
 (775) 688-2559

1 **B. TERMS & CONDITIONS**

2 **NOW, THEREFORE**, in order to resolve the matters addressed herein, i.e., the matters
 3 with regard to the Complaint, Respondent and the IC hereby agree to the following terms and
 4 conditions:

5 1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a
 6 physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set
 7 forth in the Medical Practice Act.

8 2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.**
 9 Respondent acknowledges he is represented by counsel, and wishes to resolve the matters
 10 addressed herein with said counsel. Respondent agrees that if representation by counsel in this
 11 matter materially changes prior to entering into this Agreement and for the duration of this
 12 Agreement, that counsel for the IC will be timely notified of the material change. Respondent
 13 agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to
 14 have a full consultation with and upon the advice of legal counsel.

15 3. **Waiver of Rights.** In connection with this Agreement, and the associated terms
 16 and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection
 17 with these administrative matters. Respondent hereby knowingly, willingly and intelligently
 18 waives all rights arising under the United States Constitution, the Nevada Constitution, the
 19 Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him
 20 or that may apply to him in connection with the administrative proceedings resulting from the
 21 Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations
 22 set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the
 23 Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this
 24 Agreement, without a hearing or any further proceedings and without the right to judicial review.

25 4. **Acknowledgement of Reasonable Basis to Proceed.** As of the time of entering
 26 into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent
 27 acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in
 28 conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

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1 that Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have
2 merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential
3 subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, he has
4 evidence, witnesses, expert witness(es) and defenses to the count/claim alleged in the Complaint,
5 but for the purposes of resolving these matters and for no other purpose, Respondent waives the
6 presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this
7 Agreement.

8 5. Consent to Entry of Order. In order to resolve the Complaint pending against
9 Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent
10 engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly,
11 the following terms and conditions are hereby agreed upon:

12 a. Respondent admits to Count I of the Complaint, one (1) violation of
13 NRS 630.306(1)(b)(3), Violation of Statutes and Regulations of the Nevada State Board of
14 Pharmacy.

15 b. Respondent shall pay a fine of five hundred dollars (\$500.00) within sixty
16 (60) days of the Board's acceptance, adoption and approval of this Agreement.

17 c. Respondent will pay the costs and expenses incurred in the investigation
18 and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance,
19 adoption and approval of this Agreement, in the amount of two thousand eighty-four dollars and
20 eighteen cents (\$2,084.18).

21 d. Respondent shall undergo either an independent peer review examination or
22 a Physician Assessment and Clinical Education (PACE) examination to assess his current clinical
23 competency to practice medicine, with the examination to be completed within ninety (90) days of
24 the Board's acceptance, adoption and approval of this Agreement. The examination shall be
25 conducted pursuant to and in accord with NRS 630.318. The examination shall be conducted by a
26 provider approved by the Board in advance of the examination. The examiner shall, within sixty
27 (60) days of the completion of the examination, render an opinion and report to the Board
28 regarding whether Respondent is competent to practice medicine with an unrestricted license,

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1 noting any concerns or deficiencies and areas of necessary improvement. The examination and
2 report shall be performed at Respondent's sole expense.

3 e. Upon completion of the terms and conditions set forth in paragraph 5(b)-(d)
4 above, Respondent shall petition the Board for an unrestricted license, and appear at a public
5 meeting where the Board shall review the record presented and render a determination on that
6 petition in good faith.

7 f. Respondent shall remain prohibited from writing prescriptions for
8 controlled substances until further order of the Board.

9 g. This Agreement shall be reported to the appropriate entities and parties as
10 required by law, including, but not limited to, the National Practitioner Data Bank.

11 h. Respondent shall receive a Public Letter of Reprimand.

12 i. All claims and allegations arising from Board Investigative Case No.
13 19-18983 shall be dismissed with prejudice.

14 6. Release From Liability. In execution of this Agreement, Respondent understands
15 and agrees that the State of Nevada, the Board, and each of its members, staff, counsel,
16 investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents
17 are immune from civil liability for any decision or action taken in good faith in response to
18 information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of
19 Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers,
20 committees, panels, hearing officers, consultants and agents from any and all manner of actions,
21 causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and
22 unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against
23 any or all of the persons, government agencies or entities named in this paragraph arising out of,
24 or by reason of, this investigation, this Agreement or the administration of the case referenced
25 herein.

26 7. Procedure for Adoption of Agreement The IC and counsel for the IC shall
27 recommend approval and adoption of the terms and conditions of this Agreement by the Board in
28 resolution of the Complaint at an upcoming Board meeting at the Board's earliest convenience,

VB

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Nevada State Board of Medical Examiners
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1 and Respondent hereby waives notice of the same, whether under the United States Constitution,
2 the Nevada Constitution, the Medical Practice Act, the OML, the APA, or otherwise. In the
3 course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC
4 may communicate directly with the Board staff and the adjudicating members of the Board.

5 Respondent acknowledges that such contacts and communications may be made or
6 conducted ex parte, without notice or opportunity to be heard on his part until the public Board
7 meeting where this Agreement is discussed, and that such contacts and communications may
8 include, but may not be limited to, matters concerning this Agreement, the Complaint and any and
9 all information of every nature whatsoever related to these matters. The IC and its counsel agree
10 that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this
11 Agreement is discussed and, if requested, respond to any questions that may be addressed to the
12 IC or the IC's counsel.

13 8. Effect of Acceptance of Agreement by Board. In the event the Board accepts,
14 approves and adopts this Agreement, the Board shall issue a final order, making this Agreement
15 an order of the Board, and, pending full compliance with the terms herein, the case shall be closed
16 and any and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

17 9. Effect of Rejection of Agreement by Board. In the event the Board does not
18 accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and
19 effect except as to the following agreement regarding adjudications: (1) Respondent agrees that,
20 notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement
21 and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this
22 Agreement shall disqualify any member of the adjudicating panel of the Board from considering
23 the Complaint and from participating in disciplinary proceedings against Respondent, including
24 adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any
25 such member absent evidence of bad faith.

26 10. Binding Effect. If approved by the Board, Respondent understands that this
27 Agreement is a binding and enforceable contract upon Respondent and the Board.

28 ///

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 Nevada State Board of Medical Examiners
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 (775) 688-2559

1 11. Forum Selection Clause. The parties agree that in the event either party is
 2 required to seek enforcement of this Agreement in district court, the parties consent to such
 3 jurisdiction and agree that jurisdiction shall be in the Second Judicial District Court, State of
 4 Nevada, Washoe County.

5 12. Attorneys' Fees and Costs. The parties agree that in the event an action is
 6 commenced in district court to enforce any provision of this Agreement, the prevailing party shall
 7 be entitled to recover reasonable attorneys' fees and costs.

8 13. Failure to Comply With Terms. Should Respondent fail to comply with any term
 9 or condition of this Agreement once the Agreement has been accepted, approved and adopted by
 10 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice
 11 medicine in Nevada pending an Order To Show Cause Hearing on revocation, which will be duly
 12 noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines,
 13 costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which
 14 may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to any civil and administrative collection efforts available.

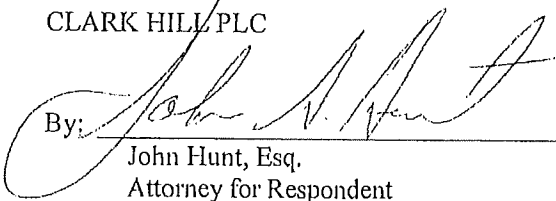
Dated this 23 day of November, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

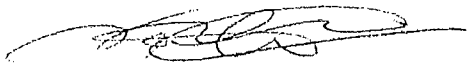
By: 
Aaron Bart Fricke, Esq., Senior Deputy General Counsel
Attorney for the Investigative Committee

Dated this 19 day of Nov, 2020.

CLARK HILL PLC

By: 
John Hunt, Esq.
Attorney for Respondent

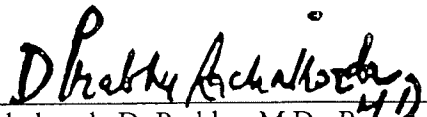
Dated this 19th day of November, 2020.


Victor Ronald Bruce, M.D., Respondent

ORDER

IT IS HEREBY ORDERED, that the foregoing Settlement Agreement (Case No. 20-12252-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 4th day of December, 2020, with the final total amount of costs due of two thousand eighty-four dollars and eighteen cents (\$2,084.18)

DATED this 4th day of December, 2020.


Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

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Nevada State Board of Medical Examiners
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CLARK HILL

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Suite 500
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T (702) 862-8300
F (702) 862-8400

clarkhill.com

October 6, 2021

Via E-mail and US regular mail

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: dwuest@pharmacy.nv.gov

Re: Victor Bruce, MD
*** Petition for Reconsideration of the Board's Denial of Dr. Bruce's Application for Controlled Substance Registration**

Mr. Wuest:

As you know, this office represents Victor Bruce, MD ("Dr. Bruce"). We are in receipt of your letter dated September 7, 2021, advising of the Nevada State Board of Pharmacy's (the "Board") denial of Dr. Bruce's application for Controlled Substance Registration. See Exhibit 1. With citation to NRS 639.139, your notes Dr. Bruce has the right to petition the Board within thirty (30) days for reconsideration of his application. Id., second paragraph.

*** Request/Petition for Reconsideration.**

Accordingly, this letter is submitted as Dr. Bruce's petition for reconsideration of the Board's denial of his application Controlled Substance Registration.

NRS 139.139 provides:

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

J. David Wuest, R. Ph.
 Executive Secretary
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Re: Victor Bruce, MD

*** Petition for Reconsideration of the Board's Denial of Dr. Bruce's Application for Controlled Substance Registration**

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.

Within 30 days after the petition is received by the Board, the Executive Secretary of the Board shall notify the petitioner, by registered or certified mail, of the Board's decision to grant or deny the petition for reconsideration. If the petition is granted, the notice must include the time and place set for reconsideration of the application by the Board. (Added to NRS by 1967, 1655; A 1977, 90; 2003, 2285)

NRS 639.139(1) provides that a petition for reconsideration "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." In keeping with NRS 639.139(1), Dr. Bruce hereby provides as follows regarding the stated basis for the Board's denial of his application and he, as noted below, further states he is prepared to submit evidence in support of his denial of the Board's purported basis for its denial of his application. As to the latter, request is made that the Board advise of any deadline as to when such evidence is due.

*** NRS 639.139(1) - Dr. Bruce acknowledges his conviction for conspiracy to distribute oxycodone in October 2014, but he denies that the conviction makes him unsafe for the public if his application for a controlled substance registration is granted. Dr. Bruce is prepared to submit evidence in support of the denial of this purported basis.**

Your letter advises, in part, "[t]he Board denied your [Dr. Bruce's] application because of your criminal conviction for conspiracy to distribute oxycodone..." See **Exhibit 1**. Pursuant to NRS 639.139(1), Dr. Bruce acknowledges his conviction for conspiracy to distribute oxycodone in October 2014, but he denies that the conviction makes him unsafe for the public if his application for a controlled substance registration is granted. Also pursuant to NRS 639.139(1), Dr. Bruce hereby states he is prepared to submit evidence in support of the denial of this purported basis. Again, request is made that the Board advise of any deadline as to when such evidence is due.

As was addressed in Dr. Bruce's application (BB1530-1542)¹ and his supplement (BB1543-1603) which were referenced at agenda item 10B for the Board's August 31, 2021, hearing, Dr. Bruce has taken and acknowledged full responsibility for his conviction for conspiracy to distribute oxycodone in October 2014. As addressed in his

¹ Reference to "BB" refers to the Board's Book from the August 31, 2021, Board hearing. The page numbers following the "BB" reference are those referenced in the upper right hand corner.

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 Executive Secretary
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Re: Victor Bruce, MD

*** Petition for Reconsideration of the Board's Denial of Dr. Bruce's Application for Controlled Substance Registration**

application/supplement, following Dr. Bruce's release from incarceration, the Nevada State Board of Medical Examiners on September 7, 2018, issued Dr. Bruce an "Active-Restricted" license to practice medicine for the express purpose of permitting him to participate in a preceptorship with Dr. Addo-Quaye, whereby Dr. Addo-Quaye was to supervise the medical activities of Dr. Bruce and to report to the Medical Board regarding Dr. Bruce's competence to practice medicine. The Medical Board ordered Respondent to complete a one (1) year preceptorship with Dr. Addo-Quaye, and explicitly restricted Respondent from prescribing controlled substances for a minimum of twenty-four (24) months or until his probation period lapses, whichever is greater, and subject to prior approval of the Medical Board.

Via letter dated May 17, 2021, the United States District Court, District of Nevada, Probation Department, advised that Dr. Bruce has completed his supervision term relative to the criminal case. See BB1581.

Accordingly, the Medical Board filed on June 16, 2021, an *Order Removing Conditions from License* which, in part, ordered "all conditions and restrictions be removed from Dr. Bruce's license to practice medicine in the State of Nevada and, thereby, Dr. Bruce has an unrestricted license." See BB1583.

*** NRS 639.139(1) – With regards to purported basis of "disciplinary history" for the denial of Dr. Bruce's application, the same is denied and Dr. Bruce hereby states he is prepared to submit evidence in support of the denial of this purported basis.**

Also, in part, your letter advises that the Board denied Dr. Bruce's application because of his "disciplinary history." Pursuant to NRS 639.139(1), this purported basis for the denial of Dr. Bruce's application is denied and Dr. Bruce hereby states he is prepared to submit evidence in support of the denial of this purported basis. As you may remember, at the August 31, 2021, hearing, the only discussion of any purported "disciplinary history" as to Dr. Bruce had to do with the Pharmacy Board's *Cease and Desist/Citation: Unlicensed Practice (Case No. 19-242-S)* dated July 21, 2020. This matter, however, was settled via a *Payment Agreement* (BB1585-1586) wherein the Board and Dr. Bruce arrived at a mutually agreeable resolution regarding the Citation/Statement in that Dr. Bruce would acknowledge he would pay the Citation's fine amount, that Dr. Bruce would make no admission of a specific violation in relation to the payment of a fine amount, and Dr. Bruce would withdrawal his appeal to be heard in front of the Board. Id., BB1585-1586

CLARK HILL

J. David Wuest, R. Ph.
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Re: Victor Bruce, MD

*** Petition for Reconsideration of the Board's Denial of Dr. Bruce's Application for Controlled Substance Registration**

Accordingly, Dr. Bruce's appeal was withdrawn/vacated from the Board's October 14, 2020, hearing agenda. See BB1585-1586, *Payment Agreement* regarding Pharmacy Board Case No. 19-242. The same further notes, in part:

WHEREAS, the parties further agree to the following:

- * Dr. Bruce's general acknowledgement and payment of the fine is not an admission of liability;
- * No signed "acknowledgement" is needed;
- * Payment of the fine does not constitute discipline; and
- * The general acknowledgment and payment of the fine is akin to a settlement where there is no admission of liability.

See BB1585, *Payment Agreement*, at pg. 1.

Accordingly, as the *Payment Agreement* concerning the Citation/Statement makes clear there is **no** admission of liability and payment of the fine **does not** constitute discipline. Thus, pursuant to the *Payment Agreement* (BB1585-1586), the resolution of the Citation/Statement did not and does not represent any form of discipline. Thus, any reliance upon the Citation/Statement as evidence of "disciplinary history" is factually inaccurate and the Board's denial of Dr. Bruce's application based upon same was improper.

* **Reconsideration is also proper to allow for consideration of terms, conditions, restrictions.**

Dr. Bruce is open to discussing with the Board terms, conditions, and restrictions to be associated with an order for a controlled substance registration. For instance, in the matter of Craig Weingrow, M.D., Certificate Registration Nos. CS209272, PD00502, Petitioner, Case No. 17-066-CS-S, the *Order of Reinstatement* filed July 31, 2020, set for certain terms, conditions, and restrictions relative to the Board's reinstatement of Dr. Weingrow's controlled substance registration (following approximately 2 years of revocation in July 2018). See Exhibit 2, copy of *Order of Reinstatement* in the Weingrow matter.² The conditions include:

² Same is also at BB1392-1395.

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 Executive Secretary
 Nevada State Board of Pharmacy
 October 6, 2021
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Re: Victor Bruce, MD

*** Petition for Reconsideration of the Board's Denial of Dr. Bruce's Application for Controlled Substance Registration**

-
- * Only prescribing controlled substances listed in Exhibit 2 to the *Order of Reinstatement*;
 - * Reporting controlled substance prescribing every quarter to Board staff;
 - * Appearing before the Board for prior authorization to make any amendments to the list of controlled substances that may be prescribed.

Id., **Exhibit 2**, at pg. 1, or BB1392.

As was noted during the August 31, 2021, hearing, certain Board members voiced concern for the safety of the public if Dr. Bruce's application was approved. It is submitted that any such safety concerns regarding Dr. Bruce prescribing controlled substances can be appropriately addressed via a stipulation consistent with the terms addressed in the *Order of Reinstatement* from Dr. Weingrow's matter. See Exhibit 2 or BB1392-1395. Dr. Bruce, like with Dr. Weingrow, is willing to stipulate to terms and conditions like those found in the *Order of Reinstatement*.

Dr. Bruce is likewise willing to discuss and consider alternative or other terms and conditions to address Board member safety concerns. For example, such other terms and conditions could include: 1) Dr. Bruce establish and put into practice all necessary policies and procedures to ensure that any controlled substance prescription complies with the provisions of Federal and State law; 2) Dr. Bruce shall comply with all Federal and State laws regarding controlled substances, and 3) Dr. Bruce shall have no charges filed with the Board regarding controlled substances during the period that the terms and conditions are applicable.

* **Requests for information and statistics.**

Via letters on September 14, 2021 (see Exhibit 3) and September 29, 2021 (see Exhibit 4), this office requested certain information and statistics from the Board. Board counsel advised that the Board does not have or maintain the requested information. See Exhibit 5, September 29, 2021, letter from Brett Kandt.³

In part, the requests for information from the Board were made in light of the Board's decisions to grant the other two (2) applications for controlled substance

³ The September 17, 2021, email referenced in Mr. Kandt's September 29, 2021, letter stated, in pertinent part, "[t]he Board does not have the information you requested in your correspondence."

J. David Wuest, R. Ph.
 Executive Secretary
 Nevada State Board of Pharmacy
 October 6, 2021
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Re: Victor Bruce, MD

*** Petition for Reconsideration of the Board's Denial of Dr. Bruce's Application for Controlled Substance Registration**

registration that came on for hearing during the Board's August 31, 2021, meeting. Specifically, they were agenda items 10A (Jason Bellak – see BB1462-1528) and 10C (Mark Vellek – see BB1604-1622).

As may be remembered, Mr. Bellak (agenda item 10A) was involved in the following:

- BB1466 Admits using cocaine and marijuana (with positive drug tests for both) on two separate occasions accompanying heavy drinking in January 2005 and February 2005
- BB1469 June 2004, convicted of driving while intoxicated
- BB1470-72 December 2003, charged with (1) physical abuse of child, (2) misdemeanor battery, (3) intimate victim/dissuade reporting, and (4) disorderly conduct to which he plead guilty to counts 1 (recklessly causing great bodily harm to a child) and 2 (battery) in June 2004 (BB1471)
- BB1473 December 2004, charged with bail jumping and disorderly conduct. Charges dismissed in April 2005.
- BB1474 September 2005, pled no contest to misdemeanor battery which followed on the June 2005 charging of (1) bail jumping, (2) misdemeanor battery, (3) and disorderly conduct. Counts 1 and 3 were dismissed.

As to Mr. Vellek (Board's agenda item 10C), on November 22, 2013, he executed a Settlement Agreement with the Missouri Department of Health and Senior Services', Bureau of Narcotics and Dangerous Drugs see BB1608-1614) which, in part, noted Dr. Vellek did not maintain controlled substance receipt records as required, did not maintain annual inventories, did not maintain a separate administration and dispensing log for Schedule III-V controlled substances, that incomplete records prevented an audit from being conducted to verify the accountability for all controlled substances. Id., BB1612. The Settlement Agreement was withdrawn and a letter of concern was issued. See BB1615.

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J. David Wuest, R. Ph.
 Executive Secretary
 Nevada State Board of Pharmacy
 October 6, 2021
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Re: Victor Bruce, MD

*** Petition for Reconsideration of the Board's Denial of Dr. Bruce's Application for
 Controlled Substance Registration**

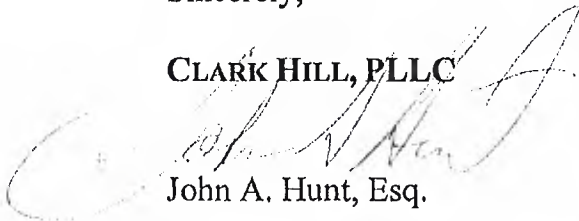
If this letter and attached documents should be directed to a different person or department at the Pharmacy Board, please advise at your earliest convenience. We look forward to addressing Dr. Bruce's petition/request for reconsideration with the Board.

Should you have any questions after you have reviewed the above, please do not hesitate to contact me at the above address, phone number, fax number, by email at jhunt@clarkhill.com, or contact Dr. Bruce directly.

Thank you.

Sincerely,

CLARK HILL, PLLC


 John A. Hunt, Esq.

Accompany documents: as stated above, **Exhibits 1-5**

Approved as to form and content:

By  this 6th day of October, 2021.
 Victor R. Bruce, MD

Copy via email:

Mark Sedar, Chief Operating Officer
 Nevada State Board of Pharmacy
 email: msedar@pharmacy.nv.gov

Courtney K. Lee, Esq., General Counsel
 Nevada State Board of Pharmacy
 email: clee@pharmacy.nv.gov

CLARK HILL

EXHIBIT “1”

EXHIBIT “1”



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

September 7, 2021

VIA CERTIFIED U.S. MAIL AND EMAIL drb@ascensionmedicalcenter.com

Victor Bruce, MD
7812 Foothill Ash Avenue
Las Vegas, NV 89117

Re: Notice of Denial of Application for Controlled Substance Registration

Dear Dr. Bruce:

This letter constitutes notice pursuant to NRS 639.138 that the Nevada State Board of Pharmacy ("Board") on August 31, 2021, denied your application for a controlled substance registration pursuant to NRS 453.231(1), and/or NRS 639.210. The Board denied your application because of your criminal conviction for conspiracy to distribute oxycodone, and disciplinary history.

You have the right to petition the Board within thirty (30) days for reconsideration of your application, and the right to submit evidence to controvert the alleged violations on which the denial was based pursuant to NRS 639.139.

If you have any questions, please do not hesitate to contact me at (775) 850-1440.

cc: John Hunt, Esq. jhunt@clarkhill.com

Sincerely,

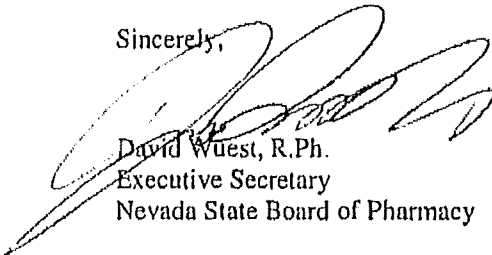

David Wuest, R.Ph.
Executive Secretary
Nevada State Board of Pharmacy

EXHIBIT “2”

EXHIBIT “2”

FILED

JUL 31 2020

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD
OF PHARMACY

**CRAIG WEINGROW, M.D.,
Certificate of Registration Nos. CS20272
PD00502,

Petitioner.**

Case No. 17-066-CS-S

ORDER OF REINSTATEMENT

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), hereby orders as follows:

The Nevada State Board of Pharmacy (Board) heard this matter on July 18, 2018, rendered a decision, and entered an Order on July 25, 2018, revoking the certificates of registration of Craig Weingrow, MD (Weingrow) controlled substance registration, Certificate of Registration No. CS20272 and dispensing practitioner registration, Certificate of Registration No. PD00502. Weingrow petitioned for reinstatement of his controlled substance registration, Certificate of Registration No. CS20272, pursuant to NRS 639.257. On January 15, 2020, and July 15, 2020, Weingrow appeared with counsel before the Board to answer questions and give testimony regarding his petition, his compliance with the Order, and the facts and circumstances underlying this matter.

The Board granted the petition and ordered that Weingrow's Certificate of Registration No. CS20272 be reinstated effective immediately subject to the following terms, conditions and restrictions:

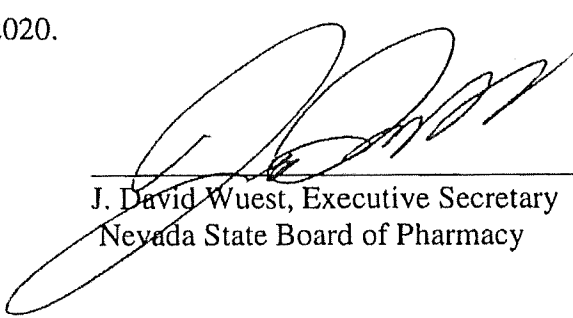
1. Weingrow may only prescribe the controlled substances listed in Exhibit 2 submitted in support of his petition (copy attached).
2. Weingrow shall report his controlled substance prescribing every quarter to Board staff.
3. Weingrow shall appear before the Board for prior authorization to make any amendments to the list of controlled substances he may prescribe.

Any failure by Weingrow to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing

Weingrow to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

IT IS SO ORDERED.

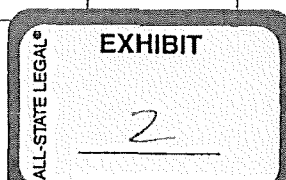
Entered this 31st day of July, 2020.



J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

CRAIG WEINGROW, M.D.**LIST OF CONTROLLED SUBSTANCES THAT DR. WEINGROW ANTICIPATES
PRESCRIBING**

Controlled Substance	Schedule	Treatment For
Alprazolam	IV	Anxiety, Panic Disorder
Armodafinil	IV	Narcolepsy, OSA
Butalbital/Acetaminophen/Caffeine	IV	Tension Headaches, Migraines
Carisoprodol	IV	Muscle Spasms
Chlordiazepoxide	IV	Alcohol Withdrawal, Acute
Clonazepam	IV	Anxiety, Restless Legs Syndrome
Codeine/Guaifenesin	V	Bronchitis, Severe Cough
Dextroamphetamine/Amphetamine	II - N	ADHD
Diazepam	IV	Anxiety, Alcohol Withdrawal, Acute Muscle Spasms
Estrogens, Esterified/Methyltestosterone	III	Menopause, Vasomotor Symptoms
Eszopiclone	IV	Insomnia
Lorazepam	IV	Anxiety
Lisdexamfetamine	II - N	ADHD
Methylphenidate	II - N	ADHD
Methyltestosterone	III	Hypogonadotropic Hypogonadism
Modafinil	IV	Narcolepsy, OSA
Pregabalin	IV	Diabetic Peripheral Neuropathy, Post- Herpetic Neuralgia
Suvorexant	IV	Insomnia
Temazepam	IV	Insomnia
Testosterone Cypionate	III	Hypogonadotropic Hypogonadism
Tramadol	IV	Moderate/Severe Pain
Zolpidem	IV	Insomnia



CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jeffrey Setness, Esq.
Fabian Vancott
411 E. Bonneville Ave. #400
Las Vegas, NV 89101

A handwritten signature in black ink, appearing to read 'K. Mangosing', written over a horizontal line.

KRISTOPHER MANGOSING

EXHIBIT “3”

EXHIBIT “3”

264221612

CLARK HILL

John A. Hunt
T: (702) 697-7512
Email: jhunt@clarkhill.com

Clark Hill PLC
3800 Howard Hughes Parkway
Suite 500
Las Vegas, NV 89169
T (702) 862-8300
F (702) 862-8400

clarkhill.com

September 14, 2021

Via E-mail and US regular mail

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: msedar@pharmacy.nv.gov

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: clee@pharmacy.nv.gov

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: dwuest@pharmacy.nv.gov

Shirley Hunting
Board Coordinator, Custodian of Records
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: shunting@pharmacy.nv.gov

Re: Victor Bruce, MD
*** Follow-up to Mr. Wuest's September 7, 2021, Notice of Denial of Dr. Bruce's Application for Controlled Substance Registration**

Ms. Lee, Ms. Hunting, and Messrs. Sedar and Wuest:

This office represents Victor Bruce, MD ("Dr. Bruce"). I am in receipt of Ms. Hunting's September 8, 2021, email which contained as an attachment Mr. Wuest's September 7, 2021, notice of denial of Dr. Bruce's application for controlled substance registration. See attached Exhibit #1.

Could you please provide the procedure or if there is a form that may be used to acquire a copy of the audio of the Board's meeting of August 31, 2021? Particularly we are requesting a copy of the audio for Agenda Item 10, A, B, & C. Pursuant to NRS 139.139 Dr. Bruce intends to petition the Board to reconsider the denial of his registration and the

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
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Nevada State Board of Pharmacy

Shirley Hunting
Board Coordinator, Custodian of Records
Nevada State Board of Pharmacy

September 14, 2021

Page 2 of 3

Re: Victor Bruce, MD

* Follow-up to Mr. Wuest's September 7, 2021, Notice of Denial of Dr. Bruce's Application for Controlled Substance Registration

contents of the audio set forth in Agenda Items 10, A B & C will be critical in Dr. Bruce's petition for reconsideration. If there is any way to expedite the processing of the request, please advise. Can we have our investigator come to the Board and make a copy of the audio of Agenda Item 10, A, B and C?

We are also requesting the following information. If the information below is not kept, please indicate that in your response.

1. Currently, how many members of the Board are of African American descent?
2. In the past five (5) years, how many applicants of African descent have been denied a registration?
3. In the past five (5) years, how many applicants of Indian descent have been denied a registration?
4. In the past five (5) years, how many applicants of Middle Eastern descent have been denied a registration?
5. In the past five (5) years, how many of licensees of African descent have been disciplined by either stipulation and/or been disciplined by the Board, after the Board has conducted a full Board hearing?
6. In the past five (5) years, how many of licensees of Indian descent have been disciplined by either stipulation and/or been disciplined by the Board, after the Board has conducted a full Board hearing?
7. In the past five (5) years, how many of licensees of Pakistan descent have been disciplined by either stipulation and/or been disciplined by the Board, after the Board has conducted a full Board hearing?

CLARK HILL

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

Shirley Hunting
Board Coordinator, Custodian of Records
Nevada State Board of Pharmacy

September 14, 2021

Page 3 of 3

Re: Victor Bruce, MD

* Follow-up to Mr. Wuest's September 7, 2021, Notice of Denial of Dr. Bruce's Application for Controlled Substance Registration

-
8. In the past five (5) years, how many of licensees of Middle Eastern descent have been disciplined by either stipulation and/or been disciplined by the Board after the Board has conducted a full Board hearing?
 9. Does the Board maintain a record based upon race and/or ethnic origin of the number of applicants who have been denied a registration?
 10. Does the Board maintain a record based upon race and/or ethnic origin of the number of registration holders who have been discipline pursuant to stipulation and/or as a result of a full Board Hearing?

The information requested, if maintained, is public information. The information requested is to assured the those of African, Indian, Pakistan and Middle Eastern communities that the Pharmacy Board, it's attorneys and/or staff are conducting their duties in a fair and unbiased manner to prevent a culture of systemic racism.

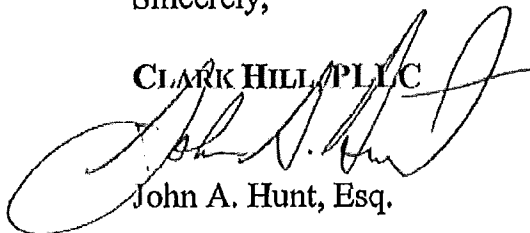
The information received may be shared with Nevada legislators the Nevada Attorney General and the media.

Thank you. We await your response. Should you have any questions after you have reviewed the above, please do not hesitate to contact me at the above address, phone number, fax number, by email at jhunt@clarkhill.com.

Thank you.

Sincerely,

CLARK HILL PLLC



John A. Hunt, Esq.

CLARK HILL

EXHIBIT “1”

EXHIBIT “1”

264093615



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway -- Suite 206 • Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bnp.nv.gov

September 7, 2021

VIA CERTIFIED U.S. MAIL AND EMAIL drb@ascensionmedicalcenter.com

Victor Bruce, MD
7812 Foothill Ash Avenue
Las Vegas, NV 89117

Re: Notice of Denial of Application for Controlled Substance Registration

Dear Dr. Bruce:

This letter constitutes notice pursuant to NRS 639.138 that the Nevada State Board of Pharmacy ("Board") on August 31, 2021, denied your application for a controlled substance registration pursuant to NRS 453.231(1), and/or NRS 639.210. The Board denied your application because of your criminal conviction for conspiracy to distribute oxycodone, and disciplinary history.

You have the right to petition the Board within thirty (30) days for reconsideration of your application, and the right to submit evidence to controvert the alleged violations on which the denial was based pursuant to NRS 639.139.

If you have any questions, please do not hesitate to contact me at (775) 850-1440.

cc: John Hunt, Esq. jhunt@clarkhill.com

Sincerely,

A handwritten signature in black ink, appearing to read "David Wuest".

David Wuest, R.Ph.
Executive Secretary
Nevada State Board of Pharmacy

9171 9690 0936 0262 0660 98

EXHIBIT “4”

EXHIBIT “4”

CLARK HILL

John A. Hunt
T: (702) 697-7512
Email: jhunt@clarkhill.com

Clark Hill PLC
3800 Howard Hughes Parkway
Suite 500
Las Vegas, NV 89169
T (702) 862-8300
F (702) 862-8400

clarkhill.com

September 29, 2021

Via E-mail and US regular mail

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
email: bkandt@pharmacy.nv.gov

Re: Victor Bruce, MD
*** Follow-up to your September 17, 2021, letter and two (2) additional requests for information/documents**

Mr. Kandt:

Thank you for your September 17, 2021, letter (Exhibit 1) and its included USB flash drive containing the audio of agenda item 10 from the Nevada State Board of Pharmacy's September 2021 meeting.

As you note, the request for the audio was made in my September 14, 2021, letter. Again, thank you for the USB flash drive with same. My September 14, 2021, letter (Exhibit 2) also requested certain other information (or, if the information below is not kept, request was made to indicate that in your response). Thus far, my office has not received a response to the request for the other public information which the Board has an obligation to disclose if such information exists or if such information does not exist, to advise of the same. Again, for ease of reference, those requests were as follows:

1. Currently, how many members of the Board are of African American descent?
2. In the past five (5) years, how many applicants of African descent have been denied a registration?

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
September 29, 2021
Page 2 of 3

Re: Victor Bruce, MD

*** Follow-up to your September 17, 2021, letter and two (2) additional requests for information/documents**

3. In the past five (5) years, how many applicants of Indian descent have been denied a registration?
4. In the past five (5) years, how many applicants of Middle Eastern descent have been denied a registration?
5. In the past five (5) years, how many of licensees of African descent have been disciplined by either stipulation and/or been disciplined by the Board, after the Board has conducted a full Board hearing?
6. In the past five (5) years, how many of licensees of Indian descent have been disciplined by either stipulation and/or been disciplined by the Board, after the Board has conducted a full Board hearing?
7. In the past five (5) years, how many of licensees of Pakistan descent have been disciplined by either stipulation and/or been disciplined by the Board, after the Board has conducted a full Board hearing?
8. In the past five (5) years, how many of licensees of Middle Eastern descent have been disciplined by either stipulation and/or been disciplined by the Board after the Board has conducted a full Board hearing?
9. Does the Board maintain a record based upon race and/or ethnic origin of the number of applicants who have been denied a registration?
10. Does the Board maintain a record based upon race and/or ethnic origin of the number of registration holders who have been discipline pursuant to stipulation and/or as a result of a full Board Hearing?

In addition to the above requests, please provide the following additional information:

11. A list of the applicants who have been **denied** a registration in the past (5) year who has been convicted of a felony.
12. A list of the applicants who have been **granted** a registration in the past (5) year who has been convicted of a felony.

CLARK HILL

Brett Kandt, General Counsel
 Nevada State Board of Pharmacy
 September 29, 2021
 Page 3 of 3

Re: Victor Bruce, MD

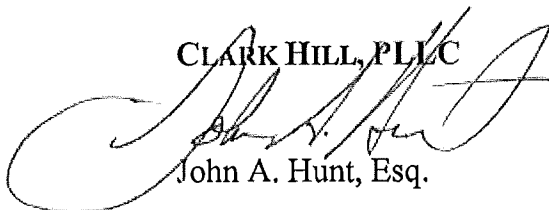
*** Follow-up to your September 17, 2021, letter and two (2) additional requests for information/documents**

So the matter does not languish, please provide the information requested above no later than the close of business October 6, 2021. If the Board believes a longer response time is appropriate, please advise.

Again, if the requested information is not maintained by the Board, please advise of same. Lastly, if the Board objects to any of the requests on the basis of privilege, please provide the judicial holding(s) and/or NRS statute(s) and/or NAC regulations which are relied upon for such a claim. Each response may assist the Nevada legislature in addressing possible knowing or unknowing systemic racism.

Thank you again. We await your further response. Should you have any questions after you have reviewed the above, please do not hesitate to contact me at the above address, phone number, fax number, by email at jhunt@clarkhill.com.

Sincerely,

CLARK HILL, PLLC

 John A. Hunt, Esq.

Accompanying documents: as stated above.

Copy via email only:

Mark Sedar, Chief Operating Officer
 Nevada State Board of Pharmacy
 email: msedar@pharmacy.nv.gov

J. David Wuest, R. Ph., Executive Secretary
 Nevada State Board of Pharmacy
 email: dwuest@pharmacy.nv.gov

Courtney K. Lee, Esq., General Counsel
 Nevada State Board of Pharmacy
 email: clee@pharmacy.nv.gov

Shirley Hunting, Board Coordinator,
 Custodian of Records
 Nevada State Board of Pharmacy
 email: shunting@pharmacy.nv.gov

Attorney General Aaron Ford
 Assemblyman Jason Frierson, Speaker
 Mark Fierro, Fierro Communications

CLARK HILL

EXHIBIT “1”

EXHIBIT “1”

264152670 with USB flash drive of 3 agenda items re. Dr. Victor Bruce



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444

E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

September 17, 2021

VIA OVERNIGHT MAIL

John A. Hunt, Esq.
Clark Hill
3800 Howard Hughes Parkway
Las Vegas, NV 89169

Re: Victor Bruce, MD

Dear John:

Pursuant to your September 14th request, enclosed please find a USB flash drive containing the audio of agenda item 10 from the Nevada State Board of Pharmacy's September meeting.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

A handwritten signature in black ink, appearing to read "Brett Kandt".

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Enclosure

Dr. Bruce 03598-412203 BME20-12252-1

EXHIBIT “2”

EXHIBIT “2”

CLARK HILL

John A. Hunt
T: (702) 697-7512
Email: jhunt@clarkhill.com

Clark Hill PLC
3800 Howard Hughes Parkway
Suite 500
Las Vegas, NV 89169
T (702) 862-8300
F (702) 862-8400

clarkhill.com

September 14, 2021

Via E-mail and US regular mail

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: msedar@pharmacy.nv.gov

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
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email: clee@pharmacy.nv.gov

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: dwuest@pharmacy.nv.gov

Shirley Hunting
Board Coordinator, Custodian of Records
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: shunting@pharmacy.nv.gov

Re: Victor Bruce, MD
*** Follow-up to Mr. Wuest's September 7, 2021, Notice of Denial of Dr. Bruce's**
Application for Controlled Substance Registration

Ms. Lee, Ms. Hunting, and Messrs. Sedar and Wuest:

This office represents Victor Bruce, MD ("Dr. Bruce"). I am in receipt of Ms. Hunting's September 8, 2021, email which contained as an attachment Mr. Wuest's September 7, 2021, notice of denial of Dr. Bruce's application for controlled substance registration. See attached Exhibit #1.

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Courtney K. Lee, Esq.
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Nevada State Board of Pharmacy

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Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

Shirley Hunting
Board Coordinator, Custodian of Records
Nevada State Board of Pharmacy

September 14, 2021

Page 2 of 3

Re: Victor Bruce, MD

*** Follow-up to Mr. Wuest's September 7, 2021, Notice of Denial of Dr. Bruce's Application for Controlled Substance Registration**

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CLARK HILL

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

Shirley Hunting
Board Coordinator, Custodian of Records
Nevada State Board of Pharmacy

September 14, 2021

Page 3 of 3

Re: Victor Bruce, MD

* Follow-up to Mr. Wuest's September 7, 2021, Notice of Denial of Dr. Bruce's Application for Controlled Substance Registration

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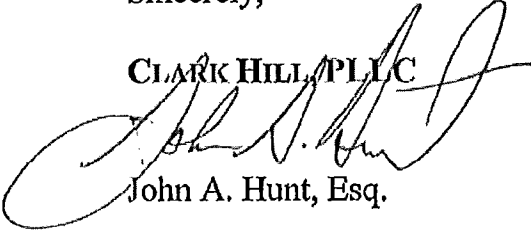
The information received may be shared with Nevada legislators the Nevada Attorney General and the media.

Thank you. We await your response. Should you have any questions after you have reviewed the above, please do not hesitate to contact me at the above address, phone number, fax number, by email at jhunt@clarkhill.com.

____ Thank you. _____

Sincerely,

CLARK HILL PLLC


John A. Hunt, Esq.

CLARK HILL

EXHIBIT “1”

EXHIBIT “1”

264093615



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway -- Suite 206 • Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bnp.nv.gov

September 7, 2021

VIA CERTIFIED U.S. MAIL AND EMAIL drb@ascensionmedicalcenter.com

Victor Bruce, MD
7812 Foothill Ash Avenue
Las Vegas, NV 89117

Re: Notice of Denial of Application for Controlled Substance Registration

Dear Dr. Bruce:

This letter constitutes notice pursuant to NRS 639.138 that the Nevada State Board of Pharmacy ("Board") on August 31, 2021, denied your application for a controlled substance registration pursuant to NRS 453.231(1), and/or NRS 639.210. The Board denied your application because of your criminal conviction for conspiracy to distribute oxycodone, and disciplinary history.

You have the right to petition the Board within thirty (30) days for reconsideration of your application, and the right to submit evidence to controvert the alleged violations on which the denial was based pursuant to NRS 639.139.

If you have any questions, please do not hesitate to contact me at (775) 850-1440.

cc: John Hunt, Esq. jhunt@clarkhill.com

Sincerely,

A handwritten signature in dark ink, appearing to read "David Wuest".

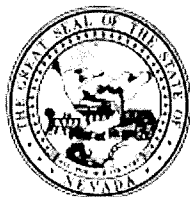
David Wuest, R.Ph.
Executive Secretary
Nevada State Board of Pharmacy

9171 9690 0935 0252 0560 98

EXHIBIT “5”

EXHIBIT “5”

264227876



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

September 29, 2021

VIA U.S. MAIL AND ELECTRONIC MAIL TO: jhunt@clarkhill.com

John A, Hunt, Esq.
Clark Hill
3800 Howard Hughes Parkway
Las Vegas, NV 89169

Re: Victor Bruce, MD/Request for Information

Dear John:

I am in receipt of your September 29th correspondence. As I previously informed you in my September 17th email (copy attached), the Board does not have the information you requested in your September 14th correspondence. In response to your two new requests for information, please note that a State agency is not required to conduct research for a requestor or to create a record that does not exist in order to satisfy a request (NAC 239.867), and the Board does not maintain the lists you are requesting.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

A handwritten signature in black ink, appearing to be "Brett Kandt".

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Enclosure

8

8A

Renewal Application
Pharmacist

Application Fee : \$200.00
Convenience Fee : \$10.00
License Number : 07381
License Type : Pharmacist
New Expiration Date : 10/31/2023

Renewal Type

Please confirm the status that you are renewing before moving to the next section.

☒ Active ☐ Inactive

Proceed to Renew

Personal Information

First Name : David

Middle (initial only) : Eugene

Last Name : England

License # : 07381

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA :

Military Address : ☐

Street : N CHIEFTAIN ST

Country : United States ▼

City : LAS VEGAS

State : Nevada ▼

Zip : 89129

Practice Phone :

Practice Fax : (XXX) XXX-XXXX

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐

Street : N CHIEFTAIN ST

Country : United States ▼

City : LAS VEGAS

State : Nevada ▼

Zip : 89129

Home Phone :

Cell Phone :

Email Address :

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Sex : Male ▼

Practice License Number: 07981

Specialty: na

Nevada Business License Information - Check appropriate answer

- ☒ I DO NOT have a Nevada Business license number.
- ☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.
- ☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :

Business License # :

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or 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.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT 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.

Military Service Information

- Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition other than dishonorable ☐ Yes ☒ No
- Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable ☐ Yes ☒ No
- Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administration of the United States in the capacity of the commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? ☐ Yes ☒ No

Legal Information

1. Since your last renewal or recent licensure have you 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
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? ☐ Yes ☒ No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? ☒ Yes ☐ No

will attach copy of Accusation 6882 from the California Board of Pharmacy

Document Name	Document T ype	Date	Link	Action
ac19682	Legal - Question 3	10/05/2021	Document Details	.

Document Name : Document Type :

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

[Click here to complete Upload](#) [Cancel](#)

Board Administrative Action :

State : Date :

Case # :

Criminal Action :

State : Date :

Case # :

County : Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ☐ Yes ☒ No

CE Hours

By signing below, you certify that you have completed ALL required CE Hours due for the 19/21 Renewal period. (Dated from 11/01/2019 – 10/31/2021; 1.25hrs per mo.). The exemption period is 2yrs after graduation only.

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : David England

Date Of Application : 10/05/2021

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2021 to 10/31/2023	License Renewal Fee	\$200.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	Total :	\$210.00

Fee and Payment

Payment Method : Credit / Debit Card ▼

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 63282757141

InvoiceDate : 10/05/2021

Paid

Pay & Submit

**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

DAVID EUGENE ENGLAND, Respondent

Registered Pharmacist License No. RPH 36116

Agency Case No. 6882

OAH No. 2020100589

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order for Public Reprimand is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on May 12, 2021.

It is so ORDERED on April 12, 2021.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA



By

Greg Lippe
Board President

XAVIER BECERRA
 Attorney General of California
 KAREN R. DENVIR
 Supervising Deputy Attorney General
 JOSHUA B. EISENBERG
 Deputy Attorney General
 State Bar No. 279323
 1300 I Street, Suite 125
 P.O. Box 944255
 Sacramento, CA 94244-2550
 Telephone: (916) 210-6115
 Facsimile: (916) 327-8643
Attorneys for Complainant

**BEFORE THE
 BOARD OF PHARMACY
 DEPARTMENT OF CONSUMER AFFAIRS
 STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

DAVID EUGENE ENGLAND

**██████ N. Chieftain
 Las Vegas, NV 89129**

**Registered Pharmacist License No. RPH
 36116**

Respondent.

Case No. 6882

OAH No. 2020100589

**STIPULATED SETTLEMENT AND
 DISCIPLINARY ORDER FOR PUBLIC
 REPROVAL**

[Bus. & Prof. Code § 495]

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Anne Sodergren (Complainant) is the Executive Officer of the Board of Pharmacy (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Joshua B. Eisenberg, Deputy Attorney General.

2. Respondent David Eugene England (Respondent) is represented in this proceeding by attorney Robert F. Hahn of the law firm Gould, Hahn, & Reinhardt, PLC, whose address is: 2550 Ninth Street, Suite 101, Berkeley, CA 94710.

JURISDICTION

3. On or about December 19, 1980, the Board issued Registered Pharmacist License No. RPH 36116 to David Eugene England (Respondent). The Registered Pharmacist License was in full force and effect at all times relevant to the charges brought in Accusation No. 6882 and will expire on December 31, 2022, unless renewed.

4. Accusation No. 6882 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 27, 2020. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 6882 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 6882. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order for Public Reproval.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 6882, if proven at a hearing, constitute cause for imposing discipline upon his Registered Pharmacist License.

10. Respondent agrees that his Registered Pharmacist License is subject to discipline and he agrees to be bound by the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order for Public Reprimand shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

18 12. The parties understand and agree that Portable Document Format (PDF) and facsimile
19 copies of this Stipulated Settlement and Disciplinary Order for Public Reproval, including PDF
20 and facsimile signatures thereto, shall have the same force and effect as the originals.

13. This Stipulated Settlement and Disciplinary Order for Public Reprimand is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order for Public Reprimand may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

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14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Registered Pharmacist License No. RPH 36116 issued to Respondent David Eugene England (Respondent) shall be publicly reprovved by the Board of Pharmacy under Business and Professions Code section 495 in resolution of Accusation No. 6882, attached as exhibit A.

Coursework. No later than one year from the effective date of the public reprovall, Respondent, at his own expense, shall enroll, successfully complete and submit verification of course(s) in the areas of pharmacy law and operations (5 hours) and compounding (5 hours). At least 50% of the coursework must be completed via live webinar and/or in-person. Respondent shall obtain prior approval from the Board before enrolling in the course(s). Respondent shall submit to the Board the original transcripts or certificates of completion for the above-required course(s).

Cost Recovery. No later than one year from the effective date of the Decision, Respondent shall pay \$5,000 to the Board for its costs associated with the investigation and enforcement of this matter pursuant to Business and Professions Code Section 125.3. If Respondent fails to pay the Board costs as ordered, Respondent shall not be allowed to renew his Registered Pharmacist License until Respondent pays costs in full. In addition, the Board may enforce this order for payment of its costs in any appropriate court, in addition to any other rights the Board may have.

Full Compliance. As a resolution of the charges in Accusation No. 6882, this stipulated settlement is contingent upon Respondent's full compliance with all conditions of this Order. If Respondent fails to satisfy any of these conditions, such failure to comply constitutes cause for discipline, including outright revocation, of Respondent's Registered Pharmacist License No. RPH 36116.

///

///

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Robert F. Hahn. I understand the stipulation and the effect it will have on my Registered Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____

 DAVID EUGENE ENGLAND
Respondent

I have read and fully discussed with Respondent David Eugene England the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reproval. I approve its form and content.

DATED: _____

 ROBERT F. HAHN
Attorney for Respondent

ENDORSEMENT

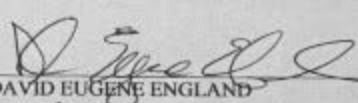
The foregoing Stipulated Settlement and Disciplinary Order for Public Reproval is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

DATED: _____	Respectfully submitted,
	XAVIER BECERRA
	Attorney General of California
	KAREN R. DENVIR
	Supervising Deputy Attorney General
	JOSHUA B. EISENBERG
	Deputy Attorney General
	<i>Attorneys for Complainant</i>

ACCEPTANCE

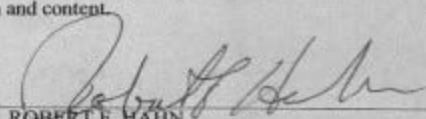
I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Robert F. Hahn. I understand the stipulation and the effect it will have on my Registered Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 3/8/2021


 DAVID EUGENE ENGLAND
 Respondent

I have read and fully discussed with Respondent David Eugene England the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reproval. I approve its form and content.

DATED: 3/8/2021


 ROBERT F. HAHN
 Attorney for Respondent
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reproval is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

DATED: _____

Respectfully submitted,

XAVIER BECERRA
 Attorney General of California
 KAREN R. DENVER
 Supervising Deputy Attorney General

JOSHUA B. EISENBERG
 Deputy Attorney General
 Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reapproval and have fully discussed it with my attorney, Robert F. Hahn. I understand the stipulation and the effect it will have on my Registered Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order for Public Reapproval voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____

DAVID EUGENE ENGLAND
Respondent

I have read and fully discussed with Respondent David Eugene England the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reapproval. I approve its form and content.

DATED: _____

ROBERT F. HAHN
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reapproval is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

DATED: 3/8/21

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
KAREN R. DENVIR
Supervising Deputy Attorney General


JOSHUA B. EISENBERG
Deputy Attorney General
Attorneys for Complainant

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Exhibit A**Accusation No. 6882**

1 XAVIER BECERRA
 Attorney General of California
 2 KENT D. HARRIS
 Supervising Deputy Attorney General
 3 JOSHUA B. EISENBERG
 Deputy Attorney General
 4 State Bar No. 279323
 1300 I Street, Suite 125
 5 P.O. Box 944255
 Sacramento, CA 94244-2550
 6 Telephone: (916) 210-6115
 Facsimile: (916) 327-8643
 7 *Attorneys for Complainant*

8
 9 **BEFORE THE**
BOARD OF PHARMACY
 10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
 11

12 In the Matter of the Accusation Against:

Case No. 6882

13 **DAVID EUGENE ENGLAND**

14 **██████ N. Chieftain**
Las Vegas, NV 89129

ACCUSATION

15 **Registered Pharmacist License No. RPH**
 16 **36116**

17 Respondent.

18
 19 **PARTIES**

20 1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity
 21 as the Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs.

22 2. On or about December 19, 1980, the Board of Pharmacy issued Registered
 23 Pharmacist License Number RPH 36116 to David Eugene England (Respondent). The Registered
 24 Pharmacist License was in full force and effect at all times relevant to the charges brought herein
 25 and will expire on December 31, 2020, unless renewed.

26 ///

27 ///

28 ///

JURISDICTION

3. This Accusation is brought before the Board of Pharmacy, Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Code section 4011 provides that the Board shall administer and enforce both the Pharmacy Law [Bus. & Prof. Code, § 4000 et seq.] and the Uniform Controlled Substances Act [Health & Safety Code, § 11000 et seq.].

5. Code section 4300, subdivision (a) provides that every license issued by the Board may be suspended or revoked.

6. Code section 4300.1 states:

The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY PROVISIONS

7. Code section 4022 states:

“Dangerous drug” or “dangerous device” means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: “Caution: federal law prohibits dispensing without prescription,” “Rx only,” or words of similar import.

(b) Any device that bears the statement: “Caution: federal law restricts this device to sale by or on the order of a _____,” “Rx only,” or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

8. Code section 4301 states in pertinent part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

...

(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code.

...

(j) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

...

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or any other state or federal regulatory agency

...

9. Code section 4306.5 states, in pertinent part:

Unprofessional conduct for a pharmacist may include any of the following:

(a) Acts or omissions that involve, in whole or in part, the inappropriate exercise of his or her education, training, or experience as a pharmacist, whether or not the act or omission arises in the course of the practice of pharmacy or the ownership, management, administration, or operation of a pharmacy or other entity licensed by the board.

10. Code section 4113, subdivision (c) states:

The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

REGULATORY PROVISIONS

11. Code of Federal Regulations, title 21, section 1301.12(a) states:

A separate registration is required for each principal place of business or professional practice at one general physical location where controlled substances are manufactured, distributed, imported, exported, or dispensed by a person.

12. Code of Federal Regulations, title 21, section 1305.04 states:

(a) Only persons who are registered with DEA under section 303 of the Act (21 U.S.C. 823) to handle Schedule I or II controlled substances, and persons who are registered with DEA under section 1008 of the Act (21 U.S.C. 958) to export these substances may obtain and use DEA Form 222 (order forms) or issue electronic orders for these substances. Persons not registered to handle Schedule I or II controlled substances and persons registered only to import controlled substances are not entitled to obtain Form 222 or issue electronic orders for these substances.

(b) An order for Schedule I or II controlled substances may be executed only on behalf of the registrant named on the order and only if his or her registration for the substances being purchased has not expired or been revoked or suspended.

13. Code of Federal Regulations, title 21, section 1305.06 states, in pertinent part:

An order for Schedule I and II controlled substances, whether on a DEA Form 222 or an electronic order, may be filled only by a person registered with DEA as a manufacturer or distributor of controlled substances listed in Schedule I or II pursuant to section 303 of the Act (21 U.S.C. 823) or as an importer of such substances pursuant to section 1008 of the Act (21 U.S.C. 958), except for the following:

...

(c) A person registered to dispense Schedule II substances may distribute the substances to another dispenser with either a DEA Form 222 or an electronic order only in the circumstances described in §1307.11 of this chapter.

14. Code of Federal Regulations, title 21, section 1307.11 states, in pertinent part:

(a) A practitioner who is registered to dispense a controlled substance may distribute (without being registered to distribute) a quantity of such substance to—

(1) Another practitioner for the purpose of general dispensing by the practitioner to patients, provided that—

(i) The practitioner to whom the controlled substance is to be distributed is registered under the Act to dispense that controlled substance;

(ii) The distribution is recorded by the distributing practitioner in accordance with §1304.22(c) of this chapter and by the receiving practitioner in accordance with §1304.22(c) of this chapter;

(iii) If the substance is listed in Schedule I or II, an order form is used as required in part 1305 of this chapter; and

(iv) The total number of dosage units of all controlled substances distributed by the practitioner pursuant to this section and §1301.25 of this chapter during each calendar year in which the practitioner is registered to dispense does not exceed 5 percent of the total number of dosage units of all controlled substances distributed and dispensed by the practitioner during the same calendar year.

(2) A reverse distributor who is registered to receive such controlled substances.

///

///

///

15. California Code of Regulations, title 16, section 1250.4 states, in pertinent part:

The pharmacy shall have a designated area for the preparation of sterile products for dispensing which shall:

...

4. A sink with hot and cold running water must be within the parenteral solution compounding area or adjacent to it.

16. California Code of Regulations, title 16, section 1714 states, in pertinent part:

...

(c) The pharmacy and fixtures and equipment shall be maintained in a clean and orderly condition. The pharmacy shall be dry, well-ventilated, free from rodents and insects, and properly lighted. The pharmacy shall be equipped with a sink with hot and cold running water for pharmaceutical purposes.

17. California Code of Regulations, title 16, section 1735.2 states, in pertinent part:

(e) A drug preparation shall not be compounded until the pharmacy has first prepared a written master formula document that includes at least the following elements:

...

(2) Equipment to be used.

...

(4) Inactive ingredients to be used.

18. California Code of Regulations, title 16, section 1751.1 states, in pertinent part:

(a) In addition to the records required by section 1735.3, any pharmacy engaged in any compounding of sterile drug preparations shall maintain the following records, which must be readily retrievable, within the pharmacy:

(1) Documents evidencing training and competency evaluations of employees in sterile drug preparation policies and procedures.

(2) Results of hand hygiene and garbing assessments with integrated gloved fingertip testing.

(3) Results of assessments of personnel for aseptic techniques including results of media-fill tests and gloved fingertip testing performed in association with media-fill tests.

19. California Code of Regulations, title 16, section 1751.3 states, in pertinent part:

(a) Any pharmacy engaged in compounding sterile drug preparations shall maintain written policies and procedures for compounding. Any material failure to follow the pharmacy's written policies and procedures shall constitute a basis for disciplinary action. In addition to the elements required by section 1735.5, there shall be written policies and procedures regarding the following:

(1) Action levels for colony-forming units (CFUs) detected during viable surface sampling, glove fingertip, and viable air sampling and actions to be taken when the levels are exceeded.

...

(9) Facility management including certification and maintenance of controlled environments and related equipment.

...

(14) Orientation, training, and competency evaluation of staff in all aspects of the preparation of sterile drug preparations including didactic training and knowledge/competency assessments that include at minimum: hand hygiene and garbing; decontamination (where applicable); cleaning and disinfection of controlled compounding areas; and proper aseptic technique, demonstrated through the use of a media-fill test performed by applicable personnel; and aseptic area practices.

...

(19) Quality assurance program compliant with sections 1711, 1735.8 and 1751.7.

...

(20) Record keeping requirements.

...

(24) Visual inspection and other final quality checks of sterile drug preparations.

...

(b) For lot compounding, the pharmacy shall maintain written policies and procedures that includes, in addition to the elements required by section 1735.5 and 1751.3(a), written policies and procedures regarding the following:

(1) Use of master formula documents and compounding logs.

(2) Appropriate documentation.

(3) Appropriate sterility and potency testing.

...

(e) All personnel involved must read the policies and procedures before compounding sterile drug preparations. All personnel involved must read all additions, revisions, and deletions to the written policies and procedures. Each review must be documented by a signature and date.

20. California Code of Regulations, title 16, section 1751.5 states, in pertinent part:

(a) When compounding sterile drug preparations the following standards must be met:

(1) Personal protective equipment consisting of a non-shedding gown, head cover, face mask, facial hair covers (if applicable), and shoe covers must be worn inside the designated area at all times. For hazardous compounding double shoe covers are required.

...

(5) Sterile gloves that have been tested for compatibility with disinfection with isopropyl alcohol are required. Hand cleansing with a persistently active alcohol-based product followed by the donning of sterile gloves may occur within the ante or cleanroom. Gloves are to be routinely disinfected with sterile 70 percent isopropyl alcohol before entering or re-entering the PEC and after contact with non-sterile objects. Gloves shall also be routinely inspected for holes, punctures, or tears and replaced immediately if such are detected.

21. California Code of Regulations, title 16, section 1751.6 states, in pertinent part:

(e) Pharmacies that compound sterile drug preparations must comply with the following training requirements:

(1) The pharmacy must establish and follow a written program of training and performance evaluation designed to ensure that each person working in the designated area has the knowledge and skills necessary to perform their assigned tasks properly. This program of training and performance evaluation must address at least the following:

(A) Aseptic technique.

...

(C) Sterile preparation compounding documentation.

...

(E) Aseptic preparation procedures.

...

(G) General conduct in the controlled area (aseptic area practices).

(H) Cleaning, sanitizing, and maintaining of the equipment and the controlled area.

...

22. California Code of Regulations, title 16, section 1793.7 states, in pertinent part:

...

(b) Pharmacy technicians must work under the direct supervision of a pharmacist and in such a relationship that the supervising pharmacist is fully aware of all activities involved in the preparation and dispensing of medications, including the maintenance of appropriate records.

...

(e) A pharmacist shall be responsible for all activities of pharmacy technicians to ensure that all such activities are performed completely, safely and without risk of harm to patients.

COST RECOVERY

23. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS

24. *Fentanyl* is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c)(8), and a dangerous drug pursuant to Code section 4022. It is used to treat pain.

25. *Vancomycin* is a dangerous drug pursuant to Code section 4022. It is used as an antibiotic.

FACTUAL ALLEGATIONS

UKIAH VALLEY MEDICAL CENTER

26. On or about November 1, 2017, Board Inspector P.P. conducted an inspection for renewal of the sterile compounding license at Ukiah Valley Medical Center in Ukiah, CA (UVMC). Upon arrival, Inspector P.P. was assisted by Respondent, the Pharmacist-in-charge at UVMC. During the inspection, Inspector P.P. observed and identified several areas of non-compliance with state and federal regulations related to garbing, operational standards, policies and procedures, master formulas, training of compounding staff, lot compounding without policy

and procedures or potency testing, process validation not completed in equipment as required, and direct supervision of technicians.

FIRST CAUSE FOR DISCIPLINE

(Failure to Follow or Comply with Regulations Pertaining to Pharmacy Practice)

27. Respondent is subject to disciplinary action under Code section 4301, subdivisions (o) and (j), in that he failed to follow or comply with regulations pertaining to the practice of pharmacy. The violations are as follows:

a. **Cal. Code Regs., tit. 16, § 1751.5, subds. (a)(1), (5):** Respondent failed to ensure the preparation of sterile compounded products while donning a non-shedding gown. Instead, the staff donned isolation gowns which are typically used for infection control in the hospital and known to tear easily.

b. **Cal. Code Regs., tit. 16, § 1714, subd. (c) and Cal. Code Regs., tit. 24, §1250.4, subd. (4):** Respondent failed to have hot water available in the sink located in the ante room.

c. **Cal. Code Regs., tit. 16, § 1751.3, subds. (a)(1), (9), (14), (19), (20), and (24):** Respondent failed to have policies and procedures for compounding. Respondent was aware that the policies and procedures were not written specifically to comport with current regulations. Specifically, Inspector P.P. reviewed policies and procedures and observed that they had been written prior to the change in regulations on January 1, 2017. The policies and procedures were deficient as follows:

i. They stated that maintenance/certification was conducted in a laminar flow hood, and did not reflect the facility's current use of a Compounding Aseptic Isolator (CAI), testing procedures within the CAI by compounders, or proper conduct associated with the use of a CAI.

ii. They failed to identify action levels detected during viable surface sampling, glove fingertip, media fill or during viable air sampling.

iii. They did not outline training and competency evaluation of all staff involved in the preparation of sterile compounded products.

///

1 iv. They stated to train with an ASHP module when in fact, several staff received
2 didactic training from Critical Point modules.

3 v. They failed to identify quality assurance requirements of process validation in both
4 hoods and the documentation thereof.

5 vi. They did not specifically state record keeping requirements for all documents
6 required of sterile compounding.

7 vii. They did not include lot compounding and the requirement of sterility and
8 potency testing. Specifically, at inspection, there were other policies and procedures or standard
9 operating procedures available to some of the staff making the procedures followed by
10 compounding staff inconsistent and could increase the risk of errors.

11 d. **Cal. Code Regs., tit. 16, § 1735.2, subds. (e)(2), (4):** Respondent failed to
12 have master formulas which contained all of the regulatory elements. Specifically, when
13 requested at inspection, none of the staff, including Respondent, could retrieve the master
14 formulas.

15 e. **Cal. Code Regs., tit. 16, § 1751.6, subds. (e)(1)(A), (C), (E), (G), and (H):**
16 Respondent failed to comply with training requirements within this code. Specifically, training
17 documentation was not available at inspection for all compounders of at least the following:
18 didactic training, aseptic technique, sterile compounding documentation, general conduct in the
19 controlled area, cleaning and sanitizing of equipment in the controlled area. Additionally,
20 Respondent failed to produce training and proof of competency for all compounders within a
21 month of the inspection.

22 f. **Cal. Code Regs., tit. 16, § 1751.3, subd. (b):** Respondent failed to establish a
23 policy and procedure for lot compounding.

24 g. **Cal. Code Regs., tit. 16, § 1751.1, subds. (a)(1), (2), and (3):** Respondent
25 failed to maintain sterile compounding records for three years including, documents related to
26 training and competency, results of fingertip and media fill conducted in both the BSC and CAI
27 hoods, and master formulas.

28 ///

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

28. Respondent is subject to disciplinary action under Code section 4113, subdivision (c) as it relates to Code section 4306.5, subdivision (a), in that he failed to ensure the pharmacy's compliance with state and federal regulations, as set forth in paragraphs 26-27, above.

FACTUAL ALLEGATIONS

EMANUEL SPECIALTY CLINIC MEDICAL ONCOLOGY PHARMACY

29. On or about January 21, 2019, Respondent became the Pharmacist-in-charge at Emanuel Specialty Clinic Medical Oncology Pharmacy (Emanuel Oncology), located in Turlock, CA.

30. On or about April 16, 2019, Board Inspector J.W. (Inspector J.W.) visited Emanuel Oncology for a renewal inspection of their sterile compounding license. Upon arrival, Inspector J.W. made contact with Respondent, who was introduced as the interim Director of Pharmacy/Pharmacist-in-charge. During the inspection of Emanuel Oncology, Inspector J.W. discovered that the oncology pharmacy was preparing hazardous compounded sterile products and narcotic compounded sterile products, such as batch compounding of Patient-Controlled Epidural Analgesia (PCEA) for Emanuel Medical Center. Following this discovery, Inspector J.W. requested that Respondent produce a copy of the pharmacy's DEA registration. Respondent informed the Inspector that the that the pharmacy does not have a DEA registration.

THIRD CAUSE FOR DISCIPLINE

(Failure to Follow or Comply with Regulations Pertaining to Pharmacy Practice)

31. Respondent is subject to disciplinary action under Code section 4301, subdivisions (o) and (j), in that Respondent violated the federal laws regulating controlled substances, as follows:

a. **C.F.R., tit. 21, § 1301.2, subd. (a):** On or between January 21, 2019 and April 15, 2019, while acting as Pharmacist-in-charge of Emanuel Oncology, Respondent prepared sterile controlled substance compounded products for patients of Emanuel Medical Center without a DEA registration.

1 b. **C.F.R., tit. 21, § 1305.04:** On or between January 21, 2019 and April 15, 2019,
2 while acting as Pharmacist-in-charge of Emanuel Oncology, Respondent transferred Schedule II
3 controlled substance(s) to Emanuel Oncology, to prepare sterile controlled substance
4 compounded products for patients of Emanuel Medical Center. During this time, Emanuel
5 Oncology was not registered with the DEA.

6 c. **C.F.R., tit. 21, § 1305.06, subd. (c):** On or between January 21, 2019 and
7 April 15, 2019, while acting as Pharmacist-in-charge of Emanuel Oncology, Respondent
8 transferred Schedule II controlled substance(s) from Emanuel Medical Center to Emanuel
9 Oncology to prepare sterile controlled substances compounded products for patients of Emanuel
10 Medical Center. During this time, Emanuel Oncology was not registered with the DEA.

11 **FOURTH CAUSE FOR DISCIPLINE**

12 **(Unprofessional Conduct)**

13 32. Respondent is subject to disciplinary action under Code section 4113, subdivision (c)
14 in that Respondent failed to ensure Emanuel Oncology's compliance with federal law, as set forth
15 more particularly in paragraphs 29-31, above.

16 **DISCIPLINE CONSIDERATIONS**

17 33. To determine the degree of discipline, if any, to be imposed on Respondent,
18 Complainant alleges that on or about February 12, 2016, the Board issued Citation Number CI
19 2015 69023 against Respondent. Respondent was cited for violations of California Code of
20 Regulations, title 16, sections 1714(d) (failure to secure pharmacy), 1735.2(d) (failure to ensure
21 the pharmacy created master formulas prior to compounding oral and sterile IV medications),
22 1735.8(a) (failure to ensure sterile compounding end product testing was being completed), and
23 1735.8(b) (failure to ensure microbiological testing was performed at the correct temperature and
24 length of time). Respondent was assessed a civil penalty in the amount of \$2,000.00 which
25 Respondent paid in full.

26 ///

27 ///

28 ///

PRAYER

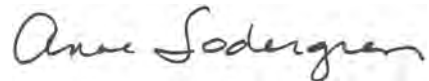
WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Registered Pharmacist License Number RPH 36116, issued to David Eugene England;

2. Ordering David Eugene England to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

3. Taking such other and further action as deemed necessary and proper.

DATED: May 26, 2020



ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

SA2020100050
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8B

Renewal Application
Pharmacist

Application Fee : \$200.00
Convenience Fee : \$10.00
License Number : 10404
License Type : Pharmacist
New Expiration Date : 10/31/2023

Renewal Type

Please confirm the status that you are renewing before moving to the next section.

☒ Active ☐ Inactive

Proceed to Renew

Personal Information

First Name : Timothy

Middle (initial only) : James

Last Name : Walsh

License # : 10404

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA :

Military Address : ☐

Street : BROAD ST

Country : United States

City : SAN LUIS OBISPO

State : California

Zip : 93405

Practice Phone : (XXX) XXX-XXXX

Practice Fax : (XXX) XXX-XXXX

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐

Street : BROAD ST

Country : United States

City : SAN LUIS OBISPO

State : California

Zip : 93405

Home Phone : (XXX) XXX-XXXX

Cell Phone :

Email Address :

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Sex : Male

Practice License Number:

Specialty:

Nevada Business License Information - Check appropriate answer

- ☒ I DO NOT have a Nevada Business license number.
- ☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.
- ☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :

Business License # :

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or 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.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT 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.

Military Service Information

- Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition other than dishonorable ☐ Yes ☒ No
- Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable ☐ Yes ☒ No
- Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administration of the United States in the capacity of the commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? ☐ Yes ☒ No

Legal Information

1. Since your last renewal or recent licensure have you 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
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? ☐ Yes ☒ No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? ☒ Yes ☐ No

See Attached

Document Name	Document Type	Date	Link	Action
Ca BOP Settlement	Legal - Question 3	10/18/2021	Document Details	.
CA BOP Accusation	Legal - Question 3	10/18/2021	Document Details	□

Document Name : Document Type :

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload

Cancel

Board Administrative Action :

State : Date : Case # :

Criminal Action :

State : Date : Case # : County : Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ☐ Yes ☒ No

CE Hours

By signing below, you certify that you have completed ALL required CE Hours due for the 19/21 Renewal period. (Dated from 11/01/2019 – 10/31/2021; 1.25hrs per mo.). The exemption period is 2yrs after graduation only.

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : Timothy Walsh

Date Of Application : 10/18/2021

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2021 to 10/31/2023	License Renewal Fee	\$200.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	Total :	\$210.00

Fee and Payment

Payment Method : Credit / Debit Card ▼

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 63307678159

InvoiceDate : 10/18/2021

Paid

Pay & Submit

XAVIER BECERRA
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 SHAWN P. COOK
 Supervising Deputy Attorney General
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 Deputy Attorney General
 State Bar No. 265691
 300 So. Spring Street, Suite 1702
 Los Angeles, CA 90013
 Telephone: (213) 269-6303
 Facsimile: (916) 731-2126
 E-mail: Matthew.King@doj.ca.gov
Attorneys for Complainant

**BEFORE THE
 BOARD OF PHARMACY
 DEPARTMENT OF CONSUMER AFFAIRS
 STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

Case No. 6932

**CONVERSIO HEALTH LLC AND
 INTEGRATED HEALTH CONCEPTS
 INC., DBA CONVERSIO HEALTH;
 JAMES M. HOXTER, CEO
 720 Aerovista Place, Ste. D
 San Luis Obispo, CA 93401**

ACCUSATION

**Original Permit Number No. PHY 51610
 Sterile Compounding Permit Number
 No. LSC 99934,**

and

**TIMOTHY JAMES WALSH
 ■■■ Broad Street
 San Luis Obispo, CA 93405**

**Registered Pharmacist License Number
 No. RPH 42653**

Respondents.

PARTIES

1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs.
2. On or about September 30, 2013, the Board issued Original Permit Number PHY 51610 to Conversio Health LLC and Integrated Health Concepts Inc., doing business as

Conversio Health (Respondent Conversio Health). The Original Permit was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2021, unless renewed. James M. Hoxter has been the Chief Executive Officer since September 30, 2013.

3. On or about March 20, 2014, the Board issued Sterile Compounding Permit Number LSC 99934 to Respondent Conversio Health. The Sterile Compounding Permit was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2021, unless renewed.

4. On or about August 7, 1989, the Board issued Registered Pharmacist License Number RPH 42653 to Timothy James Walsh (Respondent Walsh). The Registered Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2021, unless renewed.

5. Respondent Walsh was the Pharmacist-in-Charge of Respondent Conversio Health from March 12, 2018 to February 4, 2020.

JURISDICTION

6. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

7. Section 4300 of the Code states in pertinent part that “[e]very license issued may be suspended or revoked.”

8. Section 4300.1 of the Code states:

The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

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STATUTORY PROVISIONS

9. Section 4113, subdivision (c) of the Code states: “The pharmacist-in-charge shall be responsible for a pharmacy’s compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.”

9. Section 4126.5 of the Code states, in pertinent part:

(a) A pharmacy may furnish dangerous drugs only to the following:

(1) A wholesaler owned or under common control by the wholesaler from whom the dangerous drug was acquired.

(2) The pharmaceutical manufacturer from whom the dangerous drug was acquired.

(3) A licensed wholesaler acting as a reverse distributor.

(4) Another pharmacy or wholesaler to alleviate a temporary shortage of a dangerous drug that could result in the denial of health care. A pharmacy furnishing dangerous drugs pursuant to this paragraph may only furnish a quantity sufficient to alleviate the temporary shortage.

(5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law.

(6) A health care provider that is not a pharmacy but that is authorized to purchase dangerous drugs.

(7) To another pharmacy under common control. During a proclaimed state of emergency, “another pharmacy” as used in this paragraph shall include a mobile pharmacy, as described in subdivision (c) of Section 4062.

10. Section 4169 of the Code states in pertinent part:

(a) A person or entity shall not do any of the following:

(1) Purchase, trade, sell, warehouse, distribute, or transfer dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a wholesaler, third-party logistics provider, or pharmacy.

(2) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably should have known were adulterated, as set forth in Article 2 (commencing with Section 111250) of Chapter 6 of Part 5 of Division 104 of the Health and Safety Code.

(3) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably should have known were misbranded, as defined in Section 111335 of the Health and Safety Code.

(4) Purchase, trade, sell, or transfer dangerous drugs or dangerous devices after the beyond use date on the label.

(5) Fail to maintain records of the acquisition or disposition of dangerous drugs or dangerous devices for at least three years.

11. Section 4301 of the Code states:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

...

(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

...

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

12. Section 4306.5 of the Code states in pertinent part:

(a) Acts or omissions that involve, in whole or in part, the inappropriate exercise of his or her education, training, or experience as a pharmacist, whether or not the act or omission arises in the course of the practice of pharmacy or the ownership, management, administration, or operation of a pharmacy or other entity licensed by the board.

13. Section 4307 of the Code states in pertinent part:

(a) Any person who has been denied a license or whose license has been revoked or is under suspension, or who has failed to renew his or her license while it was under suspension, or who has been a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of any partnership, corporation, trust, firm, or association whose application for a license has been denied or revoked, is under suspension or has been placed on probation, and while acting as the manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control had knowledge of or knowingly participated in any conduct for which the license was denied, revoked, suspended, or placed on probation, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee as follows:

(1) Where a probationary license is issued or where an existing license is placed

on probation, this prohibition shall remain in effect for a period not to exceed five years.

(2) Where the license is denied or revoked, the prohibition shall continue until the license is issued or reinstated.

(b) “Manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of a license” as used in this section and Section 4308, may refer to a pharmacist or to any other person who serves in such capacity in or for a licensee.

14. Health and Safety Code section 111255 states:

Any drug or device is adulterated if it has been produced, prepared, packed, or held under conditions whereby it may have been contaminated with filth, or whereby it may have been rendered injurious to health.

15. Health and Safety Code section 111330 states:

Any drug or device is misbranded if its labeling is false or misleading in any particular.

16. Health and Safety Code section 111440 states:

It is unlawful for any person to manufacture, sell, deliver, hold, or offer for sale any drug or device that is misbranded.

17. Health and Safety Code section 111445 states:

It is unlawful for any person to misbrand any drug or device.

18. Health and Safety Code section 111450 states:

It is unlawful for any person to receive in commerce any drug or device that is misbranded or to deliver or proffer for delivery any drug or device.

19. United States Code, title 21, section 352 states in pertinent part:

A drug or device shall be deemed to be misbranded—

(a) False or misleading label.

(1) If its label is false or misleading in any particular.

...

(f) Directions for use and warnings on label

Unless its labeling bears (1) adequate directions for use; and (2) such adequate warnings against use in those pathological conditions or by children where its use may be dangerous to health, or against unsafe dosage or methods or duration of administration or application, in such manner and form, as are necessary for the protection of users, except that where any requirement of clause (1) of this paragraph, as applied to any drug or device, is not necessary for the protection of the public health, the Secretary shall promulgate regulations exempting such drug or device from such requirement. Required labeling for prescription devices intended for use in health care facilities or by a health care professional and required labeling for in vitro diagnostic devices intended solely by electronic means, provided that the labeling complies with all applicable requirements of law, and that the manufacturer affords such users the opportunity to request the labeling in paper form, and after such request, promptly provides the requested information without additional cost.

REGULATORY PROVISIONS

20. California Code of Regulations, title 16, section 1735.2 states in pertinent part:

(a) Except as specified in (b) and (c), no drug preparation shall be compounded prior to receipt by a pharmacy of a valid prescription for an individual patient where the prescriber has approved use of a compounded drug preparation either orally or in writing. Where approval is given orally, that approval shall be noted on the prescription prior to compounding.

...

(g) The pharmacist performing or supervising compounding is responsible for the integrity, potency, quality, and labeled strength of a compounded drug preparation until the beyond use date indicated on the label, so long as label instructions for storage and handling are followed after the preparation is dispensed.

...

(i) Every compounded drug preparation shall be given a beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding.

(1) For non-sterile compounded drug preparation(s), the beyond use date shall not exceed any of the following:

(A) the shortest expiration date or beyond use date of any ingredient in the compounded drug preparation,

(B) the chemical stability of any one ingredient in the compounded drug preparation,

(C) the chemical stability of the combination of all ingredients in the

compounded drug preparation,

(D) for non-aqueous formulations, 180 days or an extended date established by the pharmacist's research, analysis, and documentation,

(E) for water-containing oral formulations, 14 days or an extended date established by the pharmacist's research, analysis, and documentation, and

(F) for water-containing topical/dermal and mucosal liquid and semisolid formulations, 30 days or an extended date established by the pharmacist's research, analysis, and documentation.

(G) A pharmacist, using his or her professional judgment may establish an extended date as provided in (D), (E), and (F), if the pharmacist researches by consulting and applying drug-specific and general stability documentation and literature; analyzes such documentation and literature as well as the other factors set forth in this subdivision; and maintains documentation of the research, analysis and conclusion. The factors the pharmacist must analyze include:

- (i) the nature of the drug and its degradation mechanism,
- (ii) the dosage form and its components,
- (iii) the potential for microbial proliferation in the preparation,
- (iv) the container in which it is packaged,
- (v) the expected storage conditions, and
- (vi) the intended duration of therapy.

Documentation of the pharmacist's research and analysis supporting an extension must be maintained in a readily retrievable format as part of the master formula.

(2) For sterile compounded drug preparations, the beyond use date shall not exceed any of the following:

(A) The shortest expiration date or beyond use date of any ingredient in the sterile compounded drug product preparation,

(B) The chemical stability of any one ingredient in the sterile compounded drug preparation,

(C) The chemical stability of the combination of all ingredients in the sterile compounded drug preparation, and

(D) The beyond use date assigned for sterility in section 1751.8.

(3) For sterile compounded drug preparations, extension of a beyond use date is only allowable when supported by the following:

(A) Method Suitability Test,

(B) Container Closure Integrity Test, and

(C) Stability Studies

(4) In addition to the requirements of paragraph three (3), the drugs or compounded drug preparations tested and studied shall be identical in ingredients, specific and essential compounding steps, quality reviews, and packaging as the finished drug or compounded drug preparation.

(5) Shorter dating than set forth in this subdivision may be used if it is deemed appropriate in the professional judgment of the responsible pharmacist.

21. California Code of Regulations, title 16, section 1735.3 states in pertinent part:

(a) For each compounded drug preparation, pharmacy records shall include:

(1) The master formula document.

(2) A compounding log consisting of a single document containing all of the following:

(A) Name and Strength of the compounded drug preparation.

(B) The date the drug preparation was compounded.

(C) The identity of any pharmacy personnel engaged in compounding the drug preparation.

(D) The identity of the pharmacist reviewing the final drug preparation.

(E) The quantity of each ingredient used in compounding the drug preparation.

(F) The manufacturer, expiration date and lot number of each component. If the manufacturer name is demonstrably unavailable, the name of the supplier may be substituted. If the manufacturer does not supply an expiration date for any component, the records shall include the date of receipt of the component in the pharmacy, and the limitations of section 1735.2, subdivision (I) shall apply.

(i) Exempt from the requirements in this paragraph (1735.3(a)(2)(F)) are sterile preparations compounded in a single lot for administration within seventy-two (72) hours to a patient in a health care facility licensed under section 1250 of the Health and Safety Code and stored in accordance with standards for "Redispensed CSPs" found in Chapter 797 of the United States Pharmacopeia - National Formulary (USP37-NF32) Through 2nd Supplement (37th Revision, Effective December 1, 2014), hereby incorporated by reference.

(G) A pharmacy-assigned unique reference or lot number for the compounded drug preparation.

(H) The beyond use date or beyond use date and time of the final compounded drug preparation, expressed in the compounding document in a standard date and time format.

(I) The final quantity or amount of drug preparation compounded for dispensing.

(J) Documentation of quality reviews and required post-compounding process

and procedures.

(b) Pharmacies shall maintain records of the proper acquisition, storage, and destruction of chemicals, bulk drug substances, drug products, and components used in compounding.

...

(d) Pharmacies shall maintain and retain all records required by this article in the pharmacy in a readily retrievable form for at least three years from the date the record was last in effect. If only recorded and stored electronically, on magnetic media, or in any other computerized form, the records shall be maintained as specified by Business and Professions Code section 4070 subsection (c).

22. California Code of Regulations, title 16, section 1735.4 states:

(a) Each compounded drug preparation shall be affixed with a container label prior to dispensing that contains at least:

(1) Name of the compounding pharmacy and dispensing pharmacy (if different);

(2) Name (brand or generic) and strength, volume, or weight of each active ingredient. For admixed IV solutions, the intravenous solution utilized shall be included;

(3) Instructions for storage, handling, and administration. For admixed IV solutions, the rate of infusion shall be included;

(4) The beyond use date for the drug preparation;

(5) The date compounded; and

(6) The lot number or pharmacy reference number.

(b) Any compounded drug preparation dispensed to a patient or readied for dispensing to a patient shall also include on the label the information required under Business and Professions Code section 4076 and California Code of Regulations, title 16, section 1707.5.

(c) Any compounded drug preparation dispensed to a patient or readied for dispensing to a patient shall also include, on the container label or on a receipt provided to the patient, a statement that the drug has been compounded by the pharmacy.

(d) Prior to dispensing drug preparations compounded into unit-dose containers that are too small or otherwise impractical for full compliance with subdivisions (a), (b), and (c) shall be labeled with at least the name of the compounding pharmacy and

dispensing pharmacy, if different, the name(s) of the active ingredient(s), strength, volume or weight of the preparation, pharmacy reference or lot number, and beyond use date, and shall not be subject to minimum font size requirements. Once dispensed, outer packaging must comply with 1735.4(a)–(c).

23. California Code of Regulations, title 16, section 1751.4 states in pertinent part:

(f) Pharmacies preparing sterile compounded preparations require the use of a PEC that provides ISO Class 5 air or better air quality. Certification and testing of primary and secondary engineering controls shall be performed no less than every six months and whenever the device or area designated for compounding is relocated, altered or a service to the facility is performed that would impact the device or area. Certification must be completed by a qualified technician who is familiar with certification methods and procedures in accordance with CETA Certification Guide for Sterile Compounding Facilities (CAG-003-2006-13, Revised May 20, 2015), which is hereby incorporated by reference. Certification records must be retained for at least 3 years. Unidirectional compounding aseptic isolators or compounding aseptic containment isolators may be used outside of an ISO Class 7 cleanroom if the isolator is certified to meet the following criteria:

(1) Particle counts sampled approximately 6-12 inches upstream of the critical exposure site shall maintain ISO Class 5 levels during compounding operations.

(2) Not more than 3520 particles (0.5 μ m and larger) per cubic meter shall be counted during material transfer, with the particle counter probe located as near to the transfer door as possible without obstructing transfer.

(3) Recovery time to achieve ISO Class 5 air quality shall be documented and internal procedures developed to ensure that adequate recovery time is allowed after material transfer before and during compounding operations.

Compounding aseptic isolators that do not meet the requirements as outlined in this subdivision or are not located within an ISO Class 7 cleanroom may only be used to compound preparations that meet the criteria specified in accordance with subdivision (d) of Section 1751.8 of Title 16, Division 17, of the California Code of Regulations.

24. California Code of Regulations, title 16, section 1751.7 states in pertinent part:

(e)(1) Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients, except as provided in paragraph (2), shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing shall be USP chapter 71 compliant and pyrogens testing shall confirm acceptable levels of pyrogens per USP chapter 85 limits, before dispensing. This requirement of end product testing confirming sterility and acceptable levels of pyrogens prior to dispensing shall apply regardless of any sterility or pyrogen testing

that may have been conducted on any ingredient or combination of ingredients that were previously non-sterile. Exempt from pyrogen testing are topical ophthalmic and inhalation preparations.

(2) The following non-sterile-to-sterile batch drug preparations do not require end product testing for sterility and pyrogens:

(A) Preparations for self-administered ophthalmic drops in a quantity sufficient for administration to a single patient for 30 days or less pursuant to a prescription.

(B) Preparations for self-administered inhalation in a quantity sufficient for administration to a single patient for 5 days or less pursuant to a prescription.

25. California Code of Regulations, title 16, section 1751.8 states:

In conformity with and in addition to the requirements and limitations of section 1735.2, subdivision (h), every sterile compounded drug preparation shall be given and labeled with a beyond use date that does not exceed the shortest expiration date or beyond use date of any ingredient in sterile compounded drug preparation, nor the chemical stability of any one ingredient in the sterile compounded drug preparation, nor the chemical stability of the combination of all ingredients in the sterile compounded drug preparation, and that, in the absence of passing a sterility test in accordance with standards for sterility testing found in Chapter 797 of the United States Pharmacopeia - National Formulary (USP37-NF32) Through 2nd Supplement (37th Revision, Effective December 1, 2014), hereby incorporated by reference, that would justify an extended beyond use date, conforms to the following limitations:

(a) The beyond use date shall specify that storage and exposure periods cannot exceed 48 hours at controlled room temperature, 14 days at controlled cold temperature, and 45 days in solid frozen state, where the sterile compounded drug preparation is compounded solely with aseptic manipulations and all of the following apply:

(1) The preparation is compounded entirely within an ISO Class 5 PEC located in an ISO Class 7 cleanroom with an ante-area or compounded entirely within a CAI which meets the requirements in 1751.4(f)(1)-(3), using only sterile ingredients, products, components, and devices; and

(2) The compounding process involves transferring, measuring, and mixing manipulations using not more than three commercially manufactured packages of sterile preparations and not more than two entries into any one sterile container or package of sterile preparations or administration containers/devices to prepare the drug preparation; and

(3) Compounding manipulations are limited to aseptically opening ampules, penetrating disinfected stoppers on vials with sterile needles and syringes or spiked transfer devices, and transferring sterile liquids in sterile syringes to sterile administration devices, package containers of other sterile preparations, and

containers for storage dispensing.

(b) The beyond use date shall specify that storage and exposure periods cannot exceed 30 hours at controlled room temperature, 9 days at controlled cold temperature, and 45 days in solid frozen state, where the sterile compounded drug preparation is compounded solely with aseptic manipulations and all of the following apply:

(1) The preparation is compounded entirely within an ISO Class 5 PEC located in an ISO Class 7 cleanroom with an ante-area or compounded entirely within a CAI which meets the requirements in 1751.4(f)(1)-(3), using multiple individual or small doses of sterile preparations combined or pooled to prepare a compounded sterile preparation that will be administered either to multiple patients or to one patient on multiple occasions; and

(2) The compounding process involves complex aseptic manipulations other than the single-volume transfer; and

(3) The compounding process requires unusually long duration such as that required to complete dissolution or homogenous mixing.

(c) The beyond use date shall specify that storage and exposure periods cannot exceed 24 hours at controlled room temperature, 3 days at controlled cold temperature, and 45 days in solid frozen state, where the sterile compounded drug preparation is compounded solely with aseptic manipulations using non-sterile ingredients, regardless of intervening sterilization of that ingredient and the following applies:

(1) The preparation is compounded entirely within an ISO Class 5 PEC located in an ISO Class 7 cleanroom with an ante-area or compounded entirely within a CAI which meets the requirements in 1751.4(f)(1)-(3).

(d) The beyond use date shall specify that storage and exposure periods cannot exceed 12 hours where the sterile compounded drug preparation is compounded solely with aseptic manipulations and all of the following apply:

(1) The preparation was compounded entirely within an ISO Class 5 PEC that is located in a segregated sterile compounding area and restricted to sterile compounding activities, using only sterile ingredients, components, and devices, by personnel properly cleansed and garbed; and

(2) The compounding process involves simple transfer of not more than three commercially manufactured packages of sterile nonhazardous preparations or diagnostic radiopharmaceutical preparations from the manufacturer's original containers; and

(3) The compounding process involves not more than two entries into any one container or package (e.g., bag, vial) of sterile infusion solution or administration container/device.

(e) Where any sterile compounded drug preparation was compounded either outside of an ISO class 5 PEC or under conditions that do not meet all of the requirements for any of subdivisions (a) through (d), the sterile compounded drug preparation shall be labeled “for immediate use only” and administration shall begin no later than one hour following the start of the compounding process. Unless the “immediate use” preparation is immediately and completely administered by the person who prepared it or immediate and complete administration is witnessed by the preparer, the preparation shall bear a label listing patient identification information, the names and amounts of all ingredients, the name or initials of the person who prepared the compounded sterile preparation, and the exact one-hour beyond use date and time. If administration has not begun within one hour following the start of the compounding process, the compounded sterile preparation shall be promptly, properly, entirely, and safely discarded. This provision does not preclude the use of a PEC to compound an “immediate use” preparation. A PEC used solely to compound ‘immediate use’ preparations need not be placed within an ISO Class 7 cleanroom, with an ante-area. Such “immediate use” preparations shall be compounded only in those limited situations where there is a need for immediate administration of a sterile preparation compounded outside of an ISO class 5 environment and where failure to administer could result in loss of life or intense suffering. Any such compounding shall be only in such quantity as is necessary to meet the immediate need and the circumstance causing the immediate need shall be documented in accordance with policies and procedures.

(f) The beyond use date for any compounded allergen extracts shall be the earliest manufacturer expiration date of the individual allergen extracts.

COST RECOVERY

26. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

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DEFINITIONS

27. Section 4022 of the Code states:

Dangerous drug or dangerous device means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: Caution: federal law prohibits dispensing without prescription, Rx only, or words of similar import.

(b) Any device that bears the statement: Caution: federal law restricts this device to sale by or on the order of a _____, Rx only, or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

28. Albuterol 1.25 mg/ Ipratropium 0.5 mg (“Drug #1”), an oral inhalation medication, is a dangerous drug. (Bus. & Prof. Code, § 4022.)

29. Albuterol 2.5 mg/ Ipratropium 0.75 mg (“Drug #2”), oral inhalation medication, is a dangerous drug. (Bus. & Prof. Code, § 4022.)

30. Albuterol 3.75 mg/ Ipratropium 0.75 mg (“Drug #3”), oral inhalation medication, is a dangerous drug. (Bus. & Prof. Code, § 4022.)

31. Albuterol 1.25 mg/ Ipratropium 0.5 mg/ Budesonide 0.25 mg (“Drug #4”), oral inhalation medication, is a dangerous drug. (Bus. & Prof. Code, § 4022.)

32. Albuterol 2.5 mg/ Ipratropium 0.75 mg/ Budesonide 0.25 mg (“Drug #5”), oral inhalation medication, is a dangerous drug. (Bus. & Prof. Code, § 4022.)

33. Albuterol 2.5 mg/ Ipratropium 0.75 mg/ Budesonide 0.5 mg (“Drug #6”), oral inhalation medication, is a dangerous drug. (Bus. & Prof. Code, § 4022.)

34. Albuterol 2.5 mg/ Budesonide 0.5 mg (“Drug #7”), oral inhalation medication, is a dangerous drug. (Bus. & Prof. Code, § 4022.)

35. Albuterol 2.5 mg/ Ipratropium 0.75 mg/ Triamcinolone 0.5 mg (“Drug #8”), oral inhalation medication, is a dangerous drug. (Bus. & Prof. Code, § 4022.)

36. Budesonide 0.4 mg (“Drug #9”), oral inhalation medication, is a dangerous drug. (Bus. & Prof. Code, § 4022.)

37. Formoterol 12 mcg/ Budesonide 0.5 mg (“Drug #10”), oral inhalation medication, is a dangerous drug. (Bus. & Prof. Code, § 4022.)

38. Formoterol Fumarate 3.4 mg/10 ml stock solution (“Drug #11”) is not an oral inhalation medication. It must be diluted before dispensing and is classified as a dangerous drug. (Bus. & Prof. Code, § 4022.)

39. “Compounding” is defined as “any of the following activities occurring in a licensed pharmacy, by or under the supervision of a licensed pharmacist, pursuant to a prescription: (1) [a]ltering the dosage form or delivery system of a drug[;] (2) [a]ltering the strength of a drug[;] (3) [c]ombining components or active ingredients[;] (4) [p]reparing a drug product from chemicals or bulk drug substances.” (Cal. Code Regs., tit. 16, § 1735, subd. (a).)

40. “Compounding Aseptic Isolator (CAI)” is defined as “a form of isolator specifically designed for non-hazardous compounding of pharmaceutical ingredients or preparations while bathed with unidirectional HEPA-filtered air. It is designed to maintain an aseptic compounding environment within the isolator throughout the compounding and material transfer processes. Air exchange into the isolator from the surrounding environment should not occur unless the air has first passed through a microbial retentive filter (HEPA minimum) system capable of containing airborne concentrations of the physical size and state of the drug being compounded. Air within the CAI shall not be recirculated nor turbulent.” (Cal. Code Regs., tit. 16, § 1735.1, subd. (g).)

41. “Controlled cold temperature” means “2 degrees to 8 degrees Celsius (35 degrees to 46 degrees Fahrenheit).” (Cal. Code Regs., tit. 16, § 1735.1, subd. (h).)

42. “Non-sterile-to-sterile batch” is defined as “any compounded drug preparation containing two or more dosage units with any ingredient that was at any time non-sterile, regardless of intervening sterilization of that ingredient. (Cal. Code Regs., tit. 16, § 1735.1, subd. (v).)

43. “Primary Engineering Control (PEC)” is defined as “a device that provides an ISO Class 5 or better environment through the use of non-turbulent, unidirectional HEPA-filtered first air for compounding sterile preparations. Examples of PEC devices include, but are not limited to, laminar airflow workbenches, biological safety cabinets, sterile compounding automated robots,

compounding aseptic isolators, and compounding aseptic containment isolators.” (Cal. Code Regs., tit. 16, § 1735.1, subd. (ab).)

44. “Quality” is defined as “the absence of harmful levels of contaminants, including filth, putrid, or decomposed substances, the absence of active ingredients other than those listed on the label, and the absence of inactive ingredients other than those listed on the master formula document.” (Cal. Code Regs., tit. 16, § 1735.1, subd. (ae).)

FACTUAL ALLEGATIONS

45. On or about November 12, 2019, Respondents notified the Board of a recall of all compounded inhalation medication within expiry. As a result of the recall notification, the Board initiated an investigation into the recalled prescriptions and Respondents’ compounding practices.

46. Respondents assigned lot numbers to compounded drug preparations using the following convention. The first six digits of the lot number represented the month, day, and year when the compounded drug preparation was prepared. The date was followed by a hyphen and then a number representing the sequential batch number mixed that day. For example, “1” would indicate the first batch of any drug mixed on a given day. Following the sequential batch number was a solidus and a number representing the bag from which the batch was mixed. For example, “1” would indicate the batch was prepared from the first bag. If more than one bag was used to make a batch, the end of the range was indicated after a hyphen (in place of an en dash) followed by the batch number, a solidus, and a number representing the total number of bags mixed.

052219-1/1-1/3

05	22	19	-	1	/	1	-	1	/	3
<i>(Date)</i>				<i>(Batch)</i>		<i>(Bag)</i>	<i>(To)</i>	<i>(Batch)</i>		<i>(Bag)</i>

In the above example, the drug lot was prepared on May 22, 2019 from the first batch of any drug mixed that day, and the batch was taken from three bags that were mixed.

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A. Respondents Established Beyond Use Dates For Sterile Compounded Drug Preparations in Excess of Three Days at Controlled Cold Temperature

47. California Code of Regulations, title 16, section 1735.2, subdivision (i), specifies that a drug preparation must be given a beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding.

48. For sterile compounded drug preparations, the beyond use date may not exceed the beyond use date assigned for sterility in California Code of Regulations, title 16, section 1751.8. If a sterile compounded drug preparation is compounded solely with aseptic manipulations using non-sterile ingredients entirely within an International Standards Organization (ISO) Class 5 Primary Engineering Control (PEC) located in an ISO Class 7 cleanroom with an ante-area, or if it is compounded entirely within a compounding aseptic isolator (CAI), then regardless of intervening sterilization of any ingredient or the preparation, the beyond use date cannot be more than 24 hours at controlled room temperature, three days at controlled cold temperature, or 45 days in solid frozen state.

49. From approximately April 23, 2019 through September 17, 2019, Respondents assigned a beyond use date to 40 lots of compounded drugs that exceeded the legal beyond use date for a compounded drug preparation prepared with non-sterile ingredients using aseptic manipulations in an ISO Class 5 PEC located in an ISO Class 7 cleanroom with an ante-area, or else compounded within a CAI, as more particularly alleged in the table below.

Lot No.		Date Compounded	Number Made	Beyond Use Date
Drug #1. Albuterol 1.25 mg / Ipratropium 0.5 mg				
1.	061019-2/1-2/5	6/10/2019	10,000 ml 5,670 vials	12/7/2019 180 days
2.	081419-2/1-2/4	8/14/2019	8,000 ml 3,715 vials	2/10/2020 180 days

Lot No.		Date Compounded	Number Made	Beyond Use Date
3.	090519-1/1-1/4	9/5/2019	8,000 ml 3,945 vials	3/3/2020 180 days
Drug #2. Albuterol 2.5 mg / Ipratropium 0.75 mg				
4.	052319-2/1-2/10	5/23/2019	20,000 ml 9,355 vials	11/19/2019 180 days
5.	061119-1/1-1/10	6/11/2019	20,000 ml 9,440 vials	12/8/2019 180 days
6.	071619-1/1-1/10	7/16/2019	20,000 ml 9,370 vials	1/12/2020 180 days
Drug #3. Albuterol 3.75 mg / Ipratropium 0.75 mg				
7.	052419-1/1-1/2	5/24/2019	6,000 ml 1,940 vials	11/20/2019 180 days
8.	082219-1/1-1/3	8/22/2019	9,000 ml 2,920 vials	2/18/2020 180 days
Drug #4. Albuterol 1.25 mg / Ipratropium 0.5 mg/ Budesonide 0.25 mg				
9.	073019-2/1	7/30/2019	9,000 ml 2,920 vials	11/27/2019 120 days
Drug #5. Albuterol 2.5 mg / Ipratropium 0.75 mg /Budesonide 0.25 mg				
10.	061119-3/1-3/2	6/11/2019	6,000 ml 2,010 vials	9/9/2019 90 days
11.	082219-2/1-2/4	8/22/2019	12,000 ml 3,815 vials	1/19/2020 150 days
Drug #6. Albuterol 2.5 mg / Ipratropium 0.75 mg /Budesonide 0.5 mg				
12.	062619-3/1-3/2	6/26/2019	6,000 ml 2,020 vials	10/24/2019 120 days
13.	070319-2/1-2/3	7/3/2019	9,000 ml 3,045 vials	10/31/2019 120 days
14.	080819-1/1-1/4	8/8/2019	12,000 ml 4,070 vials	1/5/2020 150 days

Lot No.		Date Compounded	Number Made	Beyond Use Date
Drug #7. Albuterol 2.5 mg / Budesonide 0.5 mg				
15.	052219-1/1-1/3	5/22/2019	9,000 ml 2,475 vials	11/18/2019 180 days
16.	070319-3/1-1/3	7/3/2019	9,000 ml 3,035 vials	12/30/2019 180 days
17.	082919-1/1-1/3	8/29/2019	9,000 ml 2,960 vials	2/25/2020 180 days
Drug #8. Albuterol 2.5 mg / Ipratropium 0.75 mg/ Triamcinolone 0.5 mg				
18.	081219-2	8/12/2019	2,000 ml 600 vials	11/30/2019 150 days
Drug #9. Budesonide 0.4 mg				
19.	071019-2/1-2/2	7/10/2019	6,000 ml 1,940 vials	11/7/2019 120 days
20.	080619-2/1-2/5	8/6/2019	15,000 ml 5,250 vials	1/3/2020 150 days
21.	082819-1/1-1/4	8/28/2019	12,000 ml 3,315 vials	1/25/2020 150 days
Drug #10. Formoterol 12 mcg / Budesonide 0.5 mg				
22.	051719-1/1-1/6	5/17/2019	18,000 ml 4,940 vials	11/13/2019 180 days
23.	052019-1/1-1/6	5/20/2019	18,000 ml 4,765 vials	11/16/2019 180 days
24.	052019-2/1-2/6	5/20/2019	18,000 ml 4,965 vials	11/16/2019 180 days
25.	062019-1/1-1/6	6/20/2019	18,000 ml 5,075 vials	12/17/2019 180 days
26.	062019-2/1-2/5	6/20/2019	18,000 ml 5,175 vials	12/17/2019 180 days
27.	062419-2/1-2/6	6/24/2019	18,000 ml 5,085 vials	12/21/2019 180 days
28.	070119-1/1-1/6	7/1/2019	18,000 ml 5,015 vials	12/28/2019 180 days

Lot No.		Date Compounded	Number Made	Beyond Use Date
29.	080119-1/1-1/6	8/1/2019	18,000 ml 5,095 vials	1/28/2020 180 days
30.	080119-2/1-2/6	8/1/2019	18,000 ml 4,965 vials	1/28/2020 180 days
31.	090319-1/1-1/6	9/3/2019	18,000 ml 3,360 vials	3/1/2020 180 days
32.	090319-2/1-2/6	9/3/2019	18,000 ml 5,150 vials	3/1/2020 180 days
33.	090319-3/1-3/6	9/3/2019	18,000 ml 5,195 vials	3/1/2020 180 days
34.	090419-1/1-1/6	9/4/2019	18,000 ml 5,095 vials	3/2/2020 180 days
35.	091719-1/1-1/6	09/17/2019	18,000 ml 4,980 vials	3/15/2020 180 day
Drug #11. Formoterol Fumarate stock solution 3.4 mg/10 ml				
36.	042319-3/1-3/2	4/23/2019	6,000 ml	12/31/2019 252 days
37.	052419-3/1-3/2	5/24/2019	6,000 ml	3/11/2020 292 days
38.	061319-2/1-2/2	6/13/2019	6,000 ml	3/11/2020 272 days
39.	0712/19-2/1-2/2	7/12/2019	6,000 ml	3/31/2020 263 days
40.	080719-1/1-1/2	8/7/2019	6,000 ml	3/31/2020 237 days

B. Respondents Established Beyond Use Dates for 14 Drugs That Exceeded The Beyond Use Date of One of the Ingredients

50. California Code of Regulations, title 16, section 1735.2, subdivision (i)(2)(A), specifies that a drug preparation must be given a beyond use date representing the date (or date and time) beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding. For sterile compounded drug preparations, the beyond use date

may not exceed the shortest expiration date or beyond use date of any ingredient in the sterile compounded drug preparation.

51. From approximately May 17, 2019 through September 17, 2019, Respondents established a beyond use date for 14 lots of a compounded drug (*viz.*, Formoterol 12 mcg/Budesonide 0.5 mg [Drug #10]), which exceeded the beyond use date of one of the compounded drug's ingredients (*viz.*, Formoterol Fumarate stock solution 3.4 mg/10 ml [Drug #11]), as more particularly alleged in the table below.

No.	Drug #10 Lot No.	Date Compounded	Amount	Assigned Beyond Use Date of Drug #10	Beyond Use Date of Ingredient, Drug #11
1.	051719-1/1-1/6	5/17/2019	18,000 ml 4,940 vials	11/13/2020	4/26/2019 Lot 042319-3
2.	052019-1/1-1/6	5/20/2019	18,000 ml 4,765 vials	11/16/2020	4/26/2019 Lot 042319-3
3.	052019-2/1-2/6	5/20/2019	18,000 ml 4,965 vials	11/16/2020	4/26/2019 Lot 042319-3
4.	062019-1/1-1/6	6/20/2019	18,000 ml 5,075 vials	12/17/2019	5/27/2019 Lot 052319-3
5.	062019-2/1-2/5	6/20/2019	18,000 ml 5,175 vials	12/17/2019	5/27/2019 Lot 052419-3
6.	062419-2/1-2/6	6/24/2019	18,000 ml 5,085 vials	12/21/2019	5/27/2019 Lot 052419-3
7.	070119-1/1-1/6	7/1/2019	18,000 ml 5,015 vials	12/28/2019	6/16/2019 Lot 061319-2
8.	080119-1/1-1/6	8/1/2019	18,000 ml 5,095 vials	1/28/2020 180 days	7/15/2019 Lot 071219-2
9.	080119-2/1-2/6	8/1/2019	18,000 ml 4,965 vials	1/28/2020 180 days	7/15/2019 Lot 071219-2
10.	090319-1/1-1/6	9/3/2019	18,000 ml 3,360 vials	3/1/2020 180 days	8/10/2019 Lot 080719-1
11.	090319-2/1-2/6	9/3/2019	18,000 ml 5,150 vials	3/1/2020 180 days	8/10/2019 Lot 080719-1

No.	Drug #10 Lot No.	Date Compounded	Amount	Assigned Beyond Use Date of Drug #10	Beyond Use Date of Ingredient, Drug #11
12.	090319-3/1-3/6	9/3/2019	18,000 ml 5,195 vials	3/1/2020 180 days	8/10/2019 Lot 080719-1
13.	090419-1/1-1/6	9/4/2019	18,000 ml 5,095 vials	3/2/2020 180 days	8/10/2019 Lot 080719-1
14.	091719-1/1-1/6	09/17/2019	18,000 ml 4,980 vials	3/15/2020 180 day	8/10/2019 Lot 080719-1

C. Respondents Did Not Support Extended Beyond Use Dates with Tests and Studies

52. California Code of Regulations, title 16, section 1735.2, subdivision (i)(3)(A)–(C), permits a pharmacist and pharmacy to extend the beyond use date of a sterile compounded drug preparation only if the beyond use date is supported by a 1) method suitability test; 2) container closure integrity test; and 3) stability studies.

53. From approximately April 23, 2019 through August 28, 2019, Respondents established an extended beyond use date for 20 lots of sterile compounded drug preparations without supporting the extended beyond use date with a 1) method suitability test; 2) container closure integrity test; and 3) stability studies. Respondents had at least one of the required types of supporting evidence for an extended beyond use date for some of the sterile compounded drug preparations, but they did not have all three types of required supporting evidence to establish an extended beyond use date for any of the sterile compounded drug preparations, as more particularly alleged in the table below.

	Lot No.	Date Compounded	Method Suitability Test	Container Closure Integrity Test	Stability Studies
Drug #2. Albuterol 2.5 mg / Ipratropium 0.75 mg					
1.	052319-2/1-2/10	5/23/2019	No	No	No

Lot No.		Date Compounded	Method Suitability Test	Container Closure Integrity Test	Stability Studies
2.	061119-1/1-1/10	6/11/2019	No	No	No
3.	071619-1/1-1/10	7/16/2019	No	No	No
Drug #3. Albuterol 3.75 mg / Ipratropium 0.75 mg					
4.	052419-1/1-1/2	5/24/2019	No	No	No
5.	082219-1/1-1/3	8/22/2019	No	No	No
Drug #4. Albuterol 1.25 mg / Ipratropium 0.5 mg/ Budesonide 0.25 mg					
6.	073019-2/1	7/30/2019	No	Yes	Yes
Drug #5. Albuterol 2.5 mg / Ipratropium 0.75 mg /Budesonide 0.25 mg					
7.	061119-3/1-3/2	6/11/2019	No	No	No
8.	082219-2/1-2/4	8/22/2019	No	No	No
Drug #6. Albuterol 2.5 mg / Ipratropium 0.75 mg /Budesonide 0.5 mg					
9.	062619-3/1-3/2	6/26/2019	Yes	No Because Test Failed On 3-8-2019	Yes
10.	070319-2/1-2/3	7/3/2019	Yes	No Because Test Failed On 3-8-2019	Yes
11.	080819-1/1-1/4	8/8/2019	Yes	No Because Test Failed On 3-8-2019	Yes
Drug #8. Albuterol 2.5 mg / Ipratropium 0.75 mg / Triamcinolone 0.5 mg					
12.	081219-2	8/12/2019	Yes	No Because Test Failed On 3-8-2019	Yes
Drug #9. Budesonide 0.4 mg					
13.	071019-2/1-2/2	7/10/2019	No	No Because Test Failed On 3-8-2019	Yes
14.	080619-2/1-2/5	8/6/2019	No	No Because Test Failed On 3-8-2019	Yes
15.	082819-1/1-1/4	8/28/2019	No	No Because Test	Yes

Lot No.		Date Compounded	Method Suitability Test	Container Closure Integrity Test	Stability Studies
				Failed On 3-8-2019	
Drug #11. Formoterol Fumarate stock solution 3.4 mg/10 ml					
16.	042319-3/1-3/2	4/23/2019	No	No	No
17.	052419-3/1-3/2	5/24/2019	No	No	No
18.	061319-2/1-2/2	6/13/2019	No	No	No
19.	071219-2/1-2/2	7/12/2019	No	No	No
20.	080719-1/1-1/2	8/7/2019	No	No	No

D. Respondents Did Not Ensure the Quality of Compounded Drug Preparations

54. California Code of Regulations, title 16, section 1735.2, subdivision (g), makes the pharmacist performing or supervising compounding responsible for the integrity, potency, quality and labeled strength of a compounded drug preparation until the beyond use date indicated on the label so long as the label instructions for storage and handling are followed after the preparation is dispensed.

55. California Code of Regulations, title 16, section 1735.1, subdivision (ae), defines “quality” to mean the absence of harmful levels of contaminants, the absence of active ingredients other than those listed on the label, and the absence of inactive ingredients other than those listed on the master formula document.

56. From approximately May 22, 2019 through August 22, 2019, Respondents failed to ensure the quality of ten lots of compounded drug preparations. In the case of each of the ten lots, Respondents used a STyLUX ST0.2 Irradiated Filter which has a bubble point greater than or equal to 44 pounds per square inch (psi) in water. Respondents tested the integrity of the filter in each of the ten lots using a bubble point test, which in every case yielded a failing result of less than 44 psi, indicating a compromised filter. Instead of documenting each failed test as a failed

test, Respondents documented them as passing tests, as more particularly alleged in the table below.

Drug and Lot		Outcome of Test	Compounding Pharmacist
Drug #1. Albuterol 1.25 mg / Ipratropium 0.5 mg			
1.	061019-2/1-2/5	Bubble point log shows: PSI 40 (failed)	Respondent Walsh
Drug #2. Albuterol 2.5 mg / Ipratropium 0.75 mg			
2.	052319-2/1-2/10	Bubble point log shows: PSI 43 (Failed)	Respondent Walsh
3.	061119-1/1-1/10	Bubble point log shows: PSI 40 (Failed)	Respondent Walsh
4.	071619-1/1-1/10	Bubble point log shows: PSI 40 (Failed)	Respondent Walsh
Drug #3. Albuterol 3.75 mg / Ipratropium 0.75 mg			
5.	082219-1/1-1/3	Bubble point log shows: PSI 42 (Failed)	Respondent Walsh
Drug #7. Albuterol 2.5 mg / Budesonide 0.5 mg			
6.	052219-1/1-1/3	Bubble point log shows: PSI 43 (failed)	Respondent Walsh
Drug #8. Albuterol 2.5 mg / Ipratropium 0.75 mg / Triamcinolone 0.5 mg			
7.	081219-2	Bubble point log shows: PSI 40 (failed)	C.A.
Drug #9. Budesonide 0.4 mg			
8.	080619-2/1-2/5	Bubble point log shows: PSI 43 (Failed)	H.B.
Drug # 10. Formoterol 12 mcg / Budesonide 0.5 mg			
9.	062019-2/1-2/5	Bubble point log: PSI 43 (Failed)	Respondent Walsh
10.	080119-1/1-1/6	Bubble point log: PSI 43 (failed)	Respondent Walsh

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57. Respondent Walsh was the pharmacist who compounded or supervised the compounding of eight of the affected lots where the bubble test failed. Respondent Walsh was responsible for the quality of the failed lots.

E. Respondents Failed to Maintain Compounding Log Information in a Single Document

58. California Code of Regulations, title 16, section 1735.3, subdivision (a)(2), requires that for each compounded drug preparation, pharmacy records shall include a compounding log consisting of *a single document* containing all of the following:

- a. Name and Strength of the compounded drug preparation.
- b. The date the drug preparation was compounded.
- c. The identity of any pharmacy personnel engaged in compounding the drug preparation.
- d. The identity of the pharmacist reviewing the final drug preparation.
- e. The quantity of each ingredient used in compounding the drug preparation.
- f. The manufacturer, expiration date and lot number of each component.
- g. A pharmacy-assigned unique reference or lot number for the compounded drug product preparation.
- h. The beyond use date or beyond use date and time of the final compounded drug preparation, expressed in the compounding document in a standard date and time format.
- i. The final quantity or amount of drug preparation compounded for dispensing.
- j. Documentation of quality reviews and required post-compounding process and procedures.

59. Respondents failed to have a compounding log consisting of a *single document* containing all of the required information in the case of 40 compounding logs. The 40 affected compounded drug lots for which Respondents failed to have compliant compounding drug logs are more particularly alleged in the table in paragraph 49 above.

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F. Respondents Failed to Document the Identity of the Pharmacist Reviewing the Final Drug Preparation in Compounding Logs

60. California Code of Regulations, title 16, section 1735.3, subdivision (a)(2)(D), requires that for each compounded drug preparation, pharmacy records must include a compounding log consisting of a single document that identifies the identity of the pharmacist reviewing the final drug preparation.

61. Respondents failed to document the identity of the pharmacist reviewing the final drug preparation with respect to 40 lots of compounded drug preparations. The 40 affected compounded drug lots are more particularly alleged in the table in paragraph 49 above.

G. Respondents Failed to Document Quality Reviews and Post-Compounding Processes and Procedures in Compounding Logs

62. California Code of Regulations, title 16, section 1735.3, subdivision (a)(2)(J), provides that for each compounded drug preparation, pharmacy records must include a compounding log consisting of a single document containing documentation of quality reviews and required post-compounding process and procedures.

63. Respondents failed to document quality reviews and post-compounding processes and procedures with respect to 40 lots of compounded drug preparations, as more particularly alleged in the table below. Quality reviews in certain instances were missing one or more of the following: the filter integrity test, end product sterility data and/or visual inspections. Post-compounding process and procedures in certain instances were missing one or more of the following items: information concerning the required quarantine prior to the completion of sterility testing, quarantine release, and/or drug storage prior to being pumped into the final container. The 40 affected compounded drug lots are more particularly alleged in the table in paragraph 49 above.

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H. Respondents Failed to Document the Expiration Date of Each Component in Compounding Logs

64. California Code of Regulations, title 16, section 1735.3, subdivision (a)(2)(F), provides that for each compounded drug preparation, pharmacy records must include a compounding log consisting of a single document containing the manufacturer, expiration date and lot number of each component.

65. From approximately June 20, 2019 through June 24, 2019, Respondents failed to document in compounding logs pertaining to three preparations of Formoterol 12 mcg/Budesonide 0.5 mg (Drug #10) the expiration date of a component, namely, Formoterol Fumarate stock solution 3.4 mg/10 ml (Drug #11), as more particularly alleged in the table below.

No.	Drug #11 Lot	Active Pharmaceutical Ingredient Used	Expiration Date Documentation of Drug #11
Drug #10. Formoterol 12 mcg / Budesonide 0.5 mg			
1.	062019-1/1-1/6	Formoterol Fumarate Stock Solution 3.4 mg/10 ml (Drug #11) Store Lot 052419-3/2	No Expiration Date Documented for Formoterol Fumarate Stock Solution 3.4 mg/10 ml (Drug #11)
2.	062019-2/1-2/5	Formoterol Fumarate Stock Solution 3.4 mg/10 ml (Drug #11) Store Lot 052419-3/2	No Expiration Date Documented for Formoterol Fumarate Stock Solution 3.4 mg/10 ml (Drug #11)
3.	062419-2/1-2/6	Formoterol Fumarate Stock Solution 3.4 mg/10 ml (Drug #11) Store Lot 052419-3/2	No Expiration Date Documented for Formoterol Fumarate Stock Solution 3.4 mg/10 ml (Drug #11)

I. Respondents Failed to Complete a U.S. Pharmacopeia (USP) 71 Sterility Test and Failed to Quarantine Drugs Before Dispensing from Non-Sterile-To-Sterile Compounded Drug Preparations

66. California Code of Regulations, title 16, section 1751.7, subdivision (e)(1), requires batch-produced sterile drug preparations compounded from one or more non-sterile ingredients to be subject to documented end product testing for sterility and pyrogens. In addition, drug preparations compounded from one or more non-sterile ingredients must be quarantined until end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing must be conducted in accordance with USP chapter 71, and pyrogen testing must confirm acceptable levels of pyrogens pursuant to USP chapter 85 limits prior to release of the drug preparation from quarantine for dispensing. The requirement of end product testing confirming sterility and acceptable levels of pyrogens prior to dispensing applies regardless of any sterility or pyrogen testing that may have been conducted on an ingredient or combination of ingredients that were previously non-sterile. Exempt from pyrogen testing are topical ophthalmic and inhalation preparations. As oral inhalation medications, Drug #1, Drug #2, Drug #3, Drug #4, Drug #5, Drug #6, Drug #7, Drug #8, Drug #9, and Drug #10 were exempt from testing for pyrogens. However, all of the compounded drug preparations (viz., Drug #1–Drug #11) were required to be tested for sterility and quarantined until documented testing established sterility.

67. From approximately April 23, 2019 through September 17, 2019, Respondents dispensed 40 non-sterile-to-sterile compounded drug preparations without subjecting them to documented end product testing for sterility (and, as applicable to Drug #11, pyrogens), and without quarantining the drug preparations until end product testing confirmed sterility (and, as applicable to Drug #11, acceptable levels of pyrogens). The 40 affected compounded drug lots are more particularly alleged in the table in paragraph 49 above.

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J. Respondents Misbranded Dangerous Drugs

68. Health and Safety Code section 111330 states that any drug or device is misbranded if its labeling is false or misleading in any particular. Health and Safety Code section 111440 makes it unlawful for a person to manufacture, sell, deliver, hold, or offer for sale any drug or device that is misbranded. Health and Safety Code section 111445 makes it unlawful for a person to misbrand any drug or device. Health and Safety Code section 111450 makes it unlawful for any person to receive in commerce any drug that is misbranded or to deliver or proffer for delivery any misbranded drug. United States Code, title 21, section 352, subdivisions (a)(1) and (f), deem a drug to be misbranded if it contains a false or misleading label, inadequate directions for use, or lack of drug warnings.

69. From approximately April 23, 2019 through August 7, 2019, Respondents manufactured a misbranded drug when they 1) prepared four lots of Formoterol Fumarate stock solution 3.4 mg/10 ml (Drug #11) and 2) assigned a beyond use date of greater than three days when stored at cold temperature without having supporting studies and tests to justify an extended beyond use date. The affected lots are more particularly alleged in the table below.

No.	Lot	Date Made	Amount Prepared	Beyond Use Date On Label	Correct Beyond Use Date
Drug #11. Formoterol Fumarate Stock Solution 3.4 mg/10 ml					
1.	042319-3/1-3/2	4/23/19	6,000 ml	12/31/2019	4/26/2019
2.	061319-2/1-2/2	6/13/19	6,000 ml	3/11/2020	6/16/2019
3.	071219-2/1-2/2	7/12/19	6,000 ml	3/31/2020	07/15/2019
4.	080719-1/1-1/2	8/7/19	6,000 ml	3/31/2020	08/10/2019

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70. Respondents sold, delivered, held, or offered for sale a misbranded drug when from approximately May 28, 2019 through October 30, 2019, Respondents dispensed to patients in California and elsewhere 408 prescriptions for Formoterol 12 mcg/ Budesonide 0.5 mg (Drug #10), which prescriptions were compounded in part from expired Formoterol Fumarate Stock Solution 3.4 mg/ 10 ml (Drug #11).

K. Respondents Failed to Label a Compounded Drug Preparation

71. California Code of Regulations, title 16, section 1735.4, subdivision (a)(4), requires that for each compounded drug preparation a label must be affixed to the container prior to dispensing that contains at least the beyond use date for the drug preparation. An additional requirement, contained in subdivision (d), is that prior to dispensing drug preparations that are compounded into unit-dose containers that are too small or otherwise impractical for full compliance with the labeling requirements of subdivisions (a) through (c), the unit-dose container must be labeled with at least the name of the compounding pharmacy and dispensing pharmacy, the active ingredients, strength, volume or weight of the preparation, pharmacy reference or lot number, and beyond use date without regard to minimum font size requirements.

72. On or about May 24, 2019, Respondents failed to label Formoterol Fumarate stock solution 3.4 mg/10 ml (Drug #11), lot number 052419-3/1-3/2, with a beyond use date.

L. Respondents Adulterated Formoterol 12 mcg/ Budesonide 0.5 mg

73. Health and Safety Code section 111255 provides that a drug is adulterated if it has been produced, prepared, packed, or held under conditions whereby it may have been contaminated with filth, or whereby it may have been rendered injurious to health. From approximately May 17, 2019 through September 17, 2019, Respondents adulterated 14 lots of the compounded drug preparation Formoterol 12 mcg/ Budesonide 0.5 mg (Drug #10) when they produced and prepared the drug lots with expired Formoterol Fumarate stock solution 3.4 mg/10 ml (Drug #11), as more particularly alleged in the table in paragraph 51 above.

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M. Respondents Sold Adulterated Formoterol 12 mcg/ Budesonide 0.5 mg

74. Section 4169, subdivision (a), of the Code prohibits a person from selling or transferring dangerous drugs that the person knew or reasonably should have known were adulterated. Respondents violated said section in that between approximately May 28, 2019 through October 30, 2019, Respondents sold and transferred to patients in California and elsewhere 408 prescriptions for Formoterol 12 mcg/ Budesonide 0.5 mg (Drug #10), which was compounded in part from expired Formoterol Fumarate Stock Solution 3.4 mg/ 10 ml (Drug #11).

N. Respondents Furnished a Dangerous Drug to an Unlicensed Entity

75. Section 4126.5, subdivision (a), of the Code provides that a pharmacy may furnish a dangerous drug only to specific people, including, as relevant here, a wholesaler from whom the dangerous drug was acquired or a licensed wholesaler acting as a reverse distributor. On or about September 5, 2019, Respondents prepared Albuterol 1.25 mg/ Ipratropium 0.5 mg (Drug #1), lot number 090519-1/1-1/4, but because the filter used during compounding failed the bubble point test, Respondents furnished the drug lot to D.S.I. for destruction on or about September 24, 2019. While Respondents correctly realized that the failed bubble point test required the drug lot to be destroyed, Respondents violated the Pharmacy Law when they furnished the drug lot to D.S.I., which was neither a wholesaler from which Respondents acquired the drug lot or a licensed wholesaler acting as a reverse distributor.

O. Respondents Failed to Maintain Records of Disposition

76. Section 4081, subdivision (a), of the Code requires that all records of manufacture, sale, acquisition, receipt, shipment or disposition of dangerous drugs be at all times during business hours be open to inspection by authorized officers of the law, including Board inspectors. Respondents violated this section because on or about September 24, 2019, Respondents furnished Albuterol 1.25 mg/Ipratropium 0.5 mg (Drug #1), lot number 090519-1/1-1/4 to D.S.I. for destruction, but all times thereafter, and subsequent to a lawful Board request, Respondents were unable to produce an adequate record of disposition for lot number 090519-1/1-1/4.

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FIRST CAUSE FOR DISCIPLINE

(As to Respondents Conversio Health and Walsh)

(Failure to Correctly Assign Beyond Use Date)

77. Respondents are subject to disciplinary action under Code section 4301, subdivision (o), for unprofessional conduct in that they violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of or conspired to violate a provision of Pharmacy Law or the applicable federal and state laws and regulations governing pharmacy, including regulations established by the Board or by any other state or federal regulatory agency, to wit: California Code of Regulations, title 16, section 1735.2, subdivision (i), and section 1751.8. From approximately April 23, 2019 through September 17, 2019, Respondents assigned a beyond use date to 40 lots of compounded drugs that exceeded the legal beyond use date for a compounded drug preparation prepared with non-sterile ingredients using aseptic manipulations in an ISO Class 5 PEC located in an ISO Class 7 cleanroom with an ante-area, or else compounded within a CAI. Complainant realleges paragraphs 47 through 49.

SECOND CAUSE FOR DISCIPLINE

(As to Respondents Conversio Health and Walsh)

(Failure to Assign a Correct Beyond Use Date Based On Expiration of Ingredients)

78. Respondents are subject to disciplinary action under Code section 4301, subdivision (o), for unprofessional conduct in that they violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of or conspired to violate a provision of Pharmacy Law or the applicable federal and state laws and regulations governing pharmacy, including regulations established by the Board or by any other state or federal regulatory agency, to wit: California Code of Regulations, title 16, section 1735.2, subdivision (i)(2)(A). From approximately May 17, 2019 through September 17, 2019, Respondents established a beyond use date for 14 lots of a compounded drug (viz., Formoterol 12 mcg/Budesonide 0.5 mg [Drug #10]), which exceeded the beyond use date of one of the compounded drug's ingredients (viz., Formoterol Fumarate stock solution 3.4 mg/10 ml [Drug #11]). Complainant realleges paragraphs 50 through 51.

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THIRD CAUSE FOR DISCIPLINE**(As to Respondents Conversio Health and Walsh)****(Failure to Support an Extended Beyond Use Date)**

79. Respondents are subject to disciplinary action under Code section 4301, subdivision (o), for unprofessional conduct in that Respondents violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of or conspired to violate a provision of Pharmacy Law or the applicable federal and state laws and regulations governing pharmacy, including regulations established by the Board or by any other state or federal regulatory agency, to wit: California Code of Regulations, title 16, section 1735.2, subdivision (i)(3)(A)–(C). From approximately April 23, 2019 through August 28, 2019, Respondents established an extended beyond use date for 20 lots of sterile compounded drug preparations without supporting the extended beyond use date with a 1) method suitability test; 2) container closure integrity test; and 3) stability studies. Complainant realleges paragraphs 52 through 53.

FOURTH CAUSE FOR DISCIPLINE**(As to Respondents Conversio Health and Walsh)****(Failure to Ensure Quality of Compounded Drug Products)**

80. Respondents are subject to disciplinary action under Code section 4301, subdivision (o), for unprofessional conduct in that Respondents violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of or conspired to violate a provision of Pharmacy Law or the applicable federal and state laws and regulations governing pharmacy, including regulations established by the Board or by any other state or federal regulatory agency, to wit: California Code of Regulations, title 16, sections 1735.2, subdivision (g) and 1735.1, subdivision (ae). From approximately May 22, 2019 through August 22, 2019, Respondents failed to ensure the quality of ten lots of compounded drug preparations. In each case, Respondents used a STyLUX ST0.2 Irradiated Filter with a bubble point greater than or equal to 44 psi in water. Each bubble test yielded a failing result of less than 44 psi, indicating a compromised filter. Instead of documenting each failed test as a failed test, Respondents documented them as passing tests. Complainant realleges 54 through 57.

FIFTH CAUSE FOR DISCIPLINE**(As to Respondents Conversio Health and Walsh)****(Compounding Logs: Failure to Have Log Information In a Single Document)**

81. Respondents are subject to disciplinary action under Code section 4301, subdivision (o), for unprofessional conduct in that they violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of or conspired to violate a provision of Pharmacy Law or the applicable federal and state laws and regulations governing pharmacy, including regulations established by the Board or by any other state or federal regulatory agency, to wit: California Code of Regulations, title 16, section 1735.3, subdivision (a)(2). Respondents failed to have a compounding log consisting of a single document containing all of the required information in the case of 40 compounding logs. Complainant realleges paragraphs 58 through 59.

SIXTH CAUSE FOR DISCIPLINE**(As to Respondents Conversio Health and Walsh)****(Compounding Logs: Failure to Identify Compounding Pharmacist)**

82. Respondents are subject to disciplinary action under Code section 4301, subdivision (o), for unprofessional conduct in that they violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of or conspired to violate a provision of Pharmacy Law or the applicable federal and state laws and regulations governing pharmacy, including regulations established by the Board or by any other state or federal regulatory agency, to wit: California Code of Regulations, title 16, section 1735.3, subdivision (a)(2)(D). Respondents failed to document the identity of the pharmacist reviewing the final drug preparation with respect to 40 lots of compounded drug preparations. Complainant realleges paragraphs 60 through 61.

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SEVENTH CAUSE FOR DISCIPLINE

(As to Respondents Conversio Health and Walsh)

(Compounding Logs: Failure to Document Quality Reviews and Required Post-Compounding Process and Procedures)

83. Respondents are subject to disciplinary action under Code section 4301, subdivision (o), for unprofessional conduct in that Respondents violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of or conspired to violate a provision of Pharmacy Law or the applicable federal and state laws and regulations governing pharmacy, including regulations established by the Board or by any other state or federal regulatory agency, to wit: California Code of Regulations, title 16, section 1735.3, subdivision (a)(2)(J). Respondents failed to document quality reviews and post-compounding processes and procedures with respect to 40 lots of compounded drug preparations. Quality reviews in certain instances were missing one or more of the following: the filter integrity test, end product sterility data and/or visual inspections. Post-compounding process and procedures in certain instances were missing one or more of the following items: information concerning the required quarantine prior to the completion of sterility testing, quarantine release, and/or drug storage prior to being pumped into the final container. Complainant realleges paragraphs 62 through 63.

EIGHTH CAUSE FOR DISCIPLINE

(As to Respondents Conversio Health and Walsh)

(Compounding Logs: Failure to Provide Expiration Date of Each Component)

84. Respondents are subject to disciplinary action under Code section 4301, subdivision (o), for unprofessional conduct in that they violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of or conspired to violate a provision of Pharmacy Law or the applicable federal and state laws and regulations governing pharmacy, including regulations established by the Board or by any other state or federal regulatory agency, to wit: California Code of Regulations, title 16, section 1735.3, subdivision (a)(2)(F). From approximately June 20, 2019 through June 24, 2019, Respondents failed to document in compounding logs pertaining to three preparations of Formoterol 12 mcg/Budesonide 0.5 mg (Drug #10) the expiration date of a

component, namely, Formoterol Fumarate stock solution 3.4 mg/10 ml (Drug #11). Complainant realleges paragraphs 64 through 65.

NINTH CAUSE FOR DISCIPLINE

(As to Respondents Conversio Health and Walsh)

(Failure to Complete USP 71 Sterility Test Before Releasing Drug from Quarantine)

85. Respondents are subject to disciplinary action under Code section 4301, subdivision (o), for unprofessional conduct in that they violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of or conspired to violate a provision of Pharmacy Law or the applicable federal and state laws and regulations governing pharmacy, including regulations established by the Board or by any other state or federal regulatory agency, to wit: California Code of Regulations, title 16, section 1751.7, subdivision (e)(1). From approximately April 23, 2019 through September 17, 2019, Respondents dispensed 40 non-sterile-to-sterile compounded drug preparations (Drug #1–Drug #11) without subjecting them to documented end product testing for sterility (and, as applicable to Drug #11, pyrogens), and without quarantining the drug preparations until end product testing confirmed sterility (and, as applicable to Drug #11, acceptable levels of pyrogens). Complainant realleges paragraphs 66 through 67.

TENTH CAUSE FOR DISCIPLINE

(As to Respondents Conversio Health and Walsh)

(Manufacture and Sale of Misbranded Drugs)

86. Respondents are subject to disciplinary action under Code section 4301, subdivisions (j) and (o), for unprofessional conduct in that they violated statutes regulating dangerous drugs and attempted to violate, directly or indirectly, or assisted in or abetted the violation of or conspired to violate a provision of Pharmacy Law or the applicable federal and state laws and regulations governing pharmacy, including regulations established by the Board or by any other state or federal regulatory agency, to wit: Health and Safety Code sections 111330, 111440, 111445, 111450 and United States Code, title 21, section 352, subdivisions (a)(1) and (f). From approximately April 23, 2019 through August 7, 2019, Respondents manufactured a misbranded drug when they 1) prepared four lots of Formoterol Fumarate stock solution 3.4 mg/10 ml and 2)

assigned a beyond use date of greater than three days when stored at cold temperature without having supporting studies and tests to justify an extended beyond use date. Respondents then sold, delivered, held, or offered for sale a misbranded drug when from approximately May 28, 2019 through October 30, 2019, Respondents dispensed to patients in California and elsewhere 408 prescriptions for Formoterol 12 mcg/ Budesonide 0.5 mg (Drug #10), which prescriptions were compounded in part from expired Formoterol Fumarate Stock Solution 3.4 mg/ 10 ml (Drug #11). Complainant realleges paragraphs 68 through 70.

ELEVENTH CAUSE FOR DISCIPLINE

(As to Respondents Conversio Health and Walsh)

(Failure to Label a Compounded Drug Preparation)

87. Respondents are subject to disciplinary action under Code section 4301, subdivision (o), for unprofessional conduct in that they violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of or conspired to violate a provision of Pharmacy Law or the applicable federal and state laws and regulations governing pharmacy, including regulations established by the Board or by any other state or federal regulatory agency, to wit: California Code of Regulations, title 16, section 1735.4, subdivisions (a)(4) and (d). On or about May 24, 2019, Respondents failed to label Formoterol Fumarate stock solution 3.4 mg/10 ml (Drug #11), lot number 052419-3/1-3/2, with a beyond use date. Complainant realleges paragraphs 71 through 72.

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TWELFTH CAUSE FOR DISCIPLINE**(As to Respondents Conversio Health and Walsh)****(Adulteration of Formoterol 12 mcg/ Budesonide 0.5 mg)**

88. Respondents are subject to disciplinary action under Code section 4301, subdivision (j), for unprofessional conduct in that they violated statutes regulating dangerous drugs, to wit: Health and Safety Code section 111255. From approximately May 17, 2019 through September 17, 2019, Respondents adulterated 14 lots of the compounded drug preparation Formoterol 12 mcg/ Budesonide 0.5 mg (Drug #10) when they produced and prepared the drug lots with expired Formoterol Fumarate stock solution 3.4 mg/10 ml (Drug #11). Complainant realleges paragraph 73.

THIRTEENTH CAUSE FOR DISCIPLINE**(As to Respondents Conversio Health and Walsh)****(Sale of Adulterated Formoterol 12 mcg/ Budesonide 0.5 mg)**

89. Respondents are subject to disciplinary action under Code section 4301, subdivision (o), for unprofessional conduct in that they violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of or conspired to violate a provision of Pharmacy Law or the applicable federal and state laws and regulations governing pharmacy, including regulations established by the Board or by any other state or federal regulatory agency, to wit: section 4169, subdivision (a), of the Code. Between approximately May 28, 2019 through October 30, 2019, Respondents sold and transferred to patients in California and elsewhere 408 prescriptions for Formoterol 12 mcg/ Budesonide 0.5 mg (Drug #10), which was compounded in part from expired Formoterol Fumarate Stock Solution 3.4 mg/ 10 ml (Drug #11). Complainant realleges paragraph 74.

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FOURTEENTH CAUSE FOR DISCIPLINE

(As to Respondents Conversio Health and Walsh)

(Furnishing Danger Drugs to Unlicensed Reverse Distributor)

90. Respondents are subject to disciplinary action under Code section 4301, subdivision (o), for unprofessional conduct in that they violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of or conspired to violate a provision of Pharmacy Law or the applicable federal and state laws and regulations governing pharmacy, including regulations established by the Board or by any other state or federal regulatory agency, to wit: section 4126.5, subdivision (a). On or about September 5, 2019, Respondents prepared Albuterol 1.25 mg/Ipratropium 0.5 mg (Drug #1), lot number 090519-1/1-1/4, but because the filter used during compounding failed the bubble point test, Respondents furnished the drug lot to D.S.I. for destruction on or about September 24, 2019. While Respondents correctly realized that the failed bubble point test required the drug lot to be destroyed, Respondents violated the Pharmacy Law when they furnished the drug lot to D.S.I., which was not a wholesaler from which Respondents acquired the drug lot, nor a licensed wholesaler acting as a reverse distributor, nor a person to whom Respondents were otherwise lawfully able to furnish drugs. Complainant realleges paragraph 75.

FIFTEENTH CAUSE FOR DISCIPLINE

(As to Respondents Conversio Health and Walsh)

(Failure to Maintain Record of Disposition of Dangerous Drugs)

91. Respondents are subject to disciplinary action under Code section 4301, subdivision (o), for unprofessional conduct in that they violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of or conspired to violate a provision of Pharmacy Law or the applicable federal and state laws and regulations governing pharmacy, including regulations established by the Board or by any other state or federal regulatory agency, to wit: section 4081, subdivision (a), of the Code. On or about September 24, 2019, Respondents furnished Albuterol 1.25 mg/Ipratropium 0.5 mg (Drug #1), lot number 090519-1/1-1/4 to Daniels SharpSmart Inc. for destruction, but all times thereafter, and subsequent to a lawful Board

request, Respondents were unable to produce an adequate record of disposition for lot number 0901519-1/1-1/4. Complainant realleges paragraph 76.

SIXTEENTH CAUSE FOR DISCIPLINE

(As to Respondent Walsh Only)

(Inappropriate Exercise of Education, Training or Experience)

92. Respondent Walsh is subject to disciplinary action under Code sections 4301 and 4306.5 for unprofessional conduct, in conjunction with California Code of Regulations, title 16, sections 1735.2, subdivision (g), and 1735.1, subdivision (ae), in that Respondent Walsh committed acts or omissions that involved, in whole or in part, the inappropriate exercise of his education, training or experience as a pharmacist. In particular, from approximately May 22, 2019 through August 22, 2019, Respondents failed to ensure the quality of ten lots of compounded drug preparations. Respondent Walsh was the pharmacist who compounded or supervised the compounding of eight of the affected lots for which a bubble test returned a failing result. Complainant realleges paragraphs 54 through 57.

DISCIPLINE CONSIDERATIONS

93. To determine the degree of discipline, if any, to be imposed on Respondent Walsh, Complainant alleges that on or about September 12, 2017, in a prior action, the Board of Pharmacy issued Citation Number CI 2016 71909 and ordered Respondent to pay a fine of \$1,000. The Citation is now final.

OTHER MATTERS

94. Pursuant to section 4307 of the Code, if while acting as the manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control, Respondent Walsh had knowledge of or knowingly participated in any conduct for which Pharmacy Permit Number PHY 51610 or Sterile Compounding Permit Number No. LSC 99934, issued to Respondent Conversio Health, is revoked or placed on probation, then Respondent Walsh shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period not to exceed five years if Pharmacy Permit Number PHY 51610 or Sterile Compounding

Permit Number No. LSC 99934 is placed on probation, or, if Pharmacy Permit Number PHY 51610 or Sterile Compounding Permit Number No. LSC 99934 is revoked, the prohibition shall continue until reinstatement.

95. Pursuant to section 4307 of the Code, if discipline is imposed on Pharmacist License Number RPH 42653 issued to Respondent Walsh, then Respondent Walsh shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for 1) a period not to exceed five years if Pharmacist License Number RPH 42653 is placed on probation; or, 2) if the pharmacist license is revoked, the prohibition shall continue until the license is reinstated.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Original Permit Number PHY 51610, issued to Conversio Health LLC and Integrated Health Concepts Inc., doing business as Conversio Health;
2. Revoking or suspending Sterile Compounding Permit Number LSC 99934, issued to Conversio Health LLC and Integrated Health Concepts Inc., doing business as Conversio Health;
3. Revoking or suspending Registered Pharmacist License Number RPH 42653, issued to Timothy James Walsh;
4. Prohibiting Timothy James Walsh from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for a period not to exceed five years if Pharmacist License Number RPH 42653 is placed on probation, or, if Pharmacist License Number RPH 42653 is revoked, the prohibition shall continue until the license is reinstated;
5. Prohibiting Timothy James Walsh from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee if, while acting as the manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control, he had knowledge of or knowingly participated in any conduct for which Pharmacy Permit Number PHY 51610 or Sterile Compounding Permit Number LSC 99934 is revoked or placed on probation, in which case the prohibition shall last for a period not to exceed

five years if Pharmacy Permit Number PHY 51610 or Sterile Compounding Permit Number LSC 99934 is placed on probation, or, if Pharmacy Permit Number PHY 51610 or Sterile Compounding Permit Number LSC 99934 is revoked, the prohibition shall continue until reinstatement;

6. Ordering Conversio Health LLC and Integrated Health Concepts Inc., doing business as Conversio Health, and Timothy James Walsh to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

7. Taking such other and further action as deemed necessary and proper.

DATED: 8/22/2020

Anne Sodergren

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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ROB BUNTA
 Attorney General of California
 SHAWN P. COOK
 Supervising Deputy Attorney General
 MATTHEW A. KING
 Deputy Attorney General
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 Los Angeles, CA 90013
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 E-mail: Matthew.King@doj.ca.gov
Attorneys for Complainant

**BEFORE THE
 BOARD OF PHARMACY
 DEPARTMENT OF CONSUMER AFFAIRS
 STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**CONVERSIO HEALTH LLC AND
 INTEGRATED HEALTH CONCEPTS
 INC., DBA CONVERSIO HEALTH,
 JAMES M. HOXTER, CEO
 720 Aerovista Place, Ste. D
 San Luis Obispo, CA 93401**

**Original Permit No. PHY 51610
 Sterile Compounding Permit No. LSC
 99934,**

and

**TIMOTHY JAMES WALSH
 ■ Broad Street
 San Luis Obispo, CA 93405**

**Registered Pharmacist License No. RPH
 42653**

Respondents.

Case No. 6932
 OAH No. 2020110299

**STIPULATED SETTLEMENT AND
 DISCIPLINARY ORDER AS TO
 RESPONDENT TIMOTHY JAMES
 WALSH ONLY**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

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PARTIES

1. Anne Sodergren (complainant) is the Executive Officer of the Board of Pharmacy (board). She brought this action solely in her official capacity and is represented in this matter by Matthew Rodriquez, Attorney General of the State of California, by Matthew A. King, Deputy Attorney General.

2. On or about August 7, 1989, the board issued Registered Pharmacist License Number RPH 42653 to Timothy James Walsh (respondent). The Registered Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2023, unless renewed.

3. Respondent was the Pharmacist-in-Charge of respondent Conversio Health LLC and Integrated Health Concepts, doing business as Conversio Health, from March 12, 2018 to February 4, 2020.

4. Respondent is represented in this proceeding by attorney Natallia Mazina of Mazina Law, whose office is located at 100 Pine Street Suite 1250, San Francisco, CA 94111-5235.

JURISDICTION

5. Accusation No. 6932 was filed before the board, and is currently pending against respondent. The Accusation and all other statutorily required documents were properly served on respondent on August 31, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

6. A copy of Accusation No. 6932 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

7. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 6932. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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8. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

9. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

10. Respondent understands and agrees that the charges and allegations in Accusation No. 6932, if proven at a hearing, constitute cause for imposing discipline upon his Pharmacist License.

11. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, respondent agrees that, at a hearing, complainant could establish a factual basis for the charges in the Accusation, and that respondent hereby gives up his right to contest those charges.

12. Respondent agrees that his Pharmacist License is subject to discipline and he agrees to be bound by the board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

13. This stipulation shall be subject to approval by the board. Respondent understands and agrees that counsel for complainant and the staff of the board may communicate directly with the board regarding this stipulation and settlement, without notice to or participation by respondent or his counsel. By signing the stipulation, respondent understands and agrees that they may not withdraw his agreement or seek to rescind the stipulation prior to the time the board considers and acts upon it. If the board fails to adopt this stipulation as his Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the board shall not be disqualified from further action by having considered this matter.

14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

15. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

16. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Registered Pharmacist License Number RPH 42653 issued to respondent is revoked. However, the revocation is stayed and respondent is placed on probation for three (3) years on the following terms and conditions:

1. Obey All Laws

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the board, in writing, within seventy- two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty, or nolo contendere, no contest, or similar, in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- the filing of a disciplinary pleading, issuance of a citation, or initiation of another administrative action filed by any state or federal agency which involves

respondent's license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report such occurrence shall be considered a violation of probation.

2. Report to the Board

Respondent shall report to the board quarterly, on a schedule as directed by the board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation.

Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the board.

3. Interview with the Board

Upon receipt of reasonable prior notice, respondent shall appear in person for interviews with the board or its designee, at such intervals and locations as are determined by the board or its designee. Failure to appear for any scheduled interview without prior notification to board staff, or failure to appear for two (2) or more scheduled interviews with the board or its designee during the period of probation, shall be considered a violation of probation.

4. Cooperate with Board Staff

Respondent shall timely cooperate with the board's inspection program and with the board's monitoring and investigation of respondent's compliance with the terms and conditions of his probation, including but not limited to: timely responses to requests for information by board staff; timely compliance with directives from board staff regarding requirements of any term or condition of probation; and timely completion of documentation pertaining to a term or condition of probation. Failure to timely cooperate shall be considered a violation of probation.

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5. Continuing Education

Respondent shall provide evidence of efforts to maintain skill and knowledge as a pharmacist as directed by the board or its designee.

6. Reporting of Employment and Notice to Employers

During the period of probation, respondent shall notify all present and prospective employers of the decision in case number 6932 and the terms, conditions and restrictions imposed on respondent by the decision, as follows:

Within thirty (30) days of the effective date of this decision, and within ten (10) days of undertaking any new employment, respondent shall report to the board in writing the name, physical address, and mailing address of each of his employer(s), and the name(s) and telephone number(s) of all of his direct supervisor(s), as well as any pharmacist(s)-in-charge, designated representative(s)-in-charge, responsible manager, or other compliance supervisor(s) and the work schedule, if known. Respondent shall also include the reason(s) for leaving the prior employment. Respondent shall sign and return to the board a written consent authorizing the board or its designee to communicate with all of respondent's employer(s) and supervisor(s), and authorizing those employer(s) or supervisor(s) to communicate with the board or its designee, concerning respondent's work status, performance, and monitoring. Failure to comply with the requirements or deadlines of this condition shall be considered a violation of probation.

Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment, respondent shall cause (a) his direct supervisor, (b) his pharmacist-in-charge, designated representative-in-charge, responsible manager, or other compliance supervisor, and (c) the owner or owner representative of his employer, to report to the board in writing acknowledging that the listed individual(s) has/have read the decision in case number 6932, and terms and conditions imposed thereby. If one person serves in more than one role described in (a), (b), or (c), the acknowledgment shall so state. It shall be respondent's responsibility to ensure that these acknowledgment(s) are timely submitted to the board. In the event of a change in the person(s) serving the role(s) described in (a), (b), or (c) during the term of probation, respondent shall cause the person(s) taking over the role(s) to report to the board in

writing within fifteen (15) days of the change acknowledging that he or she has read the decision in case number 6932, and the terms and conditions imposed thereby.

If respondent works for or is employed by or through an employment service, respondent must notify the person(s) described in (a), (b), and (c) above at every entity licensed by the board of the decision in case number 6932, and the terms and conditions imposed thereby in advance of respondent commencing work at such licensed entity. A record of this notification must be provided to the board upon request.

Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment by or through an employment service, respondent shall cause the person(s) described in (a), (b), and (c) above at the employment service to report to the board in writing acknowledging that he or she has read the decision in case number, and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that these acknowledgment(s) are timely submitted to the board.

Failure to timely notify present or prospective employer(s) or failure to cause the identified person(s) with that/those employer(s) to submit timely written acknowledgments to the board shall be considered a violation of probation.

"Employment" within the meaning of this provision includes any full-time, part-time, temporary, relief, or employment/management service position as a pharmacist, or any position for which a Pharmacist's License is a requirement or criterion for employment, whether the respondent is an employee, independent contractor or volunteer.

7. Notification of Change(s) in Name, Address(es), or Phone Number(s)

Respondent shall further notify the board in writing within ten (10) days of any change in name, residence address, mailing address, e-mail address or phone number.

Failure to timely notify the board of any change in employer, name, address, or phone number shall be considered a violation of probation.

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8. Restrictions on Supervision and Oversight of Licensed Facilities

During the period of probation, respondent shall not supervise any intern pharmacist, be the pharmacist-in-charge, designated representative-in-charge, responsible manager or other compliance supervisor of any entity licensed by the board, nor serve as a consultant. Assumption of any such unauthorized supervision responsibilities shall be considered a violation of probation.

9. Reimbursement of Board Costs

As a condition precedent to successful completion of probation, respondent shall pay to the board its costs of investigation and prosecution in the amount of \$7,245.60. Respondent shall make said payments as follows: within 30 days of the effective date of the Decision and Order.

There shall be no deviation from this schedule absent prior written approval by the board or its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

Respondent shall be permitted to pay these costs in a payment plan approved by the board or its designee, so long as full payment is completed no later than one (1) year prior to the end date of probation.

10. Probation Monitoring Costs

Respondent shall pay any costs associated with probation monitoring as determined by the board each and every year of probation. Such costs shall be payable to the board on a schedule as directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

11. Status of License

Respondent shall, at all times while on probation, maintain an active, current Pharmacist's License with the board, including any period during which suspension or probation is tolled. Failure to maintain an active, current Pharmacist's License shall be considered a violation of probation.

If respondent's Pharmacist's License expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof due to tolling or otherwise, upon renewal or reapplication respondent's license shall be subject to all

terms and conditions of this probation not previously satisfied.

12. License Surrender While on Probation/Suspension

Following the effective date of this decision, should respondent cease practice due to retirement or health, or be otherwise unable to satisfy the terms and conditions of probation, respondent may relinquish his license, including any indicia of licensure issued by the board, along with a request to surrender the license. The board or its designee shall have the discretion whether to accept the surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent will no longer be subject to the terms and conditions of probation. This surrender constitutes a record of discipline and shall become a part of the respondent's license history with the board.

Upon acceptance of the surrender, respondent shall relinquish his pocket and/or wall license, including any indicia of licensure not previously provided to the board within ten (10) days of notification by the board that the surrender is accepted if not already provided. Respondent may not reapply for any license from the board for three (3) years from the effective date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the board, including any outstanding costs.

13. Practice Requirement – Extension of Probation

Except during periods of suspension, respondent shall, at all times while on probation, be employed as a pharmacist in California for a minimum of 80 hours per calendar month. Any month during which this minimum is not met shall extend the period of probation by one month. During any such period of insufficient employment, respondent must nonetheless comply with all terms and conditions of probation, unless respondent receives a waiver in writing from the board or its designee.

If respondent does not practice as a pharmacist in California for the minimum number of hours in any calendar month, for any reason (including vacation), respondent shall notify the board in writing within ten (10) days of the conclusion of that calendar month. This notification shall include at least: the date(s), location(s), and hours of last practice; the reason(s) for the

interruption or reduction in practice; and the anticipated date(s) on which respondent will resume practice at the required level. Respondent shall further notify the board in writing within ten (10) days following the next calendar month during which respondent practices as a pharmacist in California for the minimum of hours. Any failure to timely provide such notification(s) shall be considered a violation of probation.

It is a violation of probation for respondent's probation to be extended pursuant to the provisions of this condition for a total period, counting consecutive and non-consecutive months, exceeding thirty-six (36) months. The board or its designee may post a notice of the extended probation period on its website.

14. Violation of Probation

If respondent has not complied with any term or condition of probation, the board shall have continuing jurisdiction over respondent, and the board shall provide notice to respondent that probation shall automatically be extended, until all terms and conditions have been satisfied or the board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed. The board or its designee may post a notice of the extended probation period on its website.

If respondent violates probation in any respect, the board, after giving respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If a petition to revoke probation or an accusation is filed against respondent during probation, or the preparation of an accusation or petition to revoke probation is requested from the Office of the Attorney General, the board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided, and the charges and allegations in Accusation No. 6932 shall be deemed true and correct as to respondent.

15. Completion of Probation

Upon written notice by the board or its designee indicating successful completion of probation, respondent's license will be fully restored.

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16. No Ownership or Management of Licensed Premises

Respondent shall not own, have any legal or beneficial interest in, nor serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the board. Respondent shall sell or transfer any legal or beneficial interest in any entity licensed by the board within ninety (90) days following the effective date of this decision and shall immediately thereafter provide written proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide documentation thereof shall be considered a violation of probation.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Natallia Mazina, Esq. I understand the stipulation and the effect it will have on my Registered Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____

TIMOTHY JAMES M. WALSH
Respondent

I have read and fully discussed with my client, respondent Timothy James Walsh, the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: _____

NATALLIA MAZINA, ESQ.
Attorney for Respondent

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

DATED: _____

Respectfully submitted,

MATTHEW RODRIQUEZ
Acting Attorney General of California
SHAWN P. COOK
Supervising Deputy Attorney General

MATTHEW A. KING
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation Number 6932

**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**CONVERSIO HEALTH LLC AND
INTEGRATED HEALTH CONCEPTS
INC., DBA CONVERSIO HEALTH,
JAMES M. HOXTER, CEO
720 Aerovista Place, Ste. D
San Luis Obispo, CA 93401**

**Original Permit No. PHY 51610
Sterile Compounding Permit No. LSC
99934,**

and

**TIMOTHY JAMES WALSH
[REDACTED] Broad Street
San Luis Obispo, CA 93405**

**Registered Pharmacist License No. RPH
42653**

Respondents.

Case No. 6932
OAH No. 2020110299

**DECISION AND ORDER AS TO
RESPONDENT TIMOTHY JAMES
WALSH ONLY**

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on _____.

It is so ORDERED _____.

FOR THE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: \$50.00

(refundable check or credit card. Credit Cards are charged a 5% processing fee)

Complete Name (no abbreviations):

First: Abigail Middle: _____ Last: MartinezHome Address: [REDACTED] Flower Street Apt#: _____City: Reno State: NV Zip Code: 89506Telephone: (775) [REDACTED] SS# or ITIN: [REDACTED]Date of Birth: [REDACTED] Place of Birth: Washoe County Sex: ☐ M or ☒ FE-mail Address: [REDACTED]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: CVS Pharmacy Store #: 9974Address: 3360 S McCarran BlvdCity: Reno State: NV Zip Code: 89502Signature of Managing Pharmacist: R. J. J. J. Lic #: 20276 Date: 9-16-21

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

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
3. 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?.....	☐	☒
4. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....	☒	☐
5. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....	☐	☒
6. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	☐	☒

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

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

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

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

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed P.T. 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: [Signature] Date: 9-16-21Board Use Only Date Processed: _____ Amount: 50 00



WASHOE COUNTY
Department of Alternative Sentencing
1530 E. 6th Street
Reno, NV 89512
(775) 785-4112
(775) 327-8381



COURT CONDITIONS AND PROBATION REQUIREMENTS

Name: ABIGAIL MARTINEZ Referring Agency: SJC Case # 21-SCN-00468

FINES AND FEES

- ✓ Court fines/fees in the amount of 0 are payable to the Court.
- ✓ Restitution in the amount of 0 has been ordered. This is to be paid to the District Attorney.
- ✓ Administrative Assessment fee. This is to be paid to DAS or Sober 24.
- ✓ Probation supervision fees. This is to be paid to DAS or Sober 24.
- ✓ Specialty Court fee. This fee is to be paid to DAS or Sober 24.
- ✓ Sober 24 fees. These fees are to be paid to DAS or Sober 24.

PROBATION REQUIREMENTS

- ✓ Check in with DAS / time(s) every: ☐ Day ☐ Week on (M T W T F) ☒ Month beginning 7/16/2021 ^{10 am FRIDAY}
- ✓ PBT at Sober 24 / time(s) every: ☐ Day ☐ Week on (M T W T F) ☐ Month beginning /
- ✓ Call-ins at Sober 24 for random drug testing is every day after midnight.

OTHER REQUIREMENTS

- ✓ Your probation officer is: /
- ✓ You may also contact P.A.S. at 775-221-8424 with any questions.
- ✓ You are required to complete / hours of community service by /
- ✓ You have been ordered to on electronic monitoring in the form of / by /
- ✓ You are required to complete an evaluation for / by /
- ✓ You are required to enroll in Mental Health/Substance Abuse Counseling by 7/19/2021. (* Provide Proof of Enrollment)
- ✓ You are required to complete MENTAL HEALTH/Substance Abuse Counseling by 1/14/2022.
- ✓ Other: No Drugs or Alcohol; OBEY ALL LAWS

Other I understand that failing to complete any of the above listed court conditions or probation requirements may result in a violation of my probation and possibly revocation of my suspended sentence or pretrial release.

Abigail Martinez
Signature

Abigail Martinez
Printed Name

6-18-18
Date

Case No. 21-SCR-00468

**IN THE JUSTICE COURT OF SPARKS TOWNSHIP,
COUNTY OF WASHOE, STATE OF NEVADA**

THE STATE OF NEVADA,
Plaintiff,

vs.

Abigail Martinez,
Defendant,

Address: [REDACTED] Tamsen Road
Fernley NV 89408

Phone No.: Home: [REDACTED]

ORDER TO ATTEND☐ AMENDED**YOU ARE ORDERED to attend and complete the following:**

☐	Due By		Anger Management Counseling None
☐	Due By		Domestic Violence Counseling None
☐	Due By		To attend a Drug and/or Alcohol Counseling: None Please log onto the Nevada DMV Website for a list of DUI Schools that will be accepted by the court. http://www.dmvnv.com/dlschoolsdui.htm
☐	Due By		Proof of Evaluation
☒	Due By	01/14/22	Mental and substance abuse counseling
☒	Due By	07/19/21	Proof of Enrollment mental and substance abuse counseling
☐	Due By		Victim Impact Panel
☐	Due By		Community Service None Hours:
☐	Due By		Vehicle Ignition Interlock: ☐ Minimum of 185 days ☐ 12 to 36 months / Enter specific amount days
☒	Due By	suspended	Jail Term: 60 days
☒	Department of Alternative Sentencing Address: 1530 E. 6 th Street, Reno 89512 Contact by PHONE no later than 10:00 AM the following business day.		(775) 221-8425 English (775) 221-8426 Spanish COVID-19
☐	Due By		Restitution in the amount of . Minimum monthly payments are required. Contact Washoe County District Attorney Diversion Program Office, 1 South Sierra St. South Tower, 4 th Floor, Reno, NV 89501, (775) 789-7171
☐			Self Help Meetings (AA/NA/GA Meetings):
☒			To appear for Review on: September 16, 2021 at provide proof of mental and substance abuse counseling AM
☐	Due By		No Alcohol/No Non-Prescription Controlled Substances (including Marijuana)
☐			Public Defender Reimbursement of Contact Washoe County Collection Division, E. 9 th Street Bldg. D Room 200, Reno, NV 89512, (775) 328-2652
☐	Due By		Other:

Upon successful completion, you are responsible for producing a completion certificate to the court on or before the due date. Failure to comply with any requirement of your counseling program(s) may result in the issuance of a bench warrant for your arrest (A \$35.00 late fee will be assessed to each program(s) not completed on the due date).

Sentencing Judge
Justice of the Peace
Department Number

I have read, understood and received a copy of the above Order.

Date: _____

rm 6/18/2021

DEFENDANT'S SIGNATURE

Olivia Mora

From: Abigail Martinez <[REDACTED]>
Sent: Thursday, September 23, 2021 5:30 PM
To: Olivia Mora
Subject: Re: Pharmaceutical Technician in Training - Need more information

Hi Olivia,

I apologize for the date mixup, it is November 12th not the 15th that I am due for court review. I will get back to you with the rest of the documents in a few hours.

Thank you!
 Abigail Martinez

[Sent from Yahoo Mail for iPhone](#)

On Thursday, September 23, 2021, 4:29 PM, Abigail Martinez <[REDACTED]> wrote:

Good afternoon Olivia,

I can certainly provide my court documents to you. This is my first offense and unfortunately it was a set up and I am paying for it. It was due to a family issue as I was a full time student staying at my parents house along with my daughter (3yrs old)& boyfriend since we lost our home & my father said we could stay in the meantime. The argument stemmed from my mother's religious beliefs in which she believed I was possessed by demons for not believing in the same religious beliefs, not being married and participating in worldly views like attending college and dating a veteran. She had threatened to kick me and my boyfriend out of the house and keeping our daughter to save her from going down the path of destruction. I asked her to give me at least 3 months since I was attending college full time and my boyfriend was the only one working. My mother could not wait and her and my brother violently attacked me as my mother was arguing yet again about religious views & other arguments saying I was possessed by demons. Unfortunately after my brother went out of hand with beating me and leaving visible bruises he had my mother pin me down and called the cops saying I had attacked them with a weapon. Due to 2 against 1 accusations, leading to a domestic arrest. My first court in June lowered my charges and is having me due for a review this November, if I abide with all laws and prove to the judge proof of good behavior then my charges will be completely dropped. I am currently serving alternative sentencing due to my good behavior as well as not having a history of violence or law breaking. November 15th I am due for my second court in which the judge will review whether I will no longer be attending alternative sentencing probation and charges be dropped. My arrest was March 13th of this year. My case managers name is Annie Faubion and you can reach her at (775)221-8412. And her email is afaubion@washoecounty.us. I don't have the arrest documents in this moment as it is in my storage unit but I will gather that for you ASAP. In the meantime I will send you the documents I got from alternative sentencing as this I do have with me now. It has my case number on it as

I hope to be able to work in the health industry as this is what I have been working towards and studying hard for. Unfortunately I was put in a devastating situation that has put obstacles for that dream, but I will do anything possible to prove that I am worthy of such a wonderful path in healthcare and that the accusations I have been dealt with are not my character.

I will upload the rest of the arrest documents this evening once I get them from my storage unit.

Best regards,
Abigail Martinez

[Sent from Yahoo Mail for iPhone](#)

On Thursday, September 23, 2021, 3:34 PM, Olivia Mora <o.mora@pharmacy.nv.gov> wrote:

Hello Abigail,

I received your application for Pharmaceutical Technician in Training, and I see that you marked YES in one of the questions regarding "Been charged, arrested or convicted of a felony or misdemeanor in any state".

However, we need an explanation of the events that occurred with your disclosure along with court documents.

Our Deputy and Executive Secretary will review and determine if we can license you then and there or if you need to appear in front of the Board.

If you are unable to get these documents, this will be an automatic appearance before the Board.

Please let me know if you are able to provide.

Regards,

Olivia Mora

Licensing Specialist

Nevada State Board of Pharmacy

(775) 850-1440

o.mora@pharmacy.nv.gov

9B

PT 25660 1377

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: \$50.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Complete Name (no abbreviations):

First: Jessica Middle: Ann Last: Williams
Home Address: [REDACTED] N Rainbow Blvd Apt#: [REDACTED]
City: Las Vegas State: NV Zip Code: 89108
Telephone: [REDACTED] SS# or ITIN: [REDACTED]
Date of Birth: [REDACTED] Place of Birth: Las Vegas, NV Sex: ☐ M or ☒ F
E-mail Address: [REDACTED]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: Nevada Career Institute Store #: _____
Address: 3231 N Decatur Blvd Suite 201
City: Las Vegas State: NV Zip Code: 89130
Signature of Managing Pharmacist: [Signature] Lic #: PT20827 Date: 9/30/21

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

1. Are you 18 years of age or older?	Yes ☒ No ☐
2. Are you a high school graduate or the equivalent?	Yes ☒ No ☐
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)	
	Yes No
3. 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?.....	☐ ☒
4. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....	☐ ☒
5. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....	☐ ☒
6. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	☐ ☒

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

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

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

Are you the subject of a court order for the support of a child?.....	Yes ☐ No ☒
IF you marked YES to the question, above are you in compliance with the court order?.....	☐ ☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT 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, no copies or stamps accepted

Date

Board Use Only Date Processed: 10/7/2021 Amount: 50 MO # 1926 871 1410

Darlene Nases

To: Kristopher Mangosing
Subject: RE: Pharmacy License

From: Jerissa <
Sent: Sunday, August 22, 2021 7:11 PM
To: Pharmacy Board
Subject: Pharmacy License

Hello good afternoon, my name is Jerissa Williams. I was taking the pharmacy program at Nevada Career institution from August 2020- April 2021, my program came to a stop being I failed my drug test due to marijuana and wasn't able to complete the internship part of my program. I'm reaching out to you today to see if there is anything I can do to still get my license or if not, is there still a way I can graduate the program without getting my license? If neither of these options are possible, how do i proceed with this situation in this career field? Thank you.



03/24/2021

Result Detail Report

Primary ID	Donor Name	Reported	Test Reason	Testing Status	Account #	Collected
2007208835	WILLIAMS, JERISSA	3/24/2021	OTHER	Positive	42024245	03/19/2021

QPassport ID:	51848213
Date Tested:	03/20/2021 10:34
Ordered By:	Ryan Ross
Specimen Type :	U
Lab Recieved:	03/20/2021 10:34
Split Specimen:	No
Collection Site:	QNZ
Testing Lab	Quest Diagnostics-Lenexa

Order Code:	35190N
Specimen ID:	QD15500391
Ordered Date:	03/15/2021 16:29
Order Expiration:	No Expiration
Lab Reported:	03/24/2021 06:21
Positive Analytes:	Marijuana Metabolite (THCA)
Accesion #	300251W
Notes:	

10

10A

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

Y

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: \$250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Joseph Middle: _____ Last: Cherian

Mailing Address: ██████ Pasadero Drive

City: Tarzana State: CA Zip Code: 91356

Telephone: ██████████ E-mail Address: jvcherian@alliance-rx.com

Date of Birth: ██████████ Place of Birth: Chicago, IL, USA

SS# or ITIN: ██████████ Sex: ☒ M or ☐ F
(Full Number Required)

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

Texas Date of Issuance: 09/07/2017

College of Pharmacy Information

Graduation Date: 05/12/2000

Degree Received: (mm/dd/yy)
☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: University of Southern California

Location of School: 1985 Zonal Ave PSC 206A Los Angeles CA 90089-9121

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

Processed: _____ Amount: 250 check # 385 Entity #: _____

Email: _____ MPJE: _____

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

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
CA	51944	Yes ☒ No ☐	_____	_____	Yes ☐ No ☐
TX	61530	Yes ☒ No ☐	_____	_____	Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired?

Yes ☐ No ☒

Branch: N/A

Military Occupation/Specialty: _____

Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

				Yes	No
1. 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?				☐	☒
2. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?				☐	☒
3. <u>Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?</u>				☒	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?				☐	☒
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:					
Board Administrative Action: Citations, Accusation		State: CA	Date: 08/03/2017 12/17/2019 02/22/2021	Case #: CI201775965 CI201986482 AC7050	
Criminal Action:	State: <u>N/A</u>	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 ☒

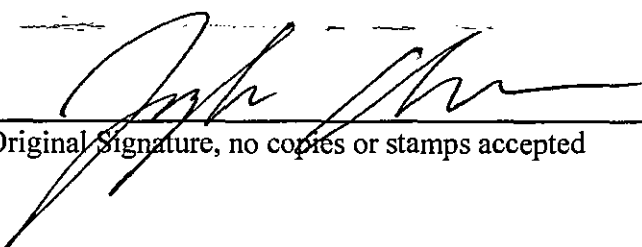
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐ N/A

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 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.

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, no copies or stamps accepted

8/6/2021
Date



TEXAS STATE BOARD OF PHARMACY

Texas Pharmacist License # 61530

License Information

CHERIAN, JOSEPH

License Status Active

License # 61530

Expiration Date 08/31/2021

Date License Issued 09/07/2017

Names

Last Name CHERIAN

First Name JOSEPH

Middle Name

Other Name

Certificate Name CHERIAN, JOSEPH

Pharmacist Details

School Graduated UNIV OF SOUTHERN CALIFORNIA

Graduation Year 2000

Degree at time of licensure Pharm D

License Method Exam

Preceptor No

Prior Disciplinary Order(s)* No

More Pharmacist Details

Specialty Board Certification ✕ Unknown

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

✕ Data regarding Specialty Board Certification is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder for clarification.

Remedial Plans and Drug Therapy Management

Remedial plans (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 ★ Austin, Texas 78701-3942
512-305-8000 ★ www.tsbp.state.tx.us

**** DO NOT CERTIFY THIS PAGE UNTIL AFTER GRADUATION HAS OCCURRED ****

AFFIDAVIT OF COMPLETION OF COURSEWORK AND GRADUATION FROM ACPE-ACCREDITED COLLEGE OF PHARMACY

Name: Joseph Cherian Social Security Number: [REDACTED]

This is to certify that Joseph Cherian attended the
University of Southern California College of Pharmacy, from 08/1996 until 05/2000
and on May 12, 2000, completed all requirements for
graduation from the four year program. 1700 Intern Hours were completed and the degree of
Pharm.D. was conferred on him/her on May 12, 2000.

Signed

Kred H. Westbrook
(Dean or Registrar)

Date 03/09/2017

(AFFIX SEAL HERE)

Address: USC School of Pharmacy
1985 Zonal Ave., PSC 206A
Los Angeles, CA 90089-9121

I. NON-TEXAS GRADUATES

If you are a graduate of a non-Texas College of Pharmacy, or have graduated from a Texas College more than one semester ago, detach this page and have the Dean or Registrar complete and return it to the Texas State Board of Pharmacy.

II. TEXAS GRADUATES

If you are a recent graduate from a Texas College of Pharmacy, your graduation will be certified automatically to the Board by your Texas College, and this affidavit is not required.

III. FOREIGN COLLEGE OF PHARMACY GRADUATE

If you are a graduate of a foreign College of Pharmacy, please attach a copy of your FPGE certification in place of this affidavit.

Candy Nally

From: Joseph Cherian <JVCherian@alliance-rx.com>
Sent: Wednesday, August 25, 2021 6:32 PM
To: Candy Nally
Cc: Joseph Cherian
Subject: Re: Pharmacist by Reciprocation
Attachments: Nevada BOP Explanation Letter 2021_08_25.pdf; CI 2017 75965 JOSEPH CHERIAN.pdf; CI 2019 86482_JOSEPH CHERIAN.pdf; CI 2017 75965 Resolution Letter 2017_08_22.pdf; Alliance Pharmacy Accusation_2021_02_24_received.pdf

Hi Candy,

Please see attached signed letter of explanation along with associated documents. Please let me know if there are any questions.

Thanks

Joe

Joseph Cherian PharmD, MBA

jvcherian@alliance-rx.com

Alliance Pharmacy: 310-419-4479

Douglas Park Pharmacy: 562-353-4723

Park Mesa Pharmacy: 323-378-3323

DynaMed: 818-593-0528

Mobile: 714-319-4653

On Wed, Aug 25, 2021 at 2:08 PM Candy Nally <cnally@pharmacy.nv.gov> wrote:

Name: Joseph Cherian

We are in receipt of your application and fee.

You have answered "yes" to one or more of the questions. A scanned copy of the application is attached.

A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

If you have any questions, please feel free to contact us.

Thanks,

Candy M. Nally

Licensing Specialist

Nevada State Board of Pharmacy

cnally@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.



California State Board of Pharmacy
 1625 North Market Boulevard, Suite 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.

August 03, 2017

DATED MATERIAL ENCLOSED

JOSEPH VARGHESE CHERIAN
 [REDACTED] **SAN FELICIANO DR**
LA MIRADA, CA 90638

RE: CI 2017 75965
JOSEPH VARGHESE CHERIAN
RPH 51944

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- September 02, 2017: Unless the Citation is contested payment of fine(s) must be received by the Board.
- August 17, 2017: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- September 02, 2017: Any contest of the Citation by request for a formal Appeal must be received by the Board.

Page two

JOSEPH VARGHESE CHERIAN

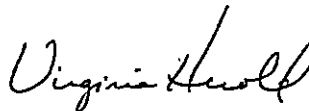
CI 2017 75965

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely



Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **September 02, 2017**.
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Ericka Busby
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7731

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than August 17, 2017 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than September 02, 2017 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Jennifer Sevilla, Associate Enforcement Analyst, at (916) 574-7924.

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number CI 2017 75965	Name, License No. JOSEPH VARGHESE CHERIAN, RPH 51944
---	--

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)		
VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
CCR, Title 16, § 1714 subd. (d)/Bus. & Prof. Code § 4081 subd. (a)	Operational Standards and Security; Pharmacist responsible for pharmacy security/Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory	Citation without a fine
Bus. & Prof. Code § 4301 subd. (o)	Unprofessional conduct; assist in violation	\$3,000.00
Health & Safety Code § 11164 subd. (a)/Health & Safety Code § 11162.1	Prescriptions for schedule II, III, IV, and controlled substance: form and content; record of practitioner dispensing schedule II controlled substance/Prescription forms for Controlled Substances; Requirements	\$1,000.00
Bus. & Prof. Code § 4126.5/Bus. & Prof. Code § 4040 subd. (a)/Bus. & Prof. Code § 4039	Furnishing Dangerous Drugs by Pharmacy/Prescription; Content Requirements/Practitioners Defined	\$500.00
CCR, Title 16, § 1707.1 subd. (a)(1)(B)(2)/Bus. & Prof. Code § 4076 subd. (a)(4)	Duty to maintain medication profiles; a patient medication profile shall be maintained... for each prescription dispensed by the pharmacy-Prescribers name, license number, DEA registration number or other unique identifier/Prescription Container - Requirements for Labeling/The name of the prescriber...	\$500.00

CONDUCT:

Accountability for Current Inventory of Dangerous Drugs: California Code of Regulations Section 1714 states in pertinent part (d) Each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices. Additionally, Business and Professions Code Section 4081 states in pertinent part (a) All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all

times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every...pharmacy... As related, California Code of Regulations Section 1718 states in part "Current Inventory" as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332. Joseph Cherian (RPH 51944), while acting as pharmacist-in-charge of Alliance Pharmacy (PHY 51160), located at 323 N. Prairie Ave Ste. 100, Inglewood, California 90301, failed to comply. Specifically, for an audit period of 03/28/2013 to 08/20/2015, Alliance Pharmacy could not account for an inventory overage of 50 oxycodone 30 mg tablets and an inventory shortage of 1,264 alprazolam 2 mg tablets. This was a violation of pharmacy law.

Unprofessional Conduct: Business and Professions Code Section 4301 states in part The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following: (o) Violating or attempting to violate, directly or indirectly, or *assisting in or abetting the violation* of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency. Additionally, Business and Professions Code Section 4126.5, subdivision (a) states, A pharmacy may furnish dangerous drugs only to the following: (1) A wholesaler owned or under common control by the wholesaler from whom the dangerous drug was acquired. (2) The pharmaceutical manufacturer from whom the dangerous drug was acquired. (3) A licensed wholesaler acting as a reverse distributor. (4) Another pharmacy or wholesaler to alleviate a temporary shortage of a dangerous drug that could result in the denial of health care. A pharmacy furnishing dangerous drugs pursuant to this paragraph may only furnish a quantity sufficient to alleviate the temporary shortage. (5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (6) A health care provider that is not a pharmacy but that is authorized to purchase dangerous drugs. (7) To another pharmacy under common control. Joseph Cherian (RPH 51944), while acting as pharmacist-in-charge at Alliance Pharmacy (PHY 51160), located at 323 N. Prairie Ave Ste. 100, Inglewood, California 90301, failed to comply. Specifically, Between 01/09/2015 and 07/02/2015, Guardian Pharmacy (PHY 48241), located at 1823 Commercenter West San Bernardino, California 92408, sold 106,425 mL of promethazine/codeine syrup, 2,550 Relyyxs patches, and 300 cyclobenzaprine 7.5 mg tablets to Alliance Pharmacy (PHY 51160), a pharmacy not under common control, in the absence of a documented shortage of any of the medications. By purchasing these medications from Guardian Pharmacy in the absence of a documented market shortage, Alliance Pharmacy assisted or abetted the violation of Business and Professions Code Section 4126.5 at Guardian Pharmacy. This was a violation of pharmacy law.

Requirements for Filling Controlled Substance Prescriptions: Health and Safety Code Section 11164 states in part, Except as provided in Section 11167, no person shall prescribe a controlled substance, nor shall any person fill, compound, or dispense a prescription for a controlled substance, unless it complies with the requirements of this section. (a) Each prescription for a controlled substance classified in Schedule II, III, IV, or V, except as authorized by subdivision (b), shall be made on a controlled substance prescription form as specified in Section 11162.1. As related Health and Safety Code Section 11162.1 states in pertinent part (a) The prescription forms for controlled substances shall be printed with the following features: (2) A watermark shall be printed on the backside of the prescription blank; the watermark shall consist of the words "California Security Prescription." (13) An identifying number assigned to the approved security printer by the Department of Justice. Additionally, (b) Each batch of controlled substance prescription forms shall have the lot number printed on the form and each form within that batch shall be numbered sequentially beginning with the numeral one. Joseph Cherian (RPH 51944), while acting as pharmacist-in-charge at Alliance Pharmacy (PHY 51160), located at 323 N. Prairie Ave Ste. 100, Inglewood, California 90301, failed to

comply. Specifically, PIC Cherian verified and dispensed 18 controlled substance prescriptions written on 18 prescription documents from Dr. Annamalai Ashokan which did not conform with the requirements of Health and Safety Code Section 11162.1 as follows:

Prescription Document Identifying Number	Prescription Number	Prescription Document Deficiencies
6045	145866	- The prescription documents did not contain a lot number. - The watermark on the back of the prescription documents read, "Docuguard" rather than, "California Security Prescription" as required.
6075	146109	
6097	145055	
6242	146406	
4199	132651	- The prescription documents lacked an identifying number assigned to the security printer by the Department of Justice. - The prescription documents lacked a lot number. - The watermark on the back of the prescription documents read, "Docuguard" rather than, "California Security Prescription" as required.
4171	131158	
4308	137169	
4351	137165	
4404	139280	
4499	138175	
4682	139072	
5031	140879	
5009	141394	
5712	135443	
5775	134598	
5921	137163	
None	143703	- The prescriptions lacked a lot number and sequential batch number. - The watermark on the back of the prescription documents read, "Docuguard" rather than, "California Security Prescription" as required.
None	144044	

This was a violation of pharmacy law.

Furnishing Dangerous Drugs by Pharmacy: Business and Professions Code Section 4126.5 states in part, (a) A pharmacy may furnish dangerous drugs only to the following: (1) A wholesaler owned or under common control by the wholesaler from whom the dangerous drug was acquired. (2) The pharmaceutical manufacturer from whom the dangerous drug was acquired. (3) A licensed wholesaler acting as a reverse distributor. (4) Another pharmacy or wholesaler to alleviate a temporary shortage of a dangerous drug that could result in the denial of health care. A pharmacy furnishing dangerous drugs pursuant to this paragraph may only furnish a quantity sufficient to alleviate the temporary shortage. (5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (6) A health care provider that is not a pharmacy but that is authorized to purchase dangerous drugs. (7) To another pharmacy under common control. As related, Business and Professions Code Section 4040 states in part (a) "Prescription" means an oral, written, or electronic transmission order that is both of the following: (2) Issued by a physician, dentist, optometrist, podiatrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7 or, if a drug order is issued pursuant to Section 2746.51, 2836.1, 3502.1, or 3460.5, by a certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor licensed in this state, or pursuant to Section 4052.1, 4052.2, or 4052.6 by a pharmacist licensed in this state. Also as related, Business

and Professions Code Section 4039 states "Physicians," "dentists," "optometrists," "pharmacists," "podiatrists," "veterinarians," "veterinary surgeons," "registered nurses," "naturopathic doctors," and "physician's assistants" are persons authorized by a currently valid and unrevoked license to practice their respective professions in this state. Joseph Cherian (RPH 51944), while acting as pharmacist-in-charge of Alliance Pharmacy (PHY 51160), located at 323 N. Prairie Ave Ste. 100, Inglewood, California 90301, failed to comply. Specifically, Alliance Pharmacy dispensing records indicated PIC Cherian verified and dispensed 4,894 prescriptions processed under the prescribing authority of Physician Assistant Linda Lewis (PA 10179) after 02/08/2014 when PA Lewis's physician assistant license was suspended. The dispensing record indicated the initial fill of 3,688 of the prescriptions in question occurred after 02/08/2014. This was a violation of pharmacy law.

Accuracy of Medication Profiles and Prescription Labels: California Code of Regulations Section 1707.1 states in part (a) A pharmacy shall maintain medication profiles on all patients who have prescriptions filled in that pharmacy except when the pharmacist has reasonable belief that the patient will not continue to obtain prescription medications from that pharmacy. (1) A patient medication record shall be maintained in an automated data processing or manual record mode such that the following information is readily retrievable during the pharmacy's normal operating hours. (B) For each prescription dispensed by the pharmacy: (2). The prescriber's name and where appropriate, license number, DEA registration number or other unique identifier. Additionally, Business and Professions Code Section 4076 states in part (a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following: (4) The name of the prescriber. Joseph Cherian (RPH 51944), while acting as pharmacist-in-charge of Alliance Pharmacy (PHY 51160), located at 323 N. Prairie Ave Ste. 100, Inglewood, California 90301, failed to comply. Specifically, PIC Cherian verified and dispensed prescriptions numbered 122088, 121644, 121645, 128013, and 128014 with Linda Lewis, PA incorrectly entered as the prescriber rather than the actual prescriber, Dr. Eugene Hubbard. In turn, the patient prescription record and prescription label for these prescriptions incorrectly listed Linda Lewis, PA as the prescriber. This was a violation of pharmacy law.

CITATION ISSUED ON: August 3, 2017

TOTAL AMOUNT OF FINE(S): \$5,000.00

PAYMENT OF FINE(S) DUE BY: September 2, 2017

1 XAVIER BECERRA
 Attorney General of California
 2 ARMANDO ZAMBRANO
 Supervising Deputy Attorney General
 3 MARISSA N. HAMILTON
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 4 State Bar No. 322489
 300 So. Spring Street, Suite 1702
 5 Los Angeles, CA 90013
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 Email: Marissa.Hamilton@doj.ca.gov
 7 *Attorneys for Complainant*

8 **BEFORE THE**
 9 **BOARD OF PHARMACY**
 10 **DEPARTMENT OF CONSUMER AFFAIRS**
 11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **PACIFIC PHARMACY MANAGEMENT**
 14 **INC., DBA ALLIANCE PHARMACY,**
 15 **JOSEPH VARGHESE CHERIAN,**

16 and

17 **JOSEPH VARGHESE CHERIAN**

18 Respondents.

Case No. 7050

STATEMENT TO RESPONDENT

[Gov. Code §§ 11504, 11505(b)]

19
 20 **TO RESPONDENT:**

21 Enclosed is a copy of the Accusation that has been filed with the Board of Pharmacy of the
 22 Department of Consumer Affairs (Board), and which is hereby served on you.

23 Unless a written request for a hearing signed by you or on your behalf is delivered or
 24 mailed to the Board, represented by Deputy Attorney General Marissa N. Hamilton, within fifteen
 25 (15) days after a copy of the Accusation was personally served on you or mailed to you, you will
 26 be deemed to have waived your right to a hearing in this matter and the Board may proceed upon
 27 the Accusation without a hearing and may take action thereon as provided by law.

1 The request for hearing may be made by delivering or mailing one of the enclosed forms
2 entitled "Notice of Defense," or by delivering or mailing a Notice of Defense as provided in
3 section 11506 of the Government Code, to

4
5 Marissa N. Hamilton
6 Deputy Attorney General
7 Ronald Reagan Building
8 300 South Spring Street, Suite 1702
9 Los Angeles, CA 90013
10 Marissa.Hamilton@doj.ca.gov

11 You may, but need not, be represented by counsel at any or all stages of these proceedings.

12 The enclosed Notice of Defense, if signed and filed with the Board, shall be deemed a
13 specific denial of all parts of the Accusation, but you will not be permitted to raise any objection
14 to the form of the Accusation unless you file a further Notice of Defense as provided in section
15 11506 of the Government Code within fifteen (15) days after service of the Accusation on you.

16 If you file any Notice of Defense within the time permitted, a hearing will be held on the
17 charges made in the Accusation.

18 The hearing may be postponed for good cause. If you have good cause, you are obliged to
19 notify the Office of Administrative Hearings, 320 West Fourth Street, Suite 630, Los Angeles,
20 CA 90013, within ten (10) working days after you discover the good cause. Failure to notify the
21 Office of Administrative Hearings within ten (10) days will deprive you of a postponement.

22 Copies of sections 11507.5, 11507.6, and 11507.7 of the Government Code are enclosed.

23 If you desire the names and addresses of witnesses or an opportunity to inspect and copy
24 the items mentioned in section 11507.6 of the Government Code in the possession, custody or
25 control of the Board you may send a Request for Discovery to the above designated Deputy
26 Attorney General.

27 **NOTICE REGARDING STIPULATED SETTLEMENTS**

28 It may be possible to avoid the time, expense and uncertainties involved in an
administrative hearing by disposing of this matter through a stipulated settlement. A stipulated
settlement is a binding written agreement between you and the government regarding the matters

1 charged and the discipline to be imposed. Such a stipulation would have to be approved by the
2 Board of Pharmacy but, once approved, it would be incorporated into a final order.

3 Any stipulation must be consistent with the Board's established disciplinary guidelines;
4 however, all matters in mitigation or aggravation will be considered. A copy of the Board's
5 Disciplinary Guidelines will be provided to you on your written request to the state agency
6 bringing this action.

7 If you are interested in pursuing this alternative to a formal administrative hearing, or if you
8 have any questions, you or your attorney should contact Deputy Attorney General Marissa N.
9 Hamilton at the earliest opportunity.

10 Dated: February 22, 2021

XAVIER BECERRA
Attorney General of California
ARMANDO ZAMBRANO
Supervising Deputy Attorney General

Marissa N. Hamilton

MARISSA N. HAMILTON
Deputy Attorney General
Attorneys for Complainant

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1 XAVIER BECERRA
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 Supervising Deputy Attorney General
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 E-mail: Marissa.Hamilton@doj.ca.gov
 7 Attorneys for Complainant

8
 9 **BEFORE THE**
BOARD OF PHARMACY
 10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
 11

12 In the Matter of the Accusation Against:

Case No. 7050

13 **PACIFIC PHARMACY MANAGEMENT**
 14 **INC., DBA ALLIANCE PHARMACY,**
JOSEPH VARGHESE CHERIAN
 15 **323 N. Prairie Ave, Ste 100**
Inglewood, CA 90301

ACCUSATION

16 Pharmacy Permit No. PHY 51160,

17 and

18 **JOSEPH VARGHESE CHERIAN**
 19 **San Feliciano Dr.**
La Mirada, CA 90638

20 Pharmacist License No. RPH 51944

21 Respondents.
 22

23
 24 **PARTIES**

25 1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity
 26 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

27 2. On or about November 8, 2012, the Board of Pharmacy issued Pharmacy Permit
 28 Number PHY 51160 to Pacific Pharmacy Management Inc., dba Alliance Pharmacy, Joseph

1 Varghese Cherian (Respondent Alliance Pharmacy). Joseph Varghese Cherian has been the
2 Pharmacist-In-Charge since November 8, 2012. The Pharmacy Permit was in full force and
3 effect at all times relevant to the charges brought herein and will expire on November 1, 2021,
4 unless renewed.

5 3. On or about August 31, 2000, the Board of Pharmacy issued Pharmacist License
6 Number RPH 51944 to Joseph Varghese Cherian (Respondent Cherian). The Pharmacist License
7 was in full force and effect at all times relevant to the charges brought herein and will expire on
8 August 31, 2022, unless renewed.

9 JURISDICTION

10 4. This Accusation is brought before the Board of Pharmacy (Board), Department of
11 Consumer Affairs, under the authority of the following laws. All section references are to the
12 Business and Professions Code (Code) unless otherwise indicated.

13 5. Section 4011 of the Code provides that the Board shall administer and enforce both
14 the Pharmacy Law [Code sections 4000 et seq.] and the Uniform Controlled Substances Act
15 [Health & Safety Code sections 11000 et seq].

16 6. Section 4300 of the Code states, in pertinent part, that "[e]very license issued may be
17 suspended or revoked."

18 7. Section 4300.1 of the Code states:

19 The expiration, cancellation, forfeiture, or suspension of a board-issued license by
20 operation of law or by order or decision of the board or a court of law, the placement of a
21 license on a retired status, or the voluntary surrender of a license by a licensee shall not
22 deprive the board of jurisdiction to commence or proceed with any investigation of, or
23 action or disciplinary proceeding against, the licensee or to render a decision suspending or
24 revoking the license.

25 8. Section 4302 of the Code states:

26 The board may deny, suspend, or revoke any license of a corporation where
27 conditions exist in relation to any person holding 10 percent or more of the corporate stock
28 of the corporation, or where conditions exist in relation to any officer or director of the
corporation that would constitute grounds for disciplinary action against a licensee.

27 ///

28 ///

STATUTORY PROVISIONS

9. Section 4036.5 of the Code states:

"Pharmacist-in-charge" means a pharmacist proposed by a pharmacy and approved by the board as the supervisor or manager responsible for ensuring the pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

10. Section 4059 of the Code states:

(a) A person may not furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7. A person may not furnish any dangerous device, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7.

11. Section 4113, subdivision (c), of the Code states, in pertinent part, [t]he pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy."

12. Section 4301 of the Code states, in pertinent part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct includes, but is not limited to, any of the following:

...

(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code.

...

(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

...

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

13. Section 4306.5 of the Code states:

Unprofessional conduct for a pharmacist may include any of the following:

(a) Acts or omissions that involve, in whole or in part, the inappropriate exercise of his or her education, training, or experience as a pharmacist, whether or not the act or omission arises in the course of the practice of pharmacy or the ownership, management, administration, or operation of a pharmacy or other entity licensed by the board.

1 (b) Acts or omissions that involve, in whole or in part, the failure to exercise or
2 implement his or her best professional judgment or corresponding responsibility with
3 regard to the dispensing or furnishing of controlled substances, dangerous drugs, or
4 dangerous devices, or with regard to the provision of services.

5 (c) Acts or omissions that involve, in whole or in part, the failure to consult
6 appropriate patient, prescription, and other records pertaining to the performance of
7 any pharmacy function.

8 (d) Acts or omissions that involve, in whole or in part, the failure to fully
9 maintain and retain appropriate patient-specific information pertaining to the
10 performance of any pharmacy function.

11 14. Section 4307 of the Code states:

12 (a) Any person who has been denied a license or whose license has been
13 revoked or is under suspension, or who has failed to renew his or her license while it
14 was under suspension, or who has been a manager, administrator, owner, member,
15 officer, director, associate, partner, or any other person with management or control
16 of any partnership, corporation, trust, firm, or association whose application for a
17 license has been denied or revoked, is under suspension or has been placed on
18 probation, and while acting as the manager, administrator, owner, member, officer,
19 director, associate, partner, or any other person with management or control had
20 knowledge of or knowingly participated in any conduct for which the license was
21 denied, revoked, suspended, or placed on probation, shall be prohibited from serving
22 as a manager, administrator, owner, member, officer, director, associate, partner, or in
23 any other position with management or control of a licensee as follows:

24 (1) Where a probationary license is issued or where an existing license is placed
25 on probation, this prohibition shall remain in effect for a period not to exceed five
26 years.

27 (2) Where the license is denied or revoked, the prohibition shall continue until
28 the license is issued or reinstated.

(b) "Manager, administrator, owner, member, officer, director, associate,
partner, or any other person with management or control of a license" as used in this
section and Section 4308, may refer to a pharmacist or to any other person who serves
in such capacity in or for a licensee.

(c) The provisions of subdivision (a) may be alleged in any pleading filed
pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of
the Government Code. However, no order may be issued in that case except as to a
person who is named in the caption, as to whom the pleading alleges the applicability
of this section, and where the person has been given notice of the proceeding as
required by Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of
the Government Code. The authority to proceed as provided by this subdivision shall
be in addition to the board's authority to proceed under Section 4339 or any other
provision of law.

15. Health and Safety Code Section 11153 states, in pertinent part:

(a) A prescription for a controlled substance shall only be issued for a legitimate
medical purpose by an individual practitioner acting in the usual course of his or her
professional practice. The responsibility for the proper prescribing and dispensing of

controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Except as authorized by this division, the following are not legal prescriptions:

(1) an order purporting to be a prescription which is issued not in the usual course of professional treatment or in legitimate and authorized research; or

(2) an order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use.

...

16. Health and Safety Code section 11162.1 states, in pertinent part:

(a) The prescription forms for controlled substances shall be printed with the following features:

(1) A latent, repetitive "void" pattern shall be printed across the entire front of the prescription blank; if a prescription is scanned or photocopied, the word "void" shall appear in a pattern across the entire front of the prescription.

(2) A watermark shall be printed on the backside of the prescription blank; the watermark shall consist of the words "California Security Prescription."

(3) A chemical void protection that prevents alteration by chemical washing.

(4) A feature printed in thermochromic ink.

(5) An area of opaque writing so that the writing disappears if the prescription is lightened.

(6) A description of the security features included on each prescription form.

(7)(A) Six quantity check off boxes shall be printed on the form so that the prescriber may indicate the quantity by checking the applicable box where the following quantities shall appear:

1-24
25-49
50-74
75-100
101-150
151 and over.

...

(13) An identifying number assigned to the approved security printer by the Department of Justice.

...

(15) A uniquely serialized number, in a manner prescribed by the Department of Justice in accordance with Section 11162.2.

...
 (b) Each batch of controlled substance prescription forms shall have the lot number printed on the form and each form within that batch shall be numbered sequentially beginning with the numeral one.
 ...

17. Health and Safety Code section 11164 states, in pertinent part:

Except as provided in Section 11167, no person shall prescribe a controlled substance, nor shall any person fill, compound, or dispense a prescription for a controlled substance, unless it complies with the requirements of this section.

(a) Each prescription for a controlled substance classified in Schedule II, III, IV, or V, except as authorized by subdivision (b), shall be made on a controlled substance prescription form as specified in Section 11162.1 ...

REGULATORY PROVISIONS

18. California Code of Regulations, title 16, section 1761 states:

(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.

(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

19. Federal Code of Regulations, title 21, section 1306.04 states, in pertinent part:

(a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

...

DANGEROUS DRUGS / CONTROLLED SUBSTANCES

20. Section 4021 of the Code states, in pertinent part:

Controlled substances: means any substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

21. Section 4022 states:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import.

(b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a _____," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

22. Drug classifications are as follows:

Generic Name	Brand Name	Dangerous Drug Per Code Section 4022	Controlled Substance Per Health & Safety Code (HSC)	Indications for Use
Acetaminophen/codeine	Tylenol #4	Yes	Yes – Schedule III per HSC 11056(e)(2)	Pain
Carisoprodol	Soma	Yes	Yes – Schedule IV per Title 21 CFR 1308.14(c)(7)	Muscle relaxant
Hydrocodone/acetaminophen	Norco	Yes	Yes – Schedule II per 21 CFR 1308.12(b)(1)(vi) and HSC 11055(b)(1)(i)(ii) as of 1/1/19	Pain
Oxycodone	Roxicodone	Yes	Yes – Schedule II per HSC 11055(b)(1)(M)	Pain
Oxymorphone	Opana	Yes	Yes – Schedule II per HSC 11055(b)(1)(N)	Pain
Promethazine/codeine syrup	Phenegran with codeine	Yes	Yes – Schedule V per HSC 11058(c)(l)	Cough

COST RECOVERY

23. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being

1 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
2 included in a stipulated settlement.

3 FACTUAL ALLEGATIONS

4 24. On or about June 19, 2019, a Board Inspector conducted an inspection at Alliance
5 Pharmacy. During the inspection, Respondent Cherian, pharmacist-in-charge, was not present, and
6 staff pharmacist Nausher Kanji assisted the Board Inspector with the inspection. The Board Inspector
7 learned that Alliance Pharmacy is an independent pharmacy in a medical building with offices,
8 including a pain clinic, and dispenses about 200 prescriptions per day. During the inspection, the
9 Board Inspector reviewed completed prescription documents, and collected the following:

- 10 • 50 prescription documents and associated verifications from Dr. Rahil Khan;
- 11 • 12 prescription documents from Dr. Eugene Hubbard;
- 12 • 8 prescription documents and associated verifications from Dr. Mark Glasberg;
- 13 • 12 prescription documents and associated verifications from Dr. Young Yi;
- 14 • 2 prescription documents and associated verifications from Dr. John Korzelius;
- 15 • 8 prescription documents and associated verifications from PA Vinod Satya; and
- 16 • 6 prescription documents and associated verifications from Dr. Dean Weiss.

17 25. At the end of the inspection, the Board Inspector requested the Pharmacy provide the
18 Board a file detailing all prescriptions that Respondent Alliance Pharmacy filled from June 19,
19 2016 through June 19, 2019. The Board Inspector also requested that Respondent Cherian
20 complete and return a questionnaire about corresponding responsibility.

21 26. On or about July 17, 2019, Respondent Cherian provided the Board Inspector with
22 the previously requested file detailing all prescriptions that Respondent Alliance Pharmacy filled
23 from June 19, 2016 through June 19, 2019 as well as the completed questionnaire about
24 corresponding responsibility.

25 General dispensing trends

26 27. Based on a review of the Pharmacy's dispensing records, the Board Inspector noted
27 the following general dispensing trends from the time period of June 19, 2016 through June 19,
28 2019:

a. Respondent Alliance Pharmacy filled approximately 3,348 controlled substance prescriptions under the prescribing authority of Dr. Rahil Khan, Dr. Eugene Hubbard, Dr. Mark Glasberg, Dr. Young Yi, Dr. John Korzelius, PA Vinod Satya, and Dr. Dean Weiss.

b. Respondent Cherian was noted in the Pharmacy's dispensing records as the verifying pharmacist for 95% of the controlled substance prescriptions from Dr. Khan, Dr. Glasberg, Dr. Yi, Dr. Korzelius, Dr. Weiss, and PA Satya. Including Dr. Hubbard, Respondent Cherian was noted in the Pharmacy's dispensing records as the verifying pharmacist for over 50% of the prescriptions from these 7 prescribers.

c. One of the most commonly dispensed controlled substances of these 7 prescribers was oxycodone 30mg, a commonly abused controlled substances. The prescriptions included 952 prescriptions for oxycodone 30 mg, totaling 79,375 oxycodone 30 mg tablets.

Irregularities in prescriptions and prescribing patterns

28. Based on review of the Pharmacy dispensing records and original prescription documents, the Board Inspector determined that while Respondent Cherian was the pharmacist-in-charge, Respondent Alliance Pharmacy had dispensed several prescriptions for controlled substances during the time period of June 19, 2016 through June 19, 2019 that exhibited objective factors of irregularity—or red flags—for potential abuse without adequately ensuring the prescriptions were issued for a legitimate medical purpose in the usual course of professional practice. Factors of irregularity were evident in the prescription documents and prescribing patterns generated under the purported prescribing credentials of at least 7 prescribers, including but not limited to the following:

29. Dr. Rahil Khan:

a. Respondent Alliance Pharmacy filled approximately 673 prescriptions under the prescribing authority of Dr. Rahil Khan during the query period. All of these prescriptions were dispensed between April 27, 2017 and November 18, 2017.

b. Oxycodone 30 mg was Dr. Khan's most commonly prescribed medication, accounting for 19.02% of his total prescribing.

///

1 c. All of Dr. Khan's 128 prescriptions for oxycodone were prescribed exclusively in the
2 highest available strength despite inter-patient variability.

3 d. All of the 57 patients who received prescriptions from Dr. Khan during the query
4 period received a controlled substance. Of these 57 patients, 46 patients received at least one
5 prescription for oxycodone 30 mg.

6 e. Dr. Khan's frequent prescribing of oxycodone 30 mg, oxymorphone 40 mg, and
7 promethazine/codeine syrup is incongruent with what would be expected for a physician
8 practicing within the scope of Dr. Khan's self-reported practice (i.e., general practice and
9 dermatology).

10 f. There were numerous instances when Respondent Alliance Pharmacy processed
11 similar or identical prescriptions for oxycodone 30 mg from Dr. Khan on the same day.

12 g. Dr. Khan's address listed in the Pharmacy's dispensing data is located in Northridge,
13 California, 26 miles from Respondent Alliance Pharmacy, resulting in patients traveling unusual
14 distances from Dr. Khan's office to Respondent Alliance Pharmacy to obtain prescriptions.

15 h. Of the 50 prescription documents collected by the Board Inspector during the
16 inspection, 47 of the prescription documents, which contained a total of 61 controlled substance
17 prescriptions, did not conform to the requirements of Health and Safety Code section 11162.1 in
18 that they did not contain the "California Security Prescription" watermark. This omitted security
19 feature alone invalidated the prescriptions and visibly indicated that the prescriptions were not
20 written legitimately. Each of the 47 non-compliant prescription documents contained a
21 prescription for oxycodone 30 mg and/or oxymorphone 40 mg. Respondent Cherian was noted in
22 the Pharmacy dispensing records as the verifying pharmacist for all 47 non-compliant
23 prescription documents from Dr. Khan.

24 i. On 8 occasions, Dr. Khan's prescriptions for oxymorphone 40 mg contained an error
25 in prescribing, bearing directions to take one tablet by mouth every four to six hours as needed.
26 In each of these instances, Respondent Alliance Pharmacy staff contacted Dr. Khan's office and
27 corrected the prescription to direct the patient to take 2 tablets by mouth every 12 hours.

28 ///

j. Despite the irregularities discussed above, the prescription documents collected did not contain documentation indicating that the Pharmacy contacted Dr. Khan to specifically address these irregularities prior to filling the prescriptions.

30. Dr. Eugene Hubbard

a. Respondent Alliance Pharmacy filled approximately 7,115 prescriptions under the prescribing authority of Dr. Eugene Hubbard during the query period. All of these prescriptions were dispensed between June 20, 2016 and September 27, 2017.

b. Carisoprodol 350 mg, acetaminophen/codeine 300/60 mg, and Hydrocodone/acetaminophen 10-325 mg were some of Dr. Hubbard's most commonly prescribed medications, accounting for 13.75%, 10.25% , and 7.58% of Dr. Hubbard's total prescribing, respectively. Together, these three controlled substances accounted for 31.58% of Dr. Hubbard's total prescribing.

c. Dr. Hubbard prescribed hydrocodone/acetaminophen almost exclusively in the highest available strength, with 539 of the 541 prescriptions for hydrocodone/acetaminophen prescribed in the highest available strength despite inter-patient variability.

d. Approximately 33.3% of the prescriptions were paid in cash, without the aid of prescription insurance. There were numerous instances when Respondent Alliance Pharmacy processed prescriptions for several cash-paying patients of Dr. Hubbard's on the same day, and often these prescriptions were assigned consecutive prescription numbers.

e. Many of Dr. Hubbard's patients travelled unusual distances from their homes to Respondent Alliance Pharmacy to obtain prescriptions. For example, multiple patients had addresses listed in Long Beach, Pasadena, Sylmar, Anaheim, and Victorville, 22.9 miles, 23.6 miles, 32 miles, 34.5 miles, and 95.3 miles from Respondent Alliance Pharmacy, respectively.

f. Of the 12 prescription documents the Board Inspector collected during the inspection, 11 prescription documents from Dr. Hubbard, containing 20 prescriptions for controlled substances, did not conform to the requirements of Health and Safety Code section 11162.1 in that they lacked the "California Security Prescription" watermark. This omitted security feature alone invalidated the prescriptions and visibly indicated that the prescriptions were not written

1 legitimately. Respondent Cheria was noted in the Pharmacy dispensing records as the verifying
2 pharmacist for 3 of the non-compliant prescription documents from Dr. Hubbard.

3 g. Despite the irregularities discussed above, the prescription documents collected did
4 not contain documentation indicating that the Pharmacy contacted Dr. Hubbard to specifically
5 address these irregularities prior to filling the prescriptions.

6 31. Dr. Mark Glasberg

7 a. Respondent Alliance Pharmacy filled approximately 693 prescriptions under the
8 prescribing authority of Dr. Mark Glasberg during the query period. All of these prescriptions
9 were dispensed between June 14, 2018 and March 21, 2019.

10 b. Oxycodone 30 mg was Dr. Glasberg's most commonly prescribed medication,
11 accounting for 18.9% of his total prescriptions.

12 c. Dr. Glasberg prescribed immediate release oxycodone almost exclusively in the
13 highest available strength, with 131 of the 132 prescriptions for immediate release oxycodone
14 prescribed in the highest available strength despite inter-patient variability.

15 d. Of Dr. Glasberg's 57 patients who received prescriptions during the query period, 53
16 patients received at least one prescription for oxycodone 30 mg.

17 e. There were numerous instances when Respondent Alliance Pharmacy processed
18 similar or identical prescriptions for oxycodone 30 mg from Dr. Glasberg on the same day.

19 f. Dr. Glasberg's frequent prescribing of oxycodone 30 mg is incongruent with what
20 would be expected for a physician practicing within the scope of Dr. Glasberg's self-reported area
21 of practice (i.e., neurology and neurosurgery).

22 g. Despite the irregularities discussed above, the prescription documents collected did
23 not contain documentation indicating that the Pharmacy contacted Dr. Glasberg to specifically
24 address these irregularities prior to filling the prescriptions.

25 32. Dr. Young Yi

26 a. Respondent Alliance Pharmacy filled approximately 835 prescriptions under the
27 prescribing authority of Dr. Young Yi during the query period. All of these prescriptions were
28 dispensed between December 27, 2016 and October 29, 2018.

1 b. Oxycodone 30 mg and hydrocodone/acetaminophen 10/325 mg were Dr. Yi's most
2 commonly prescribed medication, accounting for 31.98% and 17.72% of his total prescribing,
3 respectively. Together, these two commonly abused controlled substances made up 49.7% of Dr.
4 Yi's total prescribing.

5 c. All 237 of Dr. Yi's prescriptions for oxycodone were prescribed exclusively in the
6 highest available strength despite inter-patient variability. Moreover, all 148 of Dr. Yi's
7 prescriptions for hydrocodone/acetaminophen were prescribed exclusively in the highest available
8 strength despite inter-patient variability.

9 d. Of the 119 patients that received prescriptions from Dr. Yi during the query period,
10 118 of these patients received a prescription for a controlled substance. Further, 60 patients
11 received at least one prescription for oxycodone 30 mg and 60 patients received at least one
12 prescription for hydrocodone/acetaminophen 10/325 mg.

13 e. There were numerous instances when Respondent Alliance Pharmacy processed
14 similar or identical prescriptions for oxycodone 30 mg and/or hydrocodone/acetaminophen
15 10/325 mg from Dr. Yi on the same day.

16 f. Despite the irregularities discussed above, the prescription documents collected did
17 not contain documentation indicating that the Pharmacy contacted Dr. Yi to specifically address
18 these irregularities prior to filling the prescriptions.

19 33. Dr. John Korzelius

20 a. Respondent Alliance Pharmacy filled approximately 121 prescriptions under the
21 prescribing authority of Dr. John Korzelius during the query period. All of these prescriptions
22 were dispensed between August 10, 2017 and February 22, 2019.

23 b. Oxycodone 30 mg was Dr. Korzelius's most commonly prescribed medication
24 accounting for 48.76% of his total prescribing.

25 c. All 18 of Dr. Korzelius's patients received at least one prescription for oxycodone
26 30 mg.

27 d. All 59 of Dr. Korzelius's prescriptions for immediate release oxycodone were
28 prescribed exclusively in the highest available strength despite inter-patient variability.

1 e. There were numerous instances when Respondent Alliance Pharmacy processed
2 similar or identical prescriptions for oxycodone 30 mg from Dr. Korzelius on the same day.

3 f. The prescription documents collected by the Board Inspector during the inspection
4 list an address for Dr. Korzelius in Encino, California, 20.1 miles from Respondent Alliance
5 Pharmacy. Moreover, the Pharmacy's dispensing record also listed two additional addresses for
6 Dr. Korzelius, located in Granada Hills and Santa Ana, 27.2 miles and 37.7 miles away from
7 Respondent Alliance Pharmacy, respectively. This means that patients traveled unusual
8 distances from Dr. Korzelius's office to Respondent Alliance Pharmacy to obtain prescriptions.

9 g. Despite the irregularities discussed above, the prescription documents collected did
10 not contain documentation indicating that the Pharmacy contacted Dr. Korzelius to specifically
11 address these irregularities prior to filling the prescriptions.

12 34. PA Vinod Satya

13 a. Respondent Alliance Pharmacy filled approximately 196 prescriptions under the
14 prescribing authority of Physician Assistant Vinod Satya during the query period. All of these
15 prescriptions were dispensed between January 11, 2018 and June 26, 2018. The prescription
16 documents collected by the Board Inspector during the inspection indicated that PA Satya
17 practiced under the supervision of Dr. Korzelius during this time period.

18 b. Oxycodone 30 mg was PA Satya's most commonly prescribed medication
19 accounting for 38.78% of his total prescribing.

20 c. All 36 of PA Satya's patients received at least one prescription for oxycodone 30 mg.

21 d. All 76 of PA Satya's prescriptions for immediate release oxycodone were prescribed
22 exclusively in the highest available strength despite inter-patient variability.

23 e. There were numerous instances when Respondent Alliance Pharmacy processed
24 similar or identical prescriptions for oxycodone 30 mg from PA Satya on the same day.

25 f. The prescription documents collected by the Board Inspector during the inspection
26 list an address for PA Satya in Santa Ana, California, 37 miles from Respondent Alliance
27 Pharmacy, resulting in patients traveling unusual distances from PA Satya's office to Respondent
28 Alliance Pharmacy to obtain prescriptions.

1 g. Despite the irregularities discussed above, the prescription documents collected did
2 not contain documentation indicating that the Pharmacy contacted PA Satya to specifically
3 address these irregularities prior to filling the prescriptions.

4 35. Dr. Dean Weiss

5 a. Respondent Alliance Pharmacy filled approximately 1,695 prescriptions under the
6 prescribing authority of Dr. Dean Weiss during the query period. All of these prescriptions were
7 dispensed between October 30, 2018 and June 18, 2019.

8 b. Oxycodone 30 mg was Dr. Weiss's most commonly prescribed medication,
9 accounting for 17.17% of his total prescribing.

10 c. Of Dr. Weiss's 68 patients who received prescriptions during the query period, 62
11 patients received at least one prescription for oxycodone 30 mg.

12 d. Dr. Weiss's prescriptions for immediate release oxycodone were prescribed almost
13 exclusively in the highest available strength, with 291 of the 292 prescriptions for immediate
14 release oxycodone prescribed in the highest available strength despite inter-patient variability.

15 e. There were numerous instances when Respondent Alliance Pharmacy processed
16 similar or identical prescriptions for oxycodone 30 mg from Dr. Weiss on the same day.

17 f. Dr. Weiss's address in the Pharmacy's dispensing record is located in Monterey Park,
18 California, 18.2 miles from Respondent Alliance Pharmacy, resulting in many of Dr. Weiss's
19 patients traveling unusual distances to Respondent Alliance Pharmacy to obtain prescriptions.

20 g. Despite the irregularities discussed above, the prescription documents collected did
21 not contain documentation indicating that the Pharmacy contacted Dr. Weiss to specifically
22 address these irregularities prior to filling the prescriptions.

23 36. Based on a review of the Pharmacy documentation collected and Patient Activity
24 Reports, the Board Inspector determined that at least 26 patients were likely opioid naïve, yet
25 these patients initiated opioid therapy at Respondent Alliance Pharmacy with the highest
26 available strength of immediate release oxycodone. Respondent Cherian was noted in the
27 Pharmacy's dispensing records as the verifying pharmacist for all 26 of these prescriptions.
28 These prescriptions are summarized in the following table:

Date	Rx No.	Patient Name	Medication	Prescriber	Previous Opioids in Pharmacy Data	Previous Opioids in Patient Activity Report
1/8/19	252925	LDA	Oxycodone 30 mg	Dr. Glasberg	None	None since at least 4/23/15
1/7/19	252915	EB	Oxycodone 30 mg	Dr. Glasberg	None	None for last 18 months
11/28/18	249172	DB	Oxycodone 30 mg	Dr. Glasberg	None	None since at least 4/23/15
9/11/18	241049	AG	Oxycodone 30 mg	Dr. Glasberg	None	None for last 17 months
9/6/18	240759	GS	Oxycodone 30 mg	Dr. Glasberg	None	None since at least 6/1/17
9/6/18	240735	BD	Oxycodone 30 mg	Dr. Yi	None	None since at least 1/1/16
8/14/18	238644	RC	Oxycodone 30 mg	Dr. Smith	None	None since at least 4/23/15
8/9/18	238218	KB	Oxycodone 30 mg	Dr. Glasberg	None	None for last 33 months
7/25/18	235238	ME	Oxycodone 30 mg	Dr. Glasberg	None	None for last 34 months
7/5/18	235228	DC	Oxycodone 30 mg	Dr. Glasberg	None	None for last 22 months
5/15/18	230826	DS	Oxycodone 30 mg	PA Satya	None	None since at least 6/1/17
5/14/18	230504	KW	Oxycodone 30 mg	PA Satya	None	None for last 8 months
5/14/18	230574	DW	Oxycodone 30 mg	PA Satya	None	None since at least 6/1/17
4/13/18	228177	AC	Oxycodone 30 mg	Dr. Friedman	None	None since at least 4/23/15
4/9/18	227564	AQS	Oxycodone 30 mg	PA Satya	None	None for last 11 months
2/26/18	224087	KBL	Oxycodone 30 mg	PA Satya	None	None since at least 4/23/15
2/23/18	224029	BW	Oxycodone 30 mg	PA Satya	None	None since at least 6/1/17
2/6/18	223570	AS	Oxycodone 30 mg	Dr. Korzelius	None	None since at least 6/1/17
7/7/17	206999	JC	Oxycodone 30 mg	Dr. Khan	None	None since at least 7/30/16
6/21/17	205842	LJ	Oxycodone 30 mg	Dr. Khan	None	None since at least 7/30/16
6/14/17	205252	TF	Oxycodone 30 mg	Dr. Khan	None	None since at least 7/30/16

6/9/17	204940	TH	Oxycodone 30 mg	Dr. Khan	None	None since at least 7/30/16
6/7/17	204708	BL	Oxycodone 30 mg	Dr. Khan	None	None since at least 7/30/16
5/23/17	203697	BHO	Oxycodone 30 mg	Dr. Khan	None	None since at least 7/30/16
5/16/17	203212	BHU	Oxycodone 30 mg	Dr. Khan	None	None since at least 7/30/16
11/7/16	186548	JB	Oxycodone 30 mg	Dr. Shah	None	None since at least 1/1/16

FIRST CAUSE FOR DISCIPLINE

(Failure to Exercise or Implement Corresponding Responsibility)

37. Respondent Alliance Pharmacy and Respondent Cherian are subject to disciplinary action under Code sections 4301, subdivisions (d), (j) and (o), 4306.5, subdivisions (a) and (b), and 4113, subdivision (c), in conjunction with Health and Safety Code section 11153, subdivision (a), California Code of Regulations, title 16, section 1761, and Federal Code of Regulations, title 21, section 1306.04, in that Respondents failed to exercise or implement their best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of controlled substances or dangerous drugs, or with regard to the provision of services. Complainant refers to, and by this reference incorporates, the allegations set forth above in paragraphs 24 through 36, as though set forth in full herein.

SECOND CAUSE FOR DISCIPLINE

(Filling or Dispensing Improper Prescriptions for Controlled Substances)

38. Respondent Alliance Pharmacy and Respondent Cherian are subject to disciplinary action under Code sections 4301, subdivisions (d), (j), and (o), 4306.5, subdivision (b), and 4113, subdivision (c), in conjunction with Health and Safety Code sections 11162.1, subdivisions (a) and (b), and 11164, California Code of Regulations, title 16, section 1761, and Federal Code of Regulations, title 21, section 1306.04, in that Respondents filled or dispensed controlled substance prescriptions that did not comply with the form requirements of Health and Safety Code section 11162.1, or contained any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Complainant refers to, and by this reference incorporates, the allegations set forth in above paragraphs 24 through 36, as though set forth in full herein.

DISCIPLINARY CONSIDERATIONS

39. To determine the degree of discipline, if any, to be imposed on Respondent Alliance Pharmacy, Complainant alleges that on or about August 3, 2017, in a prior action, the Board issued Respondent Alliance Pharmacy Citation Number CI 2014 66095 and ordered Respondent Alliance Pharmacy to pay an administrative fine of \$5,000. That citation is now final.

40. To determine the degree of discipline, if any, to be imposed on Respondent Cherian, Complainant alleges that on or about August 3, 2017, in a prior action, the Board issued Respondent Cherian Citation Number CI 2017 75965 and ordered Respondent Cherian to pay an administrative fine of \$5,000. That citation is now final.

41. To determine the degree of discipline, if any, to be imposed on Respondent Cherian, Complainant alleges that on or about December 17, 2019, in a prior action, the Board issued Respondent Cherian Citation Number CI 2019 86482. That citation is now final.

OTHER MATTERS

42. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 51160, issued to Pacific Pharmacy Management Inc., dba Alliance Pharmacy, Respondent Alliance Pharmacy shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 51160 is placed on probation or until Pharmacy Permit Number PHY 51160 is reinstated if it is revoked..

43. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 51160, issued to Pacific Pharmacy Management Inc., dba Alliance Pharmacy, while Joseph Varghese Cherian has been an officer, director, and/or owner and had knowledge of or knowingly participated in any conduct for which the licensee was disciplined, Respondent Cherian shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 51160 is placed on probation or until Pharmacy Permit Number PHY 51160 is reinstated if it is revoked.

44. Pursuant to Code section 4307, if discipline is imposed on Pharmacist License Number RPH 51944, issued to Joseph Varghese Cherian, Respondent Cherian shall be prohibited

1 from serving as a manager, administrator, owner, member, officer, director, associate, or partner
2 of a licensee for five years if Pharmacist License Number RPH 51944 is placed on probation or
3 until Pharmacist License Number RPH 51944 is reinstated if it is revoked.

4 PRAYER

5 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
6 and that following the hearing, the Board of Pharmacy issue a decision:

7 1. Revoking or suspending Pharmacy Permit Number PHY 51160, issued to Pacific
8 Pharmacy Management Inc., dba Alliance Pharmacy, Joseph Varghese Cherian;

9 2. Revoking or suspending Pharmacist License Number RPH 51944, issued to Joseph
10 Varghese Cherian;

11 3. Prohibiting Pacific Pharmacy Management Inc., dba Alliance Pharmacy from serving
12 as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee
13 for five years if Pharmacy Permit Number PHY 51160 is placed on probation or until Pharmacy
14 Permit Number PHY 51160 is reinstated if Pharmacy Permit Number PHY 51160 is revoked;

15 4. Prohibiting Joseph Varghese Cherian from serving as a manager, administrator,
16 owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy
17 Permit Number PHY 51160 is placed on probation or until Pharmacy Permit Number PHY 51160
18 is reinstated if Pharmacy Permit Number PHY 51160 is revoked;

19 5. Prohibiting Joseph Varghese Cherian from serving as a manager, administrator,
20 owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacist
21 License Number RPH 51944 is placed on probation or until Pharmacist License Number RPH
22 51944 is reinstated if Pharmacist License Number RPH 51944 is revoked;

23 6. Ordering Alliance Pharmacy and Joseph Varghese Cherian to pay the Board of
24 Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to
25 Business and Professions Code section 125.3; and,

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27 ///

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1 7. Taking such other and further action as deemed necessary and proper.

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4 DATED: 2/17/2021

Sodergren, Digitally signed by
Anne@DCA Sodergren, Anne@DCA
Date: 2021.02.17
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ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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 6 Facsimile: (916) 731-2126
Attorneys for Complainant
 7

8 **BEFORE THE**
 9 **BOARD OF PHARMACY**
 10 **DEPARTMENT OF CONSUMER AFFAIRS**
 11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 PACIFIC PHARMACY MANAGEMENT
 14 INC., DBA ALLIANCE PHARMACY,
 15 JOSEPH VARGHESE CHERIAN,

16 and

17 JOSEPH VARGHESE CHERIAN

18 Respondents.

Case No. 7050

REQUEST FOR DISCOVERY

19 **TO RESPONDENT:**

20 Under section 11507.6 of the Government Code of the State of California, parties to an
 21 administrative hearing, including the Complainant, are entitled to certain information concerning
 22 the opposing party's case. A copy of the provisions of section 11507.6 of the Government Code
 23 concerning such rights is included among the papers served.

24 **PURSUANT TO SECTION 11507.6 OF THE GOVERNMENT CODE, YOU ARE**
 25 **HEREBY REQUESTED TO:**

26 1. Provide the names and addresses of witnesses to the extent known to the Respondent,
 27 including, but not limited to, those intended to be called to testify at the hearing, and

1 2. Provide an opportunity for the Complainant to inspect and make a copy of any of the
2 following in the possession or custody or under control of the Respondent:

3 a. A statement of a person, other than the Respondent, named in the
4 initial administrative pleading, or in any additional pleading, when it is claimed that
5 the act or omission of the Respondent as to this person is the basis for the
6 administrative proceeding;

7 b. A statement pertaining to the subject matter of the proceeding made
8 by any party to another party or persons;

9 c. Statements of witnesses then proposed to be called by the
10 Respondent and of other persons having personal knowledge of the acts, omissions or
11 events which are the basis for the proceeding, not included in (a) or (b) above;

12 d. All writings, including but not limited to reports of mental, physical
13 and blood examinations and things which the Respondent now proposes to offer in
14 evidence;

15 e. Any other writing or thing which is relevant and which would be
16 admissible in evidence, including but not limited to, any patient or hospital records
17 pertaining to the persons named in the pleading;

18 f. Investigative reports made by or on behalf of the Respondent
19 pertaining to the subject matter of the proceeding, to the extent that these reports (1)
20 contain the names and addresses of witnesses or of persons having personal
21 knowledge of the acts, omissions or events which are the basis for the proceeding, or
22 (2) reflect matters perceived by the investigator in the course of his or her
23 investigation, or (3) contain or include by attachment any statement or writing
24 described in (a) to (e), inclusive, or summary thereof.

25 IN ADDITION, if cost recovery is requested in the pleading prayer, provide all writings
26 which will support any objection which may be made by the Respondent, to Respondent's
27 payment of investigation and enforcement costs to the Board.

1 For the purpose of this Request for Discovery, "statements" include written statements by
2 the person, signed, or otherwise authenticated by him or her, stenographic, mechanical, electrical
3 or other recordings, or transcripts thereof, of oral statements by the person, and written reports or
4 summaries of these oral statements.

5 YOU ARE HEREBY FURTHER NOTIFIED that nothing in this Request for Discovery
6 should be deemed to authorize the inspection or copying of any writing or thing which is
7 privileged from disclosure by law or otherwise made confidential or protected as attorney's work
8 product.

9 Your response to this Request for Discovery should be directed to the undersigned attorney
10 for the Complainant at the address on the first page of this Request for Discovery within 30 days
11 after service of the Accusation.

12 Failure without substantial justification to comply with this Request for Discovery may
13 subject the Respondent to sanctions pursuant to sections 11507.7 and 11455.10 to 11455.30 of the
14 Government Code.

15 Dated: February 22, 2021

XAVIER BECERRA
Attorney General of California
ARMANDO ZAMBRANO
Supervising Deputy Attorney General

18 *Marissa N. Hamilton*

19 MARISSA N. HAMILTON
20 Deputy Attorney General
21 *Attorneys for Complainant*

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

**PACIFIC PHARMACY MANAGEMENT
INC., DBA ALLIANCE PHARMACY,
JOSEPH VARGHESE CHERIAN,**

and

JOSEPH VARGHESE CHERIAN

Respondents.

Case No. 7050

NOTICE OF DEFENSE

(Gov. Code §§ 11505 and 11506)

I hereby acknowledge receipt of a copy of the Accusation in the above-entitled proceeding, as well as the Statement to Respondent, Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery, Disciplinary Guidelines, and two copies of a Notice of Defense.

I further acknowledge that by filing this Notice of Defense, a Respondent is entitled to a hearing on the merits of the Accusation, and that under Government Code section 11506, a Respondent has a right to file a further Notice of Defense within the time specified in that section.

This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

Date:

Print Your Name:

Your Signature:

Respondent's Mailing Address:

Phone:

E-mail

Check one box:

- ☐ I am represented by counsel, whose name, address and telephone number appear below:
 Counsel's Name _____
 Counsel's Mailing Address _____
 Phone: _____
 E-mail: _____
- ☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

- ☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.
- ☐ I do not consent to electronic reporting.
 The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

**PACIFIC PHARMACY MANAGEMENT
INC., DBA ALLIANCE PHARMACY,
JOSEPH VARGHESE CHERIAN,**

and

JOSEPH VARGHESE CHERIAN

Respondents.

Case No. 7050

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This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

Date:

Print Your Name:

Your Signature:

Respondent's Mailing Address:

Phone:

E-mail

Check one box:

- ☐ I am represented by counsel, whose name, address and telephone number appear below:
 Counsel's Name _____
 Counsel's Mailing Address _____
 Phone: _____
 E-mail: _____
- ☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

- ☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.
- ☐ I do not consent to electronic reporting.
 The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

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**COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7
PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505**

SECTION 11507.5: Exclusivity of discovery provisions

The provisions of Section 11507.6 provide the exclusive right to and method of discovery as to any proceeding governed by this chapter.

SECTION 11507.6: Request for discovery

After initiation of a proceeding in which a respondent or other party is entitled to a hearing on the merits, a party, upon written request made to another party, prior to the hearing and within 30 days after service by the agency of the initial pleading or within 15 days after the service of an additional pleading, is entitled to (1) obtain the names and addresses of witnesses to the extent known to the other party, including, but not limited to, those intended to be called to testify at the hearing, and (2) inspect and make a copy of any of the following in the possession or custody or under the control of the other party:

(a) A statement of a person, other than the respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the respondent as to this person is the basis for the administrative proceeding;

(b) A statement pertaining to the subject matter of the proceeding made by any party to another party or person;

(c) Statements of witnesses then proposed to be called by the party and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

(d) All writings, including, but not limited to, reports of mental, physical and blood examinations and things which the party then proposes to offer in evidence;

(e) Any other writing or thing which is relevant and which would be admissible in evidence;

(f) Investigative reports made by or on behalf of the agency or other party pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

For the purpose of this section, "statements" include written statements by the person signed or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

Nothing in this section shall authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as the attorney's work product.

SECTION 11507.7: Petition to compel discovery; Order; Sanctions

(a) Any party claiming the party's request for discovery pursuant to Section 11507.6 has not been complied with may serve and file with the administrative law judge a motion to compel discovery, naming as respondent the party refusing or failing to comply with Section 11507.6. The motion shall state facts showing the respondent party failed or refused to comply with Section 11507.6, a description of the matters sought to be discovered, the reason or reasons why the matter is discoverable under that section, that a reasonable and good faith attempt to contact the respondent for an informal resolution of the issue has been made, and the ground or grounds of respondent's refusal so far as known to the moving party.

(b) The motion shall be served upon respondent party and filed within 15 days after the respondent party first evidenced failure or refusal to comply with Section 11507.6 or within 30 days after request was made and the party has failed to reply to the request, or within another time provided by stipulation, whichever period is longer.

(c) The hearing on the motion to compel discovery shall be held within 15 days after the motion is made, or a later time that the administrative law judge may on the judge's own motion for good cause determine. The respondent party shall have the right to serve and file a written answer or other response to the motion before or at the time of the hearing.

(d) Where the matter sought to be discovered is under the custody or control of the respondent party and the respondent party asserts that the matter is not a discoverable matter under the provisions of Section 11507.6, or is privileged against disclosure under those provisions, the administrative law judge may order lodged with it matters provided in subdivision (b) of Section 915 of the Evidence Code and examine the matters in accordance with its provisions.

(e) The administrative law judge shall decide the case on the matters examined in camera, the papers filed by the parties, and such oral argument and additional evidence as the administrative law judge may allow.

(f) Unless otherwise stipulated by the parties, the administrative law judge shall no later than 15 days after the hearing make its order denying or granting the motion. The order shall be in writing setting forth the matters the moving party is entitled to discover under Section 11507.6. A copy of the order shall forthwith be served by mail by the administrative law judge upon the parties. Where the order grants the motion in whole or in part, the order shall not become effective until 10 days after the date the order is served. Where the order denies relief to the moving party, the order shall be effective on the date it is served.

DECLARATION OF SERVICE BY CERTIFIED MAIL AND FIRST CLASS MAIL
(Separate Mailings)

Case Name: **In the Matter of the Accusation Against: Pacific Pharmacy Management Inc., dba Alliance Pharmacy, Joseph Varghese Cherian**

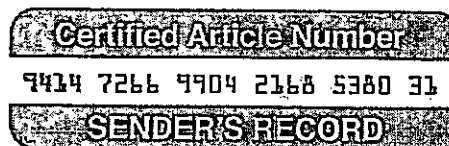
Case No.: **7050**

I declare:

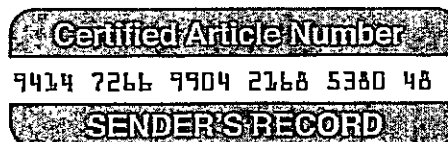
I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service with postage thereon fully prepaid that same day in the ordinary course of business.

On February 22, 2021, I served the attached **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2) COPIES; GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7** by placing a true copy thereof enclosed in a sealed envelope as certified mail with return receipt requested, and another true copy of the **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2) COPIES; GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7** was enclosed in a second sealed envelope as first class mail in the internal mail collection system at the Office of the Attorney General at 300 South Spring Street, Suite 1702, Los Angeles, CA 90013, addressed as follows:

Pacific Pharmacy Management Inc., dba
 Alliance Pharmacy, Joseph Varghese Cherian
 323 N. Prairie Ave, Ste 100
 Inglewood, CA 90301
Respondent



Joseph Varghese Cherian
 15022 San Feliciano Dr.
 La Mirada, CA 90638
Respondent



I declare under penalty of perjury under the laws of the State of California and the United States of America the foregoing is true and correct and that this declaration was executed on February 22, 2021, at Los Angeles, California.

SHARON OLIVER
 Declarant

/s/Sharon Oliver
 Signature



California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



December 17, 2019

DATED MATERIAL ENCLOSED

JOSEPH VARGHESE CHERIAN
[REDACTED] SAN FELICIANO DR
LA MIRADA, CA 90638

**RE: CI 2019 86482
JOSEPH VARGHESE CHERIAN
RPH 51944**

The attached Citation, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Forms and Publications).

The attached Citation references the specific statutes and regulations violated, and defines each violation charged. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND IF CONTESTING THE CITATION TO RESPOND WITHIN THE FOLLOWING TIME FRAMES:

- December 31, 2019: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- January 16, 2020: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. The acceptance of the Citation(s) shall not constitute an admission of the violation(s) charged.

Page two
JOSEPH VARGHESE CHERIAN
CI 2019 86482

No fine has been assessed with this Citation and no proof of abatement has been ordered.

If the Board does not receive a written request to contest this Citation within 30 days of the issue date, you will be deemed to have waived your right to contest this Citation. The Citation shall then become the final order of the Board. Please be advised that if not contested this Citation will become a part of the Board's records and constitute a public record for purposes of disclosure.

If you have any questions regarding this Citation please contact Stephanie Koenig, Associate Enforcement Analyst at (916) 518-3012.

Sincerely



Anne Sodergren
Interim Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

Unless contested, Citations are final 30 days from the date of service. Acceptance of a Citations is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than December 31, 2019 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than January 16, 2020 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Stephanie Koenig, Associate Enforcement Analyst, at (916) 518-3012.

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION**

Citation Number	Name, License No
CI 2019 86482	JOSEPH VARGHESE CHERIAN, RPH 51944

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

VIOLATION CODE SECTION	OFFENSE
Health & Safety Code § 11164 subd. (a)/CCR, Title 16, § 1761 subd. (a)	Each prescription for a controlled substance classified in Schedule II, III, IV, or V, except as authorized by subdivision (b), shall be made on a controlled substance prescription form as specified in Section 11162.1/No pharmacist shall compound or dispense any prescription which contains any significant error or omission

CONDUCT:

Requirements for Dispensing Controlled Substance Prescriptions: Health and Safety Code Section 11164 states, in pertinent part, except as provided in Section 11167, no person shall prescribe a controlled substance, nor shall any person fill, compound, or dispense a prescription for a controlled substance, unless it complies with the requirements of this section: (a) each prescription for a controlled substance classified in Schedule II, III, IV, or V, except as authorized by subdivision (b), shall be made on a controlled substance prescription form as specified in Section 11162.1 and shall meet the following requirements: (1) The prescription shall be signed and dated by the prescriber in ink and shall contain the prescriber's address and telephone number... As related, Health and Safety Code Section 11162.1 subdivision (a) states, in pertinent part, the prescription forms for controlled substances shall be printed with the following features: (2) a watermark shall be printed on the backside of the prescription blank; the watermark shall consist of the words "California Security Prescription" (9) the preprinted name, category of licensure, license number, federal controlled substance registration number, and address of the prescribing practitioner. Additionally, subdivision (b) states each batch of controlled substance prescription forms shall have the lot number printed on the form and each form within that batch shall be numbered sequentially beginning with the numeral one. As related to the California Code of Regulations Section 1761 states (a) no pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.

Joseph Cherian (RPH 51944), while working as the pharmacist-in-charge at Douglas Park Pharmacy (PHY 53723), located at 3828 Schauffele Ave #260, Long Beach, California

90808, failed to comply. Specifically, Joseph Cherian dispensed approximately 66 controlled substance prescriptions written on approximately 66 prescription documents which did not conform to the requirements in that there was omission of security feature(s).

The following 64 controlled substance prescription numbers written on 64 prescription documents under Dr. Annamalai Ashokan from 06/2016 to 09/2016,

101532	101788	102103	102424
101581	101799	102131	102433
101590	101848	102173	102448
101597	101880	102180	102490
101616	101890	102185	102494
101624	101922	102189	102502
101655	101940	102203	102511
101676	101944	102214	102554
101684	101956	102217	102555
101692	101981	102225	102580
101709	101997	102240	102588
101711	102020	102276	102604
101728	102039	102291	102620
101739	102041	102294	102675
101771	102073	102357	102678
101782	102094	102411	102696

lacked the following security features:

- A watermark printed on the backside of the prescription document consisting of the words "California Security Prescription."
- The watermark printed on the back stated "DocuGard."
- The lot number printed on the prescription document for each batch of controlled substance prescription forms.

The following controlled substance prescription numbers written on 2 prescription documents under Nurse Practitioner Cecilia Amador-Lopez in 02/2018,

109462
109580

lacked the following security feature:

- The preprinted name, category of licensure, license number, and federal controlled substance registration number of the prescribing practitioner.
- The information was stamped onto the prescription document.

Based on the 66 controlled substance prescriptions dispensed, Joseph Cherian dispensed a total of approximately: 3,060 tablets of oxycodone immediate-release 30 mg, 2,850 tablets of hydrocodone/acetaminophen 10/325 mg, and 120 tablets of oxymorphone extended-release 40 mg. This was a violation of pharmacy law.

CITATION ISSUED ON: December 17, 2019

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION**

COPY

Citation Number	Name, License No
CI 2019 86482	JOSEPH VARGHESE CHERIAN, RPH 51944

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)
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CONDUCT:

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CITATION ISSUED ON: December 17, 2019

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: JOSEPH VARGHESE CHERIAN

License No: RPH 51944

Citation Number : CI 2019 86482

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) () _____ Residence: () _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Jennifer Sevilla
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3013

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an
Administrative Law Judge.

In the Matter of the Citation Against:
JOSEPH VARGHESE CHERIAN
RPH 51944

Respondent

Citation Case No : CI 2019 86482
NOTICE OF APPEAL
(Pursuant to sections 11505, and 11506
Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a
copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in
said Citation.

DATED _____

(Respondent)

Mailing Address of Respondent:

(Street Address)

(City) (State) (Zip)

()
(Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please
complete the following:

Mailing Address of Attorney

(Attorney's Name)

(Street Address)

(City) (State) (Zip)

()
(Telephone)

California State Board of Pharmacy**DECLARATION OF SERVICE BY CERTIFIED MAIL**

Name: JOSEPH VARGHESE CHERIAN , RPH 51944
Citation and Fine CI 2019 86482

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833.

On December 17, 2019, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME

JOSEPH VARGHESE CHERIAN
██████████ SAN FELICIANO DR
LA MIRADA, CA 90638

CERTIFIED MAIL NO

7019 0160 0000 9008 7200

I declare under penalty of perjury that the forgoing is true and correct.

Executed on December 17, 2019, at Sacramento, California.



DECLARANT

Stephanie Koenig
Associate Enforcement Analyst

**California State Board of Pharmacy**

1625 North Market Boulevard, Suite 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.

August 22, 2017

JOSEPH VARGHESE CHERIAN[REDACTED] **SAN FELICIANO DR****LA MIRADA, CA 90638****RE: CI 2017 75965****JOSEPH VARGHESE CHERIAN****RPH 51944**

This is in response to the administrative fine provided to the board for the above referenced citation. The payment has been received and accepted as satisfactorily resolving the matter.

Please be advised that this citation has become a part of the board's records and constitutes a public record for purposes of disclosure.

If you have any questions regarding this matter, please contact the Enforcement Analyst, Ericka Busby at (916) 574-7731.

Sincerely

A handwritten signature in cursive script, reading "Virginia Herold", written over a horizontal line.

Virginia Herold
Executive Officer
Board of Pharmacy

Joseph Cherian PharmD, MBA
18760 Pasadero Drive
Tarzana, CA 91356

August 25, 2021

Candy M. Nally
Licensing Specialist
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Reno, NV 89521

Hi Candy,

Please accept this letter and enclosed documents as response to your request for a statement of explanation regarding my answering yes to having been subject of a board citation or administrative action whether completed or pending in any state. I have 2 citations which have been resolved and one pending accusation. Please reference the associated documents when reviewing my explanations below as they have details of the issues.

CI 201775965 – This is a citation from 2017 for me as PIC of Alliance Pharmacy in Inglewood CA.

1) Accurate Inventory: We were off a fraction of a percent of utilized volume of Oxycodone 30mg and Alprazolam 2mg. There was no fine associated with this violation as the discrepancies were so small. We have since purchased an EyeCon counter to prevent manual counting errors and moved to keeping a perpetual inventory of all schedule 2 controlled substances.

2) Purchasing medication from a pharmacy not under same ownership: I purchased medications from a friend's pharmacy which I did not know wasn't allowed outside of a market shortage or unless the pharmacies had common ownership in CA. The CA BOP had only recently started enforcing this law when the citation was issued. I have worked in a pharmacy since the late nineties and it was common practice for pharmacies to buy inventory from each other. I have only purchased medications from CA licensed wholesalers since this was brought to my attention.

3) Requirement of controlled substance prescription blank: I filled controlled substances that were missing one or more of the over dozen "security features" required for a controlled substance prescription in CA. The security features that were missing on these rx blanks are usually in very small print and it is very possible to miss these, when the more prominent security features are evident. I had contacted and verified all these rxs for controlled substances from the Marina Shore Medical Group either by phone and/or fax. They had sent me chart notes and pain contracts on some of their patients per my request. The contact information on the rx pads matched what was available on public sources and I had called the number listed on their website to confirm that it was the same place. I had spoken to Dr. Ashokan in the past and routinely spoke to the office staff including James who was the office manager. Also, despite being a pain management office, controlled substances were not the only medications Dr. Ashokan prescribed. A variety of NSAIDs and other adjunct agents were prescribed at

therapeutic doses and in usual quantities. I cannot comment on why his vendor provided prescription pads that did not conform to the CA specific requirements; however, I continue to believe these prescriptions were legitimately issued by a licensed prescriber for a valid medical reason. Please note that I had verified the prescriber's credentials with the Medical Board of CA as well as the DEA prior to filling the prescriptions. We have not filled any prescriptions from this doctor since 2016.

4) "Prescriber" with Suspended license: We had processed prescriptions under the authority of a PA whose license was suspended due to misunderstanding with prescriber's office and subsequent clerical errors. All rxs after 02/08/14 which were processed with Linda Lewis as the prescriber were due to clerical error. The actual prescriber was Eugene Hubbard MD, her supervising physician. Both Dr. Hubbard and Linda Lewis PA were listed on the rx pads of Amini Medical prior to 02/08/2014. However, Linda's name and information was removed from them around that time. Linda is elderly and has some health issues. I was told in passing that she was cutting down her workload due to some recent hospitalizations. Hence, the explanation of why her name was removed from the rx pads. I did not know her license had been suspended. I routinely check physician credentials on the Medical Board website (BreEZe) and verify DEA registration status. However, since physician assistants don't have any authority to prescribe outside their relationship with their supervising physician, I had not been routinely checking the PA licensing website. I based this on the knowledge that the supervising physician would be responsible for this. That said, I did confirm DEA registration for MLPs when first filling controlled medications and she had clear credentials when we first started filling her rxs.

This was a unique situation in that Linda Lewis still worked at Amini Medical in an administrative capacity, but is no longer practicing as a PA. Amini Medical was located in our building until early 2016. I believe Dr. Hubbard and staff assumed that we would automatically change all subsequent rxs to Dr. Hubbard's NPI since Linda's name was no longer on their actual hard copies. However, that intent was not specifically communicated to me or my staff. Hence, when Linda called in rxs on Dr. Hubbard's behalf, my staff reasonably assumed that she was the prescriber. Also, many rxs after 02/08/14 were refills of prescriptions that Linda had originally written under her own authority. When entering a refill authorization, we would notate "ok per XX.XX" in the appropriate field and continue to process with the original prescriber name. Also, many of the "new" rxs after 02/2014 were actually "renewals" of existing prescriptions. Renewal is where we assigned an existing prescription a new rx number while copying over data elements like drug, sig, qty, TAR number, prescriber info from the existing rx. This function prevented us from having to reenter all data elements of the prescription when they have not changed. DigitalRx still shows these as, and they are technically, "new" prescriptions since a new prescription number and "written date" had been assigned. Dr. Hubbard's office moved far away from us a few years ago and Linda retired so we no longer fill either of their prescriptions. Also, now we currently verify licensing status on all prescribers not just physicians.

5) Accuracy of Medication Profiles and Labels: This is the same issue as #4 above and has the same explanation. Linda Lewis was listed as prescriber in error in the patients' profiles and on the labels.

CI 201986482 – This is a citation from 2019 for me as PIC at Douglas Park Pharmacy Long Beach CA. Please note that I work at more than one pharmacy. The CA board of pharmacy cited me for filling prescriptions from the same doctor's non-compliant prescription pads at this pharmacy as they had done at Alliance pharmacy, years earlier. This was done despite my attestation and reports showing we had stopped filling Dr. Ashokan's prescriptions at any of my pharmacies in 2016. That is, prior to me

receiving a citation for the same issue at Alliance pharmacy in 2017. The inspector ignored my argument that this citation was duplicative in that we had already stopped filling this doctors prescription years before based on inspection of another one of my pharmacies. Also, I filled 2 prescriptions that didn't have the prescriber's credential pre-printed on the prescription blank. She was new to the practice and had stamped her credentials on the practices multi-prescriber rx blank while waiting for the new pre-printed blanks to arrive. I verified all controlled substances with her by phone and/or fax. She subsequently did receive blanks with her name and credentials on the practice's multi-prescriber rx pads. I did not know that a stamp was not allowed for credentials. There was no fine associated with this citation. However, we no longer accept prescriptions for controlled substances with the prescriber information that is not pre-printed regardless of patients need or prescribers explanation.

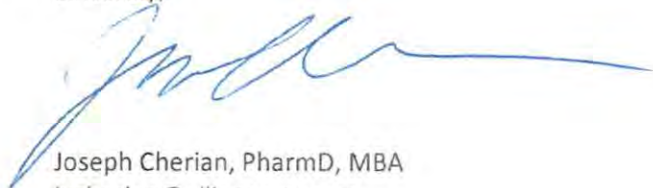
AC7050 – This is a pending accusation for me as PIC of Alliance Pharmacy in Inglewood CA. I have retained counsel and intend to vigorously defend my practice. Please accept my attorney's response to the board's circumstantial allegations at the end of this document as my explanation. I would like to highlight some of the facts below:

- 1) We verify all initial controlled substance prescriptions with the prescriber office via phone and or fax. We often require prescriber fax us attestation of opioid tolerance and medical necessity
- 2) We verify all prescriber credentials (professional license, DEA registration, OIG exclusions) monthly
- 3) We check CA PDMP (CURES) prior to every fill of schedule 2 controlled substances
- 4) The controlled substance rx's without the watermark (one of over a dozen security features required in CA) from Dr. Khan were all filled prior to my initial citation in 2017 about this issue.
- 5) Nearly all patients on over 50 MEDD have a signed and fingerprinted pain contract.
- 6) Nearly all the prescriptions were billed through insurance and not "cash".
- 7) Nearly all patients on greater than 50 MEDD were prescribed Narcan by me.
- 8) None of the prescribers deny issuing any of these prescriptions
- 9) All the prescribers in question are still duly licensed and practicing medicine as of the last time I checked.

Please see the explanation for AC7050 on the following pages.

Please note that the citations were both closed. Since no fine was due for the 2019 citation I never received a resolution letter. I've included the resolution letter for the 2017 citation. I'm happy to discuss these or any other matters at your convenience. I can be reached on my mobile at 714-319-4653 or by email.

Sincerely,



Joseph Cherian, PharmD, MBA

jvcherian@alliance-rx.com

mobile: [REDACTED]



California Pharmacy Lawyers
Law Office of Tony J. Park, Inc., APC

July 2, 2020

Via Electronic Mail

Noelle Randall, Pharm.D.
Inspector
California State Board of Pharmacy
Noelle.Randall@dca.ca.gov

RE: NOTICE OF VIOLATION - CI 2018 82770
Alliance Pharmacy (PHY 51160), and Joseph V. Cherian (RPH 51944)
323 N. Prairie Ave., Ste. 100, Inglewood, CA 90301

Dear Inspector Randall:

We hereby submit this letter in response to your pending investigation in the above-referenced Notice of Violation (Notice) against our Clients, ALLIANCE PHARMACY (PHY 51160) (hereinafter "Pharmacy"), and JOSEPH CHERIAN (RPH 51944) (hereinafter "PIC Cherian"). We have hereto enclosed a copy of the Notice of Violation for reference (Exhibit A). In that Notice, you indicated that your investigation revealed our clients' apparent failure to comply with the laws governing the practice of pharmacy. But for reasons discussed below, we believe that the Pharmacy, PIC Cherian and its pharmacists acted within the standard of care and practice in relation to the furnishing of controlled substances, and did not deviate from the dictates of the law.

ALLEGED VIOLATIONS

- (1) It is alleged in the Notice that the Pharmacy dispensed 61 controlled substance prescriptions written on 47 prescription documents from Dr. Khan, and 20 controlled substance prescriptions written on 12 prescription documents from Dr. Hubbard, which did not comply with the requirements of HSC § 11162.1. Particularly, the prescription forms lacked a "*California Security Prescription*" watermark. Furthermore, it is alleged that PIC Cherian was the dispensing pharmacist of record for 50 of these prescriptions.

Watermark Visibility

While we do not dispute the fact that the prescription forms used by the aforementioned prescribers did not contain all the legally required features, this error was brought about by the fact that such watermark is NOT very visible even if viewed in an angle, and this element can be very easily missed by any pharmacist. In some instances, it may even be necessary to use an Ultra Violet light ("blue light") device just to confirm the presence of the required watermark.

Prescription Verification



But it should be noted that PIC Cherian had verified all the suspect prescriptions via phone and/or fax, and in fact, PIC Cherian even went so far as visiting the prescriber's office - Dr. Khan - unannounced to do a visual inspection of the premises. However, PIC Cherian was unable to speak with Dr. Khan during his visit because, at that time, Dr. Khan has not yet arrived at the office. He was expected to arrive within 30 minutes. Although he was invited to wait for him, PIC Cherian was unable to stay due to his own time constraints. However, based on PIC Cherian's personal observation, he did not see any "red flags" that would have alerted him about any issues with the prescriber's practice. In particular, PIC Cherian (1) did NOT see a crowd of patients in the waiting room, or anything unusual about the office staff, and (2) saw the prescriber's original DEA Permit and other official documents posted behind the reception desk. It is also important to note the fact our Clients have not filled any prescriptions from Dr. Khan in nearly three (3) years.

Regarding Dr. Hubbard, PIC Cherian had met him in person before on multiple occasions and he was very familiar with his office staff. And again, PIC Cherian had no viable reason to believe that there is anything irregular or suspicious about Dr. Hubbard and his clinic. But PIC Cherian notified Dr. Hubbard's office about this issue, and was informed that it may be an error with his prescription vendor, and indicated that they would get this matter reviewed for compliance. Furthermore, Dr. Hubbard's office has already moved to Carson, and our Clients have not filled any controlled substance prescription from him for about three (3) years now.

DOJ-Approved Printers

It is equally important to consider the technical nature of this issue regarding the required security features for controlled substance prescription forms. This is further complicated by the fact that based on PIC Cherian's evidence, at least as of January 2019, the California Department of Justice (DOJ) continues to approve prescription blank "proofs" for printers, which are noncompliant with all the statutory required security features. Particularly, the prescription forms that our Clients reviewed were missing, at least, the batch and form numbers, despite having the then newly required "DOJ Serial Number," which the printers produced based on the approved, but flawed, proofs. In fact, PIC Cherian made further inquiry about this deficiency, and he received a written response, via email, from the printing press that created the form, and the representative from DOJ security program that approved the proof (please see Exhibit B). Accordingly, the DOJ representative confirmed that the prescription forms were DOJ-approved, and the printing press is an authorized security printer.

While we recognize that this issue is not about the watermark, we posit that the absence of any security feature does not necessarily mean the prescription was illegitimately issued. Rather, the prescribers use, and pharmacies fill, the defective prescription forms with reasonable reliance that the printers submitted the correct printing proofs, and the approving agency had reviewed those proofs for compliance prior to authorizing the printing of the prescription documents. Therefore, the



prescribers and the pharmacies should not be penalized for errors of other individuals or entities that caused the problem.

Furthermore, if the singular purpose of requiring the use of security forms is to prevent pharmacies from filling fraudulent prescriptions, then this goal was amply achieved by our Clients' direct confirmation of the orders with the prescribers. As such, we submit that our clients satisfied the substance of the law when they filled the prescriptions from Drs. Khan and Hubbard because they made the required verification of the orders, albeit the fact that they may have failed to identify all the required security features.

(2) It is also alleged in the Notice that, from 6/19/2016 to 6/19/2019, the Pharmacy and PIC Cherian dispensed 3,348 controlled substance prescriptions under the prescribing authority of Dr. Rahil Khan, Dr. Eugene Hubbard, Dr. Mark Glasberg, Dr. Young Yi, Dr. John Korzelius, PA Vinod Satya, and Dr. Dean Weiss, in the presence of objective factors suggesting the prescriptions were not legitimately prescribed. These prescriptions included 79,375 oxycodone 30mg tablets. Additionally, it is alleged that PIC Cherian was the dispensing pharmacist of record for 95% of the irregular controlled substance prescriptions from these prescribers. Including Dr. Hubbard, PIC Cherian verified over half of the prescriptions from those same prescribers.

(i). *Oxycodone 30 mg was the most commonly prescribed medication for Drs. Khan, Glasberg, Yi, Korzelius, Weiss, and PA Satya. For each prescriber, oxycodone 30 mg represented an unusual percentage of total prescribing at Alliance Pharmacy.*

While we acknowledge that our Clients filled a significant amount of narcotic pain medications, it is important to consider the fact that PIC Cherian has a clinical interest in pain management, and he has positioned Alliance Pharmacy as a pain management pharmacy. PIC Cherian has been a member of the American Academy of Pain Medicine since 2018 (see Exhibit M), has been certified to provide Naloxone, and is working on getting an American Society of Health-System Pharmacists (AHSP) Certificate in Pain Management. PIC Cherian sincerely believes that patients in chronic pain, especially if they are African American, are being ill-served by the pharmacy profession amidst the controlled substance abuse epidemic. Most chain pharmacies and many independent pharmacies will simply reject patients who present prescriptions for Percocet 10/325, Norco 10/325, Oxycodone 30mg, and other highly-abused controlled substances prior to doing any due diligence. This is supported by the increase in consumer complaints to the Board regarding this very issue. PIC Cherian does not consider being in severe pain to be a "red flag" or an irregularity. Instead, PIC Cherian always does his best to perform the necessary prescription verification and inquiry in order to serve those patients who genuinely need pain medications (please see Exhibit C for the sequential steps in the Pharmacy prescription verification process, as stated in PIC Cherian's previous statement to the Board dated July 17, 2019).



Also, to ensure the safety of his patients, he requires they sign a pain agreement with the pharmacy, and routinely prescribes naloxone himself based on the patient's opioid dosage and/or other risk factors. Please see Exhibit K incorporated herein by reference, which contains a copy of PIC Cherian's Naloxone Training Certificate, and Exhibit L for a copy of the Pharmacy Pain Management Agreement.

- (ii). *A sampled portion of the prescriptions from Dr. Hubbard and Khan were invalid in that they were written on prescription documents which lacked required security features.*

Please see our discussion in section (1) above.

- (iii). *The offices of Drs. Khan, Korzelius, Weiss, and PA Satya were more than 15 miles from Alliance Pharmacy.*

We agree with your conclusion that the offices of these prescribers were located more than fifteen (15) miles from the Pharmacy. But we dispute the notion that the pronounced distance between the offices and the Pharmacy is a red flag in this case.

(a) Dr. Khan

We reiterate that PIC Cherian and the Pharmacy had an established working relationship with Dr. Khan and his clinic, and they have filled prescriptions from him on multiple occasions, which were appropriately verified.

(b) Dr. Korzelius and PA Satya

These prescribers have multiple offices. Particularly, their Santa Ana office is about 40 miles from the Pharmacy, but the Inglewood office on Hardy Street is very close to our clients' location. Please note that their patients have the option to choose whichever office location for their checkup and appointments. Please see Exhibit D incorporated herein by reference, which contains information about the prescribers' office locations, as retrieved from their website.

(c) Dr. Weiss

Dr. Weiss' office was formerly located in Alhambra, which is about 20 miles from the Pharmacy, but his current office is in Downtown Los Angeles, which is only about 11 miles away. But regardless of the distance of the previous and current office from the Pharmacy, it has been our clients' invariable practice to verify prescriptions if there appears to be any irregularity or red flag present. Please see Exhibit E incorporated herein by reference, which contains record of PIC Cherian's validation of new location with Dr. Weiss.

All of the prescriber's offices in question may be located more than 15 miles away from the Pharmacy, but this does not change the fact that they are still within the Los Angeles County area, and it is not unusual for anyone to drive more than 15 miles to, and from, any location once or twice a month to see their clinician. We believe that the



15-mile limitation is an arbitrary standard, and we are not aware of any statute or regulation that expressly sets that distance. It should also be noted that the patients that our clients served, which were seen by these prescribers, live within our clients' service area, and the distance factor was inconsequential. However, our clients do NOT fill prescriptions if the office is unreasonably far from the Pharmacy, such as Fontana. Please see Exhibit F for a copy of the denied prescription due to unresolved red flag of distance.

- (iv). *Drs. Khan, Glasberg, Yi, Korzelius, Weiss, and PA Satya prescribed immediate release oxycodone almost exclusively in the highest available strength. Dr. Hubbard prescribed hydrocodone/acetaminophen almost exclusively in the highest available strength.; Most of the patients of Drs. Khan, Glasberg, Yi, Korzelius, Weiss, and PA Satya received at least one prescription for oxycodone 30 mg tablets.*

We believe these findings can be attributed to the adverse selection of patients because of the fact that other pharmacies turn away the higher dose prescriptions, and the Pharmacy would end up filling those frowned upon orders. However, our Clients treat every prescription with the same degree of importance, and subject to the necessary scrutiny prior to filling a controlled substance prescription.

- (v). *Dr. Khan and Dr. Glasberg's prescribing was incongruent with their self-reported areas of practice on the Medical Board of California's online database.*

We disagree. We are not aware of any specific legal requirement that chronic pain patients must be treated by a board-certified pain specialist only. As you may know, one (1) in every five (5) people in this country have a chronic pain condition, and it is impossible for all patients requiring some sort of treatment be seen by the few pain specialists in and around their local area. We see no objective reason why a family medicine physician (per NPI), like Dr. Rahil Khan, could not treat chronic pain patients if he has an interest in pain management. Conversely, Dr. Glasberg is a neurologist, and as such, he routinely treats chronic pain patients that may have underlying neurological condition.

Also, prior to verifying any Schedule II (CII) prescription, PIC Cherian checks the status of prescribers' medical licenses to ensure they are clear and no disciplinary actions pending, and PIC Cherian also verifies the validity of their DEA registration for prescribing controlled substances in Schedule II, as well as Schedules III, IV, and V. Please note that both physicians have unencumbered medical license and DEA permit.

However, if there were instances where the prescriber's practice specialization is really incongruent with the medication prescribed and the condition being treated, then PIC Cherian would reach out to the prescriber in order to resolve the red flag. In fact, PIC Cherian recalls such a case where the prescriber, Dr. Troy Williams, was an "OB-GYN" specialist, but the prescription was issued for a chronic pain patient, which facially



appears to be irreconcilable with the prescriber's practice. But PIC Cherian was able to resolve this "red flag" after talking to the prescriber on the phone. Please see Exhibit G incorporated herein by reference, which contains the record of PIC Cherian's inquiry with Dr. Troy Williams.

- (vi). *There were numerous instances when Alliance Pharmacy processed multiple similar or identical prescriptions from these prescribers on the same day.*

Our clients have no control in the apparent similarity of prescription processing date for most prescriptions because this is a function of: (1) when the prescriptions are due for a fill or refill, (2) when the Pharmacy has the medication in stock, (3) when the office verifies the order (if verification is needed), and (4) when PIC Cherian is available to process the prescriptions. Therefore, having multiple prescriptions from the same prescriber processed on the same day is not unusual, but a recurring theme in most retail pharmacies. Furthermore, most prescribers acquire certain prescribing patterns and drug preferences after some time in practice, which would explain the similar or identical prescriptions issued by one prescriber to different patients. In addition, none of these prescribers exclusively prescribed controlled substances only. In fact, the majority of their prescribing is for non-controlled substances including NSAIDS, and other oral or topical adjunct therapies for pain management. It is important to note that none of the prescribers in question appeared to be writing for "cocktails" of medications that are typically used for abuse as the "Trinity" or "Holy Trinity." Please see the attached Excel spreadsheet entitled: "*Percentage of Rx's by Schedule Breakdown.xlsx*," which contains the aforementioned prescription data.

- (3) It is further alleged in the Notice that patients at Alliance Pharmacy initiated opioid therapy on unusually high doses, despite the prescription record at the Pharmacy and CURES record suggesting the patients were opioid naïve. Furthermore, it is alleged in the Notice that the dispensing record listed PIC Cherian as the dispensing pharmacist for all the suspect prescriptions.

Our Clients checked the CURES records on all CII prescriptions to prevent pharmacy or doctor shopping, but do not solely rely on it to determine patient's opiate tolerance for the following reasons:

- (i). Some pharmacies do not transmit CURES data consistently, which is one of the top 10 citations issued by the Board, per the latest issue of The Script (please see Exhibit H, page 4).
- (ii). Even if the data is transmitted weekly, the CURES Patient Activity Report (CURES-PAR) may still not show prescription fill information due to software glitches and lag in the data update.
- (iii). CURES does not capture controlled substance prescriptions from inpatient settings.
- (iv). CURES does not take into account the controlled substance medications that individuals taken from their family or acquaintances. Especially in areas where



there is low health literacy, such as Alliance Pharmacy's community, self-treatment for pain is rife and common.

Furthermore, our Clients' verification fax sheets requires the prescriber to attest that: (1) the patient was seen in their office, (2) is opioid tolerant, (3) the prescription is medically necessary, and (4) the Pharmacy is authorized to fill the order. Please see Exhibit I for examples of prescription validation and inquiry on the alleged opioid naïve patients, and which are also discussed below.

- 11/7/2016 / Rx 186548 - This prescription was issued by pain specialist, and verified by fax with attestation letter stating that the medication is clinically necessary.
- 2/6/2018 / Rx 223570 - Patient is in severe pain had been treated with Norco 10/325mg.
- 2/23/2018 / Rx 224029 - Prescriber's agent verified medical diagnosis and clinical necessity of prescribed drug via phone, as noted on the prescription hardcopy.
- 2/26/2018 / Rx 224087 - Prescriber verified the legitimacy of the prescription and provide the patient's medical diagnosis, and confirmed that the patient had previously tried lower dosages.
- 4/9/2018 / Rx 227564 - Prescriber's agent verified medical diagnosis and clinical necessity of prescribed drug via phone.
- 4/13/2018 / Rx 228177 - Prescriber, Dr. Amir Friedman, is a pain specialist, and this prescription was verified with prescriber's agent.
- 5/14/2018 / Rx 230504 - Prescriber, PA Vinod Satya, confirmed in writing, via faxed form, that patient is opiate tolerant.
- 5/14/2018 / Rx 230574 - This patient had previously received opiate pain medication from the Pharmacy, and the prescriber also attested to current opiate tolerance via faxed form.
- 5/15/2018 / Rx 230826 - This prescription was verified via phone with the prescriber's agent, and the Pharmacy also received the faxed attestation of medical necessity and patient's opioid tolerance from the prescriber.
- 7/5/2018 / Rx 235228 - Our Clients verified this prescription by obtaining the medial diagnosis, and securing the signed attestation regarding the patient's opioid tolerance via faxed form.



- 7/5/2018 / Rx 235238 - Our Clients verified this prescription by obtaining the medial diagnosis, and securing the signed attestation regarding the patient's opioid tolerance via faxed form.
- 8/9/2018 / Rx 238218 - This prescription was initially verified via phone with the prescriber's agent, and subsequently received prescriber's signed attestation confirming patient is opioid tolerant.
- 8/14/2018 / Rx238644 - This prescription was initially verified via phone with the prescriber's agent, and subsequently received prescriber's signed attestation on 08/17/18 confirming patient is opioid tolerant.
- 9/4/2018 / Rx 24055 - This prescription was verified via phone with the prescriber's agent on 09/14/18, and subsequently received prescriber's signed attestation on confirming patient is opioid tolerant. The CURES-PAR was also attached to the prescription document, which patient was previously on another opiate (Norco).
- 9/6/2018 / Rx 240759 - Our Clients verified this prescription by obtaining the medial diagnosis, and securing the signed attestation regarding the patient's opioid tolerance via faxed form.
- 9/11/2018 / Rx 241049 - This prescription was verified via phone with the prescriber's agent who indicated that the patient had previously taken Norco.
- 11/28/2018 / Rx 249172 - This prescription was initially verified via phone with the prescriber's agent, and subsequently received prescriber's signed attestation confirming patient is opioid tolerant.

(4) It is also asserted in the Notice that, while pharmacists at Alliance Pharmacy documented verification steps related to prescriptions from these prescribers, the Pharmacy and its pharmacists failed to fulfill their corresponding responsibility by failing to resolve the irregularities and red flags related to the prescriptions described.

We earnestly disagree with this conclusion. As you already know, the standards of corresponding responsibility and the Board's expectations in this area have been clearly articulated in the Precedential Decision No. 2013-01, *In the Matter of the Accusation against Pacifica Pharmacy; Thang Tran*, Board of Pharmacy Case No. 3802, OAH No. 2011010644, and in many subsequent cases. The *Pacifica* decision clearly established the pharmacist's duty to conduct a reasonable inquiry into the legitimacy of the prescription in the presence of one or more factors considered to represent "Red Flags."



California Pharmacy Lawyers
Law Office of Tony J. Park, Inc., APC

Here, our Clients fulfilled their corresponding responsibility because they presented an abundance of evidence showing they performed their due diligence, and made reasonable inquiry when faced with the indicators of potential abuse and/or diversion of controlled substances, as evidenced by the verification notes on the prescription documents and signed prescriber's attestation forms (Exhibit I). Conversely, our Clients declined to fill those prescriptions that were found to be issued NOT for legitimate medical purposes, and when one or more red flags or factors of irregularity remained unresolved (please see Exhibit J for a copy of rejected prescriptions, in which instances the Pharmacy and PIC Cherian were unable to resolve the red flags or irregularities).

CONCLUSION

We hope that the presented information herein has resolved any concerns that you or the Board of Pharmacy may have harbored regarding the operational compliance of Alliance Pharmacy and PIC Joseph Cherian. Please feel free to contact us anytime should you have any question or for more information on this matter.

Sincerely,

X 

Luis Andre P. Vizcocho, R.Ph., J.D.
Tony J. Park, Pharm.D., J.D.
Attorneys-at-Law
Counsel for Alliance Pharmacy (PHY 51160)
and Dr. Joseph Cherian, Pharm.D. (RPH
51944)

Cc: Joseph Cherian, Pharm.D., *Alliance Pharmacy*

Enclosures: Notice of Violation

Email correspondence from printing press and DOJ security program representative

BOP Statement regarding prescription verification process

Validation Documents and Information for Drs. Korzelius and Weiss

Denied prescriptions with unresolved red flags and irregularities

Prescription verification with Dr. Troy Williams

The Script Issue

Inquiry notes and prescriber's attestation letters regarding allegedly opioid naïve patients

PIC Cherian's Naloxone Training Certificate, Pain Management Agreement, and AAPM membership approval

10B

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

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: \$250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Jiten Middle: _____ Last: Sidhu

Mailing Address: [REDACTED] North 10th Street

City: Phoenix State: AZ Zip Code: 85006

Telephone: [REDACTED] E-mail Address: [REDACTED]

Date of Birth: [REDACTED] Place of Birth: Yuba City, CA

SS# or ITIN: [REDACTED] Sex: ☒ M or ☐ F
(Full Number Required)

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

Arizona Date of Issuance: 08/19/2014

College of Pharmacy Information

Graduation Date: 05/30/2014
(mm/dd/yy)

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

Name of Pharmacy School: Midwestern College of Pharmacy - Glendale

Location of School: Glendale, AZ

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250 CC Entity #: _____

Email _____ 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?
NONE		Yes ☐ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired?

Yes ☐ No ☒

Branch: _____

Military Occupation/Specialty: _____

Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. 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?	☒	☐
2. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	☒	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?	☒	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	☒	☐

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action: AZBOP Probation	State: AZ	Date: 06/13/2018	Case #: 17-0114
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 ☒

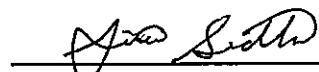
4a. If you marked Yes, to the question 4. are you in compliance with the court order?.....Yes ☐ No ☐

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 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.

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, no copies or stamps accepted

09/22/2021

Date

Jiten Sidhu

██████ North 10th Street
Phoenix, AZ 85006
████████████████████
████████████████████

22nd September 2021

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

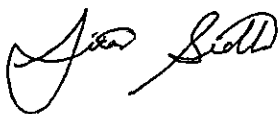
To Whom It May Concern,

My name is Jiten Sidhu and I am applying to become a licensed pharmacist in the state of Nevada. This letter is in support of the application I am submitting for providing an explanation to the disciplinary action that the Arizona Board of Pharmacy levied in Case 17-0114.

I previously worked at Banner Health and as the attached Executed Order states, I made mistakes that led me to put not only my career and livelihood in jeopardy, but that of my then girlfriend and now wife's career and livelihood as well. I have realized the error in judgement and have worked diligently to make amends. I have paid restitution to all parties involved and worked to keep my focus on upholding the standards and ethics of my career and employer.

I have worked at AllianceRX Walgreens Prime for just over 4 years now since September of 2017 and have maintained a professional working relationship in good standing with my colleagues and employer.

Sincerely,



Jiten Sidhu

1 MARK BRNOVICH
Attorney General
2 (Firm State Bar No. 14000)

2018 JUN 13 AM 11:10

3 JEANNE M. GALVIN
Assistant Attorney General
4 State Bar No. 015072
15 South 15th Ave., SDG/LES
5 Phoenix, Arizona 85007-2997
Tel: (602) 542-7983
6 Fax: (602) 364-3202

7 Attorneys for the Arizona State Board of Pharmacy

8 **BEFORE THE ARIZONA STATE BOARD OF PHARMACY**
9

10 In the Matter of

11 **JITEN SIDHU, PharmD,**

Board Case No. 17-0114

12 Holder of License No. S020833
As a Pharmacist
13 In the State of Arizona.

**CONSENT AGREEMENT
AND ORDER FOR PROBATION
AND CIVIL PENALTIES**

14
15 In the interest of a prompt and judicious settlement of this case, consistent with the
16 public interest, statutory requirements and the responsibilities of the Arizona State Board
17 of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Jiten Sidhu ("Respondent"),
18 holder of Pharmacist License No. S020833 in the State of Arizona and the Board enter
19 into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent
20 Agreement") as a final disposition of this matter.
21

22 **RECITALS**

23 1. Respondent has read and understands this Consent Agreement and has had
24 the opportunity to discuss this Consent Agreement with an attorney, or has waived the
25 opportunity to discuss this Consent Agreement with an attorney.
26

1 2. Respondent understands that he has a right to a public administrative
2 hearing concerning this matter at which hearing he could present evidence and cross
3 examine witnesses. By entering into this Consent Agreement, Respondent knowingly
4 and voluntarily relinquishes all right to such an administrative hearing, as well as rights
5 of rehearing, review, reconsideration, appeal, judicial review or any other administrative
6 and/or judicial action, concerning the matters set forth herein.

7 3. Respondent affirmatively agrees that this Consent Agreement shall be
8 irrevocable.

9 4. Respondent understands that this Consent Agreement or any part of the
10 agreement may be considered in any future disciplinary action by the Board against him.

11 5. Respondent understands this Consent Agreement deals with Board
12 Complaint No. 17-0114 involving allegations of unprofessional conduct against
13 Respondent.

14 6. Respondent understands that this Consent Agreement does not constitute a
15 dismissal or resolution of any other matters currently pending before the Board, if any,
16 and does not constitute any waiver, express or implied, of the Board's statutory authority
17 or jurisdiction regarding any other pending or future investigation, action or proceeding.

18 7. Respondent also understands that acceptance of this Consent Agreement
19 does not preclude any other agency, subdivision, or officer of this State from instituting
20 any other civil or criminal proceedings with respect to the conduct that is the subject of
21 this Consent Agreement.

22 8. Respondent acknowledges and agrees that, upon signing this Consent
23 Agreement and returning this document to the Board's Executive Director, he may not
24 revoke his acceptance of the Consent Agreement or make any modifications to the
25
26

1 document. Any modification to this original document is ineffective and void unless
2 mutually agreed by the parties in writing.

3 9. This Consent Agreement is subject to the approval of the Board and is
4 effective only when accepted by the Board and signed by the Executive Director. In the
5 event that the Board does not approve this Consent Agreement, it is withdrawn and shall
6 be of no evidentiary value and shall not be relied upon nor introduced in any action by
7 any party, except that the parties agree that should the Board reject this Consent
8 Agreement and this case proceeds to hearing, Respondent shall assert no claim that the
9 Board was prejudiced by its review and discussion of this document or any records
10 relating thereto.

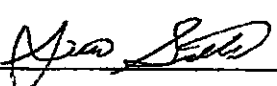
11 10. If a court of competent jurisdiction rules that any part of this Consent
12 Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement
13 shall remain in full force and effect.

14 11. Respondent understands that this Consent Agreement is a public record that
15 may be publicly disseminated as a formal action of the Board and may be reported as
16 required by law to the National Practitioner Data Bank and the Healthcare Integrity and
17 Protection Data Bank.

18 12. Respondent understands that any violation of this Consent Agreement
19 constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-
20 1901.01(B) (20) and A.R.S. § - 1927(A) (1).

21 13. Respondent agrees that the Board will adopt the following Findings of Fact,
22 Conclusions of Law and Order.
23
24
25
26

1 ACCEPTED AND AGREED BY RESPONDENT

2  2018 JUN 13 AM 11:10

3 Dated: 6/13/2018

4 Jiten Sidhu
5 Pharmacist

6 **FINDINGS OF FACT**

7 1. The Board is the duly constituted authority for licensing and regulating the
8 practice of pharmacy in the State of Arizona.

9 2. Respondent is the holder of license number S020833 which allows him to
10 practice as a Pharmacist in the State of Arizona.

11 3. The Board possesses jurisdiction over the subject matter and over
12 Respondent pursuant to A.R.S. § 32-1901 *et seq.*

13 4. At all relevant times, Respondent was employed as a Pharmacist by Banner
14 Family Pharmacy, University Medical Center—Phoenix, 1111 E. McDowell Rd. Phoenix,
15 AZ 85006.

16 5. On or about August 4, 2017, Banner Health notified the Board that
17 Respondent resigned from Banner Health on July 27, 2017.

18 6. Banner Health further explained that a recent investigation revealed the
19 Respondent was fraudulently filling prescriptions under this girlfriend's name, also a
20 Banner Health Pharmacist, and was using the medication for his own use.

21 7. Respondent admitted to writing a prescription not authorized by a medical
22 prescriber, using his girlfriend's insurance to fill the medication as his insurance would
23 not cover the early refills and consuming the medication from the bottle while on duty.

24 8. The prescribing physician on the medication bottle was contacted and she
25 denied calling in any prescription and/or any acknowledgement of the pharmacist's
26

1 actions.

2 9. The Board's investigation revealed that following prescriptions were
3 written by Respondent but not authorized:

4 a. Gabapentin 600mg #21 filled: 6/16/17; 6/21/17; and 7/25/17; filled under
5 the girlfriend's name (cash was paid)

6 b. Nabumetone 500mg #14 filled: 6/16/17 and 6/22/17 under girlfriend's
7 name (cash was paid)

8 c. Nitrofurantoin Marco 100mg filled: 1/6/17; 1/20/17, 2/21/17 and 4/11/17
9 under Respondent's name (billed to MedImpact)

10 10. In a written statement to the Board, Respondent explained that he had
11 a medical condition that caused him pain and for which he was prescribed
12 Gabapentin and Nabumetone. Additionally, he asserted that he often forgot his
13 medications at home and that is when he would make the unauthorized refills.
14 Further, he stated that he wrote them under his girlfriend's name and paid cash
15 because he was aware that his insurance provider would not authorize the early fill
16 the prescriptions.

17 CONCLUSIONS OF LAW

18 1. The Board possesses jurisdiction over the subject matter and over
19 Respondent pursuant to A.R.S. § 32-1901 *et seq.*

20 2. The Board may discipline a pharmacist who has engaged in unprofessional
21 conduct. A.R.S. § 32-1927(A) (1).

22 3. The conduct and circumstances described above constitutes unprofessional
23 conduct pursuant to A.R.S. § 32-1901.01 (B)(10), (11) and (19).

24 ORDER

25 Based upon the above Findings of Fact and Conclusions of Law,
26

1 IT IS HEREBY ORDERED THAT Pharmacist License No. S020833, which was
2 issued to Respondent for the practice of Pharmacy in the State of Arizona, is hereby
3 placed on **SUSPENSION** for a period of six (6) months. However, the suspension is
4 stayed and Respondent's license shall be placed on **PROBATION** for a minimum period
5 of five (5) years from the effective date of this Consent Agreement. The effective date of
6 this Consent Agreement and Order is the date that it is signed by the Board's Executive
7 Director.

8 The **PROBATION** is subject to the following conditions:

9 1. Respondent shall pay to the Board the sum of **\$9,000.00** in civil penalties
10 within **ninety (90) days** from the effective date of this Consent Agreement and Order.

11 2. Respondent shall furnish all pharmacy employers/preceptors with a copy of
12 this Board Order throughout the term of his probation. Respondent shall ensure that all
13 pharmacy employers/preceptors submit to the Board a written acknowledgement that they
14 have received a copy of this Consent Agreement within ten (10) days of entering into an
15 employment relationship with Respondent.

16 3. Respondent shall advise the Board immediately of any change in pharmacy
17 employment status throughout the term of his probation.

18 4. Throughout the term of Respondent's probation, Respondent shall not serve
19 as a pharmacist in charge or preceptor at any place of employment.

20 5. Respondent shall furnish the Board with a list of all jurisdictions in which
21 he maintains or has maintained licensure in the profession of pharmacy along with the
22 registration numbers of said licenses.

23 6. Respondent shall obey all federal and state laws and rules governing the
24 practice of pharmacy.

7. Throughout the term of Respondent's probation, Respondent shall personally appear before the Board when requested to do so by the Board or Board staff.

8. If Respondent violates this order in any way or fails to fulfill the requirements of this order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against the Respondent's license. The issue at such a hearing will be limited solely to whether this order has been violated.

9. Respondent shall appear before the Board at a regularly scheduled Board meeting five years after the effective date of this Order to request that the probation imposed by this Order be terminated. Respondent's failure to petition the Board to terminate the probation shall extend the probation period.

DATED this 13 day of June, 2018.

(Seal)

ARIZONA STATE BOARD OF PHARMACY

By:


KAMLESH GANDHI, PHARM.D.
Executive Director

ORIGINAL OF THE FORGOING FILED
this 14th day of June, 2018, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 14th day of June, 2018, to:

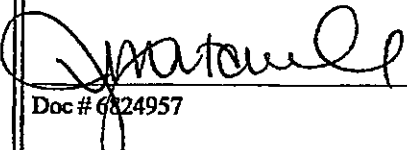
Jiten Sidhu
North 87th Street
Scottsdale, AZ 85250

1 EXECUTED COPY OF THE FOREGOING MAILED
this 14th day of June, 2018, to:

2 Nicholas Meza
3 Quarles & Brady, LLP
4 2 N Central Ave, Suite 3
Phoenix, AZ 85004
5 Respondent's Attorney

6
7 EXECUTED COPY OF THE FOREGOING MAILED
this 14th day of June, 2018, to:

8 Jeanne M. Galvin
9 Assistant Attorney General
10 15 South 15th Ave.
Phoenix, Arizona 85007
Attorney for the Board

11 
12 _____
Doc # 6824957
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10C

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

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: \$250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: Jill Middle: Lynne Last: Smith

Mailing Address: [REDACTED] Ruth Way

City: Georgetown State: KY Zip Code: 40324

Telephone: [REDACTED] E-mail Address: [REDACTED]

Date of Birth: [REDACTED] Place of Birth: Richmond, IN

SS# or ITIN: [REDACTED] Sex: ☐ M or ☒ F
(Full Number Required)

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

Indiana Date of Issuance: 07/15/1999

College of Pharmacy Information

Graduation Date: 05/09/1999
(mm/dd/yy)

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

Name of Pharmacy School: Purdue University College of Pharmacy

Location of School: West Lafayette, IN

If you are a **foreign graduate**, you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250.00 Entity #: _____

Email _____ 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?
IN	26019856A	Yes ☒ No ☐	KY	013547	Yes ☒ No ☐
NC	15746	Yes ☒ No ☐	ID	P9367	Yes ☒ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired?

Yes ☐ No ☒

Branch: _____

Military Occupation/Specialty: _____

Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. 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?	☐	☒
2. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	☒	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?	☒	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	☒	☐

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

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 ☒

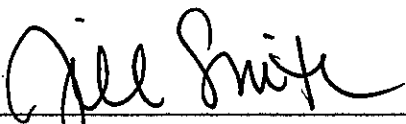
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐

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 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.

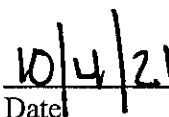
No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

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, no copies or stamps accepted



Date

Tuesday, June 22, 2021

Jill L Smith Pharmacist Licenses

Kentucky ~ 013547

Issued: 2/8/2007

Expires: 2/28/2022

Indiana ~ 26019856A

Issued: 7/15/1999

Expires: 6/30/2022

North Carolina ~ 15746

Issued: 12/8/2000

Expires: 12/31/2021

Idaho ~ P9367

Issued: 6/16/2021

Expires: 7/31/2022

Maryland ~ 28175

Issued: 8/18/2021

Expires: 7/31/2023

Mississippi ~ T-100321

Issued: 8/5/2021

Expires: 12/31/2022

Kansas ~ 1-114517

Issued: 6/28/2021

Expires: 6/30/2021

West Virginia ~ RP0012845

Issued: 8/17/2021

Expires: 6/30/2023

Tennessee ~ 45031

Issued: 7/21/2021

Expires: 7/31/2023

Tuesday, June 22, 2021

Texas ~ 68709

Issued: 7/8/2021

Expires: 7/31/2023

Virginia ~ 0202219800

Issued: 7/28/2021

Expires: 12/31/2021

Iowa ~ 24269

Issued: 9/1/2021

Expires: 6/30/2023

Nebraska ~ 17277

Issued: 9/13/21

Expires: 1/1/22

Oklahoma ~ 19394

Issued: 9/13/21

Expires: 7/31/22

Michigan ~ 5302413741

Issued: 10/1/21

Expires: 10/1/23

Jill L Smith - Personal Statement

In 2004 I was involved in an automobile accident that resulted in the prescribing of opiates for a period of time far in excess of what would be considered acceptable today. I developed a physical dependence that then segued into a psychological dependence. I started diverting from the pharmacy I worked at and was able to rationalize/justify my actions for a period of time. Ultimately, I came to fully admit to myself that I had a very serious problem that I was going to need help recovering from. I voluntarily disclosed the information to my then employer at the end of 2004. I entered an inpatient treatment program right away. Once I had completed the inpatient portion of that treatment, I voluntarily surrendered my license to practice pharmacy while I continued with outpatient treatment and focused on my recovery.

As a result of my actions, formal charges were brought against me. In August 2005 I entered a deferred prosecution program and once I successfully completed it all charges would be dropped. In July 2005, I appeared before the NC Board of Pharmacy and requested that my license be reinstated to practice pharmacy once again. I had been a part of the Pharmacist Recovery Network since March of that year and had their full support in seeking to have my license reinstated. My request was granted, and I agreed to a 5 year period of probation under the Board Order. In August 2006 all charges were dropped with the successful completion of the terms of my deferred prosecution order.

In mid 2006 my father was diagnosed with terminal cancer and was given less than 6 months to live. My husband and I decided that we needed to be closer to my family during this period of time to assist my Mother. We made the decision to move to Kentucky. Since my agreed order with NC was still active, I made full disclosure and formally appeared before the Kentucky Board of Pharmacy to request to reciprocate. My PRN contract and my Board Agreed Order was transferred to the state of Kentucky for the duration of the time which was set to expire August 17, 2010.

On August 17, 2010 my Agreed Order expired per my successful completion of the probationary period abiding by all terms and conditions as outlined in the Order. Since that day my license to practice pharmacy has been active, unrestricted and in good standing. I had been eligible to have my record expunged since the charges were dropped in August of 2006. But life just kept moving forward uneventfully and it just never became a priority for me to do so. I started a new job recently that will require me to become licensed in multiple states. In November 2020 I contacted an attorney to complete the expunction. My petition to have my record expunged was granted on January 13, 2021. All related documents are within this application file.

I live my life through the principles that I learned in my recovery process. Being open, honest, and treating others with the respect that I wish to be treated with myself. I do my best not to get caught up in the small things that ultimately don't matter all that much. I maintain a balance between work and home. I now have two little girls that are 8 and 10. Without going through everything that I have I do not believe I would be half the mother that I am now. I have been in recovery now for over 15 years, but I remember that time in my life as if it was

yesterday. I remember very clearly listening to others speak about their experiences in recovery and that they are grateful for having gone through those experiences for allowing them to become the person that they now are. 15 years ago, when listening to them say this I could not understand how they could possibly be grateful as a result. Over the years their words became my words. I am truly a grateful recovering addict.

Thank you,

Jill L Smith RPh

Jill L Smith, RPh

CRIMINAL HISTORY RECORD INFORMATION							
To Any Presiding Judge In The Above-Named County And Court: (Confidential) I have conducted a search of the criminal records of the North Carolina State Bureau of Investigation and the Federal Bureau of Investigation, based on the information provided, which has not been verified by fingerprint comparisons, and certify that ☐ there is no criminal record for the petitioner other than the offense(s) identified on the reverse of this form. ☒ the Criminal History Record Information which is attached is a true and accurate statement of all information contained in the criminal records of the State and Federal Bureaus of Investigation for the petitioner identified on the reverse side of this form.							
Date	SID No.	Name Of SBI Official (type or print)	Signature Of SBI Official				
12-16-2020	NC1121313A	Melissent Kuryla					
REPORT BY ADMINISTRATIVE OFFICE OF THE COURTS							
To Any Presiding Judge In The Above-Named County And Court: (Confidential) I have not searched the NCAOC's confidential expunction file because a prior expunction search is not required for an expunction under G.S. 15A-146.							
Date	Name Of Records Officer (type or print)		Signature Of Records Officer				
DEC 30 2020	Ashley M. Naleimalle						
FINDINGS OF FACT							
After a hearing on the petition/motion, the Court makes the following findings of fact: 1. Petitioner was charged with those offenses indicated on Side One. 2. Said charges were disposed of as indicated in the Petition on Side One. 3. There is a civil revocation record that resulted from the offense(s) the petitioner is seeking to expunge. 4. Petitioner has not previously been convicted of a felony. 5. Petitioner ☒ is ☐ is not eligible for an expunction of the offense(s) listed on Side One. If not eligible, it is because:							
ORDER							
Therefore, the Court hereby ORDERS: ☒ 1. The petition is granted. It is ordered that any and all entries relating to the petitioner's apprehension, charge, trial, or conviction and any civil revocation of his/her drivers license resulting from the criminal charge shall be expunged from the records of the court. All law enforcement agencies, the Division of Adult Correction and Juvenile Justice of the Department of Public Safety, the Division of Motor Vehicles, and any other State or local government agency identified on Side One and on any AOC-CR-285 form that is attached to this petition shall expunge from all official records any entries relating to the person's charge, conviction, if any, and any civil revocation of his/her drivers license resulting from the criminal charge. No agency shall expunge a record of a civil revocation entered pursuant to G.S. 20-16.2, no agency shall expunge a record of a civil revocation prior to the final disposition of any pending civil or criminal charge based upon the civil revocation, and the Division of Motor Vehicles shall not expunge records for which expunction is otherwise prohibited by G.S. 15A-151. ☐ 2. For the reason(s) identified in Finding No. 5, the petition is denied.							
NOTE TO CLERK: If denied, file this Order in the case file. Upon expiration of the deadline for appeal from a denial of this Order, destroy any documentation provided with the petition, such as a criminal history report. If granted, send a certified copy of this Order to the petitioner at the address listed on Side One or an updated address as provided by the petitioner.							
Date	Name Of Presiding Judge (type or print)		Signature Of Presiding Judge				
1-13-2021	JONAMAS Denny						
CERTIFICATION BY CLERK							
I hereby certify that this form is a true and complete copy of the original in this case, and if granted, a certified copy of this Order was sent on the date shown below to the petitioner, the State Bureau of Investigation, the Department of Public Safety, the Division of Motor Vehicles, and to the arresting agency and any other State or local government agency identified on Side One and on any attachment to this petition.							
Date	Name (type or print)	Signature Of Clerk	☒ Dep. CSC ☐ Asst. CSC ☐ Clerk Of Superior Court				
1/13/21	Jennifer D. Gibson		SEAL				
NOTE TO CLERK: If granted, always send a certified copy of this Order under seal to the petitioner, to all the agencies listed in Certification By Clerk above, and to the NCAOC. Send copies for the arresting agency and additional agencies to the addresses provided by the petitioner. Send SBI, DPS, DMV, and NCAOC copies to: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">State Bureau of Investigation Attn: Expunction Unit PO Box 29500 Raleigh, NC 27626</td> <td style="width: 25%;">NC Department of Public Safety Attn: Combined Records Section 4226 Mail Service Center Raleigh, NC 27699-4226</td> <td style="width: 25%;">NC Division of Motor Vehicles, Driver and Vehicle Services, Driver Assistance Branch Attn: Hearings/Adjudication Unit 3118 Mail Service Center Raleigh, NC 27699-3118</td> <td style="width: 25%;">NC Administrative Office of the Courts Court Services Attn: Records Officer PO Box 2448 Raleigh, NC 27602</td> </tr> </table>				State Bureau of Investigation Attn: Expunction Unit PO Box 29500 Raleigh, NC 27626	NC Department of Public Safety Attn: Combined Records Section 4226 Mail Service Center Raleigh, NC 27699-4226	NC Division of Motor Vehicles, Driver and Vehicle Services, Driver Assistance Branch Attn: Hearings/Adjudication Unit 3118 Mail Service Center Raleigh, NC 27699-3118	NC Administrative Office of the Courts Court Services Attn: Records Officer PO Box 2448 Raleigh, NC 27602
State Bureau of Investigation Attn: Expunction Unit PO Box 29500 Raleigh, NC 27626	NC Department of Public Safety Attn: Combined Records Section 4226 Mail Service Center Raleigh, NC 27699-4226	NC Division of Motor Vehicles, Driver and Vehicle Services, Driver Assistance Branch Attn: Hearings/Adjudication Unit 3118 Mail Service Center Raleigh, NC 27699-3118	NC Administrative Office of the Courts Court Services Attn: Records Officer PO Box 2448 Raleigh, NC 27602				
NOTE TO PETITIONER: If this petition is granted, the clerk of superior court will send you a certified copy of the final order for your records at the address listed on Side One. If you move, you must notify the clerk in writing of your change of address in order to receive a certified copy. After the case is expunged, the clerk of superior court will have no record of the case and will be unable to provide you with any documentation of the case. This includes the expunction order; it will be destroyed with the case file.							
C/AOC DAC AAY DMV SBI SFF NCSBI (Harrisburg Office)							

07-9001

License # 13547
COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY

IN RE: PETITION FOR RECIPROCITY OF JILL L SMITH

AGREED ORDER OF RECIPROCITY

Come the parties, the Kentucky Board of Pharmacy (hereafter "Board") and
Jill L. Smith (hereafter Smith), and both being fully informed regarding the
matter set forth herein, state as follows.

- (1) Pursuant to KRS Chapter 315, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies, not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.
- (2) Smith is a registered pharmacist with the State of North Carolina (15746) and is seeking to reciprocate to Kentucky.
- (3) On or about February, 2005, Smith voluntarily surrendered her North Carolina pharmacist license for diversion and impairment.
- (4) On or about August 17, 2005, Smith's license to practice pharmacy was reinstated.
- (6) Smith's North Carolina pharmacist license is currently on probation by the North Carolina Board of Pharmacy.
- (7) Smith appeared before the Board on October 20, 2006 to present a petition to reciprocate her pharmacist license from North Carolina to Kentucky.
- (8) On October 20, 2006, the Board determined that Smith presented evidence to support her current ability to practice as a pharmacist provided she is

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KY BOARD OF PHARMACY
2007 JAN 30 P 1:22

subject to terms and conditions that monitor Smith's practice. Thus, the Board ordered that Smith be allowed to reciprocate her pharmacist license to practice the profession of pharmacy with conditions, and Smith agrees to each of the conditions stated in *this Agreed Order*.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

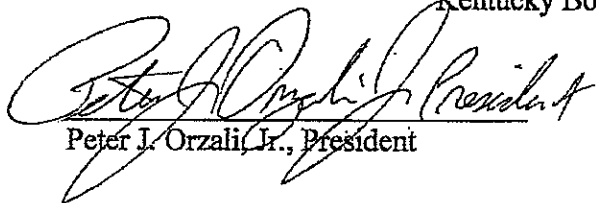
(A) Pursuant to KRS 315.120(2) and 315.121 (4), Smith's Pharmacist license from North Carolina is allowed to reciprocate to Kentucky upon satisfying paying the application fee for reciprocity and submitting a completed application to the Board and successful completion of the AIDS continuing education requirement and the successful completion of the Kentucky MPJE.

(B) Smith's pharmacist license is placed on probation until August 17, 2010 and is subject to the following terms and conditions:

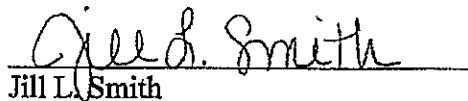
- (1) Smith shall not work more than forty (40) hours per week or more than eighty (80) hours in any two (2) week period, overtime maybe approved by the Pharmacist Recovery Network Chairperson;
- (2) Smith shall provide a copy of this *Agreed Order of Reciprocity* to all employers and a perpetual inventory is required at the pharmacy fro C-II and this perpetual inventory must be made available to the Board upon request and audits may be conducted;
- (3) Smith shall sign and be in compliance of an aftercare contract with the Kentucky Pharmacist Recovery Network Committee (PRN) for as long as she is under the terms of this *Agreed Order of Reciprocity*, and Smith shall notify the Board within five (5) days of any material change in adherence to that contract;
- (4) Smith shall provide to the Board a signed release granting the Board access to all medical records and patient information;
- (5) Smith shall attend AA or NA meetings no less than three (3) times per week and provide monthly written attendance reports to the Board;

- (6) Smith shall agree to random observed drug and alcohol screens for licit and illicit drugs of abuse and over-the-counter medications each year during the years of probation, with all expenses to be paid by Smith. All drug screens shall be coordinated through the Chair of the PRN or the Executive Director of the Board. The agency that provides the collection shall be approved by the Chair of PRN. A copy of the results for each sample shall be forwarded to the Board immediately upon completion of analysis. A report indicating a presumptive presence shall constitute a conclusive basis, without the necessity of a hearing, for a determination that Smith is not in compliance with the terms of this *Agreed Order of Reciprocity*;
- (7) Smith shall not ingest, or otherwise use, any mood altering substance whether legend or nonlegend medication;
- (8) Smith shall not ingest alcoholic beverages;
- (9) Smith shall notify the Board in writing within three (3) days of each legend and nonlegend drug she has been prescribed. The notification shall include the name and strength of the medication, anticipated duration of treatment, and the name, address, and telephone number of the prescribing practitioner and Smith agrees that she gives up the right to self medicate with the exception of single entity OTC NSAIDS and acetaminophen;
- (10) Smith is precluded from accepting a position of Pharmacist-in-Charge, Preceptor or from exercising Power-of-Attorney for purposes of purchasing controlled substances for the first two years of this probation;
- (11) Smith shall keep the Board advised at all times of her places of employment and shall only practice at a location and a work schedule that has received prior approval of the Board or its President;
- (12) The Board shall conduct quarterly inspections for the first two years, thereafter the inspections will be biannual with the approval of the PRN Committee and Board Inspector, at all locations of employment or practice as a pharmacist, the costs of which, not to exceed \$500 per inspection, shall be paid by Smith to the Board within thirty (30) days of invoicing by the Board. Costs shall be determined as time, travel costs, and mileage charges of the inspector(s);
- (13) Smith shall obtain all of her prescriptions and those of her family at a pharmacy designated in writing to the Board and shall not dispense any drugs for herself or her family;
- (14) Smith shall attend within one (1) year of the entry of this *Agreed Order of Reciprocity* either the University of Utah School on Alcoholism and other Drug Dependencies, the

- Southeastern PRN Meeting, or CAPTASA and shall provide a certificate of attendance;
- (15) If Smith commits any other act that results in a violation of a federal or state pharmacy or drug statute or regulation, this may result in an emergency suspension of her pharmacist's license or his required appearance before the Board or the Board's right to issue a Complaint against Smith's license and impose any applicable penalties pursuant to KRS Chapter 315;
 - (16) Smith shall make all appearances before the PRN as requested and shall provide monthly written self-performance evaluation to the Board and the Chair of the PRN;
 - (17) Smith shall not seek to amend or modify this *Agreed Order of Reciprocity*. This *Agreed Order of Reciprocity* constitutes the entire agreement between the parties and Smith is not relying on any other agreement or representations of any kind, verbal, or otherwise;
 - (18) By practicing pursuant to this *Agreed Order of Reciprocity* and by her signature on this *Agreed Order of Reciprocity*, Smith expressly acknowledges that she was fully and completely informed of her right to due process and right to legal counsel, that she fully understands those rights, and that she knowingly, voluntarily, and willingly agrees to waive those rights, and that she will practice the profession of pharmacy in the Commonwealth in conformity with the requirements of this *Agreed Order of Reciprocity* and all applicable pharmacy and drug laws;
 - (19) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act; and
 - (20) A fully executed copy of the *Agreed Order of Reciprocity* is evidenced by the date it is signed by the President of the Kentucky Board of Pharmacy.


 Peter J. Orzali, Jr., President

1/27/07
 Date


 Jill L. Smith

1/23/07
 Date

BEFORE THE NORTH CAROLINA BOARD OF PHARMACY

In The Matter Of:

Jill Lynne Smith
(License No. 15746)

)
)
)

ORDER REINSTATING LICENSE

THIS MATTER was heard on July 19, 2005, by the North Carolina Board of Pharmacy, located at 6015 Farrington Rd., Suite 201, Chapel Hill, North Carolina, upon the request of Jill Lynne Smith (Petitioner) for reinstatement of her license to practice pharmacy in the state of North Carolina. Consideration of the Petitioner's request was heard based upon records in this proceeding, and the testimony and other materials of record presented at the hearing, the Board makes the following:

FINDINGS OF FACT

1. Petitioner was licensed on December 8, 2000, to practice pharmacy by the North Carolina Board of Pharmacy and was the holder of license number 15746.
2. On January 12, 2005, Investigator Tim Jones of the North Carolina Board of Pharmacy met with Petitioner to discuss her addiction and diversion of Hydrocodone from CVS Pharmacy located at 14600 Lawyers Road, Matthews. Petitioner admitted to diverting Hydrocodone beginning in the summer of 2004. In late November or early December of 2004, Petitioner decided to stop the consumption of the Hydrocodone and began a self-developed program. On January 6, 2005, she was confronted by CVS Loss and Prevention Department and admitted to the allegations of diversion. At that time she was placed on short-term disability.

3. Petitioner stated to Investigator Jones that she was in the process of signing a PRN contract and had contacted Paul Peterson of NC Pharmacist Recovery Network and planned to enter into treatment. Investigator Jones asked if she would be willing to voluntarily surrender her license to practice pharmacy. Petitioner stated she wish to discuss this option with Paul Peterson before agreeing to the surrender of her license. Investigator Jones placed a call to Mr. Peterson for the Petitioner. Following the conversation the Petitioner stated she would contact Investigator Jones with her decision at a later date.
4. On February 9, 2005, Investigator Sandra Burns contacted CVS Pharmacy supervisor Mickey Price confirming that Petitioner Smith was still employed and currently on a leave of absence. Petitioner had admitted to Pharmacist Price of diverting Hydrocodone from CVS Pharmacy, Lawyers Road, Matthews.
5. Investigator Burns interviewed CVS Pharmacist Manager RaeLynn Baron at CVS Pharmacy, Lawyers Road, Matthews. Pharmacist Baron stated that Petitioner began working at the location in April 2004. During her employment, staff commented on Pharmacist Smith stumbling around and falling asleep during work. In mid November 2004, Pharmacist Baron received a call from a CVS Technician stating that while working Petitioner Smith had passed out. Pharmacist Baron went to the store and found Petitioner in an apparent drunken state. Petitioner Smith told Pharmacist Baron this was due to hypoglycemic state. This behavior continued beyond November 2004, and Pharmacist Baron indicated that she believed CVS Loss and Prevention was aware of this situation.

6. On January 2005, Pharmacist Baron was notified by CVS Corporation that Pharmacist Smith had admitted to diversion of Hydrocodone products.
7. Investigator Burns spoke with Technician Karen Pearson of CVS Pharmacy on Lawyer Road who stated she had witnessed Petitioner Smith falling asleep at the counter while working on November 23, 2004.
8. Investigator Burns also conducted an audit of Hydrocodone 10/325mg. The audit period was September 1, 2003 through February 8, 2005, indicating a loss of (1769) dosage units. Pharmacist Smith agreed that this amount was consistent with what she had taken from the pharmacy.
9. Investigator Burns interviewed Pharmacist Smith on March 2, 2005. During the interview Petitioner Smith said that she was confronted by CVS Loss and Prevention as well as the CVS District Pharmacy Supervisor in January of 2005. At that time she admitted to diverting Hydrocodone from the pharmacy.
10. Investigator Burns asked Petitioner if she would surrendered her license on this date and Petitioner said she wanted to speak to her husband before she surrendered her license.
11. On March 8, 2005, Investigator Burns provided SBI agent John King with the audit results from CVS Pharmacy located at Lawyers Road, Matthew, N.C.
12. On March 14, 2005, Investigator Burns traveled to CVS Pharmacy in Wadesboro, North Carolina, where Petitioner Smith had previously been employed, and spoke with Pharmacist Manager Tom Promfrey. He did not offer any information relevant to the investigation.

13. On March 18, 2005, Petitioner voluntarily ceased practicing pharmacy in North Carolina.
14. Pharmacist Smith was charged with (1) felony count of embezzlement by employee by the State Bureau of Investigation.
15. Hearing date for Petitioner's case is scheduled for August 15, 2005, Union Superior Criminal Court. Petitioner expects to receive an order of Deferred Prosecution Program of the felony count of embezzlement by employee of register.
16. Petitioner contacted Paul Peterson of the NC Pharmacist Recovery Network and she entered into 5 year NCPRN contract. On January 13, 2005, Petitioner entered into the Pavilion International Treatment for a (43) day residential treatment program.
17. Paul Peterson spoke on behalf of Petitioner's recovery indicating she is in an after care program. She also attends monthly International Pharmacists Anonymous (IPA) meetings. In addition, Petitioner has had 14 negative drug screens.

CONCLUSION OF LAW

Petitioner has demonstrated that she has been in a period of successful recovery and compliance with her N.C. Pharmacist Recovery Network contract. The North Carolina Board of Pharmacy, in its discretion, concludes the Petitioner can safely resume the practice of pharmacy, subject to the conditions set forth below.

IT IS THEREFORE ORDERED AND DECREED that Petitioner's license to practice pharmacy shall be reinstated subject to the following conditions:

1. Petitioner shall provide evidence to the Board's Executive Director of the entry of the Deferred Prosecution Program for the felony charges. Once received and reviewed by the Executive Director the license will be reinstated.
2. Petitioner shall successfully complete her PRN contract.
3. Petitioner shall advise the Board promptly in writing of any change of address or change in practice status.
4. Petitioner shall obtain prior approval of all employment as a pharmacist from the Board's Executive Director during the term of her PRN contract.
5. Petitioner shall not serve as pharmacist manager of any pharmacy.
6. Petitioner shall not serve as a preceptor of pharmacy interns or resident students.
7. Petitioner may not be employed as a pharmacist in excess of 40 hours per week, on the average.
8. Petitioner shall be subject to unannounced drug screens to be performed at her expense by the Board or its agents, and shall supply urine, blood, hair, nail, or any other bodily fluid or tissue sample required for the screening. Results of the screening shall not disclose the presence of any controlled substances, prescription drug, or alcohol, which was not previously prescribed for Petitioner by a practitioner acting in the normal course of medical treatment of Petitioner.
9. Petitioner shall violate no laws governing the practice of pharmacy or the distribution of drugs.
10. Petitioner shall violate no rules or regulations of the Board.

This the 17th day of August, 2005.

NORTH CAROLINA BOARD OF PHARMACY

By: David R. Work
David R. Work
Executive Director

MICROFILM AUDIT TRAIL

AGC-G-119, Rev. 7/99
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STATE OF NORTH CAROLINA

UNION County

STATE VERSUS

Defendant

JILL LYNE SMITH

File No

05CR552157

In The General Court Of Justice

☐ District ☒ Superior Court DivisionDISMISSAL
NOTICE OF REINSTATEMENT

G.S. 15A-302(a), -331, -332, -333

File Number

05CR552157

Court No.(s)

1

Offense(s)

(F) EMBEZZLE CS BY EMPLOYEE

DISMISSAL

NOTE: Recall all outstanding Orders For Arrest in a dismissed case

☒ The undersigned prosecutor enters a dismissal to the above charge(s) and assigns the following reasons:

- ☐ 1 No crime is charged
- ☐ 2 There is insufficient evidence to warrant prosecution for the following reasons

☐ 3 Defendant has agreed to plead guilty to the following charges

in exchange for a dismissal of the following charges

☒ 4 Other (specify)

DEFENDANT HAS SUCCESSFULLY COMPLETED THE DEFERRED PROSECUTION PROGRAM

A jury has not been impaneled nor has evidence been introduced. (If a jury has been impaneled, or if evidence has been introduced, modify the sentence accordingly.)

☐ DISMISSAL WITH LEAVE

The undersigned prosecutor enters a dismissal with leave to the above charge(s) and assigns the following reasons:

- ☐ 1 The defendant failed to appear for a criminal proceeding at which the defendant's attendance was required and the prosecutor believes that the defendant cannot readily be found.
- ☐ 2 The defendant has been indicted and cannot readily be found to be served with an Order For Arrest.
- ☐ 3 The defendant has entered into a deferred prosecution agreement with the prosecutor in accordance with the provisions of Article 22 of G.S. Chapter 15A.
- ☐ 4 The defendant has been found by a court to be incapable of proceeding pursuant to Article 55 of G.S. Chapter 15A.
- ☐ 5 Other (specify)

NOTE: This form must be completed and signed by the prosecutor when the dismissal occurs out of court. The better practice is for the prosecutor to complete and sign the form when the charges are orally dismissed in open court.

Also, in accordance with G.S. 15A-831(a1), unless the defendant or the defendant's attorney has been otherwise notified by the prosecutor, a written dismissal of the charges against the defendant must be served in the same manner prescribed for motions under G.S. 15A-831. If the record reflects that the defendant is in custody, the written dismissal shall also be served by the prosecutor on the chief officer of the custodial facility where the defendant is in custody.

Date

08-31-2006

Name Of Prosecutor (Type Or Print)

MICHAEL D. PARKER, DISTRICT ATTORNEY

Signature Of Prosecutor

[Signature]

☐ REINSTATEMENT

This case, having previously been dismissed with leave as indicated above, is now reinstated for trial.

Date

Name Of Prosecutor (Type Or Print)

Signature Of Prosecutor

050RS 52157

MICROFILM AUDIT TRAIL

[illegible]

**Notice of Completion of Probation
Deferred Prosecution
20th Prosecutorial District**

State of North Carolina

File No. 03CRS 52167

3000 County

District ✓ Superior Court

vs.

Notice of Completion of Probation

J. H. Smith
Name of Defendant

Offense Charged:

(F) Larceny CS by Employee of Reg

The above named Defendant successfully completed all terms and conditions of probation required by the deferred prosecution agreement in the above case as of

February 18, 2006

[Signature]
Probation and Parole Officer

This form must be completed and forwarded to Pam McSheehan with the District Attorney's Office in order for a final dismissal to be filed.

**LEAD DOCUMENT FOR
MICROFILMING**

MICROFILM AUDIT TRAIL

[illegible]

DCC-2
10/01

DIVISION OF COMMUNITY CORRECTIONS ACKNOWLEDGEMENT AND MONETARY CONDITIONS

STATE OF NORTH CAROLINA

UNION COUNTY

52157

IN THE SUPERIOR COURT

DOCKET# 05 CRB 51257

THE STATE OF NORTH CAROLINA

JILL LYNN SMITH

☒ Acknowledgement: I have received a copy of my V probation judgement Order on Violation or
 Motion to Modify DCC70 Intermediate Supervision Rules and Regulations containing all the conditions of my
 probation.

I acknowledge that as a condition of my probation, I will be required to abide by a curfew. I agree not to be away
 from my place of residence between the hours of _____ in and _____ in unless approved in
 writing by my Probation Officer.

☒ Monetary Condition:
 Payment Schedule: The defendant shall pay to the Clerk of Court the "Total Amount Due" as shown below at
 the rate of 450.00 per month, beginning on 8-15-05 and continuing on the same day of each month
 thereafter until paid in full. Schedule includes the monthly supervision fee as set out by law unless remitted by the
 Court or waived while paying the monthly supervision fee in another case.

☒ Total Amount Due \$213.10

The defendant is under the supervision of the Division of Community Corrections and is required as a condition of
 supervision to pay to the Clerk of Superior Court pursuant to a payment schedule determined by the Probation
 Officer. I acknowledge that at this date the balance of the total amount due is set out above. I have discussed
 with the Probation Officer the payment schedule set out above and agree to comply. I further understand that my
 failure to make payments required above constitutes a violation of my conditions of probation.

☒ At the direction of the Probation Officer, the defendant shall serve an active term of _____ hours _____ days in
 the _____ Co jail as follows:

The defendant shall report as a sober condition to begin serving this term on
 _____ at _____ in and serve in a custody unit
 at _____ in.

The defendant shall again report as a sober condition to continue serving this term on the same day of
 each week for the next _____ or a future week and shall remain in custody during the court hours
 each week.

Other 24 Hours of community svc

DATE: 08-15-05

DEFENDANT'S SIGNATURE

WITNESS

[Signature]
[Signature]

ORDER for DEFERRED PROSECUTION 20th PROSECUTORIAL DISTRICT

State of North Carolina
Union County

FILED

File 05CURS51257
Superior Court Division

State of North Carolina
Vn.

DATE 8-15-05 TIME 12:22pm

UNION COUNTY CSC.

ORDER

Jill Lyane Smith,
Name of Defendant

BY Clandall

Offense Charged: (F) Embezzle CS by Employee of Reg.

This matter having come before the Court upon a Motion for deferred prosecution, and the Court having considered all matters presented; the Court finds as follows:

- (1) The Prosecutor, in an effort to allow the defendant to demonstrate his good conduct, had agreed to defer prosecution in this matter pursuant to a written agreement.
- (2) Each known victim of the crime has been notified by subpoena or mail of the motion for deferred prosecution and each has been given the opportunity to make a response.
- (3) The defendant has fully and completely admitted his responsibility for the offense charged.
- (4) The defendant meets all minimum eligibility requirements.
- (5) The defendant is unlikely to commit another offense.

It is therefore, **ORDERED**, that the defendant be placed on probation, as provided in N.C.G.S. 15A-134 (a) (1), pursuant to that deferred prosecution agreement which is attached hereto as "Exhibit A" and which is incorporated in its entirety herein as an **ORDER** of this Court.

This the 15 day of August, 2005.


Judge Presiding

11A-707-003 Revised 1-2000

Copies to
pg 24
Civil

MOTION FOR DEFERRED PROSECUTION

20th PROSECUTORIAL DISTRICT

State of North Carolina
Union County

File 05CR52157
Superior Court Division

State of North Carolina

Vs.

MOTION AND APPLICATION FOR DEFERRED PROSECUTION

Jill Lynne Smith
Name of Defendant

Offense Charged: (E) Embezzle CS by Employee of Reg.

Now comes the Defendant, by and through his attorney; together with the State, by and through the undersigned, pursuant to G.S. 15A-1341(a)(1) moving the Court to allow this prosecution to be deferred pursuant to Article 82 of Chapter 15A of the General Statutes of North Carolina.

In support of this MOTION the parties, upon information and belief, say as follows:

- (1) The prosecutor, in an effort to allow the defendant to demonstrate his good conduct, has agreed to defer prosecution in this matter pursuant to a written agreement.
- (2) Each known victim of the crime has been notified by subpoena or mail of this motion for deferred prosecution and each has been given the opportunity to be heard.
- (3) The defendant fully and completely admits his guilt and responsibility for the offenses charged.
- (4) The defendant meets all minimum eligibility requirements.

This done on 15th day of August, 2005.


Attorney for Defendant


Signature of Defendant


Signature of Prosecutor

PROBATIONARY DEFERRED PROSECUTION CONTRACT

State of North Carolina
Union County

File # 05CR552157
Superior Court Division

State of North Carolina

Vs.

CONTRACT

Jill Lynne Smith,
Defendant

Offense Charged: (F) Embezzle CS by Employee of Reg.

I, the Defendant/Client in this matter, hereby freely admit my guilt to the charges against me in this case. I freely acknowledge that I did act sufficient to constitute the crime alleged, as set out in the Admission Form DA-PDP 002.

In consideration of the deferment of prosecution in my case, I state as follows:

General Terms of Contract

- (1) I request entry into the probationary deferred prosecution program (PDP) of the 20th Prosecutorial District.
- (2) I intend to demonstrate my good conduct during the life of this contract.
- (3) I acknowledge that if I do not successfully complete the terms of this PDP contract, then my statement of guilt here may be used against me without objection during the trial of this case.
- (4) I agree to cooperate fully with all personnel involved in this program.

In further consideration of entry into the PDP program, I agree to abide by the following terms:

Specific Terms of Contract

- (1) I shall perform 24 hours of community service as directed by the Probationary Deferred Probation Supervisor.
- (2) I shall not be involved in any criminal activity during the length of this PDP contract.
- (3) I will submit at reasonable times to warrantless searches of my person, vehicle or premises while I am present. Any such search shall be done by my PDP supervisor or their designee. (for stolen property, controlled substances, or prescription pads)
- (4) I will report to the office of my PDP supervisor as directed; truthfully answer all inquiries relating to my PDP; and allow the PDP supervisor to visit my home, place of employment, school or wherever I may be.

- (5) I will submit immediately to screening for use of controlled substances upon request of my PDP supervisor.
- (6) I will pay any applicable probation supervision and/or community service fee, (\$30.00 per month for probation and \$200.00 community service)
- (7) I will pay restitution in the amount of \$1851.00. This money is to be paid into the Clerk of Court's office for disbursement to: **CVS Pharmacy**
- (8) I shall abide by any curfew established by the Court or in writing by my PDP supervisor.
- (9) I shall report to my PDP supervisor any change of address or employment.
- (10) I shall maintain employment or attend school during the terms of PDP.
- (11) Special Terms and conditions: **That the restitution is to be paid on probation.**
- (12) I understand and agree that my case will be reviewed at the end of this term of deferral. I further understand that the charges deferred will be prosecuted if I fail to fulfill any term of this PDP contract and I fully agree that admissions made by me in this contract may and shall be used in any subsequent trial of the charges that are being deferred.

I acknowledge that this PDP program has been fully explained to me and that I have been advised that I have the right to an attorney to review this contract. I freely and voluntarily accept both the general, specific and special terms and conditions of this deferment program.

I agree that if a decision to revoke this agreement is made, notice mailed to the last known address I have given my PDP supervisor shall constitute legal and sufficient notice for me concerning the reinstatement of criminal charges against me, and my failure to return to court as so notified shall result in an **ORDER FOR MY ARREST.**

The term of this PDP contract shall be for 6 months beginning _____
This done on 8th day of August, 2005.

[Signature]
Attorney for Defendant

[Signature]
Signature of Defendant

The undersigned accept Jill Lynne Smith, into the Deferred Prosecution Program under the general, specific and special terms and conditions of this contract and agreement.
This the 15th day of August, 2005.
[Signature]
Signature of District Attorney

The foregoing agreement was executed under oath by _____ on _____ day of _____, 20____.

**DISMISSAL WITH LEAVE
DEFERRED PROSECUTION
20TH PROSECUTORIAL DISTRICT**

State of North Carolina
Union County

File 05CR552157
Superior Court Division

State of North Carolina

Vs.

**VOLUNTARY DISMISSAL
WITH LEAVE**

Jill Lynne Smith,
Defendant.

Offense Charged: (F) Embezzle CS by Employee of Reg

Now comes the State, by and through the undersigned taking a voluntary dismissal with leave in this matter pursuant to G.S. 15A-932 (a) (1) for the reason that this prosecution is being deferred pursuant to Article 82 of Chapter 15A of the General Statutes of North Carolina.

This the 15th day of August, 2005

S. M. D. Parker
DISTRICT ATTORNEY

Re-instatement

The defendant, having failed to comply with the terms and conditions of the deferred prosecution contract, the case is hereby re-instated for hearing on the merits by the Court.

This done on _____ day of _____, 20____

DISTRICT ATTORNEY

STATE OF NORTH CAROLINA

Union

County

File No.

05CRS 52157

In The General Court Of Justice

☐ District ☒ Superior Court Division

STATE VERSUS

Name Of Defendant

J. I. Smith

WAIVER OF COUNSEL

G.S. 7A-457, 15A-1242

Additional File No. (s) And/or Offense(s)

Embezzle CS by Employee of Reg

ACKNOWLEDGMENT OF RIGHTS AND WAIVER

As the undersigned party in this action, I freely and voluntarily declare that I have been fully informed of the charges against me, the nature of and the statutory punishment for each such charge, and the nature of the proceedings against me; that I have been advised of my right to have counsel assigned to assist me and my right to have the assistance of counsel in defending against these charges or in handling these proceedings, and that I fully understand and appreciate the consequences of my decision to waive the right to assigned counsel and the right to assistance of counsel.

I freely, voluntarily and knowingly declare that:

(check only one)

☒ 1. I waive my right to assigned counsel and that I, hereby, expressly waive that right.☐ 2. I waive my right to all assistance of counsel which includes my right to assigned counsel and my right to the assistance of counsel. In all respects, I desire to appear in my own behalf, which I understand I have the right to do.

SWORN AND SUBSCRIBED TO BEFORE ME

Date

8-15-05

Date

8-15-05

Signature

C. E. M. [Signature]

Signature Of Defendant

J. I. Smith [Signature]

☒ Deputy ESC☐ Assistant CSC☐ Clerk Of Superior Court

CERTIFICATE OF JUDGE

I certify that the above named defendant has been fully informed in open court of the charges against him/her, the nature of and the statutory punishment for each charge, and the nature of the proceeding against the defendant and his/her right to have counsel assigned by the court and his/her right to have the assistance of counsel to represent him/her in this action; that the defendant comprehends the nature of the charges and proceedings and the range of punishments; that he/she understands and appreciates the consequences of his/her decision and that the defendant has voluntarily, knowingly and intelligently elected in open court to be tried in this action:

(check only one)

☒ 1. without the assignment of counsel.☐ 2. without the assistance of counsel, which includes the right to assigned counsel and the right to assistance of counsel.

NOTE: For a waiver of assigned counsel only, both blocks numbered "1" must be checked. For a waiver of all assistance of counsel, both blocks numbered "2" must be checked.

Date

8-15-05

Signature Of Judge

W. David Lee [Signature]

Name Of Judge (Type Or Print)

W. David Lee

ADMISSION IN DEFERRED PROSECUTION CASE

State of North Carolina
Union County

File 05CR552157
Superior Court Division

State of North Carolina

Vs.

ADMISSION

Jill Lynne Smith,
Name of Defendant

Offense : (F) Embezzle CS by Employee of Reg

- I, the above named defendant, acknowledge that I have been told of my constitutional right to plead not guilty on the above charges and have a trial. I have also been told that I have a right to an attorney to represent me in this matter and that if I cannot afford one, an attorney may be appointed for me.
- Further, I have been informed that anything I say in this statement of admission can be used against me if I am subsequently tried in this matter or in any other criminal proceedings.
- I waive any rights I have to a speedy trial if this matter is deferred.
- I understand that if I fail to meet all the terms of this deferred prosecution contract, I will be prosecuted on the criminal charges against me.
- I have applied for entry into a deferred prosecution program.
- I agree to the following stipulated facts concerning my conduct and responsibilities in this matter: from approx 8/1/04 to 1/3/05 in Union Co., N.C., as an employee of CVS Pharmacy #2379 Hatteras, NC, who was authorized to possess controlled substances by virtue of my employment. I intentionally, unlawfully and deliberately embezzled a controlled substance from CVS Pharmacy, Union legal authorization to be so.
- This the 8th day of August, 2005.


Signature of Attorney

Signature of Witness
(if no attorney)


Signature of Defendant

JUL-20-2005 10:06 AM CVS PHARMACY

7043424951

P. 01/01

JUL-27-2005 WED 09:29 AM CVS Pharmacy 2977

7046621091

P. 02

VICTIM IMPACT STATEMENT

Deferred Prosecution

Please return this form as soon as possible to:

Tom McGowan, Administrative Assistant

C/o District Attorney's Office

P. O. Box 1063

Marion, NC 28111-1063

Name of Defendant(s)

Jill Lyne Smith

Case Number: 05CR321157

Date of Offense: 8-1-2004

Crime: (F) Embezzle CS by

Employee of Reg

A. VITAL INFORMATION: (Please print or type)

Name of victim: CVS Pharmacy

Address: 14600 Lawyers Rd

Matthews, NC 28104

B: PROPERTY DAMAGE OR LOSS:

When possible, you should get proof to back up your estimate. This may include estimates of, or receipts for, repair and replacement property, etc. **DO NOT MAIL ORIGINAL DOCUMENTS. PLEASE SEND COPIES!** List property that was stolen or damaged and state the value or damage and how much of this will be covered by insurance.

KIND OF PROPERTY	AMOUNT OF LOSS	AMOUNT OF DAMAGE	INSURANCE PAYMENT	INSURANCE DEDUCTIBLE
Drugs	\$1851.00		\$	\$
Please give total: \$1851.00				

C: PERSONAL INJURY

Describe injury or illness:

List medical costs (This may include doctor's and hospital bills, etc. Please enclose copies of statements, bills, expenses, etc.)

TYPE OF EXPENSE	TOTAL COSTS	AMOUNT COVERED BY INSURANCE	INSURANCE DEDUCTIBLE
Please give total:			

D: What comments would you like to make to the Court concerning this case (Disposition, sentence, etc.)

Important!!! If you change phone number or move, please let us know.

Tax ID # (Employer Only): 262404995

Social Security #

Signature

Date 7/27/05

PAGE 01 OF 01

STATE OF NORTH CAROLINA

File No.

05CR552157

Union

County

In The General Court Of Justice
Superior Court Division

STATE VERSUS

Name Of Defendant

Jill Lynn Smith

INDICTMENT

Offense(s)

Date Of Offense

G.S. No.

CL

I. EMBEZZLE CONTROLLED SUBSTANCE BY EMPLOYEE OF REGISTRANT

08-01-2004 to
01-03-2005

90-108(a)(14)

II.

III.

I. The jurors for the State upon their oath present that on or about the date of offense shown and in the county named above the defendant named above unlawfully, willfully and feloniously did intentionally as an employee of CVS PHARMACY, INC. #2877, Matthews, North Carolina who was authorized to possess controlled substances by virtue of her employment as an employee of CVS PHARMACY, INC., #2877, did embezzle and divert a controlled substance, to wit: hydrocodone, a controlled substance listed in Schedule III of the North Carolina Controlled Substances Act for her own use. The defendant diverted said controlled substance by removing the controlled substance from the pharmacy at CVS PHARMACY, INC. without any legal authorization to do so.

II. And the jurors for the State upon their oath present that on or about the date of offense shown and in the county named above the defendant named above unlawfully, willfully and feloniously did

III. And the jurors for the State upon their oath present that on or about the date of offense shown and in the county named above the defendant named above unlawfully, willfully and feloniously did

Signature

Michael S. O'Leary

WITNESSES

☒ J. Keane, NCSIH☐☐☐☐☐☐☐

The Witnesses marked "X" were sworn by the undersigned Foreman of the Grand Jury and, after hearing testimony, this Bill was found to be:

☒ A TRUE BILL by twelve or more grand jurors, and I the undersigned Foreman of the Grand Jury, attest the concurrence of twelve or more grand jurors in this Bill of Indictment.

☐ NOT A TRUE BILL.

Date 6/4/5

Signature of Foreman

Michael S. O'Leary

8-9-05 #420

STATE OF NORTH CAROLINA

Union

County

USCL 50151

In The General Court Of Justice
District ☒ Superior Court Division

STATE VERSUS

Name Of Defendant

Jim Smith

G.S. 2A-457, 15A-1242

Additional File No. (If Any) Of Charge(s)

(1) Embroider CS by Employee of Reg

ACKNOWLEDGMENT OF RIGHTS AND WAIVER

As the undersigned party in this action, I freely and voluntarily declare that I have been fully informed of the charges against me, the nature of and the statutory punishment for each such charge, and the nature of the proceedings against me; that I have been advised of my right to have counsel assigned to assist me and my right to have the assistance of counsel in defending against these charges or in handling these proceedings, and that I fully understand and appreciate the consequences of my decision to waive the right to assigned counsel and the right to assistance of counsel.

I freely, voluntarily and knowingly declare that:

(check only one)

- ☒ 1. I waive my right to assigned counsel and that I, hereby, expressly waive that right.
- ☐ 2. I waive my right to all assistance of counsel which includes my right to assigned counsel and my right to the assistance of counsel. In all respects, I desire to appear in my own behalf, which I understand I have the right to do.

SWORN AND SUBSCRIBED TO BEFORE ME

Date

6/1/05

Date

Signature

Signature Of Defendant

☒ Deputy ESC
 ☐ Assistant ESC
 ☐ Clerk Of Superior Court

X [Signature]

CERTIFICATE OF JUDGE

I certify that the above named defendant has been fully informed in open court of the charges against him/her, the nature of and the statutory punishment for each charge, and the nature of the proceeding against the defendant and his/her right to have counsel assigned by the court and his/her right to have the assistance of counsel to represent him/her in this action; that the defendant comprehends the nature of the charges and proceedings and the range of punishments; that he/she understands and appreciates the consequences of his/her decision and that the defendant has voluntarily, knowingly and intelligently elected in open court to be tried in this action:

(check only one)

- ☐ 1. without the assignment of counsel.
- ☐ 2. without the assistance of counsel, which includes the right to assigned counsel and the right to assistance of counsel.

NOTE: For a waiver of assigned counsel only, both blocks numbered "1" must be checked. For a waiver of all assistance of counsel, both blocks numbered "2" must be checked.

Date

6/1/05

Signature Of Judge

(Hon. Judge If Not In Print)

Hon. Tampa T. Wallace

Sealed

ORIGINAL COPY

File No 05CR 052157		Law Enforcement Case No 2005-00181		LID No	SID No	FBI No	No Image Available
WARRANT FOR ARREST		STATE OF NORTH CAROLINA In The General Court Of Justice UNION County District Court Division					
Offense 1 EMBEZZLE CS BY EMPLOYEE OF REG		To any officer with authority and jurisdiction to execute a warrant for arrest for the offense(s) charged below: I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above the defendant named above unlawfully, willfully and feloniously did INTENTIONALLY DID AS AN EMPLOYEE OF CVS PHARMACY #2877 MATTHEWS, NC. AND WHO WAS AUTHORIZED TO POSSESS CONTROLLED SUBSTANCES BY VIRTUE OF HER EMPLOYMENT AS AN EMPLOYEE OF CVS PHARMACY #2877 DID EMBEZZLE AND DIVERT A CONTROLLED SUBSTANCE TO WIT: HYDROCODONE 10/325 AND HYDROCODONE 10/500, A SCHD III CONTROLLED SUBSTANCE LISTED IN THE NC CONTROLLED SUBSTANCES ACT FOR HER OWN USE. THE DEFENDANT DIVERTED SAID CONTROLLED SUBSTANCE BY REMOVING THE CONTROLLED SUBSTANCE FROM THE PHARMACY AT CVS PHARMACY WITHOUT ANY LEGAL AUTHORIZATION TO DO SO.					
THE STATE OF NORTH CAROLINA VS. Name And Address Of Defendant JILL LYNNE SMITH 11008 BALLARDS PONDS LANE MATTHEWS NC 28105 704-321-0011 MECKLENBURG County							
Race W	Sex F	Date Of Birth [REDACTED]	Age 25				
Social Security No [REDACTED]		Drivers License No. & State [REDACTED]					
Name Of Defendant's Employer							
Offense Code(s) 1 3430		Offense In Violation Of G.S. 1 40-108(A)(14)					
		Date Of Offense 08/01/2004 to 01/03/2005					
Date Of Arrest & Check Dept No (As Shown On Fingerprint Card) 4/14/2005							
Complainant (Name, Address Or Department) T KEANE (SBI) 11807 SAM ROPER DRIVE CHARLOTTE NC 28262 704-348-3660 UNION County							
Witnesses (Names, Addresses, Telephone Nos., Counties)		This act(s) was in violation of the law(s) referred to in this Warrant. This Warrant is issued upon information furnished under oath by the complainant listed. You are DIRECTED to arrest the defendant and bring the defendant before a judicial official without unnecessary delay to answer the charge(s) above.					
		Signature TRUDY B EUDY		Location Of Court MONROE Room DIST			
☒ Misdemeanor Offense Which Requires Fingerprinting Per Fingerprint Plan		Date Issued 04/14/2005		Court Date 06/01/2005		Court Time 09:30 AM	

ORIGINAL COPY

If this Warrant For Arrest is not served within one hundred and eighty (180) days, it must be returned to the Clerk of Court in the county in which it was issued with the reason for the failure of service noted thereon. The officer must make all steps taken by the department to attempt to execute the Warrant and any information obtained about the whereabouts of the defendant.

RETURN OF SERVICE

I certify that this Warrant was received and served as follows:

Date Received 4/14/05 Date Served 4/14/05 Date Returned 4/14/05

☒ By arresting the defendant and bringing the defendant before.

Name Of Judicial Officer

Assistant

☐ This Warrant WAS NOT served for the following reason:

Signature Of Officer Making Return

Department Of Agency Of Officer

ML SGI

REDELIVERY/REISSUANCE

Date

Signature

☐ Dep CSC ☐ Assist CSC ☐ CSC

RETURN FOLLOWING REDELIVERY/REISSUANCE

I certify that this Warrant was received and served as follows:

Date Received 4/14/05 Date Served 4/14/05 Date Returned 4/14/05

☐ By arresting the defendant and bringing the defendant before.

Name Of Judicial Officer

☐ This Warrant WAS NOT served for the following reason:

Signature Of Officer Making Return

Department Of Agency Of Officer

APPEAL ENTRIES

☐ The defendant, in open court, gives notice of appeal to the Superior Court.

☐ The current pretrial release order is modified as follows:

Date 4/14/05 Signature Of District Court Judge

WAIVER OF PROBABLE CAUSE HEARING

The undersigned defendant, with the consent of his/her attorney, waives the right to a probable cause hearing.

Date Waived 4/14/05 Signature Of Defendant

Signature Of Attorney

District Attorney

☐ Waived
☐ Not Indigent

Attorney For Defendant

☐ Accepted
☐ Retained

PRIOR CONVICTIONS:
No Avert 0 ☐ 1 (01) ☐ 2 (02) ☐ 3 (03) ☐ 4 (04) ☐ 5 (05)

PLEA

☐ guilty
☐ guilty
☐ not guilty

☐ no contest
☐ no contest

VERDICT

☐ guilty
☐ guilty
☐ not guilty

MCL ☐ 101 ☐ 102 ☐ 103
MCL ☐ 101 ☐ 102 ☐ 103

JUDGMENT: The defendant appeared in open court and freely, voluntarily and understandingly entered the above plea. On the above verdict, it is ORDERED that the defendant: ☐ pay costs and a fine of \$_____.
☐ be imprisoned for a term of _____ days in the custody of ☐ the sheriff ☐ DOC. Pretrial credit _____ days served.
☐ Work release ☐ is recommended ☐ is not recommended. ☐ is ordered (use form AOC-CR-602).
☐ The Court finds that a ☐ longer ☐ shorter period of probation, than that which is specified in G.S. 15A-1343.2(a), is necessary.
☐ Execution of the sentence is suspended and the defendant is placed on unsupervised probation for _____ months, subject to the following conditions: (1) commit no criminal offense in any jurisdiction; (2) possess no firearm, explosive or other deadly weapon listed in G.S. 14-269; (3) remain gainfully and suitably employed or faithfully pursue a course of study or of vocational training that will equip the defendant for suitable employment; and abide by all rules of the institution; (4) satisfy child support and family obligations, as required by the Court; (5) pay to the Clerk the costs of court and any additional sums shown below.

Fine

3

Restitution

3

Attorney's Fee

3

Community Service Fee

3

Other

3

Name(s), Address(es), County(s) & Social Security Number(s) of approved party(ies) to receive restitution:

- ☐ 6. complete _____ hours of community service during the first _____ days of probation as directed by the community service coordinator, and pay the fee prescribed by G.S. 14-18-475.1(b) within _____ days.
- ☐ 7. not be found in or on the premises of the complainant or _____.
- ☐ 8. not assault, communicate with or be in the presence of the complainant or _____.
- ☐ 9. provide a DNA sample pursuant to G.S. 15A-268.4 (AOC-CR-319).
- ☐ 10. Other _____.

It is ORDERED that the: ☐ Judgment is continued upon payment of costs.
☐ case be consolidated for judgment with _____.
☐ sentence is to run at the expiration of the sentence in _____.

☒ COMMITMENT: It is ORDERED that the Clerk deliver two certified copies of this Judgment and Commitment to the sheriff and that the sheriff cause the defendant to be retained in custody to serve the sentence imposed or until the defendant shall have complied with the conditions of release pending appeal.

PROBABLE CAUSE: ☐ Probable cause is found as to all Counts except _____ and the defendant is bound over to Superior Court for action by the grand jury. ☐ No probable cause is found as to Count(s) _____ of the Warrant, and the Count(s) is dismissed.

Date

Name Of District Court Judge (Type Or Print)

Signature Of District Court Judge

_____ CERTIFICATION _____

I certify that this Judgment is a true and complete copy of the original which is on file in this case.

Date

Date Delivered To Sheriff

Signature

☐ Deputy CSC
☐ Assist CSC

☐ CSC

10D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Temporary Pharmacist Registration Request Application

Rev (08/04/2021)

Section 1: General Information

First: Reed Middle: Keehner Last: Smith
 Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☒ M ☐ F ☐ X
 Mailing Address: [REDACTED] Charles Farm Circle; APT [REDACTED]
 City: Louisville State: KY Zip: 40299
 Telephone: [REDACTED] Email: [REDACTED]
 Reason for Temporary License: Mail order licensure requirement (Chewy)

Section 2: Employment Information

Pharmacy Name: Chewy NV Pharmacy License # (if applicable): PH04186
 Address: 11403 Bluegrass Pkwy #650
 City: Jefferson town State: KY Zip: 40299
 Telephone: 1(877) 977-3879 Email: rmurphy1@Chewy.com

Section 3: License/Registration Reciprocation Information.

Original State of licensure/registration you will be reciprocating from must be active and issued by exam (passing NAPLEX and that state's MPJE).

State: Kentucky (Lic#: 020348) Date of issuance: 11/19/2018

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the 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. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows 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, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

[Signature]
Original Signature, no copies or stamps accepted

09/28/2021
Date

Board Use Only	Date Received: _____	Temporary License Expiry: _____
	Temporary License Issued: _____	

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

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: \$250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Reed Middle: Kechner Last: Smith

Mailing Address: [REDACTED] Charles Farm Circle, APT [REDACTED]

City: Louisville State: KY Zip Code: 40299

Telephone: [REDACTED] E-mail Address: [REDACTED]

Date of Birth: [REDACTED] Place of Birth: Shelbyville, KY 40065 (Jewish Hospital)

SS# or ITIN: [REDACTED] Sex: ☒ M or ☐ F
(Full Number Required)

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

Kentucky Date of Issuance: 11/19/2018

College of Pharmacy Information

Graduation Date: 05/07/16
(mm/dd/yy)

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

Name of Pharmacy School: University of North Carolina Eshelman School of Pharmacy

Location of School: Chapel Hill

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250 ^{CHECK #} 166 Entity #: _____
Email _____ 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?
Kentucky	020348	Yes ☒ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

****Attach separate sheet if needed**

Have you ever served in the military, either active, reserve or retired?

Yes ☐ No ☒

Branch: _____

Military Occupation/Specialty: —

Dates of Service: 1

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: 020348

	Yes	No
1. 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? - Voluntary treatment after 1st and only alcohol-related DUI	☒	☐
2. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? - diagnosis - moderate alcohol use/dependency - Acute	☒	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state? - Alcohol-induced DUI 1st offense, Non-Aggravated	☒	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state? 5 year KYPRV program; No probation, license in good standing	☐	☒

If you marked **YES** to any of the numbered questions (1-3) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action: Participation in 5 year KYPRN program	State KY	Date: 01/18/2018	Case #: KYBOP Board Meeting 01/17/2018 "REED KEEHNER SMITH initial licensore request"
Criminal Action: DUI - Alcohol 1st Offense	State KY	Date: 02/28/2017	Case #: KY DL #: 501-586-313
		County Shelby	Court shelby County District 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 ☒

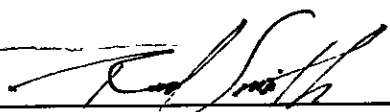
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐

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 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.

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, no copies or stamps accepted

09/28/2021
Date

To the Nevada State Board of Pharmacy,

On 1/27/2017, I wrecked my car (I was the only individual involved in the accident) and received a DUI charge, to which I later plead guilty on 2/18/2017. This incident helped me to recognize that my alcohol consumption was detrimental to my health and potentially to the health and well-being of others. Thus, I sought out a recovery program to assist with sobriety and to fulfill the 20-hour alcohol education requirement resulting from the DUI. I enrolled in a one-month Intensive Outpatient Program at The Brook Hospital and began attending Alcoholics Anonymous meetings regularly.

As a stipulation to receive my pharmacist license, I entered into a 5 year Kentucky Professional Recovery Network contract on 07/03/2018, requiring 12 AA meetings per month and random drug/alcohol metabolite testing. Further documentation detailing the program is included with my application; and I am in good standing with KYPRN and the KYBOP. Additionally, my license is in good standing and free from probationary discipline.

I would like to add that I am very grateful for this program and to be in recovery. The past few years have been the best years of my life, and I have gained significant satisfaction and personal growth from not only working the program, but also by being a mentor to others in AA.

Thank you for your time and consideration. Please let me know if I can provide any additional information.

Sincerely,
Reed Smith

A solid black rectangular box used to redact the signature of Reed Smith.

Kentucky Professionals Recovery Network – KYPRN**Brian Fingerson, RPh****Emily Caporal, RPh****202 Bellemeade Road, Louisville, KY 40222****H/O: 502-749-8385 Fax: 502-749-8389****BF Cell: 502-262-9342; EC Cell: 502-230-8442****Email: kyprm@att.net + kyprm.emily@gmail.com**

Dear Reed,

3 July 2018

We want to remind you of a few things to make it easier for us as we progress in this process of documenting your sobriety/abstinence, increasing your accountability, and helping ensure your continued sobriety/abstinence. You should document each and every thing you do pertaining to your recovery efforts. Document it in a manner that you can copy for me and for the Board should it ever be needed with them.

Please read carefully the KYPRN agreement and the Memorandum of Understanding (MOU).

Don't forget to keep your Continuing Education hours current. Also, we are going to ask you to send us a written summary of the events that brought you to this point in your life. This is a one-time thing (also mentioned in your KYPRN agreement).

We are going to ask that you call us at least monthly. You can, of course, call us more often if you have questions or just need to talk.

We have enclosed forms for you to copy and use as directed on the forms. You are to enroll with Affinity-Spectrum for your random drug screening. I'll be notified when you enroll that you've done so. You must do this by 10 July 2018.

Keep being honest, open-minded, and willing and you can be OK one day at a time (ODAAT). Remember, there are NO dumb questions when it comes to your sobriety.

I am going to ask that you attend www.CAPTASA.org. The next conference is 25-26 January 2019. The conference provides information about this disease, and you'll meet many others who share this disease as well as a desire to learn more about it. There are also CE hours available.



KYPRN Monitoring Agreement for: Reed Smith

Date: 3 July 2018

This agreement specifies the terms under which the Kentucky Professionals Recovery Network ("KYPRN") agrees to consult with, aid, and monitor any professional within the program. This agreement is intended to clarify the terms of the agreement for the time specified. It is specifically designed to meet the needs of each individual and is uniquely suited to the individual. Copies of this agreement shall be provided to the primary care physician, the facility where undergoing treatment, and others as deemed necessary by the Director of KYPRN. The client indicates by the client's signature that the client read and understands the terms of this agreement.

I, Reed Smith, do agree to the terms of this agreement for a period of five (5) years or as long as I'm under an order by the Kentucky Board of Pharmacy (should there be one) whichever is longer.

I understand that any cost connected with my treatment, consulting, and testing in the program is to be rendered at my own expense.

I shall call the KYPRN at least monthly. I shall provide my addiction story to the KYPRN. I shall provide written Monthly Self Reports to KYPRN on the forms provided by the KYPRN.

I shall attend AA or NA meetings no less than ~~90 meetings in 90 days~~ and then SIX (6) times per two weeks (12 meetings per calendar month, which shall include a minimum of 2 per week) and shall provide the Board (if under an order) and KYPRN with written monthly reports of all AA/NA meetings. I shall get and use a sponsor.

I agree to provide to the KYPRN the name, address, and phone number of my primary care physician. Other physicians shall be on a referral basis from the primary care physician. Signing this document serves as an authorization to release all medical records and/or patient information to the Director of KYPRN and authorizes consultation between any treatment provider and the Director of KYPRN. I agree that the information may be divulged to the PRN Committee and the Board of Pharmacy if necessary.

I understand that going back into practice, when/if that happens, shall put me back into a place where I may have used in the past. I understand that I must remain ever vigilant to avoid relapse.

I shall not work more than forty-five (45) hours per week or more than ninety (90) hours per two weeks, with a maximum of fifty (50) hours in any seven (7) consecutive days and no overtime.

I agree to abstain from any and all mood-altering chemicals (including but not limited to alcohol (i.e. ethyl alcohol or ethanol), marijuana, tranquilizers, inhalants, sedatives, stimulants, narcotics, opioids including tramadol, nalbuphine, soporifics, androgenic steroids, scheduled and/or unscheduled drugs, mood altering over-the-counter medications, herbals, dietary supplements, and any other known abusable substance) except as prescribed by my physician and only after consultation with the KYPRN. If any mood altering and/or controlled substance medications are required or recommended by my physician and approved by KYPRN, I shall provide a copy of the pharmacy printout that contains prescriber, patient, drug, quantity, and date filled each time a prescription for any such medication is ordered and dispensed. I shall not fill my own prescriptions. I also agree to avoid exposure to anything that may cause my drug test to be positive. In that regard I shall avoid such items as "hemp oil" "coca tea" and I shall not consume poppy seeds (which can be found hidden in curry sauces, breads, salad dressings, and in or on other foods). I shall not use ethyl alcohol in any form e.g.

- Alcohol "free" wine or beer
- Over-the-counter drugs containing alcohol (e.g. cough syrups or other similar OTC drugs or supplements)
- Mouthwash or other hygiene products containing ethanol (e.g. sanitizing hand or body gels such as Purell®)
- Foods or beverages containing alcohol (e.g. communion wine, desserts, vanilla extract, etc.)
- Any other form of ethyl alcohol

Intentional use of any of these products or medications without a physician's order is a violation of this agreement. When you sign this document you give up the right to self-medicate with the exception of single entity OTC NSAIDS and Acetaminophen.

I agree to obtain urine or other body fluid or hair samples for drug/alcohol screens at the discretion of KYPRN, the Board of Pharmacy, or any other monitoring

body. Drug screening procedures require calling the testing company daily. Listen to the entire phone message or read completely the information on the webpage or app as an early hang-up may be reported as a missed call. You must report for drug testing timely if the call instructs you to report for a drug test. You may have to pay for a drug test for each daily call you miss or drug test that you fail to timely take. Production of these samples shall be observed. I shall provide copies of any results of all drug/alcohol screens - regardless of who ordered them - to the Director of KYPRN. I understand that it is my responsibility to notify KYPRN prior to any event e.g. vacations, travel, family obligations or other that may affect my availability for a screen. Accommodations for drug/alcohol screens during this period shall be at the discretion of the Director of KYPRN. A missed screen shall be reported to the Board.

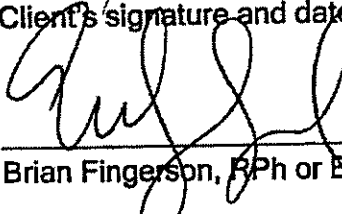
I understand that violation of any part of this agreement shall cause the Director of KYPRN to report such to the Kentucky Board of Pharmacy.

I agree to appear before the PRN Committee if requested, and it is my responsibility to make arrangements for appearances as ordered by the Board.

I agree to report to KYPRN any arrest, citation, or anything else that pertains to alcohol or drug use within 24 hours of its occurrence.

I agree to follow the terms of any after-care agreement signed by me following treatment at my IOP.

 7/3/18
 Client's signature and date:

 RPh 7/3/2018
 Brian Fingerson, RPh or Emily Caporal, RPh

(Revised 2 July 2018)

Memorandum of Understanding for KYPRN Cases

The Board has agreed to allow you to continue practicing pursuant to an Agreed Order/Settlement Agreement and/or a KYPRN Monitoring Agreement. You must read both documents carefully because you will be held to the terms of each document. Of critical importance is your strict compliance with the following:

- You shall contact Affinity-Spectrum every day between 5 a.m. and 1 p.m. Eastern Time and listen to the entire phone call (an early hang up can be reported as a missed call). You may also log in by computer or use the smart-phone app.
- You shall report for drug testing timely if the call instructs you to report for a drug test. "Timely" is defined as close of business for your test site on the next business day.
- You shall pay for a drug test for each daily call you miss or drug test that you fail to timely take; these tests are in addition to the ones required by your agreements.
- You shall not self-medicate. If you need to take any over-the-counter product or prescription drug you shall **FIRST** obtain approval from KYPRN.
- You shall keep your payments current to Affinity-Spectrum and KYPRN (if required).
- You shall submit a monthly report and AA/NA log to KYPRN by the 10th of the following month (e.g., January monthly report or AA/NA log is due by February 10th of following month) if 12-Step meeting attendance is a part of your agreements.
- You shall keep your home and work addresses current with the Board and KYPRN.

Failure to scrupulously follow your Agreed Order (should there be one) and KYPRN Monitoring Agreement may result in fine, suspension, a formal hearing, or revocation of your license.

I have carefully read my Agreed Order and KYPRN Monitoring Agreement and shall abide by all the conditions of each document. I understand that failure to abide by the conditions of either document may result in the suspension or revocation of my mandatory certificate.

[Signature] 7/3/18
Client signature and date

Brian Fingerson 3 July 2018
Brian Fingerson or Emily Caporal and date

Username: r.

Affinity Pin number
[REDACTED]

(800) 582-6066



To: To Whom It May Concern

Fr: Christopher Cone, LCADC, MSSW

Re: Reed Smith

Da: March 6, 2017

This letter is in reference to the above named client and his participation in our outpatient services at The Brook Hospital – Dupont. The client was admitted into our Chemical Dependency Intensive Outpatient program on February 6, 2017 and was discharged on March 6, 2017. His attendance in the program was required for each session and followed the schedule of Monday to Friday from 9:00am to 12:00pm. The client attended all twenty sessions of the program. During his time in our program the client followed the Prime Solutions program, took random drug screens, and was required to be in attendance at four AA/NA meetings a week. The client has been compliant with all requirements of the program and, if applicable, may return to regular work duties at this time with no restrictions.

After being discharged from the program, the client is recommended to follow up in our aftercare program for at least 3 months that allows the client to continue working on relapse prevention tools, group therapy, and the 12 Step program. The client is recommended to attend aftercare group on Thursdays from 9:00 a.m. to 10:30 a.m. If you have any questions or concerns in regards to this client and his participation in our program, please feel free to contact me at the following number (502) 721-2373. Thank you for your time and cooperation on this matter, it is greatly appreciated.

Sincerely,

Christopher Cone, LCADC, MSSW
Outpatient Chemical Dependency Therapist

THE BROOK HOSPITAL

DISCHARGE PLAN SUMMARY
OUTPATIENT

SMITH, REED 031
 M# 000042600
 A# 20014540015 02/06/2017
 SELF PAY NO INS (TRUE SEL
 DR. A. KAITHI M NCL

SECTION I: Completed by Social Worker/Counselor

SUMMARY OF CARE, TREATMENT AND SERVICES

A Summary of Care/Interventions (i.e., reason for admissions, significant findings, treatment and services provided):

Pt. completed 20 sessions of CO-DOF
 groups. Pt. achieved tx. goals including:
 attending AA during tx. and building
 supports, presenting a written 1st step
 in group, identifying using triggers
 and learning coping skills — GOOD WORK!

B. Condition at Discharge to Include Assessment of Risk

Pt. denies any S.I. or H.I.
 Pt. voices no urge to drink today.

C. Safety Instructions

Yes	Does Not Apply	
☒	☐	Copy of the AAS materials which includes telephone numbers and websites provided to patients
☒	☐	Discussed available community resources and provided fact sheet to the patient; includes Crisis Hotline phone numbers
☒	☐	Discussed the importance of medication compliance, securing for safety, and the potential of risk
☒	☐	Discussed the importance of discarding old medications, the dangers of lethal use, plans for securing medication, and updating records with PCP, medical providers and Pharmacy
☒	☐	Discussed the removal and/or securing of potentially dangerous weapons from the home and verified removal prior to discharge
☒	☐	Discussed other means of self harm and plans for securing identified items and verified removal prior to discharge
☒	☐	Discussed the dangers of relapse and the potential for returning to previous levels of substance use

D. Recommendations for Continued Treatment:

Complete the 12 steps with sponsor.

Continue AA attendance.

Attend After care group Thurs. 9-10:30 AM.

E. Progress Towards Goals:

MTP Problem	Closed	Deferred	Continue	Progress as Expected	
				Yes	No
SUBSTANCE RELATED D/L	☒	☐	☐	☒	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

Social Worker/Therapist/Counselor Signature

Date

3/6/17

Time

12:00 pm

REASON FOR DISCHARGE/TRANSFER

Lower Level of Care	Higher Level of Care
☒ Patient informed of reason? ☒ Reached maximum benefit for current level of care ☐ Alternative Placement ☐ Structured treatment needed in order to prevent relapse ☐ Non compliant with treatment ☐ No Call/No Show ☐ Refused Treatment ☐ Breach of Contract	☒ Not Applicable ☐ Patient informed of reason? ☐ Active signs of withdrawal ☐ Dangerous to self or others ☐ Failed to respond to previous treatment attempts in a lower level of care ☐ Acute onset/exacerbation of psychiatric disorder ☐ Need to control inappropriate/intolerable behavior (aggression, self-destructive)

FOLLOW-UP APPOINTMENTS

Provider	Name	Address	Telephone #	Appointment Date	Time
Psychiatrist					
Therapist					
Community Agency	Attend AA and afternoon group Thurs 9-10:30 AM				
Other					
Other	Follow-up with PCP as needed				

SECTION II: DISCHARGE PROCESS - Completed by Staff Discharging Patient

Physical/Psychological Status at the Time of Discharge/Transfer:

Physical Status: ☒ Within Normal Limits ☐ Medical Issues Identified and Referred to PCP

Psychological Status: ☒ Oriented x4 ☒ No SI ☒ No HI ☒ Memory Intact to all Spheres ☒ No Hallucinations

☐ Patient was unavailable at the time of discharge: Why? _____

Date of Discharge: 3/6/17 Time of Discharge: 12:00 PM

Discharged to Where: ☒ Home ☐ Hospital ☐ Treatment Facility ☐ Other: _____

Accompanied By: (NA) ☐ Family ☐ Ambulance ☐ Friend ☐ Staff ☐ Other: _____

Discharge Diagnosis:

Psychiatric (Principal Diagnosis First): Alcohol use disorder, moderate

Psychiatric (Personality/Developmental): Depression

Medical: None acute

Psychosocial and Contextual Factors: Legal, family, occupational, financial

DISCHARGE INSTRUCTIONS:

	Yes	No	Not Applicable
Instructed to call Primary Care Physician for ongoing treatment of medical issues	☒	☐	☐
Instructed to contact psychiatrist/therapist for continued follow-up related to psychiatric issues	☒	☐	☐
Instructed to attend community support groups and provided a list of recommended community resources	☒	☐	☐
Encouraged to follow discharge plan and attend follow-up appointments	☒	☐	☐
Encouraged to complete Patient Satisfaction Survey and return	☒	☐	☐
Copy of Crisis Safety Plan, list of discharge medications and Aftercare/Follow-up Plan given to patient	☒	☐	☐
I agree for UM to fax the After Care Plan, list of medications, Crisis Safety Plan and Physician Discharge Order form to the next provider of care (listed above)	☐	☐	☒

I acknowledge by signing below, understanding of my discharge/transfer plan and received a copy of this plan and the list of medications.

[Signature] Patient/Parent/Guardian Signature Reed Smith Print Name 3/6/17 11:40 AM Date Time

[Signature] Staff Signature LAAC Cred CONZ Print Name 3/6/17 12:00 PM Date Time



KENTUCKY BOARD OF PHARMACY

Matt Bevin
Governor

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone (502) 564-7910
Fax (502) 696-3806
<http://pharmacy.ky.gov>

Board Members
Peter P. Cohron, R.Ph.
Jody Forgy, Consumer
Cathy Hanna, Pharm.D.
Craig Martin, Pharm.D.
Ron Poole, R.Ph.
Jill Rhodes, Pharm.D.

Executive Director
Larry A. Hadley, R.Ph.

November 20, 2018

Reed Keehner Smith
[REDACTED] Zaring Mill Road
Shelbyville KY 40065

Dear Mr. Smith:

Since you have passed the MPJE/NAPLEX, and signed a KYPRN contract, the January 17, 2018 Minutes indicate you may be licensed as a pharmacist. Please note that **you must scrupulously follow your KYPRN contract for five years following issuance of your license.** As Ms. Lalonde explained to you, any violation of your KYPRN contract is reported to the Board, and may result in disciplinary action against your license, so please ensure that you comply with all the requirements of your KYPRN contract.

Sincerely,

Larry Hadley, R.Ph.
Executive Director

10E

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

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: \$250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Linda Middle: _____ Last: Trinh

Mailing Address: [REDACTED] N 10th St

City: Phoenix State: AZ Zip Code: 85006

Telephone: [REDACTED] E-mail Address: [REDACTED]

Date of Birth: [REDACTED] Place of Birth: Santa Ana, CA

SS# or ITIN: [REDACTED] Sex: ☐ M or ☒ F
 (Full Number Required)

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

Arizona Date of Issuance: 9/16/2020 9/25/2013

College of Pharmacy Information

Graduation Date: 08/16/2013
 (mm/dd/yy)

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

Name of Pharmacy School: Midwestern College of Pharmacy - Glendale

Location of School: Glendale, AZ

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250 cc Entity #: _____

Email _____ MPJE _____

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

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
CA	RPH 73683	Yes ☒ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired?

Yes ☐ No ☒

Branch: _____

Military Occupation/Specialty: _____

Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. 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?	☐	☒
2. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	☐	☒
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?	☐	☒
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	☒	☐

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action: Probation Probation		State AZ CA	Date: 6/13/2018 4/17/2019		Case #: 17-0115 6574	
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 ☐

Board Administrative Action Explanation:

Back in 2017, I used poor judgment and allowed another pharmacist, my husband (fiance at the time), to fill for non-controlled pain medications (gabapentin and nabumetone) under my name when he had forgotten to bring his medications to work. He suffered from chronic back pain and did not want to be a burden by leaving work to take his medications. I understand my actions at the time were wrong, and I deeply regret choosing that path. I have used that incident as a charge for intentionally putting myself in a position to make good choices.

Both of my pharmacist licenses in Arizona and California were placed on probation due to my actions. I have included a copy of the consent agreement for Arizona and a copy of the accusation and stipulated settlement for California. I have been in compliance with both orders. Please let me know if you have any questions.

Sincerely,

Linda Trinh

1 MARK BRNOVICH
 Attorney General
 2 (Firm State Bar No. 14000)

2018 JUN 13 AM 11:10

3 JEANNE M. GALVIN
 Assistant Attorney General
 4 State Bar No. 015072
 15 South 15th Ave., SDG/LES
 5 Phoenix, Arizona 85007-2997
 Tel: (602) 542-7983
 6 Fax: (602) 364-3202

7 Attorneys for the Arizona State Board of Pharmacy

8
 9 **BEFORE THE ARIZONA STATE BOARD OF PHARMACY**

10 In the Matter of

11 **LINDA TRINH, PharmD,**

Board Case No. 17-0115

12 Holder of License No. S020176
 As a Pharmacist
 13 In the State of Arizona.

**CONSENT AGREEMENT
 AND ORDER FOR PROBATION
 AND CIVIL PENALTIES**

14
 15 In the interest of a prompt and judicious settlement of this case, consistent with the
 16 public interest, statutory requirements and the responsibilities of the Arizona State Board
 17 of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Linda Trinh ("Respondent"),
 18 holder of Pharmacist License No. S020176 in the State of Arizona and the Board enter
 19 into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent
 20 Agreement") as a final disposition of this matter.

21 **RECITALS**

22 1. Respondent has read and understands this Consent Agreement and has had
 23 the opportunity to discuss this Consent Agreement with an attorney, or has waived the
 24 opportunity to discuss this Consent Agreement with an attorney.
 25
 26

1 2. Respondent understands that she has a right to a public administrative
2 hearing concerning this matter at which hearing she could present evidence and cross
3 examine witnesses. By entering into this Consent Agreement, Respondent knowingly
4 and voluntarily relinquishes all right to such an administrative hearing, as well as rights
5 of rehearing, review, reconsideration, appeal, judicial review or any other administrative
6 and/or judicial action, concerning the matters set forth herein.

7 3. Respondent affirmatively agrees that this Consent Agreement shall be
8 irrevocable.

9 4. Respondent understands that this Consent Agreement or any part of the
10 agreement may be considered in any future disciplinary action by the Board against her.

11 5. Respondent understands this Consent Agreement deals with Board
12 Complaint No. 17-0115 involving allegations of unprofessional conduct against
13 Respondent.

14 6. Respondent understands that this Consent Agreement does not constitute a
15 dismissal or resolution of any other matters currently pending before the Board, if any,
16 and does not constitute any waiver, express or implied, of the Board's statutory authority
17 or jurisdiction regarding any other pending or future investigation, action or proceeding.

18 7. Respondent also understands that acceptance of this Consent Agreement
19 does not preclude any other agency, subdivision, or officer of this State from instituting
20 any other civil or criminal proceedings with respect to the conduct that is the subject of
21 this Consent Agreement.

22 8. Respondent acknowledges and agrees that, upon signing this Consent
23 Agreement and returning this document to the Board's Executive Director, she may not
24 revoke her acceptance of the Consent Agreement or make any modifications to the
25
26

1 document. Any modification to this original document is ineffective and void unless
2 mutually agreed by the parties in writing.

3 9. This Consent Agreement is subject to the approval of the Board and is
4 effective only when accepted by the Board and signed by the Executive Director. In the
5 event that the Board does not approve this Consent Agreement, it is withdrawn and shall
6 be of no evidentiary value and shall not be relied upon nor introduced in any action by
7 any party, except that the parties agree that should the Board reject this Consent
8 Agreement and this case proceeds to hearing, Respondent shall assert no claim that the
9 Board was prejudiced by its review and discussion of this document or any records
10 relating thereto.

11 10. If a court of competent jurisdiction rules that any part of this Consent
12 Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement
13 shall remain in full force and effect.

14 11. Respondent understands that this Consent Agreement is a public record that
15 may be publicly disseminated as a formal action of the Board and may be reported as
16 required by law to the National Practitioner Data Bank and the Healthcare Integrity and
17 Protection Data Bank.

18 12. Respondent understands that any violation of this Consent Agreement
19 constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-
20 1901.01(B) (20) and A.R.S. § - 1927(A) (1).

21 13. Respondent agrees that the Board will adopt the following Findings of Fact,
22 Conclusions of Law and Order:

1 ACCEPTED AND AGREED BY RESPONDENT

2  2018 JUN 13 AM 11:10

3 Dated: June 10, 2018

4 Linda Trinh
5 Pharmacist

6 **FINDINGS OF FACT**

7 1. The Board is the duly constituted authority for licensing and regulating the
8 practice of pharmacy in the State of Arizona.

9 2. Respondent is the holder of license number S020176 which allows her to
10 practice as a Pharmacist in the State of Arizona.

11 3. The Board possesses jurisdiction over the subject matter and over
12 Respondent pursuant to A.R.S. § 32-1901 *et seq.*

13 4. At all relevant times, Respondent was employed as a Pharmacist by Banner
14 Heart Hospital located at 6750 E. Baywood Ave, Mesa, AZ 85206.

15 5. On or about August 4, 2017, Banner Health notified the Board that
16 Respondent was terminated by Banner Health on July 31, 2017.

17 6. Banner Health further explained that a recent investigation revealed the
18 Respondent's boyfriend, Jiten Sidhu, also a pharmacist employed by Banner Health was
19 fraudulently filling prescriptions under Respondent's name, and was using the medication
20 for his own use. Respondent admits being aware of her Mr. Sidhu's actions.

21 7. Mr. Sidhu admits to writing prescriptions not authorized by a medical
22 prescriber, using Respondent's insurance to fill the medication as his insurance would not
23 cover the early refills and consuming the medication from the bottle while on duty.

24 8. The prescribing physician on the medication bottle was contacted and she
25 denied calling in any prescription and/or any acknowledgement of Mr. Sidhu's actions.
26

a. Gabapentin 600mg #21 filled: 6/16/17; 6/21/17; and 7/25/17; filled under Respondent's name (cash was paid)

b. Nabumetone 500mg #14 filled: 6/16/17 and 6/22/17 under Respondent's name (cash was paid)

c. Nitrofurantoin Marco 100mg filled: 1/6/17; 1/20/17, 2/21/17 and 4/11/17
filled under Respondent's name (billed to MedImpact)

10. In a written statement to the Board, Respondent explained that Mr. Sidhu suffered from a condition that caused pain and that on certain days he forgot his medications at home. Respondent further explained that on those days Mr. Sidhu forgot his medications at home, he would text her and ask if he could fill prescriptions under her name as he was unable to leave work and get his medications from home. Respondent approved him doing so. Respondent also approved Mr. Sidhu to bill the prescriptions under her insurance as she was aware the prescriptions would be denied under Mr. Sidhu's insurance because of an early refill. Finally, Respondent states she regrets her involvement in this matter.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a pharmacist who has engaged in unprofessional conduct. A.R.S. § 32-1927(A) (1).

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01 (B)(13) and (19).

ORDER

Based upon the above Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED THAT Pharmacist License No. S020176, which was issued to Respondent for the practice of Pharmacy in the State of Arizona, is hereby placed on **SUSPENSION** for a period of six (6) months. However, the suspension is stayed and Respondent's license shall be placed on **PROBATION** for a minimum period of five (5) years from the effective date of this Consent Agreement. The effective date of this Consent Agreement and Order is the date that it is signed by the Board's Executive Director

The **PROBATION** is subject to the following conditions:

1. Respondent shall pay to the Board the sum of **\$9,000.00** in civil penalties within **ninety (90) days** from the effective date of this Consent Agreement and Order.

2. Respondent shall furnish all pharmacy employers/preceptors with a copy of this Board Order throughout the term of his probation. Respondent shall ensure that all pharmacy employers/preceptors submit to the Board a written acknowledgement that they have received a copy of this Consent Agreement within **ten (10) days** of entering into an employment relationship with Respondent.

3. Respondent shall advise the Board immediately of any change in pharmacy employment status throughout the term of his probation.

4. Throughout the term of Respondent's probation, Respondent shall not serve as a pharmacist in charge or preceptor at any place of employment.

5. Respondent shall furnish the Board with a list of all jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with the registration numbers of said licenses.

6. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy.

7. Throughout the term of Respondent's probation, Respondent shall personally appear before the Board when requested to do so by the Board or Board staff.

8. If Respondent violates this order in any way or fails to fulfill the requirements of this order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against the Respondent's license. The issue at such a hearing will be limited solely to whether this order has been violated.

9. Respondent shall appear before the Board at a regularly scheduled Board meeting five years after the effective date of this Order to request that the probation imposed by this Order be terminated. Respondent's failure to petition the Board to terminate the probation shall extend the probation period.

DATED this 13 day of June, 2018.

ARIZONA STATE BOARD OF PHARMACY

(Seal)

By: 
KAMLESH GANDHI, PHARM.D.
Executive Director

ORIGINAL OF THE FORGOING FILED
this 13th day of June, 2018, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 13th day of June, 2018, to:

1
2 Linda Trinh
3 [REDACTED] North 87th Street
4 Scottsdale, AZ 85250

5 EXECUTED COPY OF THE FOREGOING MAILED
6 this 12th day of June, 2018, to:

7 Nicholas Meza
8 Quarles & Brady, LLP
9 2 N Central Ave, Suite 3
10 Phoenix, AZ 85004

11 EXECUTED COPY OF THE FOREGOING MAILED
12 this 12th day of June, 2018, to:

13 Jeanne M. Galvin
14 Assistant Attorney General
15 15 South 15th Ave.
16 Phoenix, Arizona 85007
17 Attorney for the Board

18 
19 _____
20 Doc # 6028131

1 XAVIER BECERRA
 Attorney General of California
 2 JANICE K. LACHMAN
 Supervising Deputy Attorney General
 3 ANAHITA S. CRAWFORD
 Deputy Attorney General
 4 State Bar No. 209545
 1300 I Street, Suite 125
 5 P.O. Box 944255
 Sacramento, CA 94244-2550
 6 Telephone: (916) 210-6099
 Facsimile: (916) 327-8643
 7 Attorneys for Complainant

8 **BEFORE THE**
 9 **BOARD OF PHARMACY**
 10 **DEPARTMENT OF CONSUMER AFFAIRS**
 11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 6574

13 **LINDA TRINH**
 14 [REDACTED] N. 87th Street
 Scottsdale, AZ 85250

ACCUSATION

15 Pharmacist License No. RPH 73683

16 Respondent.

17
 18 Complainant alleges:

19 **PARTIES**

20 1. Virginia Herold ("Complainant") brings this Accusation solely in her official capacity
 21 as the Executive Officer of the Board of Pharmacy ("Board"), Department of Consumer Affairs.

22 2. On or about October 23, 2015, the Board issued Pharmacist License Number RPH
 23 73683 to Linda Trinh ("Respondent"). The pharmacist license was in full force and effect at all
 24 times relevant to the charges brought in the Accusation and will expire on September 30, 2019,
 25 unless renewed.

26 ///

27 ///

28 ///

JURISDICTION

3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code ("Code") unless otherwise indicated.

4. Code section 4300 states, in pertinent part:

(a) Every license issued may be suspended or revoked.

(b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

(1) Suspending judgment.

(2) Placing him or her upon probation.

(3) Suspending his or her right to practice for a period not exceeding one year.

(4) Revoking his or her license.

(5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper . . .

5. Code section 4300.1 states:

The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY PROVISIONS

6. Code section 4301 states, in pertinent part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct . . . Unprofessional conduct shall include, but is not limited to, any of the following:

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

///

(n) The revocation, suspension, or other discipline by another state of a license to practice pharmacy, operate a pharmacy, or do any other act for which a license is required by this chapter that would be grounds for revocation, suspension, or other discipline under this chapter. Any disciplinary action taken by the board pursuant to this section shall be coterminous with action taken by another state, except that the term of any discipline taken by the board may exceed that of another state, consistent with the board's enforcement guidelines. The evidence of discipline by another state is conclusive proof of unprofessional conduct . . .

COST RECOVERY

7. Code section 125.3 provides, in pertinent part, that a Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

FIRST CAUSE FOR DISCIPLINE

(Disciplinary Action by the Arizona State Board of Pharmacy)

8. Respondent is subject to disciplinary action pursuant to Code section 4301, subdivision (n), for unprofessional conduct, in that Respondent was disciplined by the Arizona State Board of Pharmacy ("Arizona Board"), as follows: On or about June 13, 2018, pursuant to the Consent Agreement and Order for Probation and Civil Penalties in the disciplinary proceeding entitled "In the Matter of: Linda Trinh, PharmD", Case No. 17-0115, the Arizona Board suspended Respondent's license to practice pharmacy in the state of Arizona for six (6) months. The suspension was stayed and Respondent's license was placed on probation for a minimum period of five (5) years. Respondent was also ordered to pay the sum of \$9,000 in civil penalties. Respondent agreed that the Board would adopt the following Findings of Fact and Conclusions of Law. Respondent's acts constitute discipline against her California pharmacist's license for unprofessional conduct pursuant to Code section 4301, subdivision (f).

a. Respondent was employed as a pharmacist by Banner Heart Hospital located in Mesa, Arizona.

b. On or about August 4, 2017, Banner Health notified the Arizona Board that Respondent was terminated by Banner Health on July 31, 2017.

c. Banner Health further explained that a recent investigation revealed Respondent's boyfriend, Jiten Sidhu, also a pharmacist employed by Banner Health, was fraudulently filing

1 prescriptions under Respondent's name, and was using the medication for his own use.

2 Respondent admits being aware of Mr. Sidhu's actions.

3 d. Mr. Sidhu admits to writing prescriptions not authorized by a medical prescriber,
4 using Respondent's insurance to fill the medication as his insurance would not cover the early
5 refills and consuming the medication from the bottle while on duty.

6 e. The prescribing physician on the medication bottle was contacted and she denied
7 calling in any prescription and/or any acknowledgment of Mr. Sidhu's actions.

8 f. The Board's investigation revealed that the following prescriptions were written by
9 Mr. Sidhu, but not authorized:

10 1. Gabapentin 600 mg #21 filled: 6/16/17; 6/21/17; and 7/25/17; filled under
11 Respondent's name (cash was paid);

12 2. Nabumetone 500 mg #14 filled: 6/16/17 and 6/22/17 under Respondent's name
13 (cash was paid);

14 3. Nitrofurantoin Marco 100 mg filled; 1/6/17; 1/20/17; 2/21/17; and 4/11/17
15 filled under Respondent's name (billed to MedImpact).

16 g. In a written statement to the Arizona Board, Respondent explained that Mr. Sidhu
17 suffered from a condition that caused pain and that on certain days he forgot his medications at
18 home. Respondent further explained that on those days Mr. Sidhu forgot his medications at
19 home, he would text her and ask if he could fill prescriptions under her name as he was unable to
20 leave work and get his medications from home. Respondent approved him doing so. Respondent
21 also approved Mr. Sidhu to bill the prescriptions under her insurance as she was aware the
22 prescriptions would be denied under Mr. Sidhu's insurance because of any early refill.

23 h. The above conduct and circumstances described above constitute unprofessional
24 conduct pursuant to A. R. S. section 32-1901.01 (B)(13) and (19).

25 ///

26 ///

27 ///

28 ///

SECOND CAUSE FOR DISCIPLINE

(Acts Involving Moral Turpitude, Dishonesty, Fraud, Deceit, or Corruption)

9. Respondent is subject to disciplinary action pursuant to Code section 4301, subdivision (f), for unprofessional conduct, in that Respondent committed acts involving moral turpitude, dishonesty, fraud, deceit, or corruption, as set forth in paragraph 8 above.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacist License Number RPH 73683, issued to Linda Trinh;

2. Ordering Linda Trinh to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

3. Taking such other and further action as deemed necessary and proper.

DATED: 12/27/18

Virginia Herold

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

SA2018103012

1 **XAVIER BECERRA**
 Attorney General of California
 2 **JANICE K. LACHMAN**
 Supervising Deputy Attorney General
 3 **ANAHITA S. CRAWFORD**
 Deputy Attorney General
 4 State Bar No. 209545
 1300 I Street, Suite 125
 5 P.O. Box 944255
 Sacramento, CA 94244-2550
 6 Telephone: (916) 210-6099
 Facsimile: (916) 327-8643
 7 *Attorneys for Complainant*

8
 9 **BEFORE THE**
BOARD OF PHARMACY
 10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
 11

12
 13 In the Matter of the Accusation Against:

Case No. 6574

14 **LINDA TRINH**
 1920 East Indian School Road
 15 Unit 2044
 Phoenix, AZ 85016

OAH No. 2019020488

16 **Pharmacist License No. RPH 73683**

**STIPULATED SETTLEMENT AND
 DISCIPLINARY ORDER**

17 Respondent.
 18

19
 20 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-
 21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Anne Sodergren (Complainant) is the Interim Executive Officer of the Board of
 24 Pharmacy (Board). She brought this action solely in her official capacity and is represented in
 25 this matter by Xavier Becerra, Attorney General of the State of California, by Anahita S.
 26 Crawford, Deputy Attorney General.

27 2. Respondent Linda Trinh (Respondent) is representing herself in this proceeding and
 28 has chosen not to exercise her right to be represented by counsel.

4. Accusation No. 6574 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on January 9, 2019. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 6574 is attached as exhibit A and incorporated herein by reference.

6. Respondent has carefully read, and understands the charges and allegations in Accusation No. 6574. Respondent has also carefully read, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at her own expense; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

9. Respondent admits the truth of each and every charge and allegation in Accusation No. 6574.

11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.*

13. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

IT IS HEREBY ORDERED that Pharmacist License No, RPH 73683 issued to Respondent Linda Trinh is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions:

1 **1. Obey All Laws**

2 Respondent shall obey all state and federal laws and regulations.

3 Respondent shall report any of the following occurrences to the board, in writing, within
4 seventy- two (72) hours of such occurrence:

- 5 • an arrest or issuance of a criminal complaint for violation of any provision of the
6 Pharmacy Law, state and federal food and drug laws, or state and federal controlled
7 substances laws
- 8 • a plea of guilty, or nolo contendere, no contest, or similar, in any state or federal
9 criminal proceeding to any criminal complaint, information or indictment
- 10 • a conviction of any crime
- 11 • the filing of a disciplinary pleading, issuance of a citation, or initiation of another
12 administrative action filed by any state or federal agency which involves
13 respondent's license or which is related to the practice of pharmacy or the
14 manufacturing, obtaining, handling, distributing, billing, or charging for any drug,
15 device or controlled substance.

16 Failure to timely report such occurrence shall be considered a violation of probation.

17 **2. Report to the Board**

18 Respondent shall report to the board quarterly, on a schedule as directed by the board or its
19 designee. The report shall be made either in person or in writing, as directed. Among other
20 requirements, respondent shall state in each report under penalty of perjury whether there has
21 been compliance with all the terms and conditions of probation.

22 Failure to submit timely reports in a form as directed shall be considered a violation of
23 probation. Any period(s) of delinquency in submission of reports as directed may be added to the
24 total period of probation. Moreover, if the final probation report is not made as directed,
25 probation shall be automatically extended until such time as the final report is made and accepted
26 by the board.

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1 Respondent shall ensure by any means necessary that California Board of Pharmacy and
2 Arizona Board of Pharmacy can receive and share information regarding Respondent's
3 disciplinary matters in their states.

4 **3. Interview with the Board**

5 Upon receipt of reasonable prior notice, respondent shall appear in person for interviews
6 with the board or its designee, at such intervals and locations as are determined by the board or its
7 designee. Failure to appear for any scheduled interview without prior notification to board staff,
8 or failure to appear for two (2) or more scheduled interviews with the board or its designee during
9 the period of probation, shall be considered a violation of probation.

10 **4. Cooperate with Board Staff**

11 Respondent shall timely cooperate with the board's inspection program and with the board's
12 monitoring and investigation of respondent's compliance with the terms and conditions of her
13 probation, including but not limited to: timely responses to requests for information by board
14 staff; timely compliance with directives from board staff regarding requirements of any term or
15 condition of probation; and timely completion of documentation pertaining to a term or condition
16 of probation. Failure to timely cooperate shall be considered a violation of probation.

17 **5. Continuing Education**

18 Respondent shall provide evidence of efforts to maintain skill and knowledge as a
19 pharmacist as directed by the board or its designee.

20 **6. Reporting of Employment and Notice to Employers**

21 During the period of probation, respondent shall notify all present and prospective
22 employers of the decision in case number 6574 and the terms, conditions and restrictions imposed
23 on respondent by the decision, as follows:

24 Within thirty (30) days of the effective date of this decision, and within ten (10) days of
25 undertaking any new employment, respondent shall report to the board in writing the name,
26 physical address, and mailing address of each of her employer(s), and the name(s) and telephone
27 number(s) of all of her direct supervisor(s), as well as any pharmacist(s)-in-charge, designated
28 representative(s)-in-charge, responsible manager, or other compliance supervisor(s) and the work

1 schedule, if known. Respondent shall also include the reason(s) for leaving the prior
2 employment. Respondent shall sign and return to the board a written consent authorizing the
3 board or its designee to communicate with all of respondent's employer(s) and supervisor(s), and
4 authorizing those employer(s) or supervisor(s) to communicate with the board or its designee,
5 concerning respondent's work status, performance, and monitoring. Failure to comply with the
6 requirements or deadlines of this condition shall be considered a violation of probation.

7 Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of
8 respondent undertaking any new employment, respondent shall cause (a) her direct supervisor, (b)
9 her pharmacist-in-charge, designated representative-in-charge, responsible manager, or other
10 compliance supervisor, and (c) the owner or owner representative of her employer, to report to the
11 board in writing acknowledging that the listed individual(s) has/have read the decision in case
12 number 6574, and terms and conditions imposed thereby. If one person serves in more than one
13 role described in (a), (b), or (c), the acknowledgment shall so state. It shall be the respondent's
14 responsibility to ensure that these acknowledgment(s) are timely submitted to the board. In the
15 event of a change in the person(s) serving the role(s) described in (a), (b), or (c) during the term
16 of probation, respondent shall cause the person(s) taking over the role(s) to report to the board in
17 writing within fifteen (15) days of the change acknowledging that he or she has read the decision
18 in case number 6574, and the terms and conditions imposed thereby.

19 If respondent works for or is employed by or through an employment service, respondent
20 must notify the person(s) described in (a), (b), and (c) above at every entity licensed by the board
21 of the decision in case number 6574, and the terms and conditions imposed thereby in advance of
22 respondent commencing work at such licensed entity. A record of this notification must be
23 provided to the board upon request.

24 Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen
25 (15) days of respondent undertaking any new employment by or through an employment service,
26 respondent shall cause the person(s) described in (a), (b), and (c) above at the employment service
27 to report to the board in writing acknowledging that he or she has read the decision in case
28

1 number, and the terms and conditions imposed thereby. It shall be respondent's responsibility to
2 ensure that these acknowledgment(s) are timely submitted to the board.

3 Failure to timely notify present or prospective employer(s) or failure to cause the identified
4 person(s) with that/those employer(s) to submit timely written acknowledgments to the board
5 shall be considered a violation of probation.

6 "Employment" within the meaning of this provision includes any full-time, part-time,
7 temporary, relief, or employment/management service position as a Pharmacist, or any position
8 for which a Pharmacist is a requirement or criterion for employment, whether the respondent is an
9 employee, independent contractor or volunteer.

10 **7. Notification of Change(s) in Name, Address(es), or Phone Number(s)**

11 Respondent shall further notify the board in writing within ten (10) days of any change in
12 name, residence address, mailing address, e-mail address or phone number.

13 Failure to timely notify the board of any change in employer, name, address, or phone
14 number shall be considered a violation of probation.

15 **8. Restrictions on Supervision and Oversight of Licensed Facilities**

16 During the period of probation, respondent shall not supervise any intern pharmacist, be the
17 pharmacist-in-charge, designated representative-in-charge, responsible manager or other
18 compliance supervisor of any entity licensed by the board, nor serve as a consultant. Assumption
19 of any such unauthorized supervision responsibilities shall be considered a violation of probation.

20 **9. Reimbursement of Board Costs**

21 As a condition precedent to successful completion of probation, respondent shall pay to the
22 board its costs of investigation and prosecution in the amount of \$2,000.00. Respondent shall be
23 permitted to pay these costs in a payment plan approved by the board or its designee, so long as
24 full payment is completed no later than one (1) year prior to the end date of probation.

25 **10. Probation Monitoring Costs**

26 Respondent shall pay any costs associated with probation monitoring as determined by the
27 board each and every year of probation. Such costs shall be payable to the board on a schedule as
28

1 directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall
2 be considered a violation of probation.

3 **11. Status of License**

4 Respondent shall, at all times while on probation, maintain an active, current Pharmacist
5 License with the board, including any period during which suspension or probation is tolled.
6 Failure to maintain an active, current Pharmacist License shall be considered a violation of
7 probation.

8 If respondent's Pharmacist License expires or is cancelled by operation of law or otherwise
9 at any time during the period of probation, including any extensions thereof due to tolling or
10 otherwise, upon renewal or reapplication respondent's license shall be subject to all terms and
11 conditions of this probation not previously satisfied.

12 **12. License Surrender While on Probation/Suspension**

13 Following the effective date of this decision, should respondent cease practice due to
14 retirement or health, or be otherwise unable to satisfy the terms and conditions of probation,
15 respondent may relinquish her license, including any indicia of licensure issued by the board,
16 along with a request to surrender the license. The board or its designee shall have the discretion
17 whether to accept the surrender or take any other action it deems appropriate and reasonable.
18 Upon formal acceptance of the surrender of the license, respondent will no longer be subject to
19 the terms and conditions of probation. This surrender constitutes a record of discipline and shall
20 become a part of the respondent's license history with the board.

21 Upon acceptance of the surrender, respondent shall relinquish her pocket and/or wall
22 license, including any indicia of licensure not previously provided to the board within ten (10)
23 days of notification by the board that the surrender is accepted if not already provided.
24 Respondent may not reapply for any license from the board for three (3) years from the effective
25 date of the surrender. Respondent shall meet all requirements applicable to the license sought as
26 of the date the application for that license is submitted to the board, including any outstanding
27 costs.

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1 **13. Practice Requirement-Extension of Probation**

2 Except during periods of suspension, respondent shall, at all times that respondent resides
3 in California and is on probation, be employed as a pharmacist in California for a minimum of 40
4 hours per calendar month. Any month during which this minimum is not met shall extend the
5 period of probation by one month. During any such period of insufficient employment,
6 respondent must nonetheless comply with all terms and conditions of probation, unless
7 respondent receives a waiver in writing from the board or its designee.

8 If respondent does not practice as a pharmacist in California for the minimum number of
9 hours in any calendar month, for any reason (including vacation), respondent shall notify the
10 board in writing within ten (10) days of the conclusion of that calendar month. This notification
11 shall include at least: the date(s), location(s), and hours of last practice; the reason(s) for the
12 interruption or reduction in practice; and the anticipated date(s) on which respondent will resume
13 practice at the required level. Respondent shall further notify the board in writing within ten (10)
14 days following the next calendar month during which respondent practices as a pharmacist in
15 California for the minimum of hours. Any failure to timely provide such notification(s) shall be
16 considered a violation of probation.

17 It is a violation of probation for respondent's probation to be extended pursuant to the
18 provisions of this condition for a total period, counting consecutive and non-consecutive months,
19 exceeding thirty-six (36) months. The board or its designee may post a notice of the extended
20 probation period on its website.

21 **14. Violation of Probation**

22 If respondent has not complied with any term or condition of probation, the board shall
23 have continuing jurisdiction over respondent, and the board shall provide notice to respondent
24 that probation shall automatically be extended, until all terms and conditions have been satisfied
25 or the board has taken other action as deemed appropriate to treat the failure to comply as a
26 violation of probation; to terminate probation, and to impose the penalty that was stayed. The
27 board or its designee may post a notice of the extended probation period on its website.

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1 If respondent violates probation in any respect, the board, after giving respondent notice
2 and an opportunity to be heard, may revoke probation and carry out the disciplinary order that
3 was stayed. If a petition to revoke probation or an accusation is filed against respondent during
4 probation, or the preparation of an accusation or petition to revoke probation is requested from
5 the Office of the Attorney General, the board shall have continuing jurisdiction and the period of
6 probation shall be automatically extended until the petition to revoke probation or accusation is
7 heard and decided.

8 **15. Completion of Probation**

9 Upon written notice by the board or its designee indicating successful completion of
10 probation, respondent's license will be fully restored.

11 **16. Ethics Course**

12 Within sixty (60) calendar days of the effective date of this decision, respondent shall enroll
13 in a course in ethics, at respondent's expense, approved in advance by the board or its designee
14 that complies with Title 16 California Code of Regulations section 1773.5. Respondent shall
15 provide proof of enrollment upon request. Within five (5) days of completion, respondent shall
16 submit a copy of the certificate of completion to the board or its designee. Failure to timely enroll
17 in an approved ethics course, to initiate the course during the first year of probation, to
18 successfully complete it before the end of the second year of probation, or to timely submit proof
19 of completion to the board or its designee, shall be considered a violation of probation.

20 **17. No Ownership or Management of Licensed Premises**

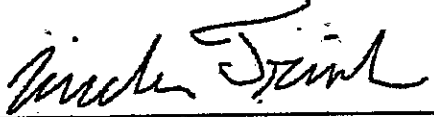
21 Respondent shall not own, have any legal or beneficial interest in, nor serve as a manager,
22 administrator, member, officer, director, trustee, associate, or partner of any business, firm,
23 partnership, or corporation currently or hereinafter licensed by the board. Respondent shall sell
24 or transfer any legal or beneficial interest in any entity licensed by the board within ninety (90)
25 days following the effective date of this decision and shall immediately thereafter provide written
26 proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide
27 documentation thereof shall be considered a violation of probation.

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ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED:

4/17/19
LINDA TRINH
RespondentENDORSEMENT

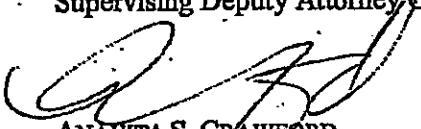
The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

Dated:

4.17.19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JANICE K. LACHMAN
Supervising Deputy Attorney General


ANAHITA S. CRAWFORD
Deputy Attorney General
Attorneys for Complainant

SA2018103012
13625818.docx

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 my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

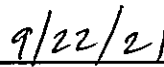
No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

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, no copies or stamps accepted



Date

11

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (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 or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership – Pages 1,2,6,10,11a&b
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Complete Care Pharmacy

Physical Address: 1090 E. Desert Inn Rd., Ste. 204

City: Las Vegas NV State: Zip Code: 89109 Telephone: pending (702) 483-2243

Fax: pending Toll Free Number: NA

E-mail: licensure@receptrx.com

Website:

Managing Pharmacist: Janice Rose License Number: 13727 *verified 7/26/21*

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:

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

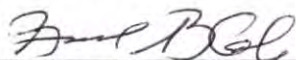
Within the last five (5) years:

- 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, 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.



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

Basil Blake

Print Name of Authorized Person

05/13/2021
Date

Board Use Only

Date Processed: _____

Amount: 000

check # 0002362105

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: NevadaParent Company if any: Complete Care Pharmacy and Medical Supplies, Inc.Mailing Address: 1620 W. Northwest Hwy., Suite 100City: Grapevine State: TX Zip: 76051Telephone: 817-572-0009 x20109 Fax: 817-720-1039Contact Person: Tammie Miskimins or Clarence Green

For any corporation non publicly traded, disclose the following:

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

a) _____
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 8:00 am 5:00 pmSaturday 8:00 am 12:00 pm

Sunday _____ am _____ pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: B202102121428922

**STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners**

I, Basil Blake

Responsible Person of Complete Care Pharmacy

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

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

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



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

Basil Blake

Print Name of Authorized Person

05/13/2021

Date

Managing Pharmacist

Pharmacist Name: Janice RoseLicense #: 13727Pharmacy Name: Complete Care 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?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: _____ Date: _____ Case #: _____		
And/or Criminal Action: State: _____ Date: _____ Case #: _____		
County: _____ Court: _____		

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>) *designate Quarantine area*
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

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

Signature

[Handwritten Signature]

Date

5-14-21

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Complete Care Pharmacy & Medical Supplies Incorp.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/12/2021, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/20/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202105201686151

You may verify this certificate
online at <http://www.nvsos.gov>

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138
North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

02/12/2021

Work Order Item Number: W2021021201283 - 1127338
Filing Number: 20211234800
Filing Type: Articles of Incorporation-For-Profit
Filing Date/Time: 02/12/2021 17:02:29 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E12348012021-5

Entity Name: Complete Care Pharmacy &
Medical Supplies Incorp.

Entity Status: Active

Expiration Date: None

Non-Commercial Registered Agent

Basil Blake

7728 Lots Hill Drive , Las Vegas, NV 89179, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
*Deputy Secretary for
Commercial Recordings*

STATE OF NEVADA



**OFFICE OF THE
SECRETARY OF STATE**

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

02/12/2021

Work Order Item Number: W2021021201283 - 1127339
Filing Number: 20211234802
Filing Type: Initial List
Filing Date/Time: 02/12/2021 17:02:29 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E12348012021-5

Entity Name: Complete Care Pharmacy &
Medical Supplies Incorp.

Entity Status: Active

Expiration Date: None

Non-Commercial Registered Agent

Basil Blake

7728 Lots Hill Drive , Las Vegas, NV 89179, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State

Complete Care Pharmacy

Officer:

Basil Blake

██████████ South Eastern Avenue ██████████

Henderson, NV 89052

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Complete Care PharmacyPhysical Address 1090 E. Desert Inn Rd., Suite 204City Las VegasState NVZip 89109Mailing Address (if different from physical address) 1620 W. Northwest Hwy., Suite 100City GrapevineState TXZip 76051Telephone 702.983.2243 Website _____Licensing Company Email licensure@receptrx.com

Section 2: Personal Information

First BasilMiddle ShawnLast Blake

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____

SSN or ITIN _____

Sex ☒ M ☐ F ☐ XMailing Address South Eastern Avenue,City HendersonState NVZip 89052

Telephone _____

Email _____

Are you a citizen of the United States?

☒ Yes☐ No

Section 3: Military Service (NRS 622.120)

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

YES

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

NO

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

NO

Date of Service: From 12-1978 to 07-1983Military Occupation/Specialty 1) Infantry Mortarman 2) FIELD ARTILLERY SURVEYOR

Branch:

☒ Army/
Reserves☐ Navy/
Reserves☐ Airforce/
Reserves☒ Marine Corps/
Reserves☐ Coast Guard/
Reserves☐ National
Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

NO

2. Are you in compliance with the order or the 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 initials

BB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name EDGEWOOD HIGH SCHOOL		From - To (MM/YY - MM/YY) 08/1974-06/1978	
Address 10 COOPERS FOLLY ROAD	City TAINSBORO	State NJ	Zip 08004
Diploma/Degree obtained, if any DIPLOMA			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 04/2014-PRESENT	Address [REDACTED] LOTS HILLS DRIVE	City LAS VEGAS	State NV	Zip 89179
From - To (MM/YY - MM/YY) 08/2010-04/2014	Address #2312 2951 SIENA HEIGHTS DR	City HENDERSON	State NV	Zip 89052
From - To (MM/YY - MM/YY) 07/2008-08/2010	Address #926 1800 GREEN VALLEY PKWY	City HENDERSON	State NV	Zip 89074
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name BLAKE SECURITY LLC, NV PILD #2162		From - To (MM/YY - MM/YY) 07/2016 - PRESENT	
Business Address 7728 LOTS HILLS DR	City LAS VEGAS	State NV	Zip 89129
Phone 702 306 6579	Title OWNER - Qualifying AGENT		
Description of Duties OVER ALL OPERATIONS OF SECURITY COMPANY. Qualifying AGENT WITH STATE OF NEVADA			
Business Name THE COSMOPOLITAN OF LAS VEGAS		From - To (MM/YY - MM/YY) 09/2010 - 02/2018	
Business Address 3708 LAS VEGAS BLVD SOUTH	City LAS VEGAS	State NV	Zip 89109
Phone 702-698-7000	Title SECURITY BIKE OFFICER (LEAD)		
Description of Duties ASSIST management IN DAY TO DAY SHIFT OPERATIONS, ESCORT OFFICER FOR VIPs, and HIGH PROFILE GUESTS. Patrol ALL properties as DIRECTED.			
Business Name THE BROOKLYN BOWL OF LAS VEGAS		From - To (MM/YY - MM/YY) 10/2014 - 07/2015	
Business Address 3545 LAS VEGAS BLVD SOUTH	City LAS VEGAS	State NV	Zip 89109
Phone 702-694-3734	Title VENUE SECURITY		
Description of Duties STAGE AND GREEN ROOM SECURITY. PROTECT THE privacy of PERFORMERS, their families and property			
Business Name THE SMITH CENTER FOR THE PERFORMING ARTS		From - To (MM/YY - MM/YY) 03/2012 - 04/2013	
Business Address 361 SYMPHONY PARK AVE	City LAS VEGAS	State NV	Zip 89102
Phone 702-749-2234	Title BIKE Patrol OFFICER		
Description of Duties SAFETY OF STAFF, PERFORMERS, VIPs AND PATRONS. SECURITY OF CAMPOS DURING THE GROVES SHIFT.			
Business Name MEM, CIRCUS CIRCUS		From - To (MM/YY - MM/YY) 07/2007 - 12/2010	
Business Address 2880 LAS VEGAS BLVD SOUTH	City LAS VEGAS	State NV	Zip 89109
Phone 702-734-0410	Title RELIEF MANAGER, FIELD TRAINING OFFICER		
Description of Duties COVER MGT FOR DAYS OFF. TRAINING OFFICER FOR BIKE PATROL, 1ST AID/CPR. MAINTAIN TRAINING RECORDS, BASIC FIREARMS INSTRUCTION			

Continue on next page if additional space is needed.

Applicant's initials

PS

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		BS
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		BS
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		BS
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	BS	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		BS
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	BS	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		BS
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		BS
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		BS
10. Have you 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?		BS

Applicant's initials

BS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following where applicable:

Date of Event/Arrest 15 JAN 2013	Disposition Date	State NV	City LAS VEGAS	County CLARK
Case # A-13-675007-C	Governing, licensing, Arresting Presiding Body/Agency/Court EIGHT JUDICIAL DISTRICT COURT			
Reason/Charge CLASS ACTION				
Plaintiff/Defendant/Claimant/Respondent BLAKE AND JAMES SETTLEMENT CLASS			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity NEVADA PROPERTY I LLC				

Provide explanation below: COMPANY FAILED TO PAY HOURLY EMPLOYEES FOR ALL TIME WORKED.


Original Signature (electronic, copies or stamps not accepted)

07/06/2021
Date

Applicant's initials BJ

JONES LAW FIRM
 9585 Prototype Ct. Suite B
 Reno, NV 89521
 Phone (775) 853-6440
 Fax (775) 853-6445
www.cjoneslawfirm.com

CHARLES A. JONES
 CA Bar No. 224915
 NV Bar No. 6698
 CO Bar No. 36463
 NY Bar No. 4415691

KELLY MCINERNEY
 CA Bar No. 200017
 NV Bar No. 7443

August 30, 2013

BASIL S BLAKE
 [REDACTED] SIENA HEIGHTS DR # [REDACTED]
 HENDERSON NV, 89052

RE: Cosmopolitan Security Officer Unpaid Wages Class Action

Dear BASIL S BLAKE,

You are receiving this letter because the Cosmopolitan of Las Vegas' records indicate that you may be a potential class member in a class action lawsuit pending against the Cosmopolitan on behalf of **all hourly Security Officers employed by the Cosmopolitan between December 15, 2010 and May 19, 2013**. The name of the case is **Basil Blake and Aaron James v. Nevada Property 1, LLC** (Case No. A-13-675007). This case was filed in Nevada state court – the Eighth Judicial District Court of Nevada In and For Clark County – on January 15, 2013. This case only involves hourly Security Officers employed by the Cosmopolitan during the dates listed above.

The case alleges that the Cosmopolitan failed to pay its hourly Security Officers for all time worked. Specifically, the case alleges that the Cosmopolitan failed to pay its hourly Security Officers for "off the clock work" associated with the time it took Security Officers to wait in line to and actually check in/out the tools and equipment necessary to perform their job (radio, keys, Itouch, safecracking tools) and to travel to and from the garment district both before the security officers formally clocked in and after the security officers clocked out. The case also alleges that the Cosmopolitan failed to pay its security officers for time spent attending pre-shift briefings before their scheduled shift start time. The case seeks unpaid wages for all hourly Security Officers employed by the Cosmopolitan during the time frame noted above. Cosmopolitan changed its pay practices after this lawsuit was filed.

We are pleased to inform you that the parties have reached a tentative settlement in this case which, subject to court approval, will provide substantial monetary compensation for all hourly

(cont'd on back...)

Security Officers employed by the Cosmopolitan between December 15, 2010 and May 19, 2013. The parties will be filing a motion for approval of this settlement with the Court shortly. If the settlement is preliminarily approved by the Court, you will be receiving a formal notice approved by the Court explaining the terms of the settlement and your legal rights to make a claim for money, object to the settlement and/or exclude yourself from the settlement.

If you have any questions about this case, please don't hesitate to contact us at 775-853-6440. You can also submit any questions about this case to us through our web site www.cjoneslawfirm.com. I look forward to hearing from you.

Sincerely,

JONES LAW FIRM

Charles A. Jones, Esq.
Attorneys for Basil Blake and Aaron James

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 7. Provide all the following where applicable:

Date of Event/Arrest <u>March 2, 2016</u>	Disposition Date	State <u>NV</u>	City <u>Las Vegas</u>	County <u>Clark</u>
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court <u>NV, PRIVATE INVESTIGATORS LICENSING BOARD</u>			
Reason/Charge <u>APPLICATION PROCESS FOR BLAKE SECURITY LLC #2162</u>				
Plaintiff/Defendant/Claimant/Respondent			Law suit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below: VIDEO BOARD CONFERENCE AND LIVE QUESTIONING FROM BOARD OF DIRECTORS.

[Signature]
Original Signature (electronic, copies or stamps not accepted)

07/06/2021
Date

Applicant's initials [Signature]



State of Nevada

Private Investigator's Licensing Board

Board Members

Mark Zane, Chairman
 Jim Colbert
 Raymond Flynn
 Peter Maheu
 Jim Nadeau

Kevin Ingram, Executive Director

3110 S. Durango Drive, Suite 203
 Las Vegas, Nevada 89117
 Telephone: (702) 486-3003
 Fax: (702) 486-3009
 pilbinfo@ag.nv.gov
 www.nevadapilboard.org

PRIVATE INVESTIGATOR'S LICENSING BOARD

The Private Investigator's Licensing Board of the State of Nevada is scheduled to hold its regularly scheduled meeting:

DATE: **Wednesday, March 2, 2016**

Board meetings are held at the following locations and connected through videoconferencing (Board Members and Staff are present in both locations):

Northern Nevada:

Office of the Attorney General
 100 North Carson Street
 Mock Court Room
 Carson City, Nevada 89701

Southern Nevada:

Grant Sawyer State Office Building
 555 E. Washington Ave
 Attorney General Conference Room, Suite 4500
 Las Vegas, Nevada 89101

TIME: **9:00 a.m.**

1. Roll call of Board Members

2. Public Comment

Members of the general public may comment on matters appearing on the agenda and may bring matters not appearing on the agenda to the attention of the Board. The Board may discuss the matters not appearing on the agenda, but may not act on the matters at this meeting. If the Board desires, the matters may be placed on a future agenda for action. Public comments may be limited to 5 minutes per person at the discretion of the Chairman but will not be restricted according to viewpoint.

Note: In addition to Public Comment taken at the beginning and end of the meeting, Public Comment may be accepted after each agenda item prior to the Board taking action.

3. Review current financial report
4. Review and approve minutes from December Board meeting "for possible action"
5. All applicants, witnesses and attendees that will be providing testimony to be sworn in

ITEMS CARRIED OVER FROM DECEMBER BOARD MEETING

6. Omni & Associates Global, Inc. is applying for a new corporate Private Patrolman license. Adrien M. Muya is applying for a new individual Private Patrolman license. If approved, he is requesting that his individual license be placed into abeyance so that he may become the qualifying agent. Corporate Officer to be approved is Adrien M. Muya. This is subject to all statutory and regulatory requirements. "for possible action"

CORPORATE OFFICER

7. Examination Management Services, Inc., dba, ICS Merrill, license number 751, is seeking Corporate Officer approval for James D. Calver, Gregory A. Moerschel, and Matthew T. Phillips. This is subject to all statutory and regulatory requirements. "for possible action"
8. Sedgwick Factual Photo, Inc., license number 1658, is seeking Corporate Officer approval for Henry C. Lyons and Stephen R. Hurley. This is subject to all statutory and regulatory requirements. "for possible action"

CHANGE OF LICENSING STATUS – QUALIFYING AGENT, EXISTING CORP

9. Steven C. Thompson is requesting a change in licensing status. Mr. Thompson is requesting to transfer his qualifying agent status from Thompson Security Corp. License Number 1310 to Vander Protective Services, LLC, license number 1847B. This is subject to all statutory and regulatory requirements. "for possible action"
10. Randall M. Powers is requesting a change in licensing status. Mr. Powers is requesting that his individual license, license number 1372 be kept in abeyance so that he may become the qualifying agent for Total Security Solutions, Inc., license number 1650. This is subject to all statutory and regulatory requirements. "for possible action"
11. Carl H. Thomas is requesting a change in licensing status. Mr. Thomas is requesting that his individual license, license number 1877B be kept in abeyance so that he may become the qualifying agent for Thomas Protective service, Inc., license number 1309. This is subject to all statutory and regulatory requirements. "for possible action"
12. Douglas L. Florence is requesting a change in licensing status. Mr. Florence is requesting that his individual license, license number 1672, be kept in abeyance so that he may become the qualifying agent for BestMark, Inc., license number 1095. This is subject to all statutory and regulatory requirements. "for possible action"

Private Investigators Licensing Board



State of Nevada

This is to Certify that after the applicant named herein has properly submitted the required application, passed the State of Nevada written examination and has come before this professional licensing board in person for proper review of professional experience in the area of interests. Let it be known that

Blake Security, LLC

BASIL BLAKE/Qualifying Agent

is hereby permitted, granted and entitled
the privilege of conducting the business of

Private Patrolman

License # 2162B

This certificate is issued pursuant to Chapter 648 Statutes of Nevada as amended. This certificate professional license is valid from

June 30, 2017 - June 30, 2018



Chairman



Executive Director

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Basil Blake
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

07/20/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

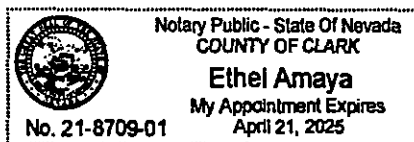
I, Basil Shawn Blake, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

07/20/2021
Date

Subscribed and Sworn to before me this 20 day of July 2021.

[Signature]
Notary Public Signature



(Seal)

Applicant's initials [Signature]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Complete Care Pharmacy
 Physical Address 1090 E. Desert Inn Rd., Suite 204
 City Las Vegas State NV Zip 89109
 Mailing Address (if different from physical address) 1620 W. Northwest Hwy., suite 100
 City Grapevine State TX Zip 76051
 Telephone 817-572-0009 Website _____
 Licensing Company Email licensure@receptrx.com

Section 2: Personal Information

First Janice Middle _____ Last Rose
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
 Mailing Address Ambermill Ct.
 City Henderson State NV Zip 89052
 Telephone _____ Email _____
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the 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 initials



Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name		Univ. of Colorado - HSC		From - To (MM/YY - MM/YY)
Address		13061 E 17th Pl.		09/94 - 05/97
City		Aurora		State Zip
		CO		80045
Diploma/Degree obtained, if any				
B.S. Pharmacy				
School Name		HP Baldwin High		From - To (MM/YY - MM/YY)
Address		1650 Kaahumanu Ave		09/79 - 06/83
City		Wailuku		State Zip
		HI		96793
Diploma/Degree obtained, if any				
H.S. grad. Diploma				
School Name				From - To (MM/YY - MM/YY)
Address				State Zip
Diploma/Degree obtained, if any				
School Name				From - To (MM/YY - MM/YY)
Address				State Zip
Diploma/Degree obtained, if any				
School Name				From - To (MM/YY - MM/YY)
Address				State Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
05/13 - 07/21	Ambermill Ct.	Henderson	NV	89052
From - To (MM/YY - MM/YY)	Address	City	State	Zip
10/06 - 05/13	4087 Syracuse Dr	Las Vegas	NV	89119
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials



Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.				
Business Name		Empire Pharmacy Consultants		From - To (MM/YY - MM/YY)
Business Address		436 SW 1 st Ave		05/21 - Present
City	Miami	State	FL	Zip
33130				
Phone	853-374-1029	Title	Pharmacist	
Description of Duties				
on-call RPh				
Business Name		All City Pharmacy		From - To (MM/YY - MM/YY)
Business Address		821 N Lamb Blvd Ste 5		09/20 - 11/20
City	Las Vegas	State	NV	Zip
89110				
Phone	702-834-7704	Title	PIC	
Description of Duties				
pharmacist in charge, manage pharmacy, fill RX's Counsel pts.				
Business Name		Pima Medical Institute		From - To (MM/YY - MM/YY)
Business Address		3333 E Flamingo Rd		04/19 - 09/20
City	Las Vegas	State	NV	Zip
89119				
Phone	702-458-9650	Title	Instructor	
Description of Duties				
Teach CPhT students				
Business Name		Dmnicare LTC		From - To (MM/YY - MM/YY)
Business Address		1525 E Sunset Rd Ste #15		11/16 - 06/18
City	Las Vegas	State	NV	Zip
89119				
Phone	702-407-0124	Title	Pharmacist	
Description of Duties				
closed, LTC pharmacy duties, ABX dosing, TPN dosing IV admixtures, fill RX's, and assist RN's w/ DUR's				
Business Name		Evergreen Pharmacy		From - To (MM/YY - MM/YY)
Business Address		10001 S Eastern Ave Ste 105		11/18 to 07/18
City	Henderson	State	NV	Zip
89022				
Phone	702-269-1334	Title	on call RPh	
Description of Duties				
Retail RPh duties				

Continue on next page if additional space is needed.

Applicant's initials

Business Name <i>Pharmerica LTC</i>		From - To (MM/YY - MM/YY) <i>11/14 - 07/15</i>	
Business Address <i>15 Cactus Garden Dr</i>	City <i>Henderson</i>	State <i>NV</i>	Zip <i>89014</i>
Phone <i>702-871-4203</i>	Title <i>Pharmacist</i>		
Description of Duties <i>IV ABX dosing, TPN dosing, fill Rxs, manage weekend staff.</i>			
Business Name <i>Medco/Express scripts</i>		From - To (MM/YY - MM/YY) <i>02/03 - 07/13</i>	
Business Address <i>6225 Annie Oakley Dr</i>	City <i>Las Vegas</i>	State <i>NV</i>	Zip <i>89120</i>
Phone <i>702-436-8350</i>	Title <i>Pharmacist - Quality Assurance</i>		
Description of Duties <i>report on quality issues, utilize med watch forms, customer service correct errors and obtain Rxs.</i>			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials



Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		NA
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you 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?		X

Applicant's initials



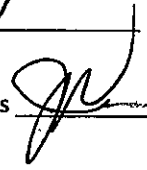
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


 Original Signature (electronic, copies or stamps not accepted)

6-7-2021
 Date
 Applicant's Initials  6

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Janice Rose

Print Name (First, Last)

Janice Rose

Original Signature (electronic, copies or stamps not accepted)

6-7-2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Janice Rose, 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 the license, registration, permit, certificate or certification for which I am applying for.

Janice Rose

Original Signature

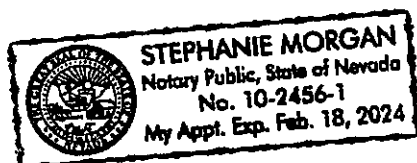
6-8-21

Date

Subscribed and Sworn to before me this 8 day of June 2021

Stephanie Morgan

Notary Public Signature



(Seal)

Applicant's initials *JR*

Nevada State Board of Pharmacy



This is to Certify That

Janice Rose
is a

Pharmacist

duly registered in the State of Nevada pursuant to the provisions of
"An Act to regulate the practice of Pharmacy and the use and sale of poisons and drugs in
the State of Nevada; providing for a state board of pharmacy, and defining its powers and
duties, and fixing penalties for the violation thereof," approved April 1, 1913, as amended

and is entitled to practice Pharmacy in the State of Nevada.

No. 13727 In Witness Whereof are hereunto affixed the seal and the signatures of the
officers of the State Board of Pharmacy.

Done this 28 day of July One Thousand Nine Hundred Ninety-seven



<u>Henry W. Waring</u> Board Member	<u>Joy A. Poirie</u> President	<u>Dorothy M. Schroeder</u> Board Member
<u>Edmond J. Gynar</u> Board Member		<u>Bell Farr</u> Board Member
<u>Donald E. Jones</u> Board Member		<u>Willard</u> Board Member
		<u>Willard</u> Executive Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Complete Care Pharmacy

Physical Address 1090 E. Desert Inn Rd., Suite 204

City Las Vegas

State NV

Zip 89109

Mailing Address (if different from physical address) 1620 W. Northwest Hwy., Suite 100

City Grapevine

State TX

Zip 76051

Telephone 817.572.0009

Website _____

Licensing Company Email licensure@receptrx.com

Section 2: Personal Information

First Janice

Middle _____

Last Rose

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____

SSN or ITIN _____

Sex ☐ M ☒ F ☐ X

Mailing Address _____

Ambermill Ct.

City Henderson

State NV

Zip 89052

Telephone _____

Email _____

Are you a citizen of the United States?

☒ Yes

☐ No

Section 3: Military Service (NRS 622-120)

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

☒

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

☒

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

☒

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch:

☐ Army/
Reserves

☐ Navy/
Reserves

☐ Airforce/
Reserves

☐ Marine Corps/
Reserves

☐ Coast Guard/
Reserves

☐ National
Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

☒

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

n/a

Applicant's Initials

JK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	Univ. of Colorado-HSC		From - To (MM/YY - MM/YY)	
Address	13061 E 17th Pl.	City	Aurora	State CO Zip 80045
Diploma/Degree obtained, if any B.S. Pharmacy				
School Name	HP Baldwin High		From - To (MM/YY - MM/YY)	
Address	1650 Kaahumanu Ave	City	Wailuku	State HI Zip 96793
Diploma/Degree obtained, if any HS Diploma				
School Name			From - To (MM/YY - MM/YY)	
Address		City		State Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY - MM/YY)	
Address		City		State Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY - MM/YY)	
Address		City		State Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
05/14 to present	[Redacted] Ambemill Ct	Henderson	NV	89052
10/08 to 05/14	4087 Syracuse Dr	Las Vegas	NV	89119
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials



Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name ALL City Pharmacy		From - To (MM/YY - MM/YY) 09/20 to 11/20	
Business Address 821 N. Lamb Blvd.		City Las Vegas	State NV Zip 89110
Phone 702-834-7704	Title PIC.	Number of Employed Hours ~ 320 hrs.	
Description of Duties Pharmacist in charge, manage pharmacy, fill RX's, DUE's, counsel pts			
Business Name Omnicare LTC		From - To (MM/YY - MM/YY) 11/16 - 6/18	
Business Address 1525 E Sunset Rd Ste #15		City Las Vegas	State NV Zip 89119
Phone 702-407-0124	Title Pharmacist	Number of Employed Hours 3200 (3200)	
Description of Duties graveyard Pharmacist, IV dosing, TPN dosing, Drug review, compounding, IV admixture, fill/dispense/check RX's			
Business Name Evergreen Pharmacy		From - To (MM/YY - MM/YY) 11/14 - 7/18	
Business Address 10001 S Eastern Ave Ste 105		City Henderson	State NV Zip 89052
Phone 702-269-1354	Title Pharmacist - on call	Number of Employed Hours 480	
Description of Duties Retail duties, counsel patients.			
Business Name Pharmerica LTC		From - To (MM/YY - MM/YY) 11/14 - 07/15	
Business Address 15 Cactus Garden Dr		City Henderson	State NV Zip 89014
Phone 702-871-4203	Title Pharmacist - weekend FT	Number of Employed Hours 1000	
Description of Duties IV ABX dosing, TPN dosing, DUE, fill/dispense/check RX's, manage weekend staff and order entry			
Business Name Medco/Express Scripts		From - To (MM/YY - MM/YY) 02/03 - 07/13	
Business Address 6225 Annie Oakley Dr		City Las Vegas	State NV Zip 89120
Phone 702-436-8300	Title Pharmacist - Quality assurance	Number of Employed Hours 19000	
Description of Duties customer service, correct errors, report quality issues.			
Continue on next page if additional space is needed.			

Applicant's initials



Business Name Longs Drugs		From - To (MM/YY - MM/YY) 2001 to 2003	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours 4600	
Description of Duties			
Business Name Vons		From - To (MM/YY - MM/YY) 1997 to 2001	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours 3000	
Description of Duties			
Business Name Swedish Hospital		From - To (MM/YY - MM/YY) 1994 - 1997	
Business Address 609 E Hampton ave		City Englewood	State CO Zip
Phone	Title Pharmacist	Number of Employed Hours 2000	
Description of Duties ICU/OR Satellite & PR.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

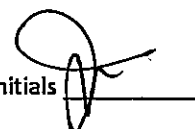
Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials



Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you 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?		X

Applicant's initials



Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

NOT applicable

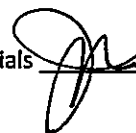
Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's Initials



I, Janice Rose, certify that as the designated representative for

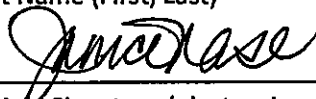
Complete Care Pharmacy

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Janice Rose

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

5-13-2021

Date

Applicant's initials



I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Janice Rose

Print Name (First, Last)

Janice Rose

Original Signature (electronic, copies or stamps not accepted)

5-13-21

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Janice Rose, 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 the license, registration, permit, certificate or certification for which I am applying for.

Janice Rose

Original Signature

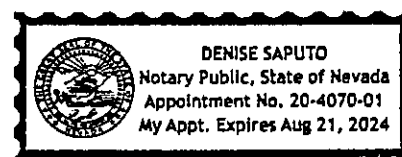
5-14-21

Date

Subscribed and Sworn to before me this 14th day of May 2021.

Denise Saputo

Notary Public Signature



(Seal)

Applicant's initials

JR



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E12348012021-5
Secretary of State State Of Nevada	Filing Number 20211234800
	Filed On 02/12/2021 17:02:29 PM
	Number of Pages 2

Formation - Profit Corporation

☒ NRS 78 - Articles of Incorporation Profit Corporation ☐ NRS 80 - Foreign Corporation ☐ NRS 89 - Articles of Incorporation Professional Corporation

☐ 78A Formation - Close Corporation

(Name of closed corporation MUST appear in the below heading)

Articles of Formation of _____ a close corporation (NRS 78A)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)	Complete Care Pharmacy & Medical Supplies Incorp.	
2. Registered Agent for Service of Process: (Check only one box)	☐ Commercial Registered Agent (name only below) ☒ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below)	
	Basil Blake Name of Registered Agent OR Title of Office or Position with Entity [Redacted] Lots Hill Drive Las Vegas Nevada 89179 Street Address City Zip Code [Redacted] Nevada [Redacted] Mailing Address (if different from street address) City Zip Code	
2a. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form. X Basil Blake 02/12/2021 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date	
3. Governing Board: (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)	This corporation is a close corporation operating with a board of directors ☐ Yes OR ☒ No	
4. Names and Addresses of the Board of Directors/ Trustees or Stockholders (NRS 78: Board of Directors/ Trustees is required. NRS 78a: Required if the Close Corporation is governed by a board of directors. NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See Instructions)	1) Basil Blake Name [Redacted] Lots Hill Drive Las Vegas NV 89179 Address City State Zip Code 2) Basil Blake Name [Redacted] Lots Hill Drive Las Vegas NV 89179 Address City State Zip Code 3) Basil Blake Name [Redacted] Lots Hill Drive Las Vegas NV 89179 Address City State Zip Code 4) Basil Blake Name [Redacted] Lots Hill Drive Las Vegas NV 89179 Address City State Zip Code	
5. Jurisdiction of Incorporation: (NRS 80 only)	5a. Jurisdiction of Incorporation: _____ 5b. I declare this entity is in good standing in the jurisdiction of its incorporation. ☐	



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - profit Corporation

Continued, Page 2

6. Benefit Corporation: (For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)	By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field. Yes ☐												
7. Purpose/Profession to be practiced: (Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)													
8. Authorized Shares: (Number of shares corporation is authorized to issue)	<table style="width: 100%;"> <tr> <td>Number of common shares with Par value: 0</td> <td>Par value: \$ 0</td> </tr> <tr> <td>Number of preferred shares with Par value: 0</td> <td>Par value: \$ 0</td> </tr> <tr> <td>Number of shares with no par value: 100</td> <td></td> </tr> </table> If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.	Number of common shares with Par value: 0	Par value: \$ 0	Number of preferred shares with Par value: 0	Par value: \$ 0	Number of shares with no par value: 100							
Number of common shares with Par value: 0	Par value: \$ 0												
Number of preferred shares with Par value: 0	Par value: \$ 0												
Number of shares with no par value: 100													
9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80. Name, Address and Signature of the Incorporator for NRS 78, 78A, and 89. NRS 89 - Each Organizer/Incorporator must be a licensed professional.	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. <table style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basil Blake</td> <td style="border: 1px solid black; padding: 2px;">United States</td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Country</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">[Redacted] Lots Hill Drive</td> <td style="border: 1px solid black; padding: 2px;">Las Vegas</td> </tr> <tr> <td style="text-align: center;">Address</td> <td style="text-align: center;">City</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">X Basil Blake</td> <td style="border: 1px solid black; padding: 2px;">NV 89179</td> </tr> <tr> <td style="text-align: center;">Signature</td> <td style="text-align: center;">State Zip/Postal Code</td> </tr> </table> (attach additional page if necessary)	Basil Blake	United States	Name	Country	[Redacted] Lots Hill Drive	Las Vegas	Address	City	X Basil Blake	NV 89179	Signature	State Zip/Postal Code
Basil Blake	United States												
Name	Country												
[Redacted] Lots Hill Drive	Las Vegas												
Address	City												
X Basil Blake	NV 89179												
Signature	State Zip/Postal Code												

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:

(attach additional page(s) if necessary)



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Complete Care Pharmacy & Medical Supplies Incorp.

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- ☒ Corporation
- ☐ This corporation is publicly traded, the Central Index Key number is: _____
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☐ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- ☐ Business Trust

Filed in the Office of	Business Number
<i>Barbara K. Cegavske</i>	E12348012021-5
Secretary of State	Filing Number
State Of Nevada	20211234802
	Filed On
	02/12/2021 17:02:29 PM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number _____

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
 Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- ☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the "Charitable Solicitation Registration Statement" is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT:

Basil Blake **USA**
Name Country
██████ Lots Hill Drive **Las Vegas** **NV** **89179**
Address City State Zip/Postal Code

CORPORATION, INDICATE THE DIRECTOR:

Basil Blake **USA**
Name Country
██████ Lots Hill Drive **Las Vegas** **NV** **89179**
Address City State Zip/Postal Code

CORPORATION, INDICATE THE TREASURER:

Basil Blake **USA**
Name Country
██████ Lots Hill Drive **Las Vegas** **NV** **89179**
Address City State Zip/Postal Code

CORPORATION, INDICATE THE SECRETARY:

Basil Blake **USA**
Name Country
██████ Lots Hill Drive **Las Vegas** **NV** **89179**
Address City State Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X **Basil Blake**

Signature of Officer, Manager, Managing
Member, General Partner, Managing Partner,
Trustee, Member, Owner of Business,
Partner or Authorized Signer FORM WILL BE RETURNED IF

UNSIGNED

President

Title

02/12/2021

Date

12

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable \$500.00 Fee

Rev (9/22/2021)

Where is the facility located?	
☒ Nevada ☐ Out-of-State	
Type of Application (check applicable box)	Ownership Type (check applicable box)
☒ New Pharmacy ☐ Ownership Change* ☐ Location Change* ☐ Name Change*	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)
* If making a change, provide current license number: PH _____	

Section 1: General Information

Pharmacy Name: First Choice Pharmacy, LLC

Physical Address: 7260 S. Cimarron Rd

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-690-7889 Toll Free # (NAC 639.708, NRS 639.23286): n/a

Fax: 702-690-7889 Contact Email: djam.hamid@gmail.com

Website: n/a

Nevada Business License # (if applicable) NV20212141719

Supervising/Managing Pharmacist Name (NRS 639.220): Sima Moghadam

Supervising/Managing Pharmacist NV Pharmacist Registration #: 11250 Active 03/23 N.S. 11/1/2021

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other: _____	☒ Retail/Community ☒ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other: _____

Days of Operation

☒ Monday
 ☒ Tuesday
 ☒ Wednesday
 ☒ Thursday
 ☒ Friday
 ☒ Saturday
 ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: <u>Sima Moghadam</u>	NV Pharmacist Registration #: <u>11250</u>
Name: <u>Anja Palazova</u>	NV Pharmacist Registration #: <u>20808</u>
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company

	Yes	No
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)?		✓
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 from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: <u>n/a</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

1. The Board shall not issue a license to conduct a pharmacy:
 - a) To any practitioner; or
 - b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
 - a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

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, 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.

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

Hamid Djam

Print Name of Authorized Person

7-21-2021

Date

Board Use Only

Date Processed: _____

Amount: _____

1500 Check # 1093531830

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership: General _____ Limited X

List names of 4 largest partners and percentage of ownership:

Name: Zunera Nasim %: 50

Name: Hamid Djam %: 50

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: FIRST CHOICE PHARMACY, LLC

Mailing Address: 7260 S. Cimarron Rd Suite 120

City, State Zip Code: Las Vegas, NV 89113

Telephone Number: 702-690-7889 Fax Number: 702-690-7889

Contact Person: Hamid Djam

List any physician shareholders and percentage of ownership.

Name: n/a %: _____

Name: n/a %: _____

Name: n/a %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday 9 am 5 pm

Sunday x am x pm 24 Hours x

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20212141719

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

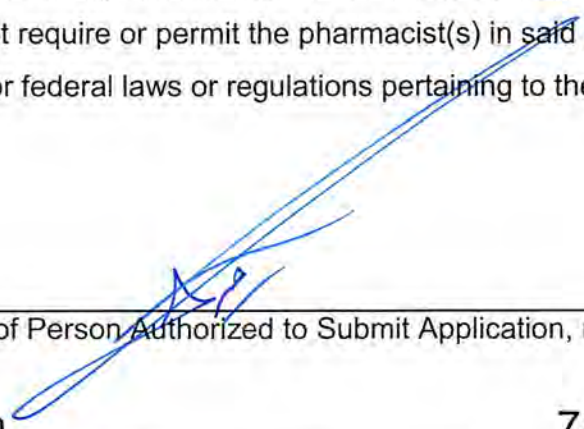
I, Hamid Djam

Responsible Person of First Choice Pharmacy, LLC

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

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

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


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

Hamid Djam
Print Name of Authorized Person

7-20-2021
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Sima MOGHADAM hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the managing Pharmacist (title) for First Choice Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Sima Moghadam

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 28th day of October, 2021

Kellie Piet

Notary Public



Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Sima MOGHADAM Pharmacist Registration #: 11250

Pharmacy Name: FIRST Choice Pharmacy

Initial each statement below to indicate you have read and agree with the following:

- ☒ 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 subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.
- ☒ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.
- ☒ 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.
- ☒ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).
- ☒ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History		Yes	No
1. Have you 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?			☒
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?			☒
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?			☒
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		☒	
If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.			
Board Administrative Action:	State:	Date:	Case #:
Board of Pharmacy	NV	+/- 2003	030493
Criminal Action:	State:	Date:	Case #:
None			
		County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sima Moghadam
Original signature of Managing Pharmacist (copies or stamps not accepted)

10-28-21
Date

Statement of Explanation

Mrs. Sima Moghadam
Pharmacy License No. 11250

Dear Pharmacy Board,

In response to the request as to whether I have ever been disciplined as a licensed pharmacist in Nevada, I provide the Board with the following:

I have a note for a prior disciplinary action on my record. In or around 2003 - 2004, I appeared before the Board on Case No. 03049-S for this disciplinary action, which was the result of a mistyped prescription I made an error on (to the best of my recollection). The result of the action was a fine, continuing education, and probation which to the best of my recollection was lifted in 2009. I completed all requirements without incident. Due to the time that has passed since this discipline, I have no supporting documents and my recollection on the issue has faded to some extent.

I am happy to answer any additional questions regarding this matter the Board may have questions on.

Thank you,

Sima Moghadam

A handwritten signature in blue ink, appearing to read "Sima Moghadam", is written over a horizontal line.

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently **in a status of good standing** or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for

First Choice Pharmacy LLC

Organizational Documents on File	Filing Date
----------------------------------	-------------

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, First Choice Pharmacy LLC, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/18/2021, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/15/2021

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202107151840203
You may verify this certificate
online at <http://www.nvsos.gov>

**UNANIMOUS CONSENT AND RESOLUTION OF THE MEMBERS OF FIRST
CHOICE PHARMACY, LLC**

Pursuant to the operating agreement of First Choice Pharmacy, LLC an LLC organized under the State of Nevada, on July 19th 2021, the undersigned, constituting all the members of this LLC, do hereby unanimously resolve and consent in lieu of a formal meeting to the following actions:

1. The LLC is hereby authorized to apply for a Nevada Pharmacy License in the name of First Choice Pharmacy, LLC.

All members hereby waive notice and meeting with regard to the above actions. This resolution shall have the same force and effect as a vote of the LLC Members

Dated this 15th day of July 2021.



Hamid Djam, Managing Member

Zunera Nasim, Managing Member

Zunera Nasim, Managing Member

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler FIRST CHOICE PHARMACY, LLC
 Physical Address 7260 S. Cimarron Rd, Suite 120
 City Las Vegas State Nevada Zip 89113
 Mailing Address (if different from physical address) 7260 S. Cimarron Rd, Suite 120
 City Las Vegas State Nevada Zip 89113
 Telephone 702-690-7889 Website n/a
 Licensing Company Email n/a

Section 2: Personal Information

First SIMA Middle - Last MOGHADAM
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address Blenheim Ave
 City Las Vegas State NV Zip 89135
 Telephone [REDACTED] Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____
 Military Occupation/Specialty _____
 Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the 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 initials SM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Minnesota		From - To (MM/YY - MM/YY) 3-1980 6-1985	
Address 100 Church St SE	City Minneapolis	State MN	Zip 55455
Diploma/Degree obtained, if any Pharm - D			
School Name Tarbiat Highschool		From - To (MM/YY - MM/YY) 1974 - 1978	
Address 1000 Shariaty St	City TEHRAN	State IRAN	Zip -
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 08-2006-Present	Address [REDACTED] Blenheim Ave	City Las Vegas	State NV	Zip 89135
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials

Sm

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name MLK Pharmacy		From - To (MM/YY - MM/YY) 10-2007-2019	
Business Address 1100 N Martin L King Blvd		City Las Vegas	State NV
Phone 702-272-0400	Title OWNER - PIC	Number of Employed Hours 40 Hours per week	
Description of Duties managing the Pharmacy - Filling Prescriptions - Consulting - Inventory Control - Supervise Technician Interns - dispensing and distribution, record keeping related to Prescription drugs			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials SM 4

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓ N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials

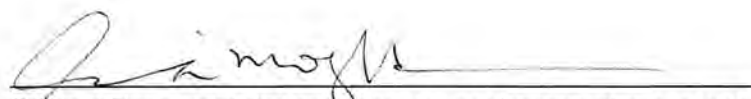


Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

10-25-21
Date

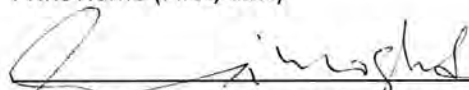
Applicant's initials sm 7

I, Sima MOGHADAM, certify that as the designated representative for
 First Choice Pharmacy, LLC

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Sima MOGHADAM
 Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

10-25-21
 Date

Applicant's initials S 8

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sima Moghadam

Print Name (First, Last)

Sima Moghadam

Original Signature (electronic, copies or stamps not accepted)

10-25-2021

Date

Please have this section completed in the presence of a Notary Public.

State of NV, ss. County of Clark

SM I, Sima Moghadam, 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 the license, registration, permit, certificate or certification for which I am applying for.

Sima Moghadam

Original Signature

10-25-2021

Date

Subscribed and Sworn to before me this 25 day of October 2021

M. Splinter

Notary Public Signature



(Seal)

Applicant's initials

SM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler First Choice Pharmacy, LLC

Physical Address 7260 S. Cimarron Rd

City Las Vegas

State NV

Zip 89113

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 702-690-7889

Website n/a

Licensing Company Email n/a

Section 2: Personal Information

First Zunera

Middle _____

Last Nasim

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED]

SSN or ITIN [REDACTED]

Sex

☐ M

☐ F

☐ X

Mailing Address 2991 Raywood Ash Dr

City Las Vegas

State NV

Zip 89138

Telephone [REDACTED]

Email [REDACTED]

Are you a citizen of the United States?

☒ Yes

☐ No

Section 3: Military Service (NRS 622.120)

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch:

☐ Army/
Reserves

☐ Navy/
Reserves

☐ Airforce/
Reserves

☐ Marine Corps/
Reserves

☐ Coast Guard/
Reserves

☐ National
Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

✓

2. Are you in compliance with the order or the 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 initials zn

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

Applicant's initials: _____

School Name		From - To (MM/YY - MM/YY)	
New Jersey City University		7/11/06-14	
Address	City	State	Zip
2039 Kennedy Blvd	Jersey City	NJ	07305
Diploma/Degree obtained, if any			
Bachelors Degree- Psychology			
School Name		From - To (MM/YY - MM/YY)	
Rutgers- Newark		06/06-06/11	
Address	City	State	Zip
123 Washington Street	Newark	NJ	07102
Diploma/Degree obtained, if any			
Bachelors Degree- Biology			
School Name		From - To (MM/YY - MM/YY)	
William L. Dickenson High School		09/03-06/06	
Address	City	State	Zip
2 Palisade Avenue	Jersey City	NJ	07306
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
03/19- present	Raywood Ash	Las Vegas	NV	89138
From - To (MM/YY - MM/YY)	Address	City	State	Zip
11/16-02/19	1882 Ardilea Street	Las Vegas	NV	89135
From - To (MM/YY - MM/YY)	Address	City	State	Zip
10/08/11/16	14 East 46 Street	Bayonne	NJ	07002
From - To (MM/YY - MM/YY)	Address	City	State	Zip
11/02-09/08	183 Liberty Avenue	Jersey City	NJ	07306
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials zn

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name First Choice Pharmacy, LLC		From - To (MM/YY – MM/YY) 06/21-present	
Business Address 7260 S. Cimmeron Rd, Suite 120	City Las Vegas	State NV	Zip 89113
Phone 702-690-7889	Title Manager		
Description of Duties Manager/owner of new pharmacy			
Business Name Court Grill Diner (No longer in Business)		From - To (MM/YY – MM/YY) 01/12-03/13	
Business Address 626 Newark Avenue	City Jersey City	State NJ	Zip 07306
Phone 201-792-0300	Title manager		
Description of Duties hiring staff, bookkeeping, and inventory management for diner			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials zn

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ZUNERA NASIM

Print Name (First, Last)

Zunera Nasim

Original Signature (electronic, copies or stamps not accepted)

09-21-21

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, ZUNERA NASIM, 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 the license, registration, permit, certificate or certification for which I am applying for.

Zunera Nasim

Original Signature

09-21-21

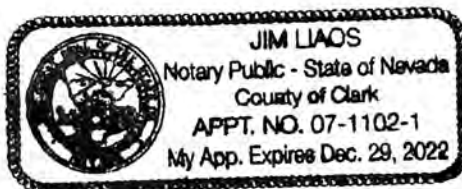
Date

State of Nevada.
County of Clark

Subscribed and Sworn to before me this 21st day of September, 2021

Jim Liao

Notary Public Signature



(Seal)

September 20, 2021

Re: First Choice Pharmacy, LLC Pharmacy Application Supplement

To whom it may concern-

It has come to my attention that there may be certain questions regarding my work history over the past 10 years. While it feels as though I have not worked in 10 years, looking back through my records, my last employment was in 2013 at my brothers Diner, Court Grill Diner. At the Diner my primary role was to act as a manager of the diner by hiring staff, accounting, finance and inventory management. As such, attached please find my amended personal history application to reflect this employment from January 2012 to March 2013. I have been happily married for the past ten years and since 2013, I have been blessed with the opportunity to stay home and focus on my two children and running our household. As my children are getting older, I am looking forward to get back into the workforce and having an active role in First Choice Pharmacy, LLC.

Thank you,

Zunera Nasim



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler First Choice Pharmacy, LLC
 Physical Address 7260 S. Cimarron Rd, Suite 120
 City Las Vegas State Nevada Zip 89113
 Mailing Address (if different from physical address) 7260 S. Cimarron Rd, Suite 120
 City Las Vegas State Nevada Zip 89113
 Telephone 702-690-7889 Website n/a
 Licensing Company Email n/a

Section 2: Personal Information

First Hamid Middle Reza Last Djam
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] Red Springs Dr
 City Las Vegas State NV Zip 89135
 Telephone [REDACTED] Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	✓

Applicant's initials HD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Louise De Coligny - Highschool		From - To (MM/YY - MM/YY) 1987-1990	
Address Rooseboomstraat 10, 2593	City Leiden, The Netherlands	State N/A	Zip N/A
Diploma/Degree obtained, if any High School			
School Name California State University Fullerton		From - To (MM/YY - MM/YY) 1996-2000	
Address 800 N State College Blvd	City Fullerton	State CA	Zip 92831
Diploma/Degree obtained, if any B.S. Computer Science			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 3/2019 - present	Address [REDACTED] Red Springs Dr	City Las Vegas	State NV	Zip 89135
From - To (MM/YY - MM/YY) 6/2016-3/2019	Address 10281 Rarity Ave	City Las Vegas	State NV	Zip 89135
From - To (MM/YY - MM/YY) 3/2014 - 6/2016	Address 3395 Michelson Dr Apt 4463	City Irvine	State CA	Zip 92612
From - To (MM/YY - MM/YY) 2013-2014	Address 261 S Hudson Ave #3	City Pasadena	State CA	Zip 91101
From - To (MM/YY - MM/YY) 2012-2013	Address 19306 Telmo	City Irvine	State CA	Zip 92618
From - To (MM/YY - MM/YY) 2008-2012	Address 29 Via Brida	City Rancho Santa Margarita	State CA	Zip 92608
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials FLD

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name EMC / Dell Technologies		From - To (MM/YY - MM/YY) 8/2011-Present	
Business Address 176 South ST	City Hopkinton	State MA	Zip 01748
Phone 949-340-4889	Title Chief Technology Officer		
Description of Duties Subject matter expert in artificial intelligence and analytics			
Business Name Teradata		From - To (MM/YY - MM/YY) 1/2010 - 8/2011	
Business Address 17095 Via Del Campo	City San Diego	State CA	Zip 92127
Phone 858-485-4000	Title Product Manager		
Description of Duties Subject matter expert in artificial intelligence and analytics			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Applicant's initials HD

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.				
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Applicant's initials HD

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✗ N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials HP

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

07/14/2021

Date

Applicant's initials HD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hamid Djam

Print Name (First, Last)

7/20/2021

Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Hamid Djam, 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 the license, registration, permit, certificate or certification for which I am applying for.

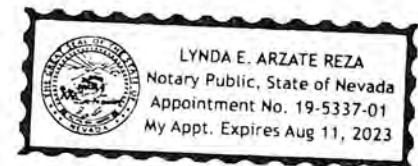
Original Signature

Date

7/21/2021

Subscribed and Sworn to before me this 21st day of July.

Notary Public Signature



(Seal)

Applicant's initials HD



James A. Beckstrom, Esq. *
Kiley N. Beckstrom, Esq. *

5940 S. Rainbow Blvd Suite 2010
Las Vegas, Nevada, 89118
(702) 835-9289
JB@Beckstromlaw.com
KB@Beckstromlaw.com
* Licensed in CA and NV

August 5, 2021

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: First Choice Pharmacy, LLC – Application for State of Nevada Pharmacy License
Our File No. 21-00023

To Whom It May Concern:

On behalf of our client, First Choice Pharmacy LLC, please accept the enclosed documents and application fee necessary to complete the application process for a State of Nevada Pharmacy License.

As always, we appreciate your professionalism and the attention you provide in these matters. If you have any questions or need additional information, please contact the undersigned at (702) 835-9333.



Kiley N. Beckstrom, Esq.
Beckstrom & Beckstrom, LLP
5940 S. Rainbow Blvd.
Las Vegas, NV 89118
O: 702.835.9289
M. 714.875.0351
kb@beckstromlaw.com
Licensed: CA & NV





BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE <u>MANAGING MEMBER</u> :			
Zunera Nasim		USA	
Name		Country	
RAYWOOD ASH DR		Las Vegas	NV 89138
Address		City	State Zip/Postal Code
CORPORATION, INDICATE THE <u>MANAGING MEMBER</u> :			
Hamid Djam		USA	
Name		Country	
RED SPRINGS DR		LAS VEGAS	NV 89135
Address		City	State Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Zunera Nasim

**Signature of Officer, Manager, Managing Member,
 General Partner, Managing Partner, Trustee,
 Subscriber, Member, Owner of Business,
 Partner or Authorized Signer** FORM WILL BE RETURNED IF

UNSIGNED

Manager	06/21/2021
Title	Date

13

13A

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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 1,2,3,8

☐ Partnership – Pages 1,2,6,8

☒ Non Publicly Traded Corporation – Pages 1,2,4,8

☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Amazon Pharmacy #005

Physical Address: 20416 72nd Avenue South, Kent, WA 98032

Mailing Address: PO Box 250

City: Kent State: WA Zip Code: 98035

Telephone: 855-745-5725 Fax: 603-935-9108

✓ Toll Free Number: 855-745-5725 (Required per NAC 639.708)

E-mail: pse1-licensing@pillpack.com Website: pillpack.com and www.pharmacy.amazon.com

Managing Pharmacist: Daiana T. Huyen License Number: 21064 Temp

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: 30 day home delivery with patient-specific multi-dose packaging.

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

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.

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

Daniel Esrick

Print Name of Authorized Person

1/22/21
Date

Page 2

Board Use Only

Date Processed: _____

Amount: \$500 check # 66176669

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: LLC, formed in Delaware

Parent Company if any: Picasso Holdco 1 LLC

Mailing Address: 410 Terry Avenue North

City: Seattle State: WA Zip: 98109

Telephone: 206-266-1000 Fax: N/A

Contact Person: Daniel Esrick

For any corporation non publicly traded, disclose the following:

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

a) N/A LLC

Name Address

b)

Name Address

c)

Name Address

d)

Name Address

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>9:00</u> am	<u>5:00</u> pm	Saturday	<u>9:00</u> am	<u>5:00</u> pm
Sunday	<u>9:00</u> am	<u>5:00</u> pm	24 Hours	<u>N/A</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Daniel Esrick

Responsible Person of PillPack LLC

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

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

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



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

Daniel Esrick

Print Name of Authorized Person

1/22/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Washington)
King) ss.
COUNTY)

I, Daiana T. Huyen, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PIC for Amazon Pharmacy #005 (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of- State Pharmacy License.

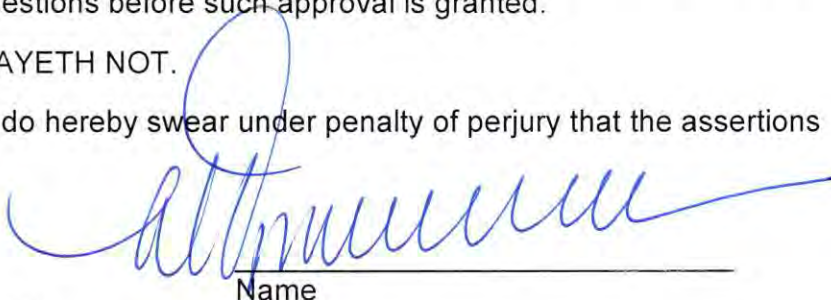
3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Daiana T. Huyen, do hereby swear under penalty of perjury that the assertions of this affidavit are true.


 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
11 day of March, 2021.


 NOTARY PUBLIC



Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PILLPACK LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PILLPACK LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5282593 8300

SR# 20213628437

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204525436

Date: 10-27-21



Facility Search

[DOH Home](#) | [Facilities Home](#)[Search](#)[Search](#)

Facility Information

NEW SEARCH

RESULTS

Facility Name: Amazon Pharmacy #005**Address:** 20416 72nd Ave S, Kent, WA, 98032-2319**Owner's Name:** PillPack LLC**License #:** PHAR.CF.61030957**Facility Status:** ACTIVE**Facility Type:** Pharmacy License**License Expires On:** 05/31/2022

If you find any errors in this description, please complete the [Feedback](#) form and send it to us.

Contact Us

[Agency Contacts](#)[Locations and Directions](#)[Consumer Assistance and Support](#)[Email Consumer Assistance and Support](#)[Main: \(360\) 236-4700](#)[Fax: \(360\) 236-4818](#)

Social Media



Notices

[Privacy Notice](#)[Copyright Statement](#)

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Alternate Format Requests

For people with disabilities, Web documents in other formats are available on request. To submit a request, please contact Consumer Assistance and Support.

v3.4.0

Washington State Department of Health

This organization

Amazon Pharmacy #005

is authorized by RCW 18.04 to have a
Pharmacy License

To Provide

Controlled Substances

Washington State Department of Health

Health

COMMUNITY HEALTH

COMMUNITY HEALTH

COMMUNITY HEALTH

COMMUNITY HEALTH

COMMUNITY HEALTH

COMMUNITY HEALTH

COMMUNITY HEALTH



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47874 • Olympia, Washington 98504-7874

No Deficiencies Found

August 14, 2020

Makanani Hirayma
Amazon Pharmacy #005
20416 72nd Ave So.
Kent, Wa. 98032
makanani@amazon.com

Subject: Inspection Number: 2020-223
 Pharmacy Type: retail pharmacy
 License Number: CF.61030957
 Inspection Type: initial

Dear pharmacist Makananai Hirayama

This letter contains information regarding the recent inspection of Amazon Pharmacy #005 by the Washington State Department of Health. Your state licensing inspection was completed on August 13, 2020.

During the inspection, no deficient practice was found.

Please contact me if there are questions regarding the inspection process. I may be reached at 360-480-0986. I am also available by email at george.moore@doh.wa.gov

I want to extend another "thank you" to you and to everyone that assisted me during the survey.

Sincerely,

G. Stanley Moore

G. Stanley Moore
Pharmacist Inspector

How was your pharmacy inspection experience?

Please take a few minutes to complete this brief survey. In order to provide you with the best possible service, we need your comments on how we do our job, especially if you can offer suggestions for improvement. Unless you choose to give us your contact information, this is an anonymous survey. The survey is voluntary and will not affect your current or future inspection results. All responses will be used solely to improve our pharmacy inspection service.

<http://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/Pharmacy/LicenseInspectionCustomerSatisfactionSurvey.aspx#14236>

Washington State Pharmacy Quality Assurance Commission Telephone Contact Numbers

Management and Other Resources

Lauren Lyles-Stolz, Executive Director 360-236-4853

Doreen Beebe, Program Manager 360-236-4834

Facsimile 360-236-4626

Pharmacist Investigator Supervisor

Websites

Washington State Pharmacy Quality Assurance Commission
Washington Pharmacy Quality Assurance Commission (email)
Drug Enforcement Administration (DEA)
Food & Drug Administration (FDA)
Consumer Product Safety Commission
U.S. Pharmacopeia (USP)

www.doh.wa.gov/pharmacy
WSPQAC@doh.wa.gov
www.deadiversion.usdoj.gov
www.fda.gov/cder
www.cpsc.gov
www.usp.org

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP9700700	03-31-2023	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	09-11-2020
PILLPACK LLC AMAZON PHARMACY #005 20416 72ND AVE S KENT, WA 980322319		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP9700700	03-31-2023	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	09-11-2020
PILLPACK LLC AMAZON PHARMACY #005 20416 72ND AVE S KENT, WA 980322319		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Amazon Pharmacy #005 located at 20416 72nd Avenue South, Kent, WA 98032 has no discipline.
The following disciplinary action is associated with PillPack LLC located in Manchester, New Hampshire.

PillPack LLC (fka PillPack, Inc.) - Pharmacy Discipline Summary (Previously disclosed)

Alabama Board of Pharmacy Order

On December 2014 PillPack, Inc.'s renewal for the out of state pharmacy license for Alabama was denied as there was a change of rule that required that PillPack, Inc. have an Alabama licensed pharmacist named on the permit. PillPack, Inc. immediately contacted the Alabama board and informed them they would have two pharmacist licensed as soon as possible. The Board indicated that the facility would still be able to ship during the interim period.

Two pharmacists were scheduled to appear before the board at their February meeting. Unfortunately the February meeting was canceled due to inclement weather in Alabama. The pharmacists attended the March meeting and both were granted an Alabama pharmacist license.

PillPack, Inc. assumed that the denied application would then be approved. This was not the case and upon checking with the board PillPack, Inc. was told they would have to resubmit the renewal license application, which was done. When PillPack, Inc. received their new license they were cited for shipping medication to Alabama without an active license and asked to sign a consent form with a \$500.00 penalty. PillPack, Inc. signed off on that order and paid the administrative fee. The PIC for Alabama was also assessed a \$500.00 fee and a similar consent form.

SUSAN P. ALVERSON, D.P.A., R.Ph.
Executive Secretary

111 Village Street
Hoover, AL 35242

(205) 981-2280
(205) 981-2330 Fax
www.albop.com

ALABAMA

BOARD OF PHARMACY



May 27, 2015

MEMBERS 2015

DAN McCONAGHY, R.Ph.
President

TIMOTHY A. MARTIN, PharmD.
Vice-President

BUDDY BUNCH, R.Ph.
Treasurer

DAVID DARBY, R.Ph.

DONNA C. YEATMAN, R.Ph.

STEPHANIE CROTEAU
PILL PACK
250 Commercial Street – Suite 2012
Manchester, NH 03101

Dear Ms. Croteau:

According to our records and investigation, you have engaged in the selling, offering for sale, compounding or dispensing drugs during 2015 without first having received your permit in violation of Code of Alabama (1975) §34-23-30. Based on this conduct, you are subject to discipline pursuant to Code of Alabama (1975) §34-23-33(7).

As a result, this letter is to inform you of two (2) options. First you can waive various rights to which you are entitled, including but not limited to, a notice of charges, hearing, counsel presentation of evidence against you, cross-examination, etc., admit your guilt and sign a Consent Order. This sanction will be a fine in the amount of Five Hundred Dollars (\$500.00) which must be submitted at the same time as the signed Consent Order.

Your second option is to contest the allegations set forth in this letter and in that case the Board will schedule an administrative disciplinary hearing and serve you with a notice of charges.

It should also be understood that you will not be allowed to continue to operate as a pharmacy until a Consent Order is signed or in the event you desire an administrative disciplinary hearing, until a Final Order is issued which may allow you to practice.

If you desire to accept the first option set forth above, please sign where indicated below. By accepting this option, you understand and acknowledge that you are freely and voluntarily waiving certain rights to which you are entitled as set forth in the Alabama Pharmacy Practice Act and the Alabama Administrative Procedure Act, including but not limited to those rights set forth in this letter. If your acceptance of this option is not received within ten (10) days from the date of this letter, the Board will assume you contest

Exhibit A

the referenced allegations and will schedule a hearing.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY

Susan P. Alverson

Susan P. Alverson, D.P.A., RPh
Alabama State Board of Pharmacy

I hereby agree to plead guilty to a violation of Code of Alabama (1975) Section 34-23-33(7) and accept the sanctions set forth in this letter. I understand that I will be required to sign a Consent Order which will incorporate my plea of guilt, punishment and other standard provisions, such as a provision acknowledging my waiver of rights and procedures pursuant to the Alabama Pharmacy Practice Act and the Alabama Administrative Act and my release of the Board or its agents from any liability in connection with this matter.

EC
ELLIOT COHEN
REPRESENTATIVE
PILL PACK

6/20/2015
(date signed)

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
PILL PACK	)	
Non- Resident Pharmacy	)	BOARD OF PHARMACY
Permit #114193/202198	)	

CONSENT ORDER

THIS case came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against PILL PACK (hereinafter referred to as "PILL") relating to engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first receiving your permit from the Board required by Code of Alabama (1975) §34-23-30 in violation of Code of Alabama (1975), §34-23-33(7) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this case, PILL pled guilty to violating Code of Alabama (1975) §34-23-33(7), based upon engaging in the selling, offering for sale, compounding or dispensing of drugs during the year 2015 without first having your permit with the Board by evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§ 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That PILL is guilty of violating Code of Alabama (1975) §34-23-33 (7) by engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-30.
2. That PILL shall pay to the Board simultaneously with the

JUL 20 REC'D

execution of this Consent Order a fine in the amount of Five Hundred Dollars (\$500.00).

This obligation of payment to the Board shall not be dischargeable in bankruptcy and PILL shall not attempt to discharge the same in any bankruptcy proceeding.

3. By execution of this Consent Order PILL hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That PILL expressly waives their rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq., and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) §§§§§34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against PILL. PILL further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975) §41-22-18.

5. That PILL agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against their license.

6. That PILL acknowledges, stipulates and agrees that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. PILL acknowledges, stipulates and agrees that they voluntarily and of their own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

DONE this the 20th day of JUNE, 2015.

ELLIOT COTTEN
PILL PACK

DONE this the 16th day of July, 2015.

ALABAMA STATE BOARD OF
PHARMACY

BY:

Dan McConaghy
Dan McConaghy, R.Ph.
Its President

BY:

James S. Ward
Its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205)871-5404

JUL 20 REC'D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Amazon Pharmacy #005
 Physical Address 20416 72nd Avenue S
 City Kent State WA Zip 98032-2319
 Mailing Address (if different from physical address) Same as physical
 City _____ State _____ Zip _____
 Telephone 855-745-5725 Website www.Pillpack.com and www.pharmacy.amazon.com
 Licensing Company Email pse1-licensing@pillpack.com

Section 2: Personal Information

First Dalana Middle Trang Last Huyen
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address [REDACTED] 72nd Avenue S
 City Kent State Kent Zip 98032-2319
 Telephone [REDACTED] Email dalana.huyen@pillpack.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Date of Service: From: _____ to: _____
 Military Occupation/Specialty _____
 Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the 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 initials [Signature]

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name See resume attached.		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[REDACTED] S. 215th Street	Kent	WA	98032
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Amazon Pharmacy #005		From - To (MM/YY - MM/YY) 2/2021 - Present	
Business Address 20416 72nd Avenue S	City Kent	State WA	Zip 98032-2319
Phone 855-745-5725	Title Pharmacist-In-Charge	Number of Employed Hours	
Description of Duties See resume.			

Business Name Bartell Drugs		From - To (MM/YY - MM/YY) 1.2015 - 1/31/2021	
Business Address 4025 Delridge Way SW, Suite 400	City Seattle	State WA	Zip 98106
Phone	Title	Number of Employed Hours	
Description of Duties See resume.			

Business Name Walgreens Company		From - To (MM/YY - MM/YY) 1995 - 12/31/2014	
Business Address 2353 130th Ave. NE, Ste. 100	City Bellevue	State WA	Zip 98005
Phone	Title	Number of Employed Hours	
Description of Duties See resume.			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

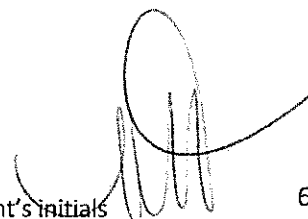
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials

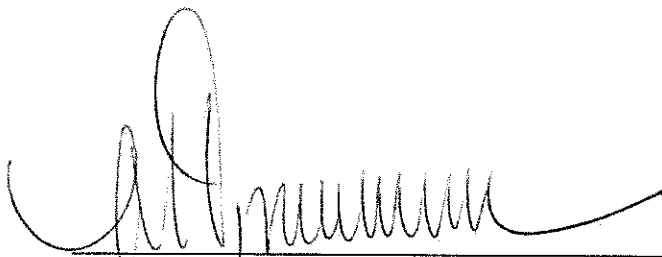


Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

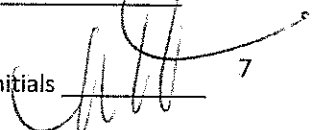
Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

11/16/2021
Date

Applicant's initials  7

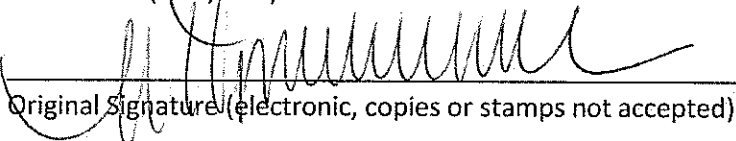
I, Daiana Huyen, certify that as the designated representative for
Amazon Pharmacy #005

that I am qualified as follows and will comply with the following:

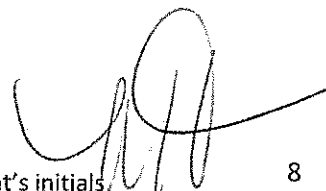
1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Daiana Huyen

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

11/16/2021
 Date

Applicant's initials 

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daiana Huyen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

11/16/2021

Please have this section completed in the presence of a Notary Public.

State of Washington, ss. County of King

I, Daiana Huyen, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

11/16/2021

Subscribed and Sworn to before me this 16 day of November.

Notary Public Signature



Applicant's initials

DAIANA T. HUYEN

■ S. 215th St • Kent, WA 98032 • ■

Cultured Professional: Extensive Background; 25 years of drug store experience in retail community pharmacy operations, marketing, and district management.

Strategic Focus: Decisive leader with national perspective; analyzes industry trends when implementing Drug Stores business governance.

People-oriented: Recognized mentor and preceptor with innovative and situational leadership style. Proven success developing lasting interpersonal relationships and building strong coalitions to achieve business strategies and solutions.

CORE COMPETENCIES

- Leadership/Mentorship · Strategic Situational Awareness · Financial/Budget Execution
- Sales Development · Key Partnership Development · Regulatory Compliance

PROFESSIONAL EXPERIENCE

Pharmacist in Charge

Amazon Pharmacy-PSE1, Seattle 2/2021-present

Responsible for maintaining the pharmacy's compliance with the statutes and rules related to the practice of pharmacy in all states where the facility mails prescriptions to as well as monitoring all team members' credentials and compliant training/development. PIC is accountable for all the performance and advancement of quality and compliance initiatives.

District Manager/Pharmacy District Manager/Director of Tech in Training Program.

Bartell Drugs, Seattle Metropolitan Area; 1/2015-2/2021

Responsible for providing leadership and oversight of 25 pharmacies in the Seattle area. Lead integration and implementation of all healthcare initiatives including front of store health and wellness initiatives/sales within district. Collaborate with executive team to identify and pursue new business opportunities and increase cost efficiencies. Developed and oversee company Pharmacy Technician in Training Program. QA committee lead.

KEY ACHIEVEMENTS

- Continuing to open drug store to serve the Seattle Metropolitan Communities
- Providing leadership, guidance, and direction to all store and pharmacy Managers and their teams in a variety of situations while improving operational efficiencies and business practices
- Serve as liaison for Washington State Board of Pharmacy and Washington Colleges of Pharmacy
- Collaborating with other healthcare partners and vendors to improve overall health and wellness initiatives/sales, inventory management, and lower healthcare cost

District Pharmacy Supervisor (Seattle-Central). Walgreens, Bellevue, WA;9/2013-12/2014
Responsible for providing leadership and oversight of district-wide pharmacy operations with continued focus on expansion in Alaska. Leads integration and implementation of all healthcare initiatives within district. District monthly sales exceed \$17million.

KEY ACHIEVEMENTS

- Continuing to open numerous pharmacy stores in Alaska, most notably in Fairbanks.
- Providing leadership, guidance, and direction to all district Pharmacy Managers and their teams in a variety of situations while improving operational efficiencies and business practices
- Coordinated conversion of BioScrip into Walgreens Community Pharmacy
- Walgreens liaison for Alaska State Board of Pharmacy
- Established Bedside Delivery Program at Alaska Regional Hospital
- Negotiated numerous 340B contracts with several health centers including Anchorage Neighborhood, Jamestown S’Klallam Tribe, Country Doctors, Sea Mar, and University of Washington Hospital

District Pharmacy Supervisor (Seattle-North). Walgreens, Bellevue, WA; 01/2008-08/2013
Responsible for providing leadership and oversight of 49 pharmacy stores within Washington state and Alaska. Leads integration and implementation of all healthcare initiatives within district. Collaborate with Market Pharmacy Director to identify and pursue new business opportunities and cost efficiencies. District monthly sales exceeded \$30 million.

KEY ACHIEVEMENTS

- Opened 16 new pharmacies
- Opened first Walgreens On-Site pharmacy in Washington state at Overlake Hospital, Bellevue, WA
- Engendered pharmacy revenue through establishing precedent for the Overlake On-Site pharmacy to provide discharge medications for infusion patients and by implementing

a bedside delivery program.

- In conjunction with Take Care Team, establish and put into operation the Microsoft Campus Worksite, Redmond, WA
- Implemented numerous Retail Specialty Sites, with emphasis on Transplants, Fertility, HIV, and Compounding
- In conjunction with corporate Immunization Team, implemented Walgreens' Immunization Protocol in Washington state and Alaska.
- Established agreement with University of Washington Surgical team for Walgreens to supply Impact Advanced Nutrition supplement for preparing patients for major surgery.

OTHER KEY POSITIONS

- Board Member; University of Washington School of Pharmacy, Seattle, WA
- Director and preceptor for Pharmacy Internship Program; Walgreens, Seattle, WA
- Pharmacy Manager; Walgreens, Chicago, IL
- Staff Pharmacist; Walgreens, Chicago, IL
- In-patient Staff Pharmacist; Christ Hospital, Chicago, IL
- Staff Pharmacist/Pharmacy Grad. Intern; Osco Drugs, Chicago, IL
- Pharmacy Intern; Walgreens, Elk Grove, IL
- Member of Midwestern University (College of Pharmacy) Alumni Council

EDUCATION

- Bachelor of Science Degree (RPh), Pharmacy Sciences,
Midwestern University, Downers Grove, IL
- Pre-pharmacy Requirements, Pre-pharmacy Course,
University of Illinois at Chicago, Chicago, IL

CERTIFICATIONS AND LICENSES

- Minor Medical Care Certification, Washington State University
- Preceptor Leadership Development Certification, Midwestern University
- Diabetes Training/Certification, Walgreens
- Immunization, Health Testing, and MTM Certification, Walgreens
- Compounding Training Certification, Walgreens

AWARDS

- WSU nominee for Preceptor of the year 2019-2020
- UW Merit of Preceptor Award 2020

- MWU Preceptor Management Rotation Appreciation, 2019
- Keynote Speaker for NWVSA 2018
- Most Profitable District Award within the company for Health Screening, March 2012
- Keynote Speaker for University of Washington Katterman Lecture, 2012

LICENSES

Licensed/Registered Pharmacist in Washington, Alabama, Arkansas, Alaska, Arizona, Idaho, Iowa, Illinois, Kansas, Kentucky, Louisiana, Maryland, Michigan, Mississippi, Nebraska, Nevada, Oklahoma, Oregon, Tennessee, Texas, Virginia, and West Virginia

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT

Daiana T. Huyen

Date: 08/30/2021

Amount:

License #: 21064

(ID Card)

Trim ID Card to fit your wallet

	Pharmacist Expires: 03/01/2022 Daiana T. Huyen
License # 21064 Temporary	
IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS	

Cut Here

License Type: Pharmacist

License #: 21064

**NEVADA
STATE BOARD OF PHARMACY**

Expires: 03/01/2022

STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Daiana T. Huyen

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT

Zachary D. Fair

Date: 09/27/2021

Amount:

License #: 21289

(ID Card)

Trim ID Card to fit your wallet

	Pharmacist Expires: 03/27/2022
License # 21289 Temporary	Zachary D. Fair
IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS	

Cut Here

License Type: Pharmacist

License #: 21289


**NEVADA
STATE BOARD OF PHARMACY**

Expires: 03/27/2022

STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Zachary D. Fair

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

13B

2-2021

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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 1,2,3,8 ☐ Partnership – Pages 1,2,6,8
☐ Non Publicly Traded Corporation – Pages 1,2,4,8 ☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Amazon Pharmacy #006

Physical Address: 3620 Plainfield Road, Indianapolis, IN 46231

Mailing Address: 3620 Plainfield Road

City: Indianapolis State: IN Zip Code: 46231

Telephone: 855-745-5725 Fax: 603-935-9108

Toll Free Number: 855-745-5725 (Required per NAC 639.708)

E-mail: mark.smosna@pillpack.com Website: www.Pillpack.com and www.pharmacy.amazon.com

Managing Pharmacist: Mark Smosna License Number: 26020008A

Jill Woodward NV # 13710

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: specific multi-dose packaging.

30 day home delivery with patient-

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

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.


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

Daniel Esrick

Print Name of Authorized Person

Date

11/9/21

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: LLC, formed in DelawareParent Company if any: Picasso Holdco 1 LLCMailing Address: 410 Terry Avenue NorthCity: Seattle State: WA Zip: 98109Telephone: 206-266-1000 Fax: N/AContact Person: Daniel Esrick

For any corporation non publicly traded, disclose the following:

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

a) N/A - LLC

Name

Address

b)

Name

Address

c)

Name

Address

d)

Name

Address

2) Provide the number of shares issued by the corporation. N/A - LLC3) What was the price paid per share? N/A - LLC4) What date did the corporation actually receive the cash assets? N/A - LLC

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 7:00 am 6:00 pmSaturday 7:00 am 6:00 pmSunday 7:00 am 6:00 pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Officers List:

Nader Kabbain, Vice President/Treasurer
Daniel Esrick, Secretary/General Counsel
Timothy J Parker, CEO/Manager
Elliot Cohen, Manager

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Daniel Esrick

Responsible Person of PillPack LLC dba Amazon Pharmacy #006

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

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

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


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

Daniel Esrick

Print Name of Authorized Person

1/9/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Indiana)
) ss.
COUNTY)

I, Mark Smosna, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge for Amazon Pharmacy #006 (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2 I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

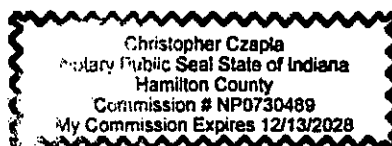
FURTHER AFFIANT SAYETH NOT.

I, Mark Smosna, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Mark Swan
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
8th day of January, 2021.

NOTARY PUBLIC



Managing Pharmacist

 Pharmacist Name: Mark Smosna

 License #: 21020

 Pharmacy Name: Amazon Pharmacy #006

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?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

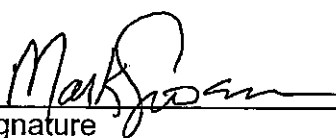
If you marked YES to any of the numbered questions above, please include the following information

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

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

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


 Signature _____

10/25/21
 Date _____

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PILLPACK LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PILLPACK LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5282593 8300

SR# 20213628437

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204525436

Date: 10-27-21

**STATE OF INDIANA****Eric J. Holcomb**

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: Amazon Pharmacy #006

I, Deborah J. Frye, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to

<https://secure.in.gov/apps/pla/search/verify/>

and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate.

You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Deborah J. Frye, Executive Director

Sat Jan 23 12:22:59 PM EST 2021



STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
 402 W. Washington St. Room W072
 Indianapolis, IN 46204
 Phone: (317) 232-2960
 Fax: (317) 233-4236

Official Proof of Licensure Digitally Certified Record

Personal Information

Facility Name: Amazon Pharmacy #008
Address: 3620 Plainfield Road
 Indianapolis, IN 46231
Owner Name:

License Information

Number Issued: 60067824
License Type: Pharmacy - Retail III
Status: Active
Issue Date: 10/02/2020
Expiration Date: 12/31/2021
Obtained By: Application

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at <http://www.in.gov/pla/boards.htm>.

Digitally Certified on: Sat Jan 23 12:22:59 PM EST 2021



Indiana Professional Licensing Agency
 Indiana Board of Pharmacy
 402 W. Washington Street, W072
 Indianapolis, IN 46204

Pharmacy

License Number	Expire Date
60006792A	12/31/2021

Amazon Pharmacy #006

Eric J. Holcomb
 Governor
 State of Indiana

Deborah J. Frye
 Executive Director
 Indiana Professional Licensing Agency



Indiana Professional Licensing Agency
 402 W. Washington Street, W072
 Indianapolis, IN 46204

Pharmacy

License Number	Expire Date
60006792A	12/31/2021

Amazon Pharmacy #006

Signature _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Amazon Pharmacy #006

Physical Address 3620 Plainfield Road

City Indianapolis

State IN

Zip 46231

Mailing Address (if different from physical address) Same as physical

City _____

State _____

Zip _____

Telephone 855-745-5725

Website www.Pillpack.com and www.pharmacy.amazon.com

Licensing Company Email pin2-licensing@pillpack.com

Section 2: Personal Information

First Mark

Middle _____

Last Smosna

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____

SSN or ITIN _____

Sex

☒ M

☐ F

☐ X

Mailing Address Plainfield Road

City Indianapolis

State IN

Zip 46231

Telephone _____

Email mark.smosna@pillpack.com

Are you a citizen of the United States?

☒ Yes

☐ No

Section 3: Military Service (NRS 622.120)

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

Yes

No

X

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

X

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch:

☐ Army/

Reserves

☐ Navy/

Reserves

☐ Airforce/

Reserves

☐ Marine Corps/

Reserves

☐ Coast Guard/

Reserves

☐ National

Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

X

2. Are you in compliance with the order or the 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 initials MS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name Lake Central High School		From - To (MM/YY - MM/YY) 8/89 - 5/93		
Address 8410 Wicker Ave		City St. John	State IN	Zip 46373
Diploma/Degree obtained, if any High School Diploma				
School Name Purdue University		From - To (MM/YY - MM/YY)		
Address 610 Purdue Mall		City West Lafayette	State IN	Zip 47907
Diploma/Degree obtained, if any B.S. in Pharmacy				
School Name		From - To (MM/YY - MM/YY)		
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY) 12/08 - Present	Address [Redacted] Middlebrook Ct Fishers	City Fishers	State IN	Zip 46055
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Amazon Pharmacy #006		From - To (MM/YY - MM/YY)	
Business Address 3620 Plainfield Road	City Indianapolis	State IN	Zip 46231
Phone 855-745-5725	Title Pharmacist-In-Charge	Number of Employed Hours 3800	

Description of Duties
Supervise a team of 3 Lead Pharmacists; 12 staff pharmacists in the fulfillment of prescriptions for PillPack/Amazon Pharmacy

Business Name Walgreens		From - To (MM/YY - MM/YY) 5/99 to 2/2020	
Business Address 200 Wilmet Rd	City Deerfield	State IL	Zip 60015
Phone 847-315-2500	Title HealthCare Specialty Supervisor	Number of Employed Hours ~41,000	

Description of Duties
Various roles: staff pharmacist, pharmacy supervisor, pharmacy manager (PIC)
? Healthcare Specialty Supervisor

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials MS

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Applicant's initials

MS

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

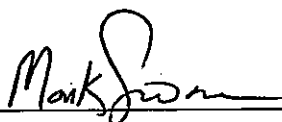
Applicant's initials MS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

10/25/21

Date

Applicant's initials MS 7

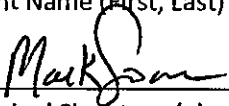
Mark Smosna
 I, _____, certify that as the designated representative for
 Amazon Pharmacy #006

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Mark Smosna

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

10/25/21

Date

Applicant's initials



I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Smosna

Print Name (First, Last)

Mark Smosna

Original Signature (electronic, copies or stamps not accepted)

10/25/21
Date

Please have this section completed in the presence of a Notary Public.

State of INDIANA, ss. County of HAMILTON

I, Mark Smosna, 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 the license, registration, permit, certificate or certification for which I am applying for.

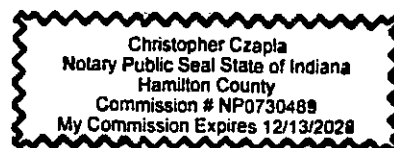
Mark Smosna

Original Signature

10/25/21
Date

Subscribed and Sworn to before me this 25th day of OCTOBER.

[Signature]
Notary Public Signature



(Seal)

Applicant's initials MS

Pharmacy
402 W. Washington Street
Indiana Government Center South, Room W072
Indianapolis, IN 46204

FACILITY

Amazon Pharmacy #006
 3620 Plainfield Road
 Indianapolis IN 46231
 Phone: 8557455725

LICENSE

License No: 60006792A
 Profession: Pharmacy
 License Type: Pharmacy

Inspection Type:	Pharmacy Inspection
Inspection Date:	12/1/2020
Result:	Pass

Remarks: Waiting until after the first of the year to begin dispensing. All prescriptions, manual or automated are checked before dispensing. No drugs in the pharmacy at this time. No sterile compounding. Areas of this inspection are left blank because they do not apply to the business model.
 Questions? Call or email Timothy Thomas 317-753-4000 tthomas@pla.in.gov

Checklist Results	
Pharmacy General Information	
1.1 Type of Inspection	Routine (RT)
1.5 County	Hendricks
1.7 District	3
1.8 Is permit properly displayed?	Yes
1.9 Controlled Substance Registration (CSR) number	60006792B
1.10 Controlled Substance Registration (CSR) status	Active
1.11 Controlled Substance Registration expiration date	12-31-21
1.12 DEA registration number	FA9850810
1.13 DEA registration status	Active
1.14 DEA expiration date	06-30-23
1.15 Qualifying pharmacist name	Mark Smosna
1.15a - Is qualifying pharmacist listed on pharmacy permit?	Yes
1.15c - Qualifying Pharmacists's average weekly hours	Over 40
1.16 Name of pharmacist-of-record at the time of inspection	Mark
1.17 Name of district manager	Nick Gultski
1.19 Size of company/number of pharmacies nationwide	Chain
1.22 Is pharmacy open 24 hours a day?	No
1.23 Total weekly hours	77
Absence of Pharmacist	

3.1a - Do all pharmacists possess a valid license?	Yes
3.1b - Are any of the licensees on probation?	No
3.1c - Are any of the licenses "Valid to Practice While Being Reviewed"?	No
3.2 How many technicians are employed by the pharmacy?	40
3.2a - Do all technicians possess a valid certification?	Yes
3.2b - Are any of the certifications on probation?	No
3.2c - Are any of the certifications "Valid to Practice While Being Reviewed"?	No
3.2d - What training does the pharmacy require of technicians?	Employer based
3.2e - Are all technicians wearing a nametag stating their profession?	Yes
3.7 Is the technician ratio proper (6 to 1)?	Yes

Pharmacy Equipment/Security

References

Automated Medication Systems & Automatic Counting

AMS Automated Packaging Systems

Drug storage/labeling/destruction

Dispensing/Records Retention

Fax/e-prescribing/Transfers

Remote Order Entry and Centralized Processing

Generic Substitution

Controlled Substances

13.1 Does the pharmacy maintain a perpetual inventory for controlled substances?	Yes
13.1a - If yes, which controlled substance schedules are inventoried perpetually?	All controlled substances
13.2 Which controlled substances are stored in a locked cabinet?	Other
13.2a - What is the method of storage?	Electronic safe
13.3 Who is your reverse distributor for destruction of controlled substances?	RX RD
13.4 Are controlled substance records maintained separately from all other pharmacy records?	Yes
13.5 Who is your primary Wholesale Drug Distributor for Controlled Substances?	ABC

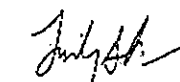
DEA Forms

Sterile Compounding: Policies and Procedures
Sterile Compounding: Engineering Controls
Sterile Compounding: Personnel
Sterile Compounding: Labeling/Documentation
Non-sterile Compounding
Remote Locations (Type II only)
Emergency Drug Kits/Crash Carts
Quality-Related Events/Patient Own Medications
Special Medications
Immunization Rule
Patient Confidentiality (HIPAA)
Prescription Audit

As the undersigned representative of the licensee, I affirm that the information provided during the inspection is true and accurate to the best of my knowledge. I understand that the licensee is responsible for the legal operations of the facility and I am executing this inspection form as, or on behalf of the licensee.

The alleged violator has voluntarily entered into an Opportunity to Correct Plan with the Indiana Professional Licensing Agency (PLA). Pursuant to IC 4-21.5-2.5-7, the alleged violator enters into a written Corrective Plan to correct the alleged violation(s) set forth above before the agency institutes an enforcement action which may include the filing of a Consumer Complaint with the Office of the Indiana Attorney General. Upon notice that the alleged violation(s) has been corrected, this Agency shall re-inspect not more than thirty (30) days after to determine if you have substantially complied with the applicable rule or state statute. If subsequent inspection identifies a failure to address previous violations the facility will "fail" the inspection and additional enforcement actions may be initiated against licensure.

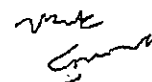
In order to avoid additional enforcement action, the alleged violator must submit the Corrective Plan within five (5) business days after the initial inspection. A plan of corrective action can be either emailed to PLACompliance@plz.in.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington St. RM W072, Indianapolis, IN 46204.



Signature of Inspector

1/22/2021 12:56:17 PM

Date/Time



Signature of Owner/Representative

Pharmacy
402 W. Washington Street
Indiana Government Center South, Room W072

Indianapolis, IN 46204

FACILITY

Amazon Pharmacy #006
 3620 Plainfield Road
 Indianapolis IN 46231
 Phone: 8557455725
 Owner:
 Ownership Type:

LICENSE

License No: 60006792A
 Profession: Pharmacy
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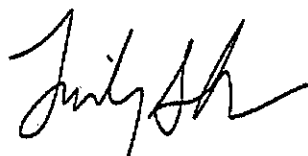
Checklist Results
Pharmacy General Information
Absence of Pharmacist
Staff/Personnel
Pharmacy Equipment/Security
References
Automated Medication Systems & Automatic Counting
AMS Automated Packaging Systems
Drug storage/labeling/destruction
Dispensing/Records Retention
Fax/e-prescribing/Transfers
Remote Order Entry and Centralized Processing
Generic Substitution
Controlled Substances
DEA Forms
INSPECT
Sterile Compounding: Policies and Procedures
Sterile Compounding: Engineering Controls
Sterile Compounding: Personnel
Sterile Compounding: Labeling/Documentation
Non-sterile Compounding

Quality-Related Events/Patient Own Medications
Special Medications
Immunization Rule
Patient Confidentiality (HIPAA)
Prescription Audit

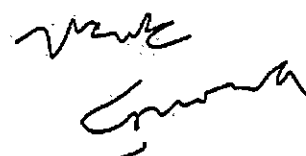
As the undersigned representative of the licensee, I affirm that the information provided during the inspection is true and accurate to the best of my knowledge. I understand that the licensee is responsible for the legal operations of the facility and I am executing this inspection form as, or on behalf of the licensee.

The alleged violator has voluntarily entered into an Opportunity to Correct Plan with the Indiana Professional Licensing Agency (PLA). Pursuant to IC 4-21.5-2.5-7, the alleged violator enters into a written Corrective Plan to correct the alleged violation(s) set forth above before the agency institutes an enforcement action which may include the filing of a Consumer Complaint with the Office of the Indiana Attorney General. Upon notice that the alleged violation(s) has been corrected, this Agency shall re-inspect not more than thirty (30) days after to determine if you have substantially complied with the applicable rule or state statute. If subsequent inspection identifies a failure to address previous violations the facility will "fail" the inspection and additional enforcement actions may be initiated against licensure.

In order to avoid additional enforcement action, the alleged violator must submit the Corrective Plan within five (5) business days after the initial inspection. A plan of corrective action can be either emailed to PLACompliance@pla.in.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington St. RM W072, Indianapolis, IN 46204.



1/22/2021 12:56:17 PM



Signature of Inspector

Date/Time

Signature of Owner/Representative

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>FA9850810</td> <td>06-30-2023</td> <td>\$888</td> </tr> </table>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	FA9850810	06-30-2023	\$888	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">ISSUE DATE</th> </tr> <tr> <td>2,2N,3, 3N,4,5</td> <td>RETAIL PHARMACY</td> <td>11-20-2020</td> </tr> </table>	SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	2,2N,3, 3N,4,5	RETAIL PHARMACY	11-20-2020	CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537 Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance. THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID												
FA9850810	06-30-2023	\$888												
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE												
2,2N,3, 3N,4,5	RETAIL PHARMACY	11-20-2020												
AMAZON PHARMACY #006 3620 PLAINFIELD ROAD PLAINFIELD, IN 46168														

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>FA9850810</td> <td>06-30-2023</td> <td>\$888</td> </tr> </table>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	FA9850810	06-30-2023	\$888	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">ISSUE DATE</th> </tr> <tr> <td>2,2N,3, 3N,4,5</td> <td>RETAIL PHARMACY</td> <td>11-20-2020</td> </tr> </table>	SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	2,2N,3, 3N,4,5	RETAIL PHARMACY	11-20-2020	Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance. THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.
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2,2N,3, 3N,4,5	RETAIL PHARMACY	11-20-2020												
AMAZON PHARMACY #006 3620 PLAINFIELD ROAD PLAINFIELD, IN 46168														

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Renaissance One
Two North Central Avenue
Phoenix, Arizona 85004-2391
602.229.5200
Fax 602.229.5690
www.quarles.com

Attorneys at Law in
Chicago
Indianapolis
Madison
Milwaukee
Naples
Phoenix
Scottsdale
Tampa
Tucson
Washington, D.C.

Writer's Direct Dial: 602.229.5318
E-Mail: susan.trujillo@quarles.com

January 26, 2021

VIA UPS OVERNIGHT

Mr. Dave Wuest
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

**RE: PillPack LLC dba Amazon Pharmacy #006
New Application for a Licensed Pharmacy**

Dear Mr. Wuest:

On behalf of PillPack LLC dba Amazon Pharmacy #006, we are submitting a new Application for Out-of-State Pharmacy License. Along with the application, you will find the required application fee.

Please note, the DEA permit for this pharmacy inadvertently contains the wrong city and zip code. Should the Board require a DEA permit with the correct city and state, please let me know and we will provide a copy of the permit once the DEA has processed the correction. The address associated with the home state permit in Indiana is correct.

If you have any questions or if you need additional information, please contact me at 602-229-5318 or susan.trujillo@quarles.com. Thank you for your consideration in this matter.

Sincerely,

Susan Trujillo

Encls.

Amazon Pharmacy #005 located at 20416 72nd Avenue South, Kent, WA 98032 has no discipline. The following disciplinary action is associated with PillPack LLC located in Manchester, New Hampshire.

PillPack LLC (fka PillPack, Inc.) - Pharmacy Discipline Summary (Previously disclosed)

Alabama Board of Pharmacy Order

On December 2014 PillPack, Inc.'s renewal for the out of state pharmacy license for Alabama was denied as there was a change of rule that required that PillPack, Inc. have an Alabama licensed pharmacist named on the permit. PillPack, Inc. immediately contacted the Alabama board and informed them they would have two pharmacist licensed as soon as possible. The Board indicated that the facility would still be able to ship during the interim period.

Two pharmacists were scheduled to appear before the board at their February meeting. Unfortunately the February meeting was canceled due to inclement weather in Alabama. The pharmacists attended the March meeting and both were granted an Alabama pharmacist license.

PillPack, Inc. assumed that the denied application would then be approved. This was not the case and upon checking with the board PillPack, Inc. was told they would have to resubmit the renewal license application, which was done. When PillPack, Inc. received their new license they were cited for shipping medication to Alabama without an active license and asked to sign a consent form with a \$500.00 penalty. PillPack, Inc. signed off on that order and paid the administrative fee. The PIC for Alabama was also assessed a \$500.00 fee and a similar consent form.

SUSAN P. ALVERSON, D.P.A., R.Ph.
Executive Secretary

111 Village Street
Hoover, AL 35242

(205) 981-2280
(205) 981-2330 Fax
www.albop.com

ALABAMA

BOARD OF PHARMACY



May 27, 2015

MEMBERS 2015

DAN McCONAGHY, R.Ph.
President

TIMOTHY A. MARTIN, PharmD.
Vice-President

BUDDY BUNCH, R.Ph.
Treasurer

DAVID DARBY, R.Ph.

DONNA C. YEATMAN, R.Ph.

STEPHANIE CROTEAU
PILL PACK
250 Commercial Street – Suite 2012
Manchester, NH 03101

Dear Ms. Croteau:

According to our records and investigation, you have engaged in the selling, offering for sale, compounding or dispensing drugs during 2015 without first having received your permit in violation of Code of Alabama (1975) §34-23-30. Based on this conduct, you are subject to discipline pursuant to Code of Alabama (1975) §34-23-33(7).

As a result, this letter is to inform you of two (2) options. First you can waive various rights to which you are entitled, including but not limited to, a notice of charges, hearing, counsel presentation of evidence against you, cross-examination, etc., admit your guilt and sign a Consent Order. This sanction will be a fine in the amount of Five Hundred Dollars (\$500.00) which must be submitted at the same time as the signed Consent Order.

Your second option is to contest the allegations set forth in this letter and in that case the Board will schedule an administrative disciplinary hearing and serve you with a notice of charges.

It should also be understood that you will not be allowed to continue to operate as a pharmacy until a Consent Order is signed or in the event you desire an administrative disciplinary hearing, until a Final Order is issued which may allow you to practice.

If you desire to accept the first option set forth above, please sign where indicated below. By accepting this option, you understand and acknowledge that you are freely and voluntarily waiving certain rights to which you are entitled as set forth in the Alabama Pharmacy Practice Act and the Alabama Administrative Procedure Act, including but not limited to those rights set forth in this letter. If your acceptance of this option is not received within ten (10) days from the date of this letter, the Board will assume you contest

Exhibit A

the referenced allegations and will schedule a hearing.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY

Susan P. Alverson

Susan P. Alverson, D.P.A., RPh
Alabama State Board of Pharmacy

I hereby agree to plead guilty to a violation of Code of Alabama (1975) Section 34-23-33(7) and accept the sanctions set forth in this letter. I understand that I will be required to sign a Consent Order which will incorporate my plea of guilt, punishment and other standard provisions, such as a provision acknowledging my waiver of rights and procedures pursuant to the Alabama Pharmacy Practice Act and the Alabama Administrative Act and my release of the Board or its agents from any liability in connection with this matter.

EC
ELLIOT COHEN
REPRESENTATIVE
PILL PACK

6/20/2015
(date signed)

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
PILL PACK	)	
Non- Resident Pharmacy	)	BOARD OF PHARMACY
Permit #114193/202198	)	

CONSENT ORDER

THIS case came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against PILL PACK (hereinafter referred to as "PILL") relating to engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first receiving your permit from the Board required by Code of Alabama (1975) §34-23-30 in violation of Code of Alabama (1975), §34-23-33(7) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this case, PILL pled guilty to violating Code of Alabama (1975) §34-23-33(7), based upon engaging in the selling, offering for sale, compounding or dispensing of drugs during the year 2015 without first having your permit with the Board by evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§ 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That PILL is guilty of violating Code of Alabama (1975) §34-23-33 (7) by engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-30.

2. That PILL shall pay to the Board simultaneously with the

JUL 20 2015

execution of this Consent Order a fine in the amount of Five Hundred Dollars (\$500.00). This obligation of payment to the Board shall not be dischargeable in bankruptcy and PILL shall not attempt to discharge the same in any bankruptcy proceeding.

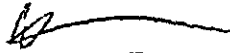
3. By execution of this Consent Order PILL hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That PILL expressly waives their rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq., and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) §§§§34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against PILL. PILL further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975) §41-22-18.

5. That PILL agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against their license.

6. That PILL acknowledges, stipulates and agrees that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. PILL acknowledges, stipulates and agrees that they voluntarily and of their own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

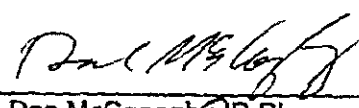
DONE this the 20th day of JUNE, 2015.


ELLIOT COHEN
 PILL PACK

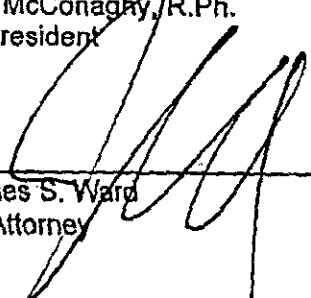
DONE this the 16th day of July, 2015.

ALABAMA STATE BOARD OF
 PHARMACY

BY:


 Dan McConaghy, R.Ph.
 Its President

BY:


 James S. Ward
 Its Attorney

WARD & WILSON, LLC
 2100 Southbridge Parkway
 Suite 580
 Birmingham, Alabama 35209
 (205)871-5404

JUL 20 REC'D

13C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8

☐ Partnership – Pages 1,2,6,8

☒ Non Publicly Traded Corporation – Pages 1,2,4,8

☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Amazon Pharmacy #007

Physical Address: 1820 S Silverstone Way, Suites 200 & 300

Mailing Address: 1820 S Silverstone Way, Suite 200

City: Meridian State: ID Zip Code: 83642

Telephone: 855-745-5725 Fax: 608-935-9108

Toll Free Number: 855-745-5725 (Required per NAC 639.708)

E-mail: pip14licensing@pillpack.com Website: www.pillpack.com and www.pharmacy.amazon.com

Managing Pharmacist: Amanda Davis License Number: P8944

TEMP

20937
8/12/21

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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,

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.

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

Daniel Esrick

Print Name of Authorized Person

3/29/21

Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500 -

check # 661 76660

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: LLC formed in Delaware
 Parent Company if any: Picasso Holdco 1 LLC
 Mailing Address: 410 Terry Avenue North
 City: Seattle State: WA Zip: 98109
 Telephone: 206-266-1000 Fax: N/A
 Contact Person: Daniel Esrick

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) N/A - LLC

Name	Address
------	---------
 - b) _____

Name	Address
------	---------
 - c) _____

Name	Address
------	---------
 - d) _____

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____
 Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7:00 am 3:30 pm Saturday N/A am _____ pm
 Sunday N/A am _____ pm 24 Hours N/A

*Toll-free number 24/7/365

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Daniel Esrick

Responsible Person of Amazon Pharmacy #007

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

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

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


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

Daniel Esrick

Print Name of Authorized Person

3/29/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Idaho)
) ss.
Ada COUNTY)

I, Amanda Davis, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge for Amazon Pharmacy #007 (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of- State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

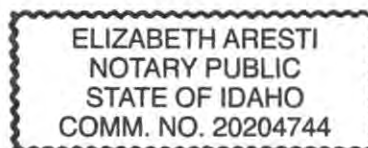
I, Amanda Davis, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Amanda Davis
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
25 day of March, 2021.

Elizabeth Aresti
 NOTARY PUBLIC

Comm. Exp.
 12/04/2026



Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PILLPACK LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PILLPACK LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5282593 8300

SR# 20213628437

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204525436

Date: 10-27-21

Licensee Details

This is a primary source verification website offered by the Idaho State Board of Pharmacy.

Demographic Information

Facility Name: PillPack LLC dba Amazon Pharmacy #007
Ownership Type: Limited Liability

Physical Address

Street Address: 1820 S Silverstone Way Stes 200 & 300 **Fax:** 6039359108 **Phone:** 8557455725
City: Meridian **Zip:** 83642 **State:** ID
County: Ada **Country:** United States

License Information

DBA: Amazon Pharmacy #007
Lic #: 59968LS **Type:** Limited Service Drug Outlet
Status: Active **Orig. Issued Date:** 12/18/2020 **Expiry:** 12/31/2021 **Effective:** 12/18/2020
Status Reason: License Issuance **Status Date:** 12/18/2020 **Renewed:**
Method: Application

Disciplinary Action

Disciplinary Action is indicated above in red, if the section is BLANK no action exists for this record.

Board Orders

**IDAHO STATE BOARD OF PHARMACY**

P.O. Box 83720 Boise, Idaho 83720-0067

Telephone: (208) 334-2356 FAX: (208) 334-3536

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Idaho State Board of Pharmacy statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

PillPack LLC dba Amazon Pharmacy #007 dba Amazon Pharmacy #007

Limited Service Drug Outlet Registration
Registration No: 59968LS

ISSUED: 12/18/2020 EXPIRES: 12/31/2021

The official status and business address of this license must be verified at Idaho Board of Pharmacy License Verification.

<http://bop.idaho.gov>

Physical Address:

1820 S Silverstone Way Ste 200 & 300
Meridian, ID 83642

0

Printed: 2/2/2021

A handwritten signature in blue ink that reads "Nicki Chopski".

NICKI CHOPSKI PHARM.D
EXECUTIVE DIRECTOR



IDAHO STATE BOARD OF PHARMACY
1199 SHORELINE LN, SUITE 303
BOISE, ID 83702
PHONE: 208-334-2356
FAX: 208-334-3536

FACILITY

PillPack LLC dba Amazon Pharmacy #007
1820 S Silverstone Way
Amanda Davis
Meridian, ID 83642
8557455725

LICENSE

License No: 59968LS
License Type: Limited Service Drug Outlet

Inspection Type:	Initial	Inspection Date:	12/16/2020
Result:	Pass		

Notes:

Remarks: No drugs on site. Facility is operating as a front end pharmacy - data entry, DUR, billing..

Checklist Results	
24.36.01.103 BOARD INSPECTIONS AND INVESTIGATIONS	
Question	Answer
24.36.01.103.02. Inspections. Prior to the commencement of business, as applicable, and thereafter at regular intervals, registrants and licensees must permit the Board or its compliance officers to enter and inspect the premises and to audit the records of each drug outlet for compliance with laws enforced by or under the Board's jurisdiction. (7-1-18)	True
24.36.01.230.01. New Drug Outlet Inspections. Prior to approving the issuance of a new license or registration,	True
24.36.01.300 DRUG OUTLETS: MINIMUM FACILITY STANDARDS	
Question	Answer
24.36.01.300.01. Security and Privacy. A drug outlet must be constructed and equipped with adequate security to protect its equipment, records and supply of drugs, devices and other restricted sale items from unauthorized access, acquisition or use. All protected health information must be stored and maintained in accordance with HIPAA. (7-1-18)	Compliant
24.36.01.300.02. Controlled Substance Storage. Drug outlets that dispense prescription drugs must store controlled substances in accordance with federal law. (7-1-18)	Not Applicable
24.36.01.300.03. Authorized Access to the Restricted Drug Storage Area. Access to the restricted drug storage area must be limited to authorized personnel. (7-1-18)	Not Applicable
24.36.01.300.05. Electronic Recordkeeping System. A drug outlet that dispenses more than twenty (20) prescriptions per day must use an electronic recordkeeping system to establish and store patient medication records and prescription drug order, refill, transfer information, and other information necessary to provide safe and appropriate patient care. The electronic recordkeeping system must have audit trail functionality that documents for each prescription drug order the identity of each individual involved at each step of its processing, filling, and dispensing or, alternatively, the identity of the pharmacist or prescriber responsible for the accuracy of these processes. (7-1-18)	Compliant
24.36.01.406 LABELING STANDARDS	
Question	Answer
24.36.01.406. LABELING STANDARDS. All prescription drugs must be in an appropriate container and bear information that identifies the drug product, any additional components as appropriate, and the individual responsible for its final preparation. (7-1-18) 01. Standard Prescription Drug. A prescription drug for outpatient dispensing must be labeled in accordance with federal law. (7-1-18)	Compliant
24.36.01.500 RECORDKEEPING, MAINTENANCE AND INVENTORY	
Question	Answer
24.36.01.500.01. Records Maintenance and Retention Requirement. Unless an alternative standard is stated for a specified record type, form, or format, records required to evidence compliance with statutes or rules enforced by the Board must be maintained and retained in a readily retrievable form and location for at least three (3) years from the date of the transaction. (7-1-18)	Compliant
24.36.01.500.07. Electronic Records Storage. Records may be electronically stored and maintained if they remain legible and are in a readily retrievable format, and if federal law does not require them to be kept in a hard copy format. (7-1-18)	Compliant
24.36.01.700 COMPOUNDING DRUG PREPARATIONS	
Question	Answer
24.36.01.700.02.c. Equipment. Equipment and utensils must be of suitable design and composition and cleaned, sanitized, or sterilized as appropriate prior to use. (7-1-18)	Not Applicable
24.36.01.700.05. Drug Compounding Controls. a. Policies and Procedures. In consideration of the applicable provisions of USP Chapter 795 concerning pharmacy compounding of non-sterile preparations, USP Chapter 797 concerning sterile preparations, Chapter 1075 of the USP-NF concerning good compounding practices, and Chapter 1160 of the USP-NF concerning pharmaceutical	Not

calculations, policies and procedures for the compounding or sterile prepackaging of drug products must ensure the safety, identity, strength, quality, and purity of the finished product, and must include any of the following that are applicable to the scope of compounding practice being performed. (7-1-18)	Applicable
24.36.01.701. STERILE PREPARATION.	
Question	Answer
24.36.01.701.01 Sterile Preparation Endorsement. A drug outlet engaged in sterile preparation must obtain a single endorsement for one (1) or more hood or aseptic environmental control devices. (7-1-18)	Not Answered
24.36.01.701.04 Environmental Controls. Except when prepared for immediate administration, the environment for the preparation of sterile preparations in a drug outlet must be in an isolated area, designed to avoid unnecessary traffic and airflow disturbances, and equipped to accommodate aseptic techniques and conditions. (7-1-18)	Not Applicable
24.36.01.701.05 Sterile Preparation Equipment. A drug outlet in which sterile preparations are prepared must be equipped with at least the following. (7-1-18)	Not Applicable
24.36.01.701.05 a. Protective apparel including gowns, masks, and sterile (or the ability to sterilize) non-vinyl gloves, unless written documentation can be provided from the aseptic isolator manufacturer that any component of garbing is not necessary. (7-1-18)	Not Applicable
24.36.01.701.05 b. A sink. (4-11-19)	Not Applicable
24.36.01.701.05 c. A refrigerator for proper storage of additives and finished sterile preparations prior to delivery when necessary. and (7-1-18)	Not Applicable
24.36.01.701.05 d. An appropriate laminar airflow hood or other aseptic environmental control device such as a laminar flow biological safety cabinet, or a comparable compounding area when authorized by USP Chapter 797. (4-11-19)	Not Applicable
24.36.01.701.07 Policies and Procedures. Policies and procedures appropriate to the practice setting must be adopted by a drug outlet preparing sterile pharmaceutical preparations and must include a continuous quality improvement program for monitoring personnel qualifications and training in sterile technique, including. (7-1-18)	Not Applicable
24.36.01.702. HAZARDOUS DRUGS PREPARATION.	
Question	Answer
24.36.01.702.01 Ventilation. Ensure the storage and compounding areas have sufficient general exhaust ventilation to dilute and remove any airborne contaminants. (7-1-18)	Not Applicable
24.36.01.702.02 Ventilated Cabinet. Utilize a ventilated cabinet designed to reduce worker exposures while preparing hazardous drugs. (7-1-18)	Not Applicable
24.36.01.702.05 Protective Equipment and Supplies. Provide and maintain appropriate personal protective equipment and supplies necessary for handling hazardous drugs, spills and disposal. (7-1-18)	Not Applicable
24.36.01.702.06 Contamination Prevention. Unpack, store, prepackage, and compound hazardous drugs separately from other inventory in a restricted area in a manner to prevent contamination and personnel exposure until hazardous drugs exist in their final unit-of-use packaging. (7-1-18)	Not Applicable
24.36.01.702.09 Policy and Procedures Manual. Maintain a policy and procedures manual to ensure compliance with this rule. (7-1-18)	Not Applicable
24.36.01.103.03. Inspection Deficiencies	
Question	Answer
24.36.01.103.03 Inspection Deficiencies. Deficiencies noted must be promptly remedied, and if requested, the Board office notified of corrective measures. One (1) follow-up inspection may be performed by the Board at no cost. For additional follow-up inspections, the drug outlet will be charged actual travel and personnel costs incurred in the inspection to be paid within ninety (90) days of inspection. (7-1-18)	n/a
24.36.01.103.04 Inspection Reports. Inspection reports must be reviewed with the Board inspector and signed by an agent of the drug outlet upon completion of the exit interview. (7-1-18)	Amanda Davis

THE UNDERSIGNED LICENSEE OR REPRESENTATIVE AT THE TIME OF INSPECTION ACKNOWLEDGES RECEIPT OF THIS INSPECTION REPORT.



Compliance Officer

12/16/2020

Date/Time



Signature of Owner/Representative

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP0051451	03-31-2024	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	03-11-2021
PILLPACK LLC AMAZON PHARMACY #007 1820 S SILVERSTONE WAY STES 200 & 300 MERIDIAN, ID 83642		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Affirmative Response

Amazon Pharmacy #007 located at 1820 S Silverstone Way, Suites 200 & 300, Meridian, ID 83642 has no discipline. The following disciplinary action is associated with PillPack LLC located in Manchester, New Hampshire.

PillPack LLC (fka PillPack, Inc.) - Pharmacy Discipline Summary (Previously disclosed)

Alabama Board of Pharmacy Order

On December 2014 PillPack, Inc.'s renewal for the out of state pharmacy license for Alabama was denied as there was a change of rule that required that PillPack, Inc. have an Alabama licensed pharmacist named on the permit. PillPack, Inc. immediately contacted the Alabama board and informed them they would have two pharmacist licensed as soon as possible. The Board indicated that the facility would still be able to ship during the interim period.

Two pharmacists were scheduled to appear before the board at their February meeting. Unfortunately the February meeting was canceled due to inclement weather in Alabama. The pharmacists attended the March meeting and both were granted an Alabama pharmacist license.

PillPack, Inc. assumed that the denied application would then be approved. This was not the case and upon checking with the board PillPack, Inc. was told they would have to resubmit the renewal license application, which was done. When PillPack, Inc. received their new license they were cited for shipping medication to Alabama without an active license and asked to sign a consent form with a \$500.00 penalty. PillPack, Inc. signed off on that order and paid the administrative fee. The PIC for Alabama was also assessed a \$500.00 fee and a similar consent form.

SUSAN P. ALVERSON, D.P.A., R.Ph.
Executive Secretary

111 Village Street
Hoover, AL 35242

(205) 631-2260
(205) 631-2330 Fax
www.albop.com

ALABAMA BOARD OF PHARMACY



May 27, 2015

MEMBERS 2015

DAN McCONAGHY, R.Ph.
President

TIMOTHY A. MARTIN, PharmD.
Vice-President

BUDDY BUNCH, R.Ph.
Treasurer

DAVID DARBY, R.Ph.

DONNA C. YEATMAN, R.Ph.

STEPHANIE CROTEAU
PILL PACK
250 Commercial Street – Suite 2012
Manchester, NH 03101

Dear Ms. Croteau:

According to our records and investigation, you have engaged in the selling, offering for sale, compounding or dispensing drugs during 2015 without first having received your permit in violation of Code of Alabama (1975) §34-23-30. Based on this conduct, you are subject to discipline pursuant to Code of Alabama (1975) §34-23-33(7).

As a result, this letter is to inform you of two (2) options. First you can waive various rights to which you are entitled, including but not limited to, a notice of charges, hearing, counsel presentation of evidence against you, cross-examination, etc., admit your guilt and sign a Consent Order. This sanction will be a fine in the amount of Five Hundred Dollars (\$500.00) which must be submitted at the same time as the signed Consent Order.

Your second option is to contest the allegations set forth in this letter and in that case the Board will schedule an administrative disciplinary hearing and serve you with a notice of charges.

It should also be understood that you will not be allowed to continue to operate as a pharmacy until a Consent Order is signed or in the event you desire an administrative disciplinary hearing, until a Final Order is issued which may allow you to practice.

If you desire to accept the first option set forth above, please sign where indicated below. By accepting this option, you understand and acknowledge that you are freely and voluntarily waiving certain rights to which you are entitled as set forth in the Alabama Pharmacy Practice Act and the Alabama Administrative Procedure Act, including but not limited to those rights set forth in this letter. If your acceptance of this option is not received within ten (10) days from the date of this letter, the Board will assume you contest

Exhibit A

the referenced allegations and will schedule a hearing.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY

Susan F. Alverson

Susan P. Alverson, D.P.A., RPh
Alabama State Board of Pharmacy

I hereby agree to plead guilty to a violation of Code of Alabama (1975) Section 34-23-33(7) and accept the sanctions set forth in this letter. I understand that I will be required to sign a Consent Order which will incorporate my plea of guilt, punishment and other standard provisions, such as a provision acknowledging my waiver of rights and procedures pursuant to the Alabama Pharmacy Practice Act and the Alabama Administrative Act and my release of the Board or its agents from any liability in connection with this matter.

EC
ELLIOT COHEN
REPRESENTATIVE
PILL PACK

6/20/2015
(date signed)

IN THE MATTER OF:

PILL PACK
Non- Resident Pharmacy
Permit #114193/202198

BEFORE THE ALABAMA STATE

BOARD OF PHARMACY

CONSENT ORDER

THIS case came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against PILL PACK (hereinafter referred to as "PILL") relating to engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first receiving your permit from the Board required by Code of Alabama (1975) §34-23-30 in violation of Code of Alabama (1975), §34-23-33(7) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this case, PILL pled guilty to violating Code of Alabama (1975) §34-23-33(7), based upon engaging in the selling, offering for sale, compounding or dispensing of drugs during the year 2015 without first having your permit with the Board by evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§ 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That PILL is guilty of violating Code of Alabama (1975) §34-23-33 (7) by engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-30.

2. That PILL shall pay to the Board simultaneously with the

JUL 20 2015

execution of this Consent Order a fine in the amount of Five Hundred Dollars (\$500.00).

This obligation of payment to the Board shall not be dischargeable in bankruptcy and PILL shall not attempt to discharge the same in any bankruptcy proceeding.

3. By execution of this Consent Order PILL hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That PILL expressly waives their rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq., and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) §§§§34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against PILL. PILL further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975) §41-22-18.

5. That PILL agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against their license.

6. That PILL acknowledges, stipulates and agrees that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. PILL acknowledges, stipulates and agrees that they voluntarily and of their own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

DONE this the 20th day of JUNE, 2015.

ELLIOT COHEN
PILL PACK

DONE this the 16th day of July, 2015.

ALABAMA STATE BOARD OF
PHARMACY

BY: Dan McConeghy
Dan McConeghy, R.Ph.
Its President

BY: James S. Ward
James S. Ward
Its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 680
Birmingham, Alabama 35209
(205)871-5404

JUL 20 2015

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Amazon Pharmacy #007

Physical Address 1820 S Silverstone Way, Suites 200 & 300

City Meridian State ID Zip 83642

Mailing Address (if different from physical address) 1820 S Silverstone Way, Suite 200

City Meridian State ID Zip 83642-7976

Telephone 855-745-5725 Website www.Pillpack.com and www.pharmacy.amazon.com

Licensing Company Email pip14-licensing@pillpack.com

Section 2: Personal Information

First Amanda Middle Colby Last Davis

Alias(es, nicknames, name changes, etc.) Zale (maiden)

Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X

Mailing Address [REDACTED] S Silverstone Way, Suite [REDACTED]

City Meridian State ID Zip 83642-7976

Telephone [REDACTED] Email amanda.davis@pillpack.com

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

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the 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 initials AD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name The University of Arizona		From - To (MM/YY - MM/YY) 08/2008 - 05/15	
Address 1295 N Martin	City Tucson	State AZ	Zip 85721
Diploma/Degree obtained, if any PharmD (Doctor of Pharmacy)			
School Name Desert Mountain High School		From - To (MM/YY - MM/YY) 08/2004 - 05/08	
Address 12575 E Via Linda	City Scottsdale	State AZ	Zip 85259
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 01/21 - 11/21	Address N Girasolo Ave	City Meridian	State ID	Zip 83646
From - To (MM/YY - MM/YY) 11/20 - 01/21	Address 9303 W Edna St	City Boise	State ID	Zip 83704
From - To (MM/YY - MM/YY) 10/20 - 11/20	Address 1015 E State St	City Boise	State ID	Zip 83712
From - To (MM/YY - MM/YY) 02/19 - 10/20	Address 16818 N West PI	City Scottsdale	State AZ	Zip 85254
From - To (MM/YY - MM/YY) 08/18 - 02/19	Address 3111 N Valencia Ln	City Phoenix	State AZ	Zip 85018
From - To (MM/YY - MM/YY) 08/16 - 08/18	Address 1000 W Calle Concordia	City Oro Valley	State AZ	Zip 85704
From - To (MM/YY - MM/YY) 06/13 - 08/16	Address 5344 N Mesquite Bosque Wy	City Tucson	State AZ	Zip 85704
From - To (MM/YY - MM/YY) 08/11 - 06/13	Address 3300 N Paseo de los Rios	City Tucson	State AZ	Zip 85712
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name See resume attached.		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

Applicant's initials

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

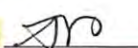
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials



Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # ¹ _____. Provide all the following *where applicable*:

Date of Event/Arrest 10/7/2009	Disposition Date 1/21/2011	State AZ	City Scottsdale	County Maricopa
Case # JC2009154634		Governing, licensing, Arresting Presiding Body/Agency/Court Phoenix, AZ		
Reason/Charge See attached.				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity N/A				

Provide explanation below:

In August of 2009, at the age of 19, I used false identification to enter a bar and ingested alcohol while under the age of 21 (the legal age to drink in the state of Arizona). On 10/7/2009 I was charged with two misdemeanors. The first misdemeanor, Count A, for using a false ID to enter, was dismissed by the court. I pleaded guilty to the second misdemeanor, Count B, under 21 with alcohol in body. I completed the Wake Up! diversion program on 12/8/2009, which is an 8-hour alcohol and drug education prevention program for youth aged 12 to 22 years old that have been cited or arrested for alcohol and/or drug related offenses as mandated by the court. A year after the infraction occurred, I submitted for a motion to set aside the charge. The state of Arizona does not offer expungement of records; however, if a motion to set aside is granted, this indicates that the court has vacated judgment and dismissed the charges. The motion to set aside was granted on 1/21/2011. On 4/21/2016 the records of these misdemeanor charges were destroyed by the McDowell Mountain Justice Court, which is located at 18380 N 40th St UNIT 130, Phoenix, AZ 85032. This court can be contacted by phone at (602) 372-7000. Please see the attached copy of documentation provided by the court. Since this occurrence, I have acted with integrity and sound judgment. Becoming a pharmacist had been my dream since high school, and having the ability to practice as one for the past five years has been one of the greatest joys of my life.

Amanda Davis

Original Signature (electronic, copies or stamps not accepted)

11/16/2021

Date

Applicant's initials

AD



Maricopa County Justice Courts, Arizona

McDowell Mountain Justice Court 18380 N. 40th St., #130, Phoenix, AZ 85032 602-372-7000

CASE NUMBER: JC2009154634

STATE OF ARIZONA

AMANDA COLBY ZALE

State of Arizona OR Plaintiff(s) Name / Address / Email / Phone

Defendant(s) Name / Address / Email / Phone

Attorney for Plaintiff(s) Name / Address / Email / Phone

Attorney for Defendant(s) Name / Address / Email / Phone

CERTIFICATE OF CASE STATUS

The retention period in this matter has expired.

The file has been destroyed pursuant to legal authority; Supreme Court of Arizona, Administrative Order 2017-73.

No record for this matter exists.

Disclaimer:

Civil, Small Claims, Eviction Actions, Protective Orders:

A Judgment may be filed and/or recorded with any Superior Court within the State of Arizona, or a court in another State.

Criminal Traffic, Civil Traffic, Criminal Misdemeanor or Petty Offense:

The information provided by the Maricopa County Justice Courts for the case listed on this document pertains to this court only. A record of this matter may exist with any of our external partners including the Department of Transportation, Motor Vehicle Division or the Department of Public Safety.

In no event shall the Maricopa County Justice Courts be liable for any damages, of any nature whatsoever, arising from the use of, or the inability to use this document.

I certify that the foregoing is a true statement to the best of my knowledge.

Date: 12/21/2020

SC

Clerk



Michele Reagan
I hereby certify that this document is a true and correct copy of the original, entered and filed in the McDowell Mountain Justice Court
Date: 12.21.2020 Michele Reagan
Justice of the Peace

SC
Clerk

I, Amanda Davis, certify that as the designated representative for
Amazon Pharmacy #007

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Amanda Davis

Print Name (First, Last)

Amanda Davis
 Original Signature (electronic, copies or stamps not accepted)

11/16/2021
 Date

Applicant's initials

AD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amanda Davis

Print Name (First, Last)

Amanda Davis
Original Signature (electronic, copies or stamps not accepted)

11/16/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Ada

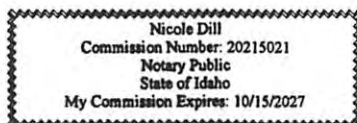
I, Amanda Davis, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Amanda Davis
Original Signature

11/16/2021
Date

Subscribed and Sworn to before me this 16 day of November, 2021

Nicole Dill
Notary Public Signature



(Seal)

Applicant's initials

AD

Amanda Davis

amanda.davis@pillpack.com 


 N Girasolo Ave, Meridian, ID 

WORK EXPERIENCE

Sr Manager, Pharmacist in Charge (PIC)

Amazon Pharmacy

December 2020– Present

Meridian, ID

Achievements/Tasks

- Maintain compliance with statutes and rules related to the practice of pharmacy in resident and non-resident states
- Ensure staff adherence to company policies and procedures
- Created wiki resource to support rollout of a policy change regarding PIC license redundancy
- Partnered with Quality Team to streamline error reporting for Front End errors identified by Fulfillment to improve data analytics, increase network visibility, and identify opportunities for improvement
- Facilitated Failure Modes and Effects Analysis exercise on all Front End pharmacy teams to identify high risk processes and drive technological advancements

Senior Lead Pharmacist

PillPack by Amazon Pharmacy

July 2020 – December 2020

Phoenix, AZ

Achievements/Tasks

- First Senior Lead Pharmacist in the entire PillPack network
- Mentor site's Lead Pharmacists, providing assistance and feedback on their shift initiatives
- Responsible for creating all pharmacist-related processes and procedures for the new PPX2 site
- Ensuring compliance is met for all processes and procedures created for PPX2, through partnership with the PIC, in regards to inventory receiving/stowing, controlled substance handling, fulfilling prescription orders, and shipping of orders to our future customers

Lead Pharmacist

PillPack by Amazon Pharmacy

October 2019 – July 2020

Phoenix, AZ

Achievements/Tasks

- Oversaw a team of up to 14 Staff Pharmacists, 2 Per Diem Pharmacists, and 5 Pharmacy Interns
- Responsible for creating schedules and rotations to ensure successful shift execution, while maintaining the highest level of quality and safety
- Conducted over 50 phone screens and interviews for Staff Pharmacists, Lead Pharmacists, and Area Managers, consistently raising the bar of the entire Phoenix Team, as well as helping to build teams for future sites
- Developed team members through monthly one-on-one meetings that served to identify their personal goals and create opportunities to improve upon their skills and increase operational knowledge
- Created agendas for and led bi-weekly pharmacist meetings to engage the team, ensure adherence to and understanding of any quality or process-related changes
- Initiated and ran a weekly site-level and network-level meeting for Lead Pharmacists
- Served as the clinical liaison to the Operational Team, answering drug or procedural related questions, as well as ensuring any operational changes were compliant with applicable Pharmacy Laws

- Championed fulfillment-related quality by deep diving all near miss and quality related events, creating action items, improving processes, and speaking on all weekly network-level calls regarding quality for the Phoenix Fulfillment Site
- Partnered with the site Quality Manager to improve documentation for Near Miss Events that has increased submissions by 30%
- Partnered with the site Pharmacist-In-Charge to create a PillPack Operating Procedure (POP) for label auditing
- Launched a PV2 Pharmacist Work-From-Home Program, partnering with IT and various Program Managers to ensure success

Staff Pharmacist

PillPack

March 2019 – October 2019

Phoenix, AZ

Achievements/Tasks

- Performed at mastery level rate for pharmacist metrics in both packet and bulk check stations while maintaining the highest level of quality and safety
- Coordinated daily operational planning with leadership to ensure proper workflow and minimize bottlenecks
- Trained fulfillment pharmacists in day-to-day tasks (eleven in a six-month period)
- Created training materials that were used to standardize pharmacist training network wide
- Tested functionality of new pouch analyzer software before implementation into production
- Communicated with third-party vendors to troubleshoot technological problems
- Designated fulfillment quality point of contact for quality related events
- Launched a quality newsletter for our facility providing weekly process change announcements, quality tips, and network level updates

Staff Pharmacist

Walgreens, Store 5890

August 2018 – March 2019

Phoenix, AZ

Achievements/Tasks

- Placed at a high profile Walgreens location to aide the current pharmacy manager in organizing recordkeeping, reducing inventory, complying with company policies and procedures, and training pharmacy staff in deficient areas
- Helped to increase metrics including readying medications by their promised time, outreach to patients regarding new/late-to-refill medications, and customer satisfaction scores

Staff Pharmacist

Department of Veteran Affairs Consolidated Mail Outpatient Pharmacy

March 2018 – August 2018

Tucson, AZ

Achievements/Tasks

- Served our nation's veterans by providing final drug verification services for the Southwest region's Department of Veterans Affairs mail order pharmacy
- Verified final product accuracy for over 4000 prescriptions per 8 hour shift with zero quality-related errors

Pharmacy Manager

Walgreens, Store 4266

December 2017 – February 2018

Tucson, AZ

Achievements/Tasks

- Managed a team of six pharmacy technicians and a staff pharmacist who produced approximately 350 prescriptions daily
- Increased percentages of company measured pharmacy outcomes, such as verifying prescriptions by their promised time, prescriptions converted to 90 day supplies, and customer service scores
- Maintained accurate and organized pharmacy recordkeeping and documentation to comply with all State and

Federal Pharmacy Laws

- Made new therapy and late refill phone calls to increase medication understanding and adherence

Pharmacy Manager

Walgreens, Store 9952

September 2016 – December 2017

Tucson, AZ

Achievements/Tasks

- Managed a team of three pharmacy technicians and a staff pharmacist who produced approximately 200 daily prescriptions
- Exceeded all company mandated metrics for FY 2017, included customer service scores, prescriptions verified on time, 90- day fill conversions, and immunization goals
- Received a satisfactory inspection from the Arizona State Board of Pharmacy, with commentary on how clean, organized, and easy to access my pharmacy and recordkeeping was

Staff Pharmacist

Walgreens, Floating Locations and Store 9952

June 2015 – September 2016

Tucson, AZ

Achievements/Tasks

- Filled and verified new and refill prescription medications
- Counseled patients on new therapy regimens and over-the-counter products
- Provided immunization services

Certified Pharmacy Intern

Walgreens, Stores 5209 & 3463

August 2011 – June 2015

Tucson, AZ

Achievements/Tasks

- Practiced all functions of a licensed pharmacist, such as filling and verifying prescriptions, providing medication consultation, giving recommendations, and administering immunizations

Certified Pharmacy Technician

Walgreens, Centralized Pharmacy Operation

May 2011 – August 2011

Tempe, AZ

Achievements/Tasks

- Performed data entry, typing over 800 prescriptions per day with a less than 3% error rate

EDUCATION

Doctor of Pharmacy

University of Arizona

August 2011 - May 2015

Tucson, AZ

LICENSES

Alabama License: 21821 Expiration: 12/31/22	Arkansas License: PD15594 Expiration: 12/31/23	Arizona License: S021275 Expiration: 10/31/23	Delaware License: A1-0015656 Expiration: 9/30/22	Idaho License: P8944 Expiration: 4/30/22
Illinois License: 051.304471 Expiration: 3/31/22	Kansas License: 1-113658 Expiration: 6/30/22	Kentucky License: 021924 Expiration: 2/28/22	Louisiana License: PST.023849 Expiration: 12/31/22	Maryland License: 27860 Expiration: 4/30/22
Massachusetts License: PH240208 Expiration: 12/31/22	Michigan License: 5302413206 Expiration: 3/3/23	Mississippi License: T-100116 Expiration: 12/31/22	Nebraska License: 17038 Expiration: 1/1/24	Nevada License: 20937 Expiration: 10/31/23
Oklahoma License: 19209 Expiration: 4/30/22	Oregon License: RPH-0018325 Expiration: 6/30/23	South Carolina License: 42899 Expiration: 4/30/22	Tennessee License: 44919 Expiration: 2/28/23	Texas License: 68445 Expiration: 4/30/23
Virginia License: 202219420 Expiration: 12/31/22	West Virginia License: RP0012526 Expiration: 6/30/22			

SKILLS

Bias for Action

Expert

Customer Obsession

Expert

Dive Deep

Expert

Insist on the Highest Standards

Expert

Invent and Simplify

Expert

Learn and Be Curious

Expert

Ownership

Expert

Are Right, A Lot

Advanced

Deliver Results

Advanced

Earn Trust

Advanced

Have Backbone; Disagree and Commit

Advanced

Hire and Develop the Best

Advanced

Think Big

Advanced

Frugality

Intermediate

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT

Amanda C. Davis

Date: 08/12/2021

Amount:

License #: 20937

(ID Card)

Trim ID Card to fit your wallet



Pharmacist

Expires: 02/12/2022

Amanda C. DavisLicense #
20937
TemporaryIDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Cut Here

License Type: Pharmacist

License #: 20937

NEVADA
STATE BOARD OF PHARMACY

Expires: 02/12/2022

STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Amanda C. Davis

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

13D

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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 1,2,3,8

☐ Partnership - Pages 1,2,6,8

☒ Non Publicly Traded Corporation – Pages 1,2,4,8

☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Hy-Vee Mail Order

Physical Address: 4707 Fleur Dr.

Mailing Address: Same

City: Des Moines State: Iowa Zip Code: 50321

Telephone: (515) 953-7413 Fax: (515) 953-7415

Toll Free Number: 1-866-794-9833 (Required per NAC 639.708)

E-mail: mailorderlicensing@hy-vee.com Website: www.hy-vee.com

Managing Pharmacist: Jared Paul Crumly, Pharm.D. License Number: 21413 Temp

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: Centralized processing.

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

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.

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

Aaron Wiese
Print Name of Authorized Person

12/1/2020
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500

check # 1083919

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Iowa

Parent Company if any: Hy-Vee, Inc.

Mailing Address: 5820 Westown Parkway

City: West Des Moines State: Iowa Zip: 50266

Telephone: (515) 267-2800 Fax: (515) 559-2486

Contact Person: Angie Nelson

For any corporation non publicly traded, disclose the following:

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

a) See Attached Letter
 Name Address

b) _____
 Name Address

c) _____
 Name Address

d) _____
 Name Address

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 9 pm Saturday 11 am 7 pm

Sunday 11 am 7 pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____



A Helpful Smile In Every Aisle

12/07/20

To Whom It May Concern:

The Hy-Vee and Affiliates 401(k) Plan owns more than 10% of the stock of Hy-Vee, Inc. The remaining stock is held by more than 800 individuals, and each individual owns no more than 2% of the stock of Hy-Vee, Inc.

Very truly yours,

HY-VEE, INC.

Andrew Schreiner

Senior Vice President, Accounting

Hy-Vee, Inc.
Making lives easier, healthier, happier.
5820 Westown Parkway, West Des Moines, Iowa 50266
Phone: (515) 287-2800

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Aaron Wiese
Responsible Person of Hy-Vee Mail Order
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.

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

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


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

Aaron Wiese
Print Name of Authorized Person

12/1/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Iowa)
) ss.
Polk COUNTY)

I, Aaron Wiese, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Exec V P for Hwy-Vee, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of- State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Aaron Wiese, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

[Signature]
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
19 day of December, 2020.

[Signature]
 NOTARY PUBLIC





Iowa Board of Pharmacy

400 S.W. Eighth Street, Suite E
Des Moines, IA 50309-4688
(P): (515) 281-5944 (F): (515) 281-4609
Website: <https://pharmacy.iowa.gov>

CERTIFICATION OF IOWA PHARMACY LICENSE FOR THE BUSINESS LISTED BELOW:

This is a primary source verification.

Name :	Hy-Vee Mail Order
License No :	5162
License/Registration Type :	Pharmacy
Sub Type :	General Pharmacy
Date Issued :	12/03/2019
Expiration Date :	12/31/2021
Status :	Current/Active
Last Renewal Date :	12/01/2020
City :	Des Moines
State :	IA
Address :	4707 Fleur Dr Des Moines IA 50321
Disciplinary Action :	No
Pharmacist in Charge :	Jared Crumly



A handwritten signature in black ink, appearing to be "A. Funk", is written over the official seal.

Andrew Funk, Pharm.D. , Executive Director, Iowa Board of Pharmacy. **Date:**
11/17/2021

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT

Jared P. Crumly

Date: 09/30/2021

Amount:

License #: 21413

(ID Card)

Trim ID Card to fit your wallet

	Pharmacist Expires: 03/30/2022 Jared P. Crumly License # 21413 Temporary
IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS	

Cut Here

License Type: Pharmacist

License #: 21413

NEVADA
STATE BOARD OF PHARMACY



Expires: 03/30/2022

STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Jared P. Crumly

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Officer List

Title	Name	Address
Chairman of the Board, Chief Executive Officer, President	Randall B. Edeker	5820 Westown Parkway, West Des Moines, Iowa 50266
Executive Vice President, Chief Financial Officer, Treasurer	Michael D. Skokan	5820 Westown Parkway, West Des Moines, Iowa 50266
Senior Vice President, Accounting	Andrew M. Schreiner	5820 Westown Parkway, West Des Moines, Iowa 50266
Senior Vice President, Secretary, Chief Counsel	Michael P. Jurgens	5820 Westown Parkway, West Des Moines, Iowa 50266
Chief Health Officer	Aaron Wiese	5820 Westown Parkway, West Des Moines, Iowa 50266
Vice President of Pharmacy	Angie Nelson	5820 Westown Parkway, West Des Moines, Iowa 50266

6/18/2020

Certificate of Standing

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Issue Date: 6/18/2020

Name: HY-VEE, INC. (490 DP - 19862)

Date of Incorporation: 1/3/1938

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: **CS194976**

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State



Iowa Board of Pharmacy

Inspection Conducted on 05/11/2020 for Hy-Vee Mail Order Pharmacy

C = COMPLIANT D = DEFICIENT NA = DOES NOT APPLY TO THIS LICENSEE/REGISTRANT NR = NOT REVIEWED DURING THIS INSPECTION R = REMINDER

DEMOGRAPHICS

License # :	Business Name :	Inspection Date :
5162	Hy-Vee Mail Order Pharmacy	05-11-2020
Address :		
4707 Fleur Drive		
Zip :	City :	State :
50321	Des Moines	IA
Phone :	Fax :	Business Email :
(515) 953-7413	(515) 559-2496	jcrumly@hy-vee.com
PIC :	PIC Email :	PIC License # :
Jared Crumly		21959
PIC License Exp Date :	DEA # :	CSA Number :
06/30/2021		1108816
CSA Expiration Date :		
10/31/2021		

Averages

Average Prescription volume per week	Most Recent Annual CS Inventory Date	Number of Pharmacist Hours per week
0		78
Number of Technician Hours per week	Number of Intern Hours per week	Number of PSP Hours per week
103	0	0

Pharmacy Practice Services

General Dispensing	Central Rx Processing	Hospital
YES	YES	NO
Mail Order Only	Central Rx Filling	Home Infusion
NO	NO	NO
Nuclear	Care Facility Filling	Care Facility Consulting
NO	NO	NO
Emergency Drug Kits	Unit Dose	Home Health/DME
NO	NO	NO



Iowa Board of Pharmacy

Inspection Conducted on 05/11/2020 for Hy-Vee Mail Order Pharmacy

C = COMPLIANT D = DEFICIENT NA = DOES NOT APPLY TO THIS LICENSEE/REGISTRANT NR = NOT REVIEWED DURING THIS INSPECTION R = REMINDER

OTC Pseudoephedrine Sales	Exempt CV Dispensing	Prepackaging
NO	NO	NO
EMS	Collaborative Practice Agreements	Technician Product Verification
NO	NO	NO
Prescription Delivery Mail-outs Mail Order	Medication Therapy Management	Statewide Protocol-Naloxone
YES	NO	NO
	Statewide Protocol-Immunization	Statewide Protocol-Nicotine Replacement
	NO	NO
CLIA-Waved Testing	Compliance Packaging MedPaks	Naloxone Standing Order
NO	NO	NO
Human Patients	Veterinary -- Companion Animals	Veterinary -- Food-producing Animals
YES	NO	NO
DEA-registered Controlled Substances Collector	Non-Controlled Substance Collector Only	Other
NO	NO	NO
Collaborative Practice Explanation	Other (if Other please explain)	

Compounding

Sterile High-Risk	Sterile Medium-Risk	Sterile Low-Risk
NO	NO	NO
Sterile Immediate Use	Sterile Hazardous Drugs	Sterile Anticipatory
NO	NO	NO
Sterile Shipping out-of-state	% of sterile compounded preparations shipped out of state during the previous year	Sterile Number of Facilities
NO	0	0
		Sterile for patients in other facilities
		NO
Non Sterile Simple	Non Sterile Moderate	Non Sterile Complex
NO	NO	NO
Non Sterile Anticipatory	Non Sterile Hazardous Drugs	Prescriber Office Use
NO	NO	NO



Iowa Board of Pharmacy

Inspection Conducted on 05/11/2020 for Hy-Vee Mail Order Pharmacy

C = COMPLIANT D = DEFICIENT NA = DOES NOT APPLY TO THIS LICENSEE/REGISTRANT NR = NOT REVIEWED DURING THIS INSPECTION R = REMINDER

Number of sterile compounded preparations dispensed into Iowa last year

0

Number of non-sterile compounded preparations dispensed into Iowa last year

0

Pursuant to Patient-Specific Rx

NO

Accreditations

None

YES

Other (if Other please explain)

General

C = Compliant, R = Reminder, D = Deficiency, NA = Not Applicable, NR = Not Reviewed

- | | | |
|---|---|------------------|
| 1 | License registration: 1) For pharmacy is current and visible to the public 2) For each RPh, wall license w/ current renewal card is current and visible to the public 3) For each Tech PSP, registration certificate is available in the pharmacy | ●C ○D ○NA ○NR ○R |
| 657-8.4, 8.35, 3.2, 3.12, 5.4, 5.13 | | |
| 2 | Pharmacy maintains compliant references: 1) Iowa laws and rules 2) Patient information 3) Drug interaction 4) General information 5) Drug equivalency 6) Natural or herbal medicines 7) Poison Control Center phone # 8) Additional as needed to meet the needs of patients | ●C ○D ○NA ○NR ○R |
| 657-6.3 | | |
| 3 | P&Ps include, as applicable: 1) All operations of the pharmacy 2) Frequency of review 3) Delivery 4) Refill sales during RPh break | ●C ○D ○NA ○NR ○R |
| 657-8.3(5), 657-8.15(2), 657-6.7(4) | | |
| 4 | P&Ps include, as applicable: 5) Utilization of technicians and PSPs 6) CQI program 7) System downtime 8) AMDS 9) Med paks | ●C ○D ○NA ○NR ○R |
| 657-3.17, 657-5.20, 657-8.26(3), 657-21.5(3), 657-21.10, 657-22.5 | | |
| 5 | Techs PSPs are performing appropriate functions | ●C ○D ○NA ○NR ○R |
| 657-3.22, 5.22 | | |
| 6 | Records 1) Maintained for 2 yrs 2) Less than 1 yr in Rx dept (unless digital copy immediately available for Non-CS) 3) Secure if outside Rx dept | ●C ○D ○NA ○NR ○R |
| 657-6.16, 657-8.9, 657-10.36 | | |
| 7 | Pharmacy has documented training for technicians and PSPs | ●C ○D ○NA ○NR ○R |
| 657-8.14 | | |



Iowa Board of Pharmacy

Inspection Conducted on 05/11/2020 for Hy-Vee Mail Order Pharmacy

C = COMPLIANT D = DEFICIENT NA = DOES NOT APPLY TO THIS LICENSEE/REGISTRANT NR = NOT REVIEWED DURING THIS INSPECTION R = REMINDER

- 8 Pharmacy system patient record retained for 2 yrs and contains: 1) Patient full name 2) Address 3) Phone 4) DOB 5) Gender 6) Allergies 7) Conditions ☒ C ☐ D ☐ NA ☐ NR ☐ R 657-6.13
- 9 RPh performs DUR for all prescriptions ☒ C ☐ D ☐ NA ☐ NR ☐ R 657-8.21
- 10 Pharmacy system requirements: 1) Secure to prevent unauthorized access/manipulation of data 2) Individual authentication credentials securely maintained 3) Alterations to data are documented 4) Is DEA-compliant if used to process electronic CS Rx's ☒ C ☐ D ☐ NA ☐ NR ☐ R 657-21.3
- 11 Pharmacy system is capable of immediate retrieval of 1) Prescription patient prescriber drug data 2) Pharmacy utilization data ☒ C ☐ D ☐ NA ☐ NR ☐ R 657-21.5(2)

Central Fill / Processing

C = Compliant, R = Reminder, D = Deficiency, NA = Not Applicable, NR = Not Reviewed

- 1 Pharmacies have the same owner or have entered into a written contract or agreement that outlines the services to be provided and the responsibilities and accountabilities of each pharmacy in compliance with federal and state laws, rules, and regulations ☒ C ☐ D ☐ NA ☐ NR ☐ R 657-18.3(1)"a"
- 2 Pharmacies share a common electronic file or have appropriate technology to allow access to sufficient information necessary or required to perform the contracted functions ☒ C ☐ D ☐ NA ☐ NR ☐ R 657-18.3(1)"b"
- 3 Pharmacies maintain Iowa pharmacy licensure and, if dispensing controlled substances, maintain DEA and CSA registrations ☒ C ☐ D ☐ NA ☐ NR ☐ R 657-18.3(2)
- 4 Each pharmacist that functions as an employee or agent maintains active licensure to practice pharmacy in Iowa ☒ C ☐ D ☐ NA ☐ NR ☐ R 657-18.3(2)
- 5 Pharmacy complies with Iowa board rules relating to duties that must be performed by a pharmacist ☒ C ☐ D ☐ NA ☐ NR ☐ R 657-18.3(2)
- 6 Pharmacy complies with Iowa requirements for supervision of pharmacy technicians and pharmacy support persons ☒ C ☐ D ☐ NA ☐ NR ☐ R 657-18.3(2)
- 7 Only pharmacists perform drug utilization review (DUR) ☒ C ☐ D ☐ NA ☐ NR ☐ R 657-18.3(3)



Iowa Board of Pharmacy

Inspection Conducted on 05/11/2020 for Hy-Vee Mail Order Pharmacy

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8	Pharmacists document in the shared patient record all concerns, recommendations, observations and comments resulting from a DUR	☒ C ☐ D ☐ NA ☐ NR ☐ R	657-18.3(3)
9	Pharmacists at originating pharmacy review and utilize DUR notes in patient counseling	☒ C ☐ D ☐ NA ☐ NR ☐ R	657-18.3(3), 657-6.14
10	The label affixed to the prescription container filled by a central fill pharmacy includes the following: 1) unique identifier indicating the prescription was filled at the central fill pharmacy, 2) serial number as assigned by the originating pharmacy, 3) name, address and telephone number of originating pharmacy	☒ C ☐ D ☐ NA ☐ NR ☐ R	657-18.3(4)
11	The label includes: 4) patient name, 5) prescriber name, 6) date of fill, 7) instructions for use	☒ C ☐ D ☐ NA ☐ NR ☐ R	657-18.3(4)
12	The label includes: 8) drug name, strength, quantity, 9) RPh initials or ID who performed DUR	☒ C ☐ D ☐ NA ☐ NR ☐ R	657-18.3(4)
13	Pharmacies maintain policies and procedures relating to central filling / processing activities	☒ C ☐ D ☐ NA ☐ NR ☐ R	657-18.10(1)
14	Policies and procedures include: 1) responsibilities of each pharmacy, 2) list of names, addresses, phone #s, all license registration #s of pharmacies involved, 3) patient information confidentiality/integrity, 4) protection of pt's freedom of choice in pharmacy services, 5) maintain records of all personnel functions 6) CQI program	☒ C ☐ D ☐ NA ☐ NR ☐ R	657-18.10(2)
15	Pharmacies records include (either separately or by common electronic file and system can generate report): 1) unique ID of personnel for each function of the prescription, 2) unique ID of RPh who performed DUR	☒ C ☐ D ☐ NA ☐ NR ☐ R	657-18.15

NOTES



Iowa Board of Pharmacy

Inspection Conducted on 05/11/2020 for Hy-Vee Mail Order Pharmacy

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Deficiencies

- Permanent and intermittent logs are current complete; Intermittent log contains: 1) Name 2) Date 3) Shift worked (657-8.4)
Need to continue obtaining unique signatures IDs of permanent employees
- CQI program reviewed quarterly and includes: 1) Documentation of errors that reach the patient (w in 3 days) 2) Event description 3) Event date time 4) ID of person who discovered event 5) ID of person reporting reviewing event 6) Changes to pharmacy process, if any (657-8.26)
The current CQI documentation includes a field for ID of the individual who discovered the event, but current records only identify "RPh"; needs to identify the individual

Reminders

AFFIRMATION

Representative Email :

jcrumly@hy-vee.com

Note : I (The "Facility Representative" signing below) acknowledge and affirm that the areas of noncompliance identified (if any) in this inspection report will be remedied within 30 calendar days. I further acknowledge and understand that a complaint may be initiated due to any areas of noncompliance identified in this inspection report and the Board may determine that disciplinary action against my license and the facility's license or registration is warranted.

Board of Pharmacy Inspector :

Sue Mears

Facility Representative

Jared Crumly

Iowa Board of Pharmacy Disclaimer : During this inspection, not all rules and regulations may have been inspected for compliance. This does not preclude or excuse your compliance with all applicable rules and regulations of the Iowa Board of Pharmacy

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FH9289883	10-31-2022	\$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2N,3,3N, 4,5	CHAIN PHARMACY	05-13-2020

HY-VEE, INC. HY-VEE MAIL ORDER 4707 FLEUR DR. DES MOINES, IA 50321

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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Pharmacy Name	Address	City	State	Permit #	DEA #	Discipline Complaint	Discipline End	Discipline Description
Hy-Vee Pharmacy (1138)	2540 E. Euclid Avenue	Des Moines	IA	126	BH5582106	3/31/2020	4/16/2020	Settlement, Failure to ensure registration of pharmacy staff and support staff. Civil Penalty \$1,000.
Hy-Vee Pharmacy (1235)	320 West Street South	Grimel	IA	1201	BH8153974	9/1/2019	6/16/2020	Settlement, Employing a pharmacy technician without current registration and given a warning. Civil Penalty of \$3,500.
Hy-Vee Pharmacy (1068)	800 N. 2nd Street	Charoese	IA	61	FH0169072	3/15/2019	3/15/2021	Settlement, Probation 3 years, Submission of inspection checklists and corresponding documents to the Bd. Civil Penalty \$10,000.
Hy-Vee Pharmacy (1313)	1224 10th Avenue	Manson	IA	1628	FH7212802	3/15/2019	3/15/2021	Settlement, Probation 2 years, Submission of inspection checklists and corresponding documents to the Bd. Civil Penalty \$5,000.
Hy-Vee Pharmacy (1302)	121 North Main	Marcus	IA	1200	BD8163930	3/15/2019	3/15/2021	Settlement, Probation 2 years, Submission of inspection checklists and corresponding documents to the Bd. Civil Penalty \$5,000.
Hy-Vee Pharmacy (1132)	115 S. 29th Street	Fort Dodge	IA	981	BH5300839	3/15/2019	3/8/2021	Settlement, Probation 2 years, Submission of inspection checklists and corresponding documents to the Bd. Civil Penalty \$5,000.
Hy-Vee Pharmacy (1044)	3140 Agency Street	Burlington	IA	426	BH6861923	1/9/2019	1/9/2019	Settlement, Employing a Pharmacy Technician without Current Registration. Civil penalty of \$1,000.
Hy-Vee Pharmacy (1532)	7620 State Line Road	Prairie Village	KS	209299	BH5563398	10/30/2018	10/30/2020	Stipulation and Consent Order. Probation for 2 years. Administrative penalty of \$2,000.
Hy-Vee Pharmacy Warehouse	1802 Orchard Ave.	Chariton	IA	5005	FH0211374	3/18/2018	3/18/2018	Stipulation and Consent Order. Administrative Fine of \$102,243.
Hy-Vee Pharmacy #2 (1018)	640 Lincoln Way	Ames	IA	1035	BH0855361	10/6/2015	10/6/2015	Administrative Warning. Technician working with an expired registration. Resolution - Confidential
Hy-Vee Pharmacy (1068)	800 N. 2nd Street	Charoese	IA	61	FH0169072	6/17/2015	1/1/2019	Failure to establish effective controls against diversion, failure to keep records. Civil Penalty of \$5000, probation of 3 years.

Please find below an explanation of pharmacy disciplinary action instituted within the last five years.

- **Hy-Vee Pharmacy Warehouse**

- Hy-Vee, Inc. operates a Pharmacy Warehouse in Chariton, Iowa that engages in the wholesale distribution of drugs to its 256 retail pharmacies in the eight states in which it operates. In April 2017, Hy-Vee, Inc. determined the Pharmacy Warehouse did not have a current wholesale distributor registration in the State of Kansas. Hy-Vee, Inc. immediately reached out to the Kansas Board of Pharmacy and submitted a renewal application. In addition to reaching out to the Kansas Board of Pharmacy and submitting the renewal application, Hy-Vee, Inc. reviewed its policies and procedures related to the renewal of its many licenses and registrations in the eight states in which it operates. Hy-Vee, Inc. also has a licensing department that oversees the renewal of its various pharmacy related licenses and registrations. Additionally, Hy-Vee, Inc. is working on adding an annual company-wide check of the status of its pharmacy licenses and registrations so as to ensure renewals are submitted in a timely manner. Hy-Vee entered into a Stipulation and Consent Order with the Kansas Board of Pharmacy in March 2018. A copy of the Stipulation and Consent Order is included with this application. Following entry of the Consent Order the pharmacy paid the fine and it has complied with all other required aspects.

- **Hy-Vee Pharmacy 1532**

- Hy-Vee Pharmacy 1532, located in Prairie Village, Kansas, entered into a Stipulation and Consent Order with the Kansas Board of Pharmacy in October 2018. The Consent Order alleged the pharmacy operated in a manner that violated the Act and the Regulations of the Board. A copy of the Consent Order is included with Hy-Vee, Inc.'s application. The Consent Order required the payment of a \$2,000 administrative fine, probation for two years, and the submission of quarterly Continuous Quarterly Improvement Program meeting reports. Following entry of the Consent Order the pharmacy paid the fine and it has complied with all other required aspects. Additionally, the compliance program for the pharmacy was reviewed and the corporate office provides additional checks and follow-up with the pharmacy concerning its compliance activities. The pharmacy employees were also provided additional education on the pharmacy's compliance program. In addition, the regional pharmacy supervisor increased his compliance related visits to the pharmacy.

- **Hy-Vee Pharmacy 1044**

- Hy-Vee Pharmacy 1044, located in Burlington, Iowa, entered into a Settlement Agreement and Order with the Iowa Board of Pharmacy on January 9, 2019. The Settlement Agreement alleged the pharmacy employed a pharmacy technician without current registration. The Agreement stemmed from a situation in which a pharmacy technician's registration was not received by the Board of Pharmacy despite submitting the paperwork to the Board. A copy of the Settlement Agreement is included with Hy-Vee, Inc.'s application. The Agreement required the payment of a \$1,000 civil penalty. Following execution of the Agreement, the pharmacy paid the fine and it has complied with all other required aspects. In addition, the pharmacy reviewed its internal processes and procedures concerning validation of a pharmacy technician's registration with the Board. The pharmacy also reviewed its process for reviewing the status of pharmacy employees' licenses and registrations. The pharmacy currently utilizes a third party as an additional check on the status of a pharmacy employee's license and/or registration. The third party's software had an issue that resulted in it not accurately reflecting the status of the particular employee's registration. The pharmacy resolved this issue with the third party and the additional check is in place.

- **Hy-Vee Pharmacy 1068**

- Hy-Vee Pharmacy 1068, located in Cherokee, Iowa, entered into a Settlement Agreement and Order with the Iowa Board of Pharmacy on January 12, 2016. The Settlement Agreement alleged the pharmacy failed to establish effective controls against diversion and failed to keep and maintain records. The Settlement Agreement stemmed from a situation in which the Pharmacist-in-Charge failed to appropriately store certain records. A copy of the Settlement Agreement is included with Hy-Vee, Inc.'s application. The Settlement Agreement required the payment of a \$5,000 civil penalty, probation for 3 years, and the performance of certain audits. Following the execution of the Settlement Agreement, the pharmacy paid the fine. Additionally, the pharmacy terminated the employee in question. The pharmacy also reviewed its policies and procedures concerning controlled substances and record keeping requirements.
- Hy-Vee Pharmacy 1068, located in Cherokee, Iowa, entered into a Settlement Agreement and Order with the Iowa Board of Pharmacy on March 15, 2019. The Settlement Agreement alleged the pharmacy failed to comply with monthly inspection requirements, violated a board order, and failed to properly record

pseudoephedrine sales. The Settlement Agreement stemmed from a situation in which the Pharmacist-in-Charge did not complete a monthly audit of controlled substances for a couple of months, as required by the pharmacy's probation agreement with the Board. In addition, the Pharmacist-in-Charge failed to ensure monthly inspection checklists were completed of the telepharmacy it was managing, and the pharmacy was not appropriately recording pseudoephedrine sales with a unique identifier. A copy of the Settlement Agreement is included with Hy-Vee, Inc.'s application. The Settlement Agreement required the payment of a \$10,000 civil penalty, probation for 3 years, and the submission of inspection checklists and corresponding documents to the Board. Following execution of the Agreement, the pharmacy paid the fine and it has complied with all other required aspects. Additionally, the pharmacy terminated the employee in question. The pharmacy also reviewed its policies and procedures concerning audits of controlled substances and its policy on the sale of pseudoephedrine and the use of a unique identifier. The pharmacy employees were retrained on this policy.

- **Hy-Vee Pharmacy 3028**

- Hy-Vee Pharmacy 3028, a telepharmacy located in Marcus, Iowa, entered into a Settlement Agreement and Order with the Iowa Board of Pharmacy on March 15, 2019. The Settlement Agreement alleged the pharmacy failed to comply with monthly self-inspection requirements, to comply with perpetual inventory requirements, to properly record pseudoephedrine sales, to comply with security requirements, and to timely notify of PIC change. The Settlement Agreement stemmed from a situation in which the Pharmacist-in-Charge failed to fully complete and have the monthly telepharmacy checklists available during an inspection. The situation also involved a late notice to the Board of a change in the Pharmacist-in-Charge. A copy of the Settlement Agreement is included with Hy-Vee, Inc.'s application. The Settlement Agreement required the payment of a \$5,000 civil penalty, probation for 2 years, and the submission of inspection checklists and corresponding documents to the Board. Following execution of the Settlement Agreement, the pharmacy paid the fine and has complied with all other required aspects. Additionally, the pharmacy terminated the employee in question. The pharmacy also reviewed its policies and procedures concerning audits of controlled substances and its policy on the sale of pseudoephedrine and the use of a unique identifier. The pharmacy employees were retrained on this policy. Furthermore, the pharmacy reviewed and revised the monthly telepharmacy checklist and retrained the pharmacy employees on how it is to be completed.

- **Hy-Vee Pharmacy 1192**

- Hy-Vee Pharmacy 1192, located in Fort Dodge, Iowa, entered into a Settlement Agreement and Order with the Iowa Board of Pharmacy on March 15, 2019. The Settlement Agreement alleged the pharmacy failed to comply with monthly inspections and to establish and maintain effective controls. The Settlement Agreement stemmed from a situation in which there was a miscommunication between the Pharmacist-in-Charge and the regional pharmacy supervisors as to who would complete the monthly telepharmacy checklists when the telepharmacy first opened at the end of November 2017. A copy of the Settlement Agreement and Notice of Statement of Charges are included with Hy-Vee, Inc.'s application. The Settlement Agreement required the payment of a \$5,000 civil penalty, probation for 2 years, and the submission of inspection checklists and corresponding documents to the Board. Following execution of the Settlement Agreement, the pharmacy paid the fine and it has complied with all other required aspects. Additionally, in February 2018, the pharmacy hired a part time pharmacist to specifically oversee the compliance with and completion of the monthly telepharmacy inspection checklist. Since that time, the checklist has been completed as required. The pharmacy also reviewed and revised the monthly telepharmacy checklist and retrained the pharmacy employees on how it is to be completed. Furthermore, the pharmacy reviewed its security systems and determined there was a cell signal strength issue that caused the issue with the electronic entry system records. The pharmacy determined that despite the cell signal strength, the pharmacy was secure. Additional equipment was added to the pharmacy to increase the signal strength and the electronic entry system records are now being appropriately recorded and stored. Lastly, the pharmacy reviewed and revised the monthly telepharmacy checklist and retrained the pharmacy employees on how it is to be completed.

- **Hy-Vee Pharmacy 3191**

- Hy-Vee Pharmacy 3191, a telepharmacy located in Manson, Iowa, entered into a Settlement Agreement and Order with the Iowa Board of Pharmacy on March 15, 2019. The Settlement Agreement alleged the pharmacy failed to maintain electronic entry system, to display required signage, to comply with monthly inspection requirements, to establish and maintain effective controls, technology failure, and had a technician working without proper identification. The Settlement Agreement stemmed from a situation in which there was a miscommunication between the Pharmacist-in-Charge and the

regional pharmacy supervisors as to who would complete the monthly telepharmacy checklists when the telepharmacy first opened at the end of November 2017. In addition, the charge concerning the name badge was due to a technician inadvertently leaving her name badge in her car during the inspection. The name badge was retrieved once the issue was brought to his/her attention. A copy of the Settlement Agreement and Notice of Statement of Charges are included with Hy-Vee, Inc.'s application. The Settlement Agreement required the payment of a \$5,000 civil penalty, probation for 2 years, and the submission of inspection checklists and corresponding documents to the Board. Following execution of the Settlement Agreement, the pharmacy paid the fine and has complied with all other required aspects. Additionally, in February 2018, the pharmacy hired a part time pharmacist to specifically oversee the compliance with and completion of the monthly telepharmacy inspection checklist. Since that time, the checklist has been completed as required. The pharmacy also reviewed and revised the monthly telepharmacy checklist and retrained the pharmacy employees on how it is to be completed. Furthermore, the pharmacy reviewed its security systems and determined there was a cell signal strength issue that caused the issue with the electronic entry system records. The pharmacy determined that despite the cell signal strength, the pharmacy was secure. Additional equipment was added to the pharmacy to increase the signal strength and the electronic entry system records are now being appropriately recorded and stored. The pharmacy also reviewed with the staff its policies on signage and name badges. Lastly, the pharmacy reviewed and revised the monthly telepharmacy checklist and retrained the pharmacy employees on how it is to be completed.

- **Hy-Vee Pharmacy 1138**

- Hy-Vee Pharmacy 1138, located in Des Moines, Iowa, signed a Settlement Agreement and Final Order with the Iowa Board of Pharmacy on April 16, 2020. The Iowa Board of Pharmacy will review the Settlement Agreement at its May 2020 meeting. The Settlement Agreement alleged the pharmacy failed to ensure registration of pharmacy staff and support persons. The Settlement Agreement stemmed from a situation in which a pharmacy technician's registration was submitted to the Iowa Board of Pharmacy but it did not include all necessary information. By the time the pharmacy submitted all necessary information, the 30 day window for registration had passed. The Settlement Agreement required the payment of a \$1,000 civil penalty. Following execution of the Settlement Agreement, the pharmacy paid the fine and it has complied with all other aspects. Additionally, the pharmacy

reviewed its policies and procedures concerning registration with the Iowa Board of Pharmacy. The pharmacy employees were retrained on this policy.

- **Hy-Vee Pharmacy 1235**

- Hy-Vee Pharmacy 1235, located in Grinnell, Iowa, entered into a Settlement Agreement and Order with the Iowa Board of Pharmacy on June 23, 2020. The Settlement Agreement alleged the pharmacy employed a pharmacy technician without current registration. The Settlement Agreement stemmed from a situation in which an individual indicated they were registered with the Iowa Board of Pharmacy as a pharmacy technician. Their registration, however, had been suspended by the Iowa Board Pharmacy. A copy of the Settlement Agreement and Final Order is included with Hy-Vee, Inc.'s application. The Settlement Agreement required the payment of a \$3,500 civil penalty. Following execution of the Settlement Agreement, the pharmacy paid the fine and it has complied with all other aspects. Additionally, the pharmacy reviewed its policies and procedures concerning registration with the Iowa Board of Pharmacy. The pharmacy employees were retrained on this policy. The pharmacy also reviewed its processes for verifying licenses and registrations.

Explanation of Pharmacy Manager Disciplinary Action Answer

- **Allison Heffelfinger, PIC Hy-Vee Pharmacy 1044**
 - Allison Heffelfinger, the Pharmacist-in-Charge ("PIC") at Hy-Vee Pharmacy 1044, located in Burlington, Iowa, entered into a Settlement Agreement and Order with the Iowa Board of Pharmacy on January 9, 2019. The Settlement Agreement alleged the pharmacy employed a pharmacy technician without current registration. The Settlement Agreement stemmed from a situation in which a pharmacy technician's registration was not received by the Board of Pharmacy despite submitting the paperwork to the Board. A copy of the Settlement Agreement is included with Hy-Vee, Inc.'s application. The Settlement Agreement required the payment of a \$250 civil penalty. Following execution of the Settlement Agreement, the PIC paid the fine and she has complied with all other required aspects. In addition, the PIC reviewed the pharmacy's internal processes and procedures concerning validation of a pharmacy technician's registration with the Board. The PIC also reviewed the pharmacy's process for reviewing the status of a pharmacy employee's license and/or registration. The pharmacy currently utilizes a third party as an additional check on the status of a pharmacy employee's license and/or registration. The third party's software had an issue that resulted in it not accurately reflecting the status of the employee's registration. The pharmacy resolved this issue with the third party and the additional check is in place.

Filed By

MAR 08 2017

KANSAS STATE
BOARD OF PHARMACY

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of)

HY-VEE, INC.)

Registration No. 5-102905)

Case No. 17-107

STIPULATION AND CONSENT ORDER

IT IS HEREBY STIPULATED AND AGREED by and between the Kansas Pharmacy Board (the "Board") and Hy-Vee, Inc. located at 5820 Westown Parkway, West Des Moines, Iowa 50266 ("Respondent") as follows:

1. The Board is represented herein by its attorney, Randall J. Forbes of Frieden, Unrein & Forbes, LLP, 1414 SW Ashworth Place, Suite 201, Topeka, Kansas 66604. The Respondent is represented herein by its attorney,

2. The Board is the Kansas agency vested with the authority to carry out and enforce the provisions of the Kansas Pharmacy Law, K.S.A. 65-1626 *et seq.*, (the "Act") including conducting hearings and proceedings to revoke, suspend or otherwise discipline a Kansas registration to operate a pharmacy.

3. Respondent is a wholesale distributor of drugs.

4. K.S.A 65-1643 provides that it is unlawful for any entity to distribute drugs at wholesale in Kansas without a registration issued by the Board.

5. Respondent hereby waives any further proof in this or any other proceeding before or initiated by the Board with respect to this matter, and upon motion duly made, seconded and passed, the Board finds the following:

A. The Board first issued Respondent a wholesale distributor registration on October 11, 1995. Respondent was issued registration number 5-00770.

Matter of Hy-Vee, Inc., No. 17-107 (Kan. Bd. of Pharmacy)

STIPULATION AND CONSENT ORDER

Page 1 of 8

B. Respondent's wholesale distributor registration number 5-00770 expired on June 30, 2016 when Respondent failed to timely renew it.

C. Respondent, under the name Hy-Vee Pharmacy Distribution Center, was issued wholesale distributor registration number 5-00770 on August 24, 2017. Between June 30, 2016 and August 24, 2017, Respondent did not hold a current registration to distribute drugs at wholesale into Kansas. Respondent filed an application to renew its registration on April 28, 2017.

D. During the period from June 30, 2016 through August 24, 2017, Respondent distributed in excess of 128,000 units of drugs into Kansas in violation of K.S.A. 65-1643(c). 25,757 of the units were distributed while Respondent had a registration renewal application pending.

6. Upon motion duly made, seconded and passed, the Board finds and concludes that the events described in paragraph 5 above constitute the operation of a pharmacy in a manner that violates the Act and the Regulations of the Board and is therefore grounds for disciplinary action against the Respondent's Kansas Registration pursuant to K.S.A. 65-1627 (e)(1).

7. The Respondent has chosen not to contest the allegations in Paragraphs 5 and 6 and acknowledges that the allegations, if proven in a contested case proceeding, would constitute grounds for the administrative fine and other requirements agreed to in this Stipulation and Consent Order.

8. The Board finds, concludes and orders that the following disposition is just and appropriate under the circumstances:

A. ADMINISTRATIVE FINE. Within ten (10) days of the Board entering the Consent Order provided for herein, Respondent shall pay to the Kansas Pharmacy Board an administrative fine in the amount of One Hundred and Two Thousand Two hundred and Forty Three Dollars (\$102,243.00).

B. OTHER REQUIREMENTS. Respondent acknowledges and agrees that as a condition of this Stipulation and Consent Order it must, and the Board further orders the Respondent to:

- i. Comply fully with this Stipulation and Consent Order;
- ii. Comply fully with the Kansas Pharmacy Act, the Board's rules and regulations and all state and federal laws relating to Kansas pharmacies;

9. Respondent agrees that all information in the possession of the Board's Investigation Member, its staff, its investigators and or its attorney regarding the investigation which lead to this disciplinary action and all information discovered during the pendency of the disciplinary action may be disclosed to and considered by the Board as part of the presentation and consideration of the proposal of settlement in the form of this Stipulation and Consent Order and the Final Order provided for herein, with or without the presence of the Respondent or its attorney. In the event that this Stipulation and Consent Order and the Final Order provided for herein are not accepted and approved by the Board, the Respondent further waives any objection to the Board members' consideration of this Stipulation and Consent Order or the information mentioned in the preceding sentence and further agrees to waive any claim of due process violation or the right to seek the disqualification of any Board member as a result of the Board member's consideration of said document and information.

10. The stipulations contained herein shall not become binding until this Stipulation and Consent Order is approved by the Board and the Final Order provided for herein is entered

Matter of Hy-Vee, Inc., No. 17-107 (Kan. Bd. of Pharmacy)

STIPULATION AND CONSENT ORDER

Page 3 of 8

by the Board. If the Board fails to approve this Stipulation and Consent Order, it shall be of no force or effect to either the Board or the Respondent. The Respondent acknowledges that the approval of the Board's Investigation Member or its attorney shall not constitute the approval of the Board or bind the Board to approve this Stipulation and Consent Order.

11. The Respondent agrees that this Stipulation and Consent Order is in conformance with Kansas and federal law and the Board has jurisdiction to enter into it and enter the Final Order provided for herein. The Respondent further agrees, for purposes of this matter, that the Kansas Pharmacy Act, K.S.A. 65-1626 *et seq.* is constitutional on its face and as applied in this case.

12. This Stipulation constitutes the entire agreement of the parties and may only be modified by a subsequent writing signed by them. The agreement shall be interpreted in accordance with the laws of the State of Kansas.

13. The Respondent acknowledges that it has the following rights:

- (a) To have formal notice of charges served upon it;
- (b) To file a response to the charges;
- (c) To have notice of and participate in a formal adjudicative hearing with the Board or its designee making specific findings of facts and conclusions of law based only upon evidence admitted at such hearing; and
- (d) To take advantage of all applicable provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501 *et seq.* and the Kansas Judicial Review Act, K.S.A. 77-601 *et seq.*

The Respondent freely waives these rights and acknowledges that said waiver is made voluntarily and in consideration of the Board's limiting the disciplinary action taken against it.

to those provided for herein. The Respondent further waives the right to seek reconsideration or appeal or otherwise contest this Stipulation and Consent Order provided for herein.

14. The Respondent acknowledges that it enters into this Stipulation and Consent Order freely and voluntarily after consultation with counsel of its choosing. The Respondent further acknowledges that it has read this Stipulation and Consent Agency order in its entirety, that it understands its legal consequences and that it agrees that none of its terms are unconscionable, arbitrary or capricious.

15. Time is of the essence to this Stipulation and Consent Order. Respondent acknowledges and agrees that any violation of this Stipulation and Consent Order shall constitute a willful violation of a lawful Board order and grounds for further disciplinary action against it. The pendency of any disciplinary action arising out of an alleged violation of this Stipulation and Consent Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Consent Order.

16. This Stipulation and Consent Order constitutes the entire and final agreement of the parties. In the event any provision of this Stipulation and Consent Order is deemed invalid or unenforceable by a court of competent jurisdiction, it shall be severed and the remaining provisions of this Stipulation and Consent Order shall be given full force and effect.

17. Upon approval and entry of the Final Order by the Board, this Stipulation and Consent Order shall be a public record in the custody of the Board.

18. This Stipulation and Consent Order shall become effective on the day it is approved, accepted and made an order of the Board by way of signature of the Board's authorized representative.

19. The Respondent acknowledges that it has been advised by the Board that it would have the right within 15 days after service of the Final Order provided for herein to file a petition for reconsideration with the Board and the right within 30 days after service of the Final Order provided for herein to file a petition for judicial review in the District Court of Shawnee County, Kansas in accordance with the Kansas Judicial Review Act, K.S.A. 77-601 *et seq.* and to serve such a petition for judicial review on the Kansas Board of Pharmacy by serving Alexandra Blasi, JD, MBA, its Executive Secretary at 800 SW Jackson St., Suite 1414, Topeka, KS 66612. The Respondent hereby waives those rights.

ENTERED AND EFFECTIVE this 8th day of March, 2018.

KANSAS BOARD OF PHARMACY

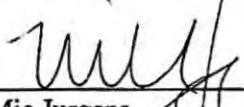
By: DR. JOHN WORDEN, President



John Worden

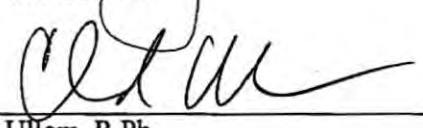
AGREED AND APPROVED BY:

Hy-Vee, Inc.
5820 Westown Parkway
West Des Moines, Iowa 50266

By: 

Mic Jurgens
Senior Vice President, Secretary,
Chief Counsel

2/14/18
Date


Chad Ullom, R.Ph.
Investigation Member

3/8/18
Date


Randall J. Forbes, KS#09089 MO#64335
FRIEDEN, UNREIN & FORBES, LLP
1414 SW Ashworth Place, Suite 201
Topeka, KS 66604
(785) 354-1100
Attorney for Kansas Pharmacy Board

03/05/2018
Date

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing STIPULATION AND CONSENT ORDER was served by depositing same in the United States mail, postage prepaid, this 12th day of March, 2018 addressed to:

Randall J. Forbes
FRIEDEN, UNREIN & FORBES, LLP
1414 SW Ashworth Place, Suite 201
Topeka, KS 66604

Hy-Vee, Inc.
ATTN: Jeff Pierce
5820 Westown Parkway
West Des Moines, Iowa 50266



Representative of the
KANSAS BOARD OF PHARMACY

John C. Frieden*
Randall J. Forbes*
Kevin M. Fowler

FRIEDEN FORBES

LLP

ATTORNEYS AT LAW

1414 S.W. Ashworth Place, Suite 201, Topeka, Kansas 66604

www.fuflaw.com • Tel: 785-354-1100 • Fax: 785-354-1113

*Also admitted in Missouri

rforbes@fflawllp.com

Brenda L. Head
Matthew R. Bergmann
Timothy D. Resner

September 4, 2018

Alexandra Blasi, JD, MBA
Executive Director
Kansas Board of Pharmacy
800 SW Jackson, Ste. 1414
Topeka, KS 66612

RECEIVED

SEP 06 2018

KANSAS STATE
BOARD OF PHARMACY

RE: Hy-Vee Pharmacy #1532
Case No. 18-119

Dear Alexandra:

Enclosed please find the original signed Stipulation and Consent Order. Thank you.

Sincerely,



Amy Foster
Assistant to Randall J. Forbes
Frieden & Forbes, LLP

RJF:ajf
Enclosure

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of)
)
 HY-VEE PHARMACY #1532) Case No. 18-119
Kansas Registration No. 2-09299)

STIPULATION AND CONSENT ORDER

IT IS HEREBY STIPULATED AND AGREED by and between the Kansas Pharmacy Board (the "Board") and Hy-Vee Pharmacy #1532 located at 7620 State Line Road, Prairie Village, KS 66208 ("Respondent") as follows:

1. The Board is represented herein by its attorney, Randal J. Forbes of Frieden & Forbes, LLP, 1414 SW Ashworth Place, Suite 201, Topeka, Kansas 66504. The Respondent is represented herein by its attorney,

2. The Board is the Kansas agency vested with the authority to carry out and enforce the provisions of the Kansas Pharmacy Law, K.S.A. 65-1626 *et seq.*, (the "Act") including conducting hearings and proceedings to revoke, suspend or otherwise discipline a Kansas registration to operate a pharmacy.

3. The Respondent is presently entitled to operate a pharmacy in the State of Kansas by reason of the Board having issued it Kansas registration number 2-09299 ("Kansas Registration"). At all times relevant hereto, the Respondent has held a current registration to operate a pharmacy at 7620 State Line Road, Prairie Village, KS 66208 ("Pharmacy").

4. The Board's Investigation Member has received certain information, investigated and determined that there are reasonable grounds to believe that Respondent has operated in a manner that violates the Act.

Matter of Hy-Vee Pharmacy #1532, No. 18-119 (Kan. Bd. of Pharmacy)

STIPULATION AND CONSENT ORDER

Page 1 of 8

5. Respondent hereby waives any further proof in this or any other proceeding before or initiated by the Board with respect to this matter, and upon motion duly made, seconded and passed, the Board finds the following:

A. On April 10, 2018 a Board Inspector went to Respondent's Pharmacy. The Board Inspector requested to see Incident Reports prepared by Respondent's Pharmacy personnel and the minutes of Continuous Quality Improvement meetings held by Respondent's Pharmacy personnel.

B. During the process of reviewing Incident Reports prepared by Respondent's Pharmacy personnel the Board's Inspector found that they did not meet all of the requirements of K.A.R. 68-7-12b(c) and in some instances were not being maintained at the Pharmacy as required by K.A.R. 68-7-12b(c).

C. The Board's Inspector also determined that the Respondent did not have a report of a Continuous Quality Improvement Program meeting for 3 of 4 quarters of 2017 and the first quarter of 2018 in violation of the requirements of K.A.R. 68-19-1.

6. Upon motion duly made, seconded and passed, the Board finds and concludes that the events described in paragraph 5 above, constitute the operation of a pharmacy in a manner that violates the Act and the Regulations of the Board and is therefore grounds for disciplinary action against the Respondent's Kansas Registration pursuant to K.S.A. 65-1627 (e)(1).

7. The Respondent agrees and consents and the Board finds concludes and orders that the following disposition is just and appropriate under the circumstances:

A. ADMINISTRATIVE FINE. Within ten (10) days of the Board entering the Consent Order provided for herein, Respondent shall pay to the Kansas Pharmacy Board an administrative fine totaling \$2,000.00.

B. PROBATION. Respondent's Kansas Registration shall be on probationary status for a period of two years from the effective date of the Consent Order contemplated hereby ("Probation Period"). During the Probation Period, the Respondent shall submit to the Board office a copy of each of its quarterly Continuous Quarterly Improvement Program meeting reports within calendar 10 days of the completion of the quarterly meeting.

c. OTHER REQUIREMENTS. Respondent acknowledges and agrees that as a condition of this Stipulation and Consent Order it must, and the Board further orders the Respondent to:

- i. Comply fully with this Stipulation and Consent Order;
- ii. Comply fully with the Kansas Pharmacy Act, the Board's rules and regulations and all state and federal laws relating to Kansas pharmacies;

8. Respondent agrees that all information in the possession of the Board's Investigation Member, its staff, its investigators and or its attorney regarding the investigation which lead to this disciplinary action and all information discovered during the pendency of the disciplinary action may be disclosed to and considered by the Board as part of the presentation and consideration of the proposal of settlement in the form of this Stipulation and Consent Order and the Final Order provided for herein, with or without the presence of the Respondent or its attorney. In the event that this Stipulation and Consent Order and the Final Order provided for herein are not accepted and approved by the Board, the Respondent further waives any objection to the Board members' consideration of this Stipulation and Consent Order or the information mentioned in the preceding sentence and further agrees to waive any claim of due

Matter of Hy-Vee Pharmacy #1532, No. 18-119 (Kan. Bd. of Pharmacy)

STIPULATION AND CONSENT ORDER

Page 3 of 8

process violation or the right to seek the disqualification of any Board member as a result of the Board member's consideration of said document and information.

9. The stipulations contained herein shall not become binding until this Stipulation and Consent Order is approved by the Board and the Final Order provided for herein is entered by the Board. The Respondent acknowledges that the approval of the Board's Investigation Member or its attorney shall not constitute the approval of the Board or bind the Board to approve this Stipulation and Consent Order.

10. The Respondent agrees that this Stipulation and Consent Order is in conformance with Kansas and federal law and the Board has jurisdiction to enter into it and enter the Final Order provided for herein. The Respondent further agrees, for purposes of this matter, that the Kansas Pharmacy Act, K.S.A. 65-1626 *et seq.* is constitutional on its face and as applied in this case.

11. This Stipulation constitutes the entire agreement of the parties and may only be modified by a subsequent writing signed by them. The agreement shall be interpreted in accordance with the laws of the State of Kansas.

12. The Respondent acknowledges that it has the following rights:

- (a) To have formal notice of charges served upon it;
- (b) To file a response to the charges;
- (c) To have notice of and participate in a formal adjudicative hearing with the Board or its designee making specific findings of facts and conclusions of law based only upon evidence admitted at such hearing; and

(d) To take advantage of all applicable provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501 *et seq.* and the Kansas Judicial Review Act, K.S.A. 77-601 *et seq.*

The Respondent freely waives these rights and acknowledges that said waiver is made voluntarily and in consideration of the Board's limiting the disciplinary action taken against it to those provided for herein. The Respondent further waives the right to seek reconsideration or appeal or otherwise contest this Stipulation and Consent Order provided for herein.

13. The Respondent acknowledges that it enters into this Stipulation and Consent Order freely and voluntarily after consultation with counsel of its choosing. The Respondent further acknowledges that it has read this Stipulation and Consent Agency order in its entirety, that it understands its legal consequences and that it agrees that none of its terms are unconscionable, arbitrary or capricious.

14. Time is of the essence to this Stipulation and Consent Order. Respondent acknowledges and agrees that any violation of this Stipulation and Consent Order shall constitute a willful violation of a lawful Board order and grounds for further disciplinary action against it. The pendency of any disciplinary action arising out of an alleged violation of this Stipulation and Consent Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Consent Order.

15. This Stipulation and Consent Order constitutes the entire and final agreement of the parties. In the event any provision of this Stipulation and Consent Order is deemed invalid or unenforceable by a court of competent jurisdiction, it shall be severed and the remaining provisions of this Stipulation and Consent Order shall be given full force and effect.

16. Upon approval and entry of the Final Order by the Board, this Stipulation and Consent Order shall be a public record in the custody of the Board.

17. This Stipulation and Consent Order shall become effective on the day it is approved, accepted and made an order of the Board by way of signature of the Board's authorized representative.

18. The Respondent acknowledges that it has been advised by the Board that it would have the right within 15 days after service of the Final Order provided for herein to file a petition for reconsideration with the Board and the right within 30 days after service of the Final Order provided for herein to file a petition for judicial review in the District Court of Shawnee County, Kansas in accordance with the Kansas Judicial Review Act, K.S.A. 77-601 *et seq.* and to serve such a petition for judicial review on the Kansas Board of Pharmacy by serving Alexandra Blasi, JD, MBA, its Executive Secretary at 800 SW Jackson St., Suite 1414, Topeka, KS 66612. The Respondent hereby waives those rights.

ENTERED AND EFFECTIVE this 13 day of September, 2018.

KANSAS BOARD OF PHARMACY

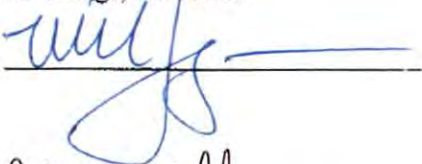
By:


DR. JOHN WORDEN, President

AGREED AND APPROVED BY:

Hy-Vee Pharmacy #1532
7620 State Line Road
Prairie Village, KS 66208

By: _____



Chad Ullom, R.Ph.
Investigation Member

8/10/18

Date

9/13/18

Date

Respondent's Attorney's Name & Address

Date



Randall J. Forbes, KS#09089 MO#64335
FRIEDEN & FORBES, LLP
1414 SW Ashworth Place, Suite 201
Topeka, KS 66604
(785) 354-1100

09/04/2018

Date

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing STIPULATION AND CONSENT ORDER was served by depositing same in the United States mail, postage prepaid, this 14 day of September, 2018 addressed to:

Randall J. Forbes
FRIEDEN & FORBES, LLP
1414 SW Ashworth Place, Suite 201
Topeka, KS 66604

Hy-Vee Pharmacy #1532
Attn.: Philip Williams, R.Ph.
7620 State Line Road
Prairie Village, KS 66208



Representative of the
KANSAS BOARD OF PHARMACY

BEFORE THE IOWA BOARD OF PHARMACY

RE:
Pharmacy License of

HY-VEE PHARMACY 1044
License No. 426
Respondent

CASE NO. 2018-0108

**COMBINED STATEMENT OF CHARGES,
SETTLEMENT AGREEMENT, AND FINAL
ORDER**

COME NOW the Iowa Board of Pharmacy ("Board") and Hy-Vee Pharmacy 1044 ("Respondent"), 3140 Agency St, Burlington IA 52601, and enter into this Combined Statement of Charges, Settlement Agreement, and Final Order ("Order") pursuant to Iowa Code sections 17A.10 and 272C.3(4), and 657 IAC 35.5. The Board has jurisdiction over Respondent and the subject matter of this case pursuant to Iowa Code chapters 17A, 155A, and 272C (2018), and 657 IAC chapter 36.

A. STATEMENT OF CHARGES

COUNT I

EMPLOYING A PHARMACY TECHNICIAN WITHOUT CURRENT REGISTRATION

1. Respondent is charged with employing a pharmacy technician without a current registration in violation of 657 IAC 3.3, and may be disciplined pursuant to Iowa Code section 155A.15(2)(c) and 657 IAC 8.3(2) and 36.6(27).

B. FACTUAL CIRCUMSTANCES

2. Respondent's pharmacy license number 426 is currently active through December 31, 2018.

3. From August 2016 to September 2018, Respondent employed a pharmacy technician who was not registered with the Board.

C. SETTLEMENT AGREEMENT AND FINAL ORDER

4. The Board has jurisdiction over the parties and the subject matter of these proceedings.

5. Respondent has chosen not to contest the allegations in Paragraph 3 and acknowledges that the allegations in the Statement of Charges, if proven in a contested case hearing, would constitute grounds for the discipline agreed to in this Order.

6. Execution of this Order constitutes the resolution of a contested case. Respondent has a right to hearing before the Board on the charges, but Respondent waives the right to hearing and all attendant rights, including the right to appeal or seek judicial review of the Board's action, by

freely and voluntarily entering into this Order. Once entered, this Order shall have the force and effect of a disciplinary order entered following a contested case hearing.

7. Respondent acknowledges that it has the right to be represented by counsel on this matter.

8. Respondent agrees that the State's counsel may present this Order to the Board and may have *ex parte* communications with the Board while presenting it.

9. This Order is subject to approval by a majority of the full Board. If the Board does not approve this Order, it shall be of no force or effect to either party, and shall not be admissible for any purpose in further proceedings in this matter. If the Board approves this Order, it shall be the full and final resolution of this matter.

10. This Order shall be part of Respondent's permanent record and shall be considered by the Board in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.

11. Respondent understands the Board is required by federal law to report any adverse action to the National Association of Boards of Pharmacy's Disciplinary Clearinghouse and the National Practitioner Data Bank.

12. This Order, when fully executed, is a public record and is available for inspection and copying in accordance with the requirements of Iowa Code chapters 22 and 272C.

13. The Board's approval of this Order shall constitute a **FINAL ORDER** of the Board.

IT IS THEREFORE ORDERED:

14. Respondent is hereby **CITED** for employing a pharmacy technician without current registration and **WARNED** that future violations of the laws and rules governing pharmacies can result in further disciplinary action.

15. Respondent shall pay a **CIVIL PENALTY** in the amount of \$1,000 within 30 days of Board approval of this Order. The check shall be made payable to the "Treasurer of Iowa" and shall be deposited in the general fund. The civil penalty should be mailed to the Iowa Board of Pharmacy, Attn: Amanda Woltz, 400 SW 8th St, Ste E, Des Moines IA 50309.

16. Should Respondent violate the terms of this Order, the Board may initiate action to impose other licensee discipline as authorized by Iowa Code chapters 155A and 272C and 657 IAC chapter 36.

By the signature below, Allison Heffelfinger acknowledges s/he is the
PIC for Respondent and is authorized to sign this Combined
Statement of Charges, Settlement Agreement, and Final Order on behalf of Respondent.

12-31-18
Date

Allison Heffelfinger
HY-VEE PHARMACY 1044
Respondent

This Combined Statement of Charges, Settlement Agreement, and Final Order is approved by the
Iowa Board of Pharmacy on the 4th day of January, 2019.

Susan Meyer
Chairperson
Iowa Board of Pharmacy

BEFORE THE IOWA BOARD OF PHARMACY

Re:	)	CASE NO. 2015-110
Pharmacy License of	)	
	)	NOTICE OF HEARING AND
HY-VEE PHARMACY 1068	)	STATEMENT OF CHARGES
License No. 811	)	
Respondent.	)	

COMES NOW the Iowa Board of Pharmacy ("Board") and files this Notice of Hearing and Statement of Charges against Hy-Vee Pharmacy 1068 ("Respondent"), 800 N Second Street, Cherokee, IA 51012, pursuant to Iowa Code sections 17A.12(2), 17A.18(3), and 272C.3(1)"e", and 657 IAC 35.5 and 36.5. Respondent's Iowa pharmacy license number 811 is currently active through December 31, 2015.

A. TIME, PLACE, AND NATURE OF HEARING

Hearing. A disciplinary contested case hearing shall be held on January 12, 2016, before the Board. The hearing shall be held during the morning session beginning at 9:00 a.m. and shall be located in the Board conference room located at the Iowa Board of Pharmacy Office, 400 S.W. 8th Street, Suite E, Des Moines, Iowa, 50309-4688.

Answer. Within twenty (20) days of the date you are served this Notice of Hearing and Statement of Charges, you may file an Answer pursuant to 657 IAC 35.11. The Answer should specifically admit, deny, or otherwise answer all allegations contained in sections C and D of this Notice of Hearing and Statement of Charges.

Filing of Pleadings. Pleadings shall be filed with the Board at the following address: Iowa Board of Pharmacy, 400 S.W. 8th Street, Suite E, Des Moines, Iowa, 50309-4688.

Presiding Officer. The Board shall serve as presiding officer, but the Board may request an Administrative Law Judge from the Department of Inspections and Appeals make initial rulings on prehearing matters, and be present to assist and advise the Board at hearing.

Pre-hearing Conference. Any party may request a prehearing conference in accordance with 657 IAC 35.15 to discuss issues related to the hearing.

Hearing Procedures. The procedural rules governing the conduct of the hearing are found at 657 IAC 35. At the hearing, you may appear personally or be represented by counsel at your own expense. You will be allowed the opportunity to respond to the charges against you, to produce evidence on your behalf on issues of material fact, cross-examine witnesses present at the hearing, and examine and respond to any documents introduced at the hearing. If you need to request an alternative time or date for the hearing, you must comply with the requirements in 657 IAC 35.16. The hearing may be open to the public or closed to the public at your discretion.

Prosecution. The Office of Attorney General is responsible for representing the public interest (the State) in this proceeding. Copies of pleadings should be provided to counsel for the State at the following address:

Laura Steffensmeier
Assistant Attorney General
Iowa Attorney General's Office
2nd Floor, Hoover State Office Building
Des Moines, Iowa 50319

Ms. Steffensmeier can also be reached by phone at (515) 281-6690 or by e-mail at laura.steffensmeier@iowa.gov.

Communications. You may contact the Board office at (515) 281-5944 with questions regarding this notice and other matters relating to these disciplinary proceedings. You may not contact individual Board members in any manner, including by phone, letter, or e-mail, regarding this Notice of Hearing and Statement of Charges. Board members may only receive information about the case when all parties have notice and the opportunity to participate, such as at the hearing or in pleadings you file with the Board office and serve upon all parties in the case.

B. LEGAL AUTHORITY AND JURISDICTION

Jurisdiction. The Board has jurisdiction in this matter pursuant to Iowa Code chapters 17A, 147, 155A, and 272C (2015).

Legal Authority. If any of the allegations against you are founded, the Board has authority to take disciplinary action against you under Iowa Code chapters 147, 155A, and 272C, and 657 IAC 36.

Default. If you fail to appear at the hearing, the Board may enter a default decision or proceed with the hearing and render a decision in your absence, in accordance with Iowa Code section 17A.12(3) and 657 IAC 35.21.

C. CHARGES

COUNT I

FAILURE TO ESTABLISH EFFECTIVE CONTROLS AGAINST DIVERSION

Respondent is charged with failing to establish effective controls against diversion of prescription drugs in violation of 657 IAC 6.7 and 10.15, pursuant to Iowa Code section 155A.15(2)"i" and 657 IAC 36.1(4)"u".

COUNT II

FAILURE TO KEEP RECORDS

Respondent is charged with failing to keep records as required by law, specifically supplier invoices, in violation of 657 IAC 8.9(1), pursuant to Iowa Code section 155A.15(2)"h" and 657 IAC 36.1(4)"u" and "ac".

COUNT III
FAILURE TO MAINTAIN RECORDS

Respondent is charged with failing to properly maintain records, specifically failing to have a responsible person clearly record the date of receipt of controlled substances on supplier invoices, in violation of 657 IAC 8.9(1), pursuant to Iowa Code section 155A.15(2)"h" and 657 IAC 36.1(4)"u" and "ac".

COUNT IV
FAILURE TO MAINTAIN SEPARATE RECORDS

Respondent is charged with failing to maintain records of controlled substances listed in Schedules III, IV, and V separately from all other records or in such a form that the required information is readily retrievable from the ordinary business records, in violation of 657 IAC 10.34(2), pursuant to Iowa Code section 155A.15(2)"h" and 657 IAC 36.1(4)"u" and "ac".

D. FACTUAL CIRCUMSTANCES

1. An audit of Respondent's records from September 2013 through April 2015 indicated the following shortages: approximately 5800 tablets of hydrocodone-containing products, approximately 830 tablets of Lorazepam, and approximately 469 tablets of Diazepam.

2. Respondent attributes the losses to employee pilferage.

3. For the same audit period, Respondent did not have invoices for the following: approximately 25,000 tablets of hydrocodone-containing products, approximately 30,300 tablets of Lorazepam, and approximately 2,000 tablets of Diazepam.

4. A review of Respondent's 2015 invoices for controlled substances revealed the following:

- a. For multiple months, Respondent's invoices for controlled substances in Schedules III, IV, and V were not maintained separately from other prescription drug invoices.
- b. In one month, several of Respondent's invoices for controlled substances were not signed or dated by the person responsible for receiving the order.
- c. Respondent had possession of two original controlled substances invoices for another Hy-Vee pharmacy.

E. SETTLEMENT

This matter may be resolved by settlement agreement. The procedural rules governing the Board's settlement process are found at 657 IAC 36.6. If you are interested in pursuing settlement in this matter, please contact Assistant Attorney General Laura Steffensmeier at (515) 281-6690.

F. FINDING OF PROBABLE CAUSE

On this 4th day of November, 2015, the Iowa Board of Pharmacy found probable cause to file this Notice of Hearing and Statement of Charges.



James Miller, Chairperson
Iowa Board of Pharmacy

Copy to:

Laura Steffensmeier
Assistant Attorney General
Hoover Building, 2nd Floor
1305 E. Walnut St.
Des Moines, IA 50319

PLEASE NOTE: If you require the assistance of auxiliary aids or services to participate in this matter because of a disability, immediately call 515-281-5944. (If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942).

BEFORE THE IOWA BOARD OF PHARMACY

Re:	)	CASE NO. 2015-110
Pharmacy License of	)	
	)	
HY-VEE PHARMACY 1068	)	SETTLEMENT AGREEMENT
License No. 811	)	AND FINAL ORDER
Respondent.	)	

Pursuant to Iowa Code sections 17A.12(5) and 272C.3(4) (2015), and 657 IAC 36.6, the Iowa Board of Pharmacy ("Board") and Hy-Vee Pharmacy 1068 ("Respondent") enter into the following Settlement Agreement and Final Order ("Order") to settle a contested case currently pending before the Board.

The allegations contained in the Statement of Charges against Respondent shall be resolved without proceeding to hearing, as the Board and Respondent stipulate as follows:

1. The Board filed a Notice of Hearing and Statement of Charges on November 4, 2015.
2. The Board has jurisdiction over the parties and the subject matter of these proceedings.
3. Respondent denies the allegations contained in the Statement of Charges, but in the interest of settlement has chosen not to contest the allegations. Respondent acknowledges that the allegations, if proven in a contested case proceeding, would constitute grounds for the discipline agreed to in this Order.
4. Execution of this Order constitutes the resolution of a contested case. Respondent has a right to hearing before the Board on the charges, but Respondent waives the right to hearing and all attendant rights, including the right to appeal or seek judicial review of the Board's actions, by freely and voluntarily entering into this Order. Once entered, this Order shall have the force and effect of a disciplinary order entered following a contested case hearing.
5. Respondent acknowledges that it has the right to be represented by counsel on this matter.
6. Respondent agrees that the State's counsel may present this Order to the Board and may have *ex parte* communications with the Board while presenting it.
7. This Order is subject to approval by a majority of the full Board. If the Board does not approve this Order, it shall be of no force or effect to either party, and shall not be admissible for any purpose in further proceedings in this matter. If the Board approves this Order, it shall be the full and final resolution of this matter.
8. This Order shall be part of Respondent's permanent record and shall be considered by the Board in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.

9. This Order shall not be binding as to any new complaints received by the Board.

10. Respondent understands the Board is required by federal law to report any adverse action to the National Association of Boards of Pharmacy's Disciplinary Clearinghouse and the National Practitioner Data Bank.

11. This Order, when fully executed, is a public record and is available for inspection and copying in accordance with the requirements of Iowa Code chapters 22 and 272C.

12. The Board's approval of this Order shall constitute a FINAL ORDER of the Board.

IT IS THEREFORE ORDERED:

13. Respondent's license is hereby placed on **PROBATION** for a period of three (3) years subject to the following terms:

- a. Respondent shall pay a **CIVIL PENALTY** in the amount of five thousand dollars (\$5,000) within thirty (30) days of Board approval of this Order. The check shall be made payable to the "Treasurer of Iowa" and shall be deposited in the general fund. The civil penalty should be mailed to the Iowa Board of Pharmacy, Attn: Debbie Jorgenson, 400 SW Eighth Street, Suite E, Des Moines, IA 50309.
- b. Respondent shall perform monthly audits of its controlled substances. All audits should be documented and available to the Board upon request.
- c. Respondent shall undergo quarterly inspections by a Board compliance officer. Respondent shall work with Board compliance officers to ensure any deficiencies uncovered during the inspections are corrected in a timely fashion. Respondent's failure to correct deficiencies in a timely fashion shall be considered a violation of this Order.
- d. Respondent shall abide by all state and federal laws and regulations governing the practice of pharmacy. Respondent shall operate in accordance with its policies and procedures.
- e. The Board may, in its discretion, decrease the frequency of the required audits or inspections during the probationary period based on satisfactory performance by Respondent.

14. Should Respondent violate the terms of this Order, the Board may initiate action to impose other licensee discipline as authorized by Iowa Code chapters 147, 155A, and 272C and 657 IAC 36.

This Settlement Agreement and Final Order is voluntarily submitted by Respondent to the Board for its consideration on the 10 day of December, 2015.

Makenzie Aesoph
 Hy-Vee Pharmacy 1068
 Respondent

By this signature, Makenzie Aesoph acknowledges s/he is the
Pharmacy Manager for Hy-Vee Pharmacy 1068 and is authorized to sign this
 Settlement Agreement and Final Order on behalf of Hy-Vee Pharmacy 1068.

This Settlement Agreement and Final Order is approved by the Iowa Board of Pharmacy on the
12th day of January, 2016.

James Miller
 Chairperson
 Iowa Board of Pharmacy

Copies to:

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 ATTORNEY FOR RESPONDENT

BEFORE THE IOWA BOARD OF PHARMACY

RE: Pharmacy License of HY-VEE PHARMACY 1068 License No. 811 Respondent	CASE NOS. 2018-139 & 2018-140 COMBINED STATEMENT OF CHARGES, SETTLEMENT AGREEMENT, AND FINAL ORDER
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COME NOW the Iowa Board of Pharmacy ("Board") and Hy-Vee Pharmacy 1068 ("Respondent"), 800 N Second St, Cherokee IA 51012, and enter into this Combined Statement of Charges, Settlement Agreement, and Final Order ("Order") pursuant to Iowa Code sections 17A.10 and 272C.3(4), and 657 IAC 35.5. The Board has jurisdiction over Respondent and the subject matter of these cases pursuant to Iowa Code chapters 17A, 155A, and 272C (2018), and 657 IAC chapter 36.

A. STATEMENT OF CHARGES**COUNT I****2018-139****FAILING TO COMPLY WITH MONTHLY INSPECTION REQUIREMENTS**

1. Respondent is charged with failing to perform monthly inspections and maintain monthly inspection reports as mandated by 657 IAC 13.9(5) and 13.23(4), and may be disciplined pursuant to Iowa Code section 155A.15(2)(c) and 657 IAC 36.6(21).

COUNT II**2018-140****VIOLATING BOARD ORDER**

2. Respondent is charged with violating a lawful order of the board, and may be disciplined pursuant to Iowa Code section 155A.15(2)(c) and 657 IAC 36.6(9).

COUNT III**2018-140****FAILING TO PROPERLY RECORD PSEUDOEPHEDRINE SALES**

3. Respondent is charged with failing to record the name or unique identification of the individual who approved dispensing of a pseudoephedrine product in violation of 657 IAC 100.3(1)"f", and may be disciplined pursuant to Iowa Code section 155A.15(2)(c) and 657 IAC 36.6(21).

B. FACTUAL CIRCUMSTANCES

4. Respondent's license is currently on probation pursuant to a Settlement Agreement and Final Order in case number 2015-110.

2018-139

5. Respondent serves as the managing pharmacy for Hy-Vee Clinic Pharmacy 3028, which is a telepharmacy site located in Marcus.

6. In November 2018, Hy-Vee Clinic Pharmacy 3028 underwent a routine inspection which revealed the following deficiencies:

- a. Neither Respondent nor the telepharmacy site had records available for the required monthly inspections. The monthly inspection records were available at a later date at the telepharmacy site.
- b. Some of the monthly inspection reports did not include an audit and reconciliation of controlled substances perpetual and physical inventories.
- c. Some of the monthly inspection records did not show monthly audits of the electronic entry system.
- d. Some of the monthly inspection reports did not show verification of proper function and retention of the video recording system.

2018-140

7. As a condition of probation, Respondent is required to perform monthly audits of its controlled substances and to comply with all state and federal laws and regulations governing the practice of pharmacy.

8. Respondent did not perform monthly audits of its controlled substances in July or August 2018.

9. A review of the monthly audits revealed several discrepancies, including the inventory reported being different from the inventory on the shelves, inventory adjustments being made without explanation, improperly filed invoices for a controlled substance, and variances for several controlled substances.

10. Respondent's pseudoephedrine sales records were not recorded using the unique identification for the individual making the sale.

C. SETTLEMENT AGREEMENT AND FINAL ORDER

11. The Board has jurisdiction over the parties and the subject matter of this proceeding.

12. Respondent acknowledges that the allegations in the Statement of Charges, if proven in a contested case hearing, would constitute grounds for the discipline agreed to in this Order.

13. Execution of this Order constitutes the resolution of a contested case. Respondent has a

right to hearing before the Board on the charges, but Respondent waives the right to hearing and all attendant rights, including the right to appeal or seek judicial review of the Board's action, by freely and voluntarily entering into this Order. Once entered, this Order shall have the force and effect of a disciplinary order entered following a contested case hearing.

14. Respondent acknowledges that it has the right to be represented by counsel on this matter.

15. Respondent agrees that the State's counsel may present this Order to the Board and may have *ex parte* communications with the Board while presenting it.

16. This Order is subject to approval by a majority of the full Board. If the Board does not approve this Order, it shall be of no force or effect to either party, and shall not be admissible for any purpose in further proceedings in this matter. If the Board approves this Order, it shall be the full and final resolution of this matter.

17. This Order shall be part of Respondent's permanent record and shall be considered by the Board in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.

18. Respondent understands the Board is required by federal law to report any adverse action to the National Association of Boards of Pharmacy's Disciplinary Clearinghouse and the National Practitioner Data Bank.

19. This Order, when fully executed, is a public record and is available for inspection and copying in accordance with the requirements of Iowa Code chapters 22 and 272C.

20. The Board's approval of this Order shall constitute a **FINAL ORDER** of the Board.

IT IS THEREFORE ORDERED:

21. Respondent's license is hereby placed on **PROBATION** for a period of three (3) years, subject to the following terms:

- a. Within thirty (30) days of this Order, Respondent shall pay a civil penalty in the amount of ten thousand dollars (\$10,000). The check shall be made payable to the "Treasurer of Iowa" and shall be deposited in the general fund. The civil penalty should be mailed to the Iowa Board of Pharmacy, Attn: Amanda Woltz, 400 SW 8th St, Ste E, Des Moines IA 50309.
- b. Within thirty (30) days of this Order, Respondent shall correct all deficiencies identified in the inspection report dated November 19, 2018, and shall submit evidence of corrective actions, including updated policies and procedures when applicable, to the Board.

- c. Within one hundred and twenty (120) days of this Order, Respondent shall cease serving as the managing pharmacy for the telepharmacy site located in Marcus. While on probation, Respondent is prohibited from serving as a managing pharmacy for a telepharmacy site.
- d. Respondent shall perform monthly self-inspections and shall submit the self-inspection reports to the Board after each inspection. Within thirty (30) days of this Order, Respondent shall submit a proposed template for the monthly self-inspections to the Board for approval. Monthly inspections shall commence upon Board approval of the monthly self-inspection template.
- e. Respondent shall conduct a monthly physical inventory for all Schedule II controlled substances and for twenty-five (25) Schedule III-V controlled substances that are high risk for diversion. The monthly physical inventory must be reconciled within seven (7) days of taking the inventory.
- f. A copy of each monthly self-inspection report and documentation of each monthly inventory/reconciliation shall be submitted to the Board by the 7th day of the month following the month of inspection (e.g., January documentation shall be submitted to the Board no later than February 7th).
- g. Respondent shall notify the Board within three (3) business days of any change in the pharmacist in charge.
- h. Respondent shall provide a copy of this Order to all current and future employees of the pharmacy for the duration of probation, including any district managers and store managers that have supervisory authority over the pharmacist in charge.
- i. Respondent shall appear before the Board upon request for purposes of evaluating performance of the probationary period. Respondent shall be given reasonable notice of the date, time, and place for such appearances.
- j. Respondent shall abide by all state and federal laws and regulations governing the practice of pharmacy. Respondent shall operate in accordance with its policies and procedures.
- k. Any documentation required to be submitted shall be emailed to Amanda.Woltz@iowa.gov by the specified deadline unless otherwise directed.

22. Should Respondent violate the terms of this Order, the Board may initiate action to impose other licensee discipline as authorized by Iowa Code chapters 155A and 272C and 657 IAC chapter 36.

By the signature below, Kristin Williams acknowledges s/he is the Senior Vice President, Chief Health Officer for Respondent and is authorized to sign this Combined Statement of Charges, Settlement Agreement, and Final Order on behalf of Respondent.

3/11/2019
Date

Kristin Williams
HY-VEE PHARMACY 1068
Respondent

This Combined Statement of Charges, Settlement Agreement, and Final Order is approved by the Iowa Board of Pharmacy on the 11th day of March, 2019.

Samuel Meyer
Chairperson
Iowa Board of Pharmacy

BEFORE THE IOWA BOARD OF PHARMACY

RE: Limited Use Pharmacy License of HY-VEE CLINIC PHARMACY 3028 License No. 1200 Respondent	CASE NO. 2018-139 COMBINED STATEMENT OF CHARGES, SETTLEMENT AGREEMENT, AND FINAL ORDER
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COME NOW the Iowa Board of Pharmacy ("Board") and Hy-Vee Clinic Pharmacy 3028 ("Respondent"), 321 N Main St, Marcus IA 51035, and enter into this Combined Statement of Charges, Settlement Agreement, and Final Order ("Order") pursuant to Iowa Code sections 17A.10 and 272C.3(4), and 657 IAC 35.5. The Board has jurisdiction over Respondent and the subject matter of this case pursuant to Iowa Code chapters 17A, 155A, and 272C (2018), and 657 IAC chapter 36.

A. STATEMENT OF CHARGES**COUNT I****FAILING TO COMPLY WITH MONTHLY INSPECTION REQUIREMENTS**

1. Respondent is charged with failing to maintain monthly inspection reports as mandated by 657 IAC 13.9(5) and 13.23(4), and may be disciplined pursuant to Iowa Code section 155A.15(2)(c) and 657 IAC 36.6(21).

COUNT II**FAILING TO COMPLY WITH PERPETUAL INVENTORY REQUIREMENTS**

2. Respondent is charged with failing to comply with the perpetual controlled substances inventory requirements of 657 IAC 13.9(10), and may be disciplined pursuant to Iowa Code section 155A.15(2)(c) and 657 IAC 36.6(21).

COUNT III**FAILING TO PROPERLY RECORD PSEUDOEPHEDRINE SALES**

3. Respondent is charged with failing to record the name or unique identification of the individual who approved dispensing of a pseudoephedrine product in violation of 657 IAC 100.3(1)"f", and may be disciplined pursuant to Iowa Code section 155A.15(2)(c) and 657 IAC 36.6(21).

COUNT IV**FAILING TO COMPLY WITH SECURITY REQUIREMENTS**

4. Respondent is charged with failing to have an electronic keypad or other electronic entry system into the telepharmacy site or the pharmacy department that requires and records the unique identification of the individual accessing the pharmacy in violation of 657 IAC 13.8(3)"a", and may be disciplined pursuant to Iowa Code section 155A.15(2)(c) and 657 IAC 36.6(21).

COUNT V
FAILING TO TIMELY NOTIFY OF PIC CHANGE

5. Respondent is charged with failing to notify the board of the temporary pharmacist in charge within ten days of a vacancy in violation of 657 IAC 8.35(6)"d" and 13.17(1), and may be disciplined pursuant to Iowa Code section 155A.15(2)(c) and 657 IAC 36.6(21).

B. FACTUAL CIRCUMSTANCES

6. Respondent began operating as a telepharmacy site in Marcus in May 2018. Respondent is managed by Hy-Vee Pharmacy 1068.

7. In November 2018, Respondent underwent a routine inspection which revealed the following deficiencies:

- a. Neither Respondent nor the managing pharmacy had records available for the required monthly inspections. The monthly inspection records were available at a later date at the telepharmacy site.
- b. Some of the monthly inspection records did not show monthly audits of the electronic entry system.
- c. Some of the monthly inspection reports did not show verification of proper function and retention of the video recording system.
- d. Audit and reconciliation of controlled substances perpetual and physical inventories was not being performed monthly.
- e. Incident reporting for changes to the perpetual inventory was not being properly utilized.
- f. Records for pseudoephedrine sales were not recorded using the unique identification for the individual making the sale.
- g. Records of access to the pharmacy did not include unique identification of the individual accessing the pharmacy.

8. On October 16, 2018, Respondent's pharmacist in charge vacated the position. Respondent did not notify the Board of a temporary pharmacist in charge until October 30, 2018.

C. SETTLEMENT AGREEMENT AND FINAL ORDER

9. The Board has jurisdiction over the parties and the subject matter of this proceeding.

10. Respondent acknowledges that the allegations in the Statement of Charges, if proven in a contested case hearing, would constitute grounds for the discipline agreed to in this Order.

11. Execution of this Order constitutes the resolution of a contested case. Respondent has a right to hearing before the Board on the charges, but Respondent waives the right to hearing and all attendant rights, including the right to appeal or seek judicial review of the Board's action, by freely and voluntarily entering into this Order. Once entered, this Order shall have the force and effect of a disciplinary order entered following a contested case hearing.

12. Respondent acknowledges that it has the right to be represented by counsel on this matter.

13. Respondent agrees that the State's counsel may present this Order to the Board and may have *ex parte* communications with the Board while presenting it.

14. This Order is subject to approval by a majority of the full Board. If the Board does not approve this Order, it shall be of no force or effect to either party, and shall not be admissible for any purpose in further proceedings in this matter. If the Board approves this Order, it shall be the full and final resolution of this matter.

15. This Order shall be part of Respondent's permanent record and shall be considered by the Board in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.

16. Respondent understands the Board is required by federal law to report any adverse action to the National Association of Boards of Pharmacy's Disciplinary Clearinghouse and the National Practitioner Data Bank.

17. This Order, when fully executed, is a public record and is available for inspection and copying in accordance with the requirements of Iowa Code chapters 22 and 272C.

18. The Board's approval of this Order shall constitute a **FINAL ORDER** of the Board.

IT IS THEREFORE ORDERED:

19. Respondent's license is hereby placed on **PROBATION** for a period of two (2) years, subject to the following terms:

- a. Within thirty (30) days of this Order, Respondent shall pay a civil penalty in the amount of five thousand dollars (\$5,000). The check shall be made payable to the "Treasurer of Iowa" and shall be deposited in the general fund. The civil penalty should be mailed to the Iowa Board of Pharmacy, Attn: Amanda Woltz, 400 SW 8th St, Ste E, Des Moines IA 50309.
- b. Within thirty (30) days of this Order, Respondent shall designate a new proposed managing pharmacy. The proposed managing pharmacy must not be currently subject to any disciplinary sanctions. Within one hundred and twenty (120) days of this Order, Respondent shall transition to being managed by the newly designated managing pharmacy.

- c. Respondent shall designate a pharmacist who is primarily responsible for performing the monthly inspections and overseeing compliance of the telepharmacy site. Respondent shall update its monthly inspection checklist template to clearly identify who is responsible for each aspect of the monthly inspection and to clearly describe the task to be performed as part of the monthly inspection. The updated monthly checklist template shall be reviewed and approved with signature by the designated pharmacist, the pharmacist in charge, and all telepharmacy technicians. Respondent shall submit the name of the designated pharmacist, the updated monthly inspection checklist, and signed approvals to the Board within thirty (30) days.
- d. A copy of each monthly inspection checklist, along with supporting documentation, shall be submitted to the Board by the 7th day of the month following the month of inspection (e.g., January inspection documentation shall be submitted to the Board no later than February 7th).
- e. Respondent shall notify the Board within three (3) business days of any change in the designated pharmacist or pharmacist in charge.
- f. Respondent shall be staffed by a pharmacist for at least twenty-four (24) hours per month while on probation.
- g. Respondent shall appear before the Board upon request for purposes of evaluating performance of the probationary period. Respondent shall be given reasonable notice of the date, time, and place for such appearances.
- h. Respondent shall abide by all state and federal laws and regulations governing the practice of pharmacy. Respondent shall operate in accordance with its policies and procedures.
- i. Any documentation required to be submitted shall be emailed to Amanda.Woltz@iowa.gov by the specified deadline unless otherwise directed.

20. Should Respondent violate the terms of this Order, the Board may initiate action to impose other licensee discipline as authorized by Iowa Code chapters 155A and 272C and 657 IAC chapter 36.

By the signature below, Kristin Williams acknowledges s/he is the Senior Vice President, Chief Health Officer for Respondent and is authorized to sign this Combined Statement of Charges, Settlement Agreement, and Final Order on behalf of Respondent.

3/11/2019
Date

AWilliams
HY-VEE CLINIC PHARMACY 3028
Respondent

This Combined Statement of Charges, Settlement Agreement, and Final Order is approved by the Iowa Board of Pharmacy on the 11th day of March, 2019.

Sam Merg
Chairperson
Iowa Board of Pharmacy

BEFORE THE IOWA BOARD OF PHARMACY

RE: Pharmacy License of HY-VEE PHARMACY 1192 License No. 981 Respondent	CASE NO. 2018-93 SETTLEMENT AGREEMENT AND FINAL ORDER
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Pursuant to Iowa Code sections 17A.12(5) and 272C.3(4) (2018), and 657 IAC 35.24, the Iowa Board of Pharmacy ("Board") and Hy-Vee Pharmacy 1192 ("Respondent") enter into the following Settlement Agreement and Final Order ("Order") to settle a contested case currently pending before the Board.

The allegations contained in the Statement of Charges against Respondent shall be resolved without proceeding to hearing, as the Board and Respondent stipulate as follows:

1. The Board filed a Notice of Hearing and Statement of Charges on January 9, 2019.
2. The Board has jurisdiction over the parties and the subject matter of this proceeding.
3. Respondent acknowledges that allegations contained in the Statement of Charges, if proven in a contested case proceeding, would constitute grounds for the discipline agreed to in this Order.
4. Execution of this Order constitutes the resolution of a contested case. Respondent has a right to hearing before the Board on the charges, but Respondent waives the right to hearing and all attendant rights, including the right to appeal or seek judicial review of the Board's actions, by freely and voluntarily entering into this Order. Once entered, this Order shall have the force and effect of a disciplinary order entered following a contested case hearing.
5. Respondent acknowledges that it has the right to be represented by counsel on this matter.
6. Respondent agrees that the State's counsel may present this Order to the Board and may have *ex parte* communications with the Board while presenting it.
7. This Order is subject to approval by a majority of the full Board. If the Board does not approve this Order, it shall be of no force or effect to either party, and shall not be admissible for any purpose in further proceedings in this matter. If the Board approves this Order, it shall be the full and final resolution of this matter.

8. This Order shall be part of Respondent's permanent record and shall be considered by the Board in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.

9. This Order shall not be binding as to any new complaints received by the Board.

10. Respondent understands the Board is required by federal law to report any adverse action to the National Association of Boards of Pharmacy's Disciplinary Clearinghouse and the National Practitioner Data Bank.

11. This Order, when fully executed, is a public record and is available for inspection and copying in accordance with the requirements of Iowa Code chapters 22 and 272C.

12. The Board's approval of this Order shall constitute a **FINAL ORDER** of the Board.

IT IS THEREFORE ORDERED:

13. Respondent's license is hereby placed on **PROBATION** for a period of two (2) years, subject to the following terms:

- a. Within thirty (30) days of this Order, Respondent shall pay a civil penalty in the amount of five thousand dollars (\$5,000). The check shall be made payable to the "Treasurer of Iowa" and shall be deposited in the general fund. The civil penalty should be mailed to the Iowa Board of Pharmacy, Attn: Amanda Woltz, 400 SW 8th St, Ste E, Des Moines IA 50309.
- b. Respondent shall designate a pharmacist who is primarily responsible for performing the monthly inspections and overseeing compliance of the telepharmacy site located in Manson. Respondent shall update its monthly inspection checklist template to clearly identify who is responsible for each aspect of the monthly inspection and to clearly describe the task to be performed as part of the monthly inspection. The updated monthly checklist template shall be reviewed and approved with signature by the designated pharmacist, the pharmacist in charge, and all telepharmacy technicians. Respondent shall submit the name of the designated pharmacist, the updated monthly inspection checklist, and signed approvals to the Board within thirty (30) days.
- c. A copy of each monthly inspection checklist, along with supporting documentation, shall be submitted to the Board by the 7th day of the month following the month of inspection (e.g., January inspection documentation shall be submitted to the Board no later than February 7th).
- d. Respondent shall notify the Board within three (3) business days of any change in the designated pharmacist or pharmacist in charge.

- e. Respondent shall ensure the telepharmacy site in Manson is staffed by a pharmacist for at least twenty-four (24) hours per month while on probation.
- f. Respondent shall not serve as a managing pharmacy for more than one telepharmacy site simultaneously.
- g. Respondent shall appear before the Board upon request for purposes of evaluating performance of the probationary period. Respondent shall be given reasonable notice of the date, time, and place for such appearances.
- h. Respondent shall abide by all state and federal laws and regulations governing the practice of pharmacy. Respondent shall operate in accordance with its policies and procedures.

14. Count III of the Statement of Charges is hereby dismissed and paragraph 4 of the Factual Circumstances is hereby stricken.

15. Should Respondent violate the terms of this Order, the Board may initiate action to impose other licensee discipline as authorized by Iowa Code chapters 155A and 272C and 657 IAC chapter 36.

16. Any documentation required to be submitted shall be emailed to Amanda.Woltz@iowa.gov by the specified deadline unless otherwise directed.

By the signature below, Kristin Williams acknowledges s/he is the Senior Vice President, Chief Health Officer for Respondent and is authorized to sign this Settlement Agreement and Final Order on behalf of Respondent.

3/11/2019
Date

KW. Williams
HY-VEE PHARMACY 1192
Respondent

This Settlement Agreement and Final Order is approved by the Iowa Board of Pharmacy on the 12th day of March, 2019.

Saman Merges
Chairperson
Iowa Board of Pharmacy

BEFORE THE IOWA BOARD OF PHARMACY

RE: Limited Use Pharmacy License of HY-VEE PHARMACY 3191 License No. 1628 Respondent	CASE NO. 2018-93 SETTLEMENT AGREEMENT AND FINAL ORDER
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Pursuant to Iowa Code sections 17A.12(5) and 272C.3(4) (2018), and 657 IAC 35.24, the Iowa Board of Pharmacy ("Board") and Hy-Vee Pharmacy 3191 ("Respondent") enter into the following Settlement Agreement and Final Order ("Order") to settle a contested case currently pending before the Board.

The allegations contained in the Statement of Charges against Respondent shall be resolved without proceeding to hearing, as the Board and Respondent stipulate as follows:

1. The Board filed a Notice of Hearing and Statement of Charges on January 9, 2019.
2. The Board has jurisdiction over the parties and the subject matter of this proceeding.
3. Respondent acknowledges that allegations contained in the Statement of Charges, if proven in a contested case proceeding, would constitute grounds for the discipline agreed to in this Order.
4. Execution of this Order constitutes the resolution of a contested case. Respondent has a right to hearing before the Board on the charges, but Respondent waives the right to hearing and all attendant rights, including the right to appeal or seek judicial review of the Board's actions, by freely and voluntarily entering into this Order. Once entered, this Order shall have the force and effect of a disciplinary order entered following a contested case hearing.
5. Respondent acknowledges that it has the right to be represented by counsel on this matter.
6. Respondent agrees that the State's counsel may present this Order to the Board and may have *ex parte* communications with the Board while presenting it.
7. This Order is subject to approval by a majority of the full Board. If the Board does not approve this Order, it shall be of no force or effect to either party, and shall not be admissible for any purpose in further proceedings in this matter. If the Board approves this Order, it shall be the full and final resolution of this matter.

8. This Order shall be part of Respondent's permanent record and shall be considered by the Board in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.

9. This Order shall not be binding as to any new complaints received by the Board.

10. Respondent understands the Board is required by federal law to report any adverse action to the National Association of Boards of Pharmacy's Disciplinary Clearinghouse and the National Practitioner Data Bank.

11. This Order, when fully executed, is a public record and is available for inspection and copying in accordance with the requirements of Iowa Code chapters 22 and 272C.

12. The Board's approval of this Order shall constitute a **FINAL ORDER** of the Board.

IT IS THEREFORE ORDERED:

13. Respondent's license is hereby placed on **PROBATION** for a period of two (2) years, subject to the following terms:

- a. Within thirty (30) days of this Order, Respondent shall pay a civil penalty in the amount of five thousand dollars (\$5,000). The check shall be made payable to the "Treasurer of Iowa" and shall be deposited in the general fund. The civil penalty should be mailed to the Iowa Board of Pharmacy, Attn: Amanda Woltz, 400 SW 8th St, Ste E, Des Moines IA 50309.
- b. Respondent shall designate a pharmacist who is primarily responsible for performing the monthly inspections and overseeing compliance of the telepharmacy site. Respondent shall update its monthly inspection checklist template to clearly identify who is responsible for each aspect of the monthly inspection and to clearly describe the task to be performed as part of the monthly inspection. The updated monthly checklist template shall be reviewed and approved with signature by the designated pharmacist, the pharmacist in charge, and all telepharmacy technicians. Respondent shall submit the name of the designated pharmacist, the updated monthly inspection checklist, and signed approvals to the Board within thirty (30) days.
- c. A copy of each monthly inspection checklist, along with supporting documentation, shall be submitted to the Board by the 7th day of the month following the month of inspection (e.g., January inspection documentation shall be submitted to the Board no later than February 7th).
- d. Respondent shall notify the Board within three (3) business days of any change in the designated pharmacist or pharmacist in charge.

- e. Respondent shall be staffed by a pharmacist for at least twenty-four (24) hours per month while on probation.
- f. Respondent shall appear before the Board upon request for purposes of evaluating performance of the probationary period. Respondent shall be given reasonable notice of the date, time, and place for such appearances.
- g. Respondent shall abide by all state and federal laws and regulations governing the practice of pharmacy. Respondent shall operate in accordance with its policies and procedures.

14. Count VI of the Statement of Charges is hereby dismissed and paragraph 4 of the Factual Circumstances is hereby stricken.

15. Should Respondent violate the terms of this Order, the Board may initiate action to impose other licensee discipline as authorized by Iowa Code chapters 155A and 272C and 657 IAC chapter 36.

16. Any documentation required to be submitted shall be emailed to Amanda.Woltz@iowa.gov by the specified deadline unless otherwise directed.

By the signature below, Kristin Williams acknowledges s/he is the Senior Vice President, Chief Health Officer for Respondent and is authorized to sign this Settlement Agreement and Final Order on behalf of Respondent.

3/11/2019

Date

Kristin Williams

HY-VEE PHARMACY 3191
Respondent

This Settlement Agreement and Final Order is approved by the Iowa Board of Pharmacy on the 12th day of March, 2019.

Sharon Mueser

Chairperson
Iowa Board of Pharmacy

BEFORE THE IOWA BOARD OF PHARMACY

RE:	)	Case No. 2019-0173
Pharmacy License of	)	
	)	
HY-VEE FOOD & DRUG 2	)	COMBINED STATEMENT OF
License No. 126	)	CHARGES, SETTLEMENT
	)	AGREEMENT, AND FINAL ORDER
RESPONDENT.	)	

COME NOW the Iowa Board of Pharmacy ("Board") and Hy-Vee Food & Drug 2 ("Respondent") 2540 East Euclid Ave, Des Moines, Iowa 50317, and enter into this Combined Statement of Charges, Settlement Agreement, and Final Order ("Order"), pursuant to Iowa Code sections 17A.10 and 272C.3(4), and 657 Iowa Administrative Code rule 35.5. The Board has jurisdiction over Respondent and the subject matter of this case pursuant to Iowa Code chapters 17A, 155A, and 272C, and 657 Iowa Administrative Code chapter 36.

A. STATEMENT OF CHARGES

COUNT I

**FAILING TO ENSURE REGISTRATION OF PHARMACY STAFF
AND SUPPORT PERSONS**

1. Respondent is charged with failing to ensure that the registration of each professional pharmacy staff member and the registration of each pharmacy support person are maintained in current and active status as mandated by 657 Iowa Administrative Code rule 8.3(3)"d", and may be disciplined pursuant to Iowa Code sections 155A.12(1) and 657 Iowa Administrative Code rule 36.6(21).

B. FACTUAL CIRCUMSTANCES

2. Respondent employed a new technician trainee from March 13, 2019, to May 15, 2019, yet the Board did not receive the new technician trainee's registration application until September 9, 2019.

3. 657 Iowa Administrative Code rule 3.3(3) requires a person who is employed in a pharmacy and who is receiving technician training through work experience to obtain a pharmacy technician trainee registration within 30 days of commencement of pharmacy technician training.

4. This is Respondent's second instance of allowing a technician to work in the pharmacy without registration beyond the 30-day period required by Board rule.

C. SETTLEMENT AGREEMENT AND FINAL ORDER

5. The Board has jurisdiction over the parties and subject matter of this proceeding.
6. Respondent acknowledges that the allegations in the Statement of Charges, if proven in a contested case hearing, would constitute grounds for the discipline agreed to in this Order.
7. Execution of this Order constitutes the resolution of a contested case. Respondent has a right to hearing before the Board on the charges, but Respondent waives the right to hearing and all attendant rights, including the right to appeal or seek judicial review of the Board's action, by freely and voluntarily entering into this Order. Once entered, this Order shall have the force and effect of a disciplinary order entered following a contested case hearing.
8. Respondent acknowledges that it has the right to be represented by counsel on this matter.
9. Respondent agrees that the State's counsel may present this Order to the Board and may have *ex parte* communications with the Board while presenting it.
10. This Order is subject to approval by a majority of the full Board. If the Board does not approve this Order, it shall be of no force or effect to either party, and shall not be admissible for any purpose in further proceedings in this matter. If the Board approves this Order, it shall be the full and final resolution of this matter.
11. This Order shall be part of Respondent's permanent record and shall be considered by the Board in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.
12. Respondent understands the Board is required by federal law to report any adverse action to the National Association of Boards of Pharmacy's Disciplinary Clearinghouse and the National Practitioner Data Bank.
13. This Order, when fully executed, is a public record and is available for inspection and copying in accordance with the requirements of Iowa Code chapters 22 and 272C.
14. The Board's approval of this Order shall constitute a FINAL ORDER of the Board.

IT IS THEREFORE ORDERED:

15. Respondent is **CITED** for failing to ensure that the license, registration, or certification of each professional pharmacy staff member and the registration of each pharmacy support person are maintained in current and active status, and **WARNED** that future violations of the laws and rules governing pharmacists can result in further disciplinary action.

16. Respondent shall pay a **CIVIL PENALTY** in the amount of one thousand dollars (\$1,000) within sixty (60) days of this Order. The check shall be payable to the "Treasurer of Iowa" and shall be deposited in the general fund. The civil penalty should be mailed to the Iowa Board of Pharmacy, Attn: Amanda Woltz, 400 SW 8th Street, Suite E, Des Moines, Iowa 50309.

17. Should Respondent violate the terms of this Order, the Board may initiate action to impose other licensee discipline as authorized by Iowa Code chapters 155A and 272C, and 657 Iowa Administrative Code chapter 36.

By the signature below, Alissa Bubon acknowledges s/he is the Pharmacy Manager for Respondent and is authorized to sign this Combined Statement of Charges, Settlement Agreement, and Final Order on behalf of Respondent.

4-16-20
Date

Alissa Bubon
Hy-Vee Food & Drug 2
Respondent

This Combined Statement of Charges, Settlement Agreement, and Final Order is approved by the Iowa Board of Pharmacy on the ____ day of _____, 2020.

Chairperson
Iowa Board of Pharmacy

BEFORE THE IOWA BOARD OF PHARMACY

RE: Pharmacy License of HY-VEE PHARMACY 1235 License No. 1201 Respondent	CASE NO. 2020-0001 COMBINED STATEMENT OF CHARGES, SETTLEMENT AGREEMENT, AND FINAL ORDER
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COME NOW the Iowa Board of Pharmacy ("Board") and Hy-Vee Pharmacy 1235 ("Respondent"), 320 West St South, Grinnell IA 50112, and enter into this Combined Statement of Charges, Settlement Agreement, and Final Order ("Order") pursuant to Iowa Code sections 17A.10 and 272C.3(4), and 657 IAC 35.5. The Board has jurisdiction over Respondent and the subject matter of this case pursuant to Iowa Code chapters 17A, 155A, and 272C (2019), and 657 IAC 36.

A. STATEMENT OF CHARGES**COUNT I****EMPLOYING A PHARMACY TECHNICIAN WITHOUT CURRENT REGISTRATION**

1. Respondent is charged with employing a pharmacy technician without a current registration in violation of 657 IAC 3.12 and 8.3(3)"d", and may be disciplined pursuant to Iowa Code section 155A.15(2)(c) and 36.6(26).

B. FACTUAL CIRCUMSTANCES

2. Respondent's pharmacy license is currently active through December 31, 2020.
3. In September 2019, Respondent hired a certified technician whose registration with the Board was suspended.
4. The pharmacy did not verify the technician's registration prior to employment.

C. SETTLEMENT AGREEMENT AND FINAL ORDER

5. The Board has jurisdiction over the parties and the subject matter of these proceedings.
6. Respondent acknowledges that the allegations in the Statement of Charges, if proven in a contested case hearing, would constitute grounds for the discipline agreed to in this Order.
7. Execution of this Order constitutes the resolution of a contested case. Respondent has a right to hearing before the Board on the charges, but Respondent waives the right to hearing and all attendant rights, including the right to appeal or seek judicial review of the Board's action, by

freely and voluntarily entering into this Order. Once entered, this Order shall have the force and effect of a disciplinary order entered following a contested case hearing.

8. Respondent acknowledges that it has the right to be represented by counsel on this matter.

9. Respondent agrees that the State's counsel may present this Order to the Board and may have *ex parte* communications with the Board while presenting it.

10. This Order is subject to approval by a majority of the full Board. If the Board does not approve this Order, it shall be of no force or effect to either party, and shall not be admissible for any purpose in further proceedings in this matter. If the Board approves this Order, it shall be the full and final resolution of this matter.

11. This Order shall be part of Respondent's permanent record and shall be considered by the Board in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.

12. Respondent understands the Board is required by federal law to report any adverse action to the National Association of Boards of Pharmacy's Disciplinary Clearinghouse and the National Practitioner Data Bank.

13. This Order, when fully executed, is a public record and is available for inspection and copying in accordance with the requirements of Iowa Code chapters 22 and 272C.

14. The Board's approval of this Order shall constitute a **FINAL ORDER** of the Board.

IT IS THEREFORE ORDERED:

15. Respondent is hereby **CITED** for employing a pharmacy technician without current registration and **WARNED** that future violations of the laws and rules governing pharmacies can result in further disciplinary action.

16. Respondent shall pay a **CIVIL PENALTY** in the amount of three thousand five hundred dollars (\$3,500) within sixty (60) days of Board approval of this Order. The check shall be made payable to the "Treasurer of Iowa" and shall be deposited in the general fund. The civil penalty should be mailed to the Iowa Board of Pharmacy, Attn: Amanda Woltz, 400 SW 8th St, Ste E, Des Moines IA 50309.

17. Should Respondent violate the terms of this Order, the Board may initiate action to impose other licensee discipline as authorized by Iowa Code chapters 155A and 272C and 657 IAC chapter 36.

By the signature below, Samantha Folken acknowledges s/he is the
_____ for Respondent and is authorized to sign this Combined
Statement of Charges, Settlement Agreement, and Final Order on behalf of Respondent.

6-16-2020
Date

HR
HY-VEE PHARMACY 1235
Respondent

This Combined Statement of Charges, Settlement Agreement, and Final Order is approved by the
Iowa Board of Pharmacy on June 23, 2020.

TUE
Chairperson
Iowa Board of Pharmacy

IOWA BOARD OF PHARMACY

400 S.W. EIGHTH STREET, SUITE E

DES MOINES, IA 50309-4688

515/281-5944 FAX 515/281-4609

<https://pharmacy.iowa.gov>**2020****General Pharmacy License No. 5162****ISSUED 12/03/2019****EXPIRES 12/31/2020****STATUS: Current/Active*****MUST BE CONSPICUOUSLY DISPLAYED IN LOCATION TO WHICH IT APPLIES*****MAILING ADDRESS**

Hy-Vee Mail Order

5820 Westown Pkwy

West Des Moines IA 50266

LICENSED LOCATION

Hy-Vee Mail Order

4707 Fleur Drive

Des Moines IA 50321

Jared Crumly , Pharmacist in Charge**COUNTY 77**

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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 1,2,3,8 ☐ Partnership – Pages 1,2,6,8
☐ Non Publicly Traded Corporation – Pages 1,2,4,8 ☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Superior Compounding Pharmacy

Physical Address: 46983 Five Mile Rd.

Mailing Address: 46983 Five Mile Rd.

City: Plymouth State: Mi Zip Code: 48170

Telephone: 1-734-404-6065 Fax: 1-877-261-5477

Toll Free Number: 1-877-261-5512 (Required per NAC 639.708)

E-mail: fadl@superiorcompounding.com Website: www.superiorcompounding.com

Managing Pharmacist: Alex Petrovici License Number: _____

21238
Temp
NV.

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,**

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.

Eava Sokana

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

Eava Sokana

Print Name of Authorized Person

6/15/21

Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500

check # 9150326875

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General ☒ Limited ☐

Partnership Name: Superior Compounding Pharmacy, LLC

Mailing Address: 46983 Five Mile Rd.

City: **Plymouth** State: **Mi** Zip Code: **48170**

Telephone Number: **1-877-261-5512** Fax Number: **1-877-261-5447**

Contact Person: Eava Sokana

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>Ali Shehadeh</u>	<u>G</u>	<u>100%</u>

List names of 4 largest partners and percentage of ownership:

Name: **Ali Shehadeh** %: **100**

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday 10am am 2pm pm
Sunday _____ 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, Eava Sokana

Responsible Person of Superior Compounding Pharmacy, LLC

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

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

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

Eava Sokana

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

Eava Sokana

Print Name of Authorized Person

ES
6/15/21 06/16/2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Michigan)
Wayne) ss.
COUNTY)

I, Eava Sokana, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Reponsible Person for Superior Compounding Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of- State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Eava Sokana, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
before me, a notary public this
16 day of June, 2021.

[Signature]
NOTARY PUBLIC

Eava Sokana

Name

INDERPREET NANCY
Notary Public, State of Michigan
County of Wayne
My Commission Expires 01-06-2027
Acting in the County of Oakland



313.737.3331 • Fadl@superiorcompounding.com

Fadl Chehadeh

06/10/2021

Subject: Recent Inspection

To whom it may concern, we have contacted the state of MI for an inspection, and they are not doing any inspections due to covid and have no ETA as of yet. But they have provided me with a VERIFICATION OF LICENSURE, which i have attached.

Sincerely,

Fadl Chehadeh, Superior Compounding Pharmacy
Email: Fadl@superiorcompounding.com
Phone: 313.737.3331



46983 Five Mile Rd.
Plymouth, MI 48170
www.superiorcompounding.com
contact@superiorcompounding.com

GRETCHEN WHITMER
GOVERNOR



ORLENE HAWKS
DIRECTOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

VERIFICATION OF LICENSURE
MICHIGAN BOARD OF PHARMACY
VERIFICATION OF LICENSURE AS OF 06/15/2021

NAME: Superior Compounding Pharmacy LLC
ADDRESS: 46983 Five Mile Rd
Plymouth, MI 48170

STATUS: Active

LICENSE TYPE: Pharmacy License

ORIGINAL DATE: 01/05/2018

EXPIRATION DATE: 01/05/2023

LICENSE NUMBER: 5301011314

SPECIALTY:

None

EXAM DATE

EXAM TYPE

EXAM RESULTS

None

OPEN FORMAL COMPLAINTS

No

DISCIPLINARY ACTION

START DATE

END DATE

None

Brian DeBano, Division Director
Bureau of Professional Licensing
Licensing Division
(517) 241-0199



GRETCHEN WHITHER
GOVERNOR

P367198

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
PHARMACY LICENSE
STERILE COMPOUNDING

SUPERIOR COMPOUNDING PHARMACY LLC
46983 FIVE MILE RD
PLYMOUTH, MI 48170

LICENSE NO.
5301011314

EXPIRATION DATE
1/5/2023 : 20141080549

THIS DOCUMENT IS ONLY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

State of Michigan
 Department of Licensing and Regulatory Affairs
 Bureau of Professional Licensing • **Board of Pharmacy**
 P.O. Box 30670 • Lansing, Michigan 48909
 Telephone: (517) 373-4972 Fax: (517) 241-1431 Website: www.michigan.gov/healthlicense

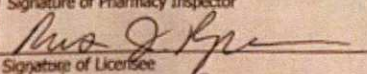
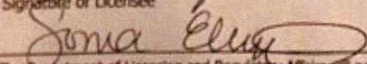
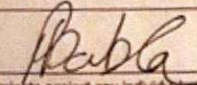
☐ Routine
☐ Re-Inspection
☒ Other

INSPECTION REPORT

Inspection Authority: P.A. 368 of 1978, as amended

Date of Inspection 1/5/18			
Name of Licensee Superior Compounding Pharmacy Inc		State ID Number NA: Pre-licensure Inspection	
Street Address 46983 Five Mile Rd		City Plymouth	State MI
County Wayne		Telephone Number with Area Code 248-217-5215 (PIC phone)	Zip Code 48170
Name of Licensee In Charge and ID Number Sonia Eliya 5302034162		DEA Number NA	
Employed Licensee and ID Number Pardeep Pabla 5302030433		Employed Licensee and ID Number	
Employed Licensee and ID Number		Employed Licensee and ID Number	
Employed Licensee and ID Number		Employed Licensee and ID Number	
Date of Last Controlled Substance Inventory		Recent Theft ☐ NO ☐ YES If yes, when _____	If yes, reported to department? ☐ NO ☐ YES

Discrepancies Noted
 (See Attached Notes)

Signature of Pharmacy Inspector 	Date 1/5/18
Signature of Licensee  	Date 1/5/18

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities A

Superior Compounding Pharmacy
46983 Five Mile Rd.
Plymouth, MI 48170

1/5/18 Initial Site Visit

This is a new sterile compounding pharmacy that plans to conduct high risk sterile compounding. This pharmacy expects to compound 60% non-sterile mostly hazardous products; 40% high-risk sterile drug products. All will be pursuant to patient specific prescriptions.

The pharmacist-in-charge (PIC) Sonia Eliya, R.Ph. will operate the pharmacy along with pharmacist Pardeep Pabla, R.Ph. Both have had multiple years of experience working in sterile compounding pharmacies.

The new pharmacy location has contracted with PCAB for accreditation as a sterile compounding pharmacy. This accreditation is expected to be complete after the pharmacy is fully operational but within 90 days of the issuance of the pharmacy license.

This facility is composed of an two ISO-7 buffer rooms and an ISO-8 ante room. Primary Engineering Controls: for the hazardous room-Air Science AFA-143-BA-A BSC; for the non-hazardous room-Air Science Purair P5-4B-XT. A separate room is used for non-sterile compounding. The rooms and workstations were certified on August 24, 2017, by MTS Testing, Grandville, MI. MTS will re-certify every 6 months. The certification included particle counts, leak tests and smoke tests. Viable air testing and surface testing were performed by Clean Air Testing, Livonia, MI. All results were within allowable limits. The facility is equipped with pressure gauges for monitoring differentials for each classified room. HEPA equipment runs continuously. Daily cleaning is performed with a bleach solution (sodium hypochlorite) and more frequent sanitizing (prior to compounding and every 30 minutes) with 70% IPA wipes.

The facility provided copies of written evaluation/analysis for 1.) Garbing and hand hygiene, 2.) aseptic manipulation skills, 3.) Daily and monthly cleaning and disinfecting skills for all compounding staff. Staff performed media fill and glove finger testing. These will be updated every 6 months as required for high-risk sterile compounding.

The facility provided Standard Operating Procedure adapted from PCAB.

All compounded medications are dispensed at this location; there are no deliveries of compounded drugs to other locations (other than patients). Deliveries will be provided to patients using Promed or UPS within USP guidelines for temperature excursions.

The facility does not provide chemotherapy drugs. There are some NIOSH reproductive hazardous drugs. Compounding staff complete a training program with acknowledgment that they understand the risks of working with such drugs.

No findings of non-compliance with USP standards for sterile compounding were identified in this initial site visit.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION
 NUMBER

FS7404229

THIS REGISTRATION
 EXPIRES

02-29-2024

FEE
 PAID

\$888

SCHEDULES

2,2N,
 3,3N,4,5

BUSINESS ACTIVITY

RETAIL PHARMACY

ISSUE DATE

01-05-2021

SUPERIOR COMPOUNDING PHARMACY LLC

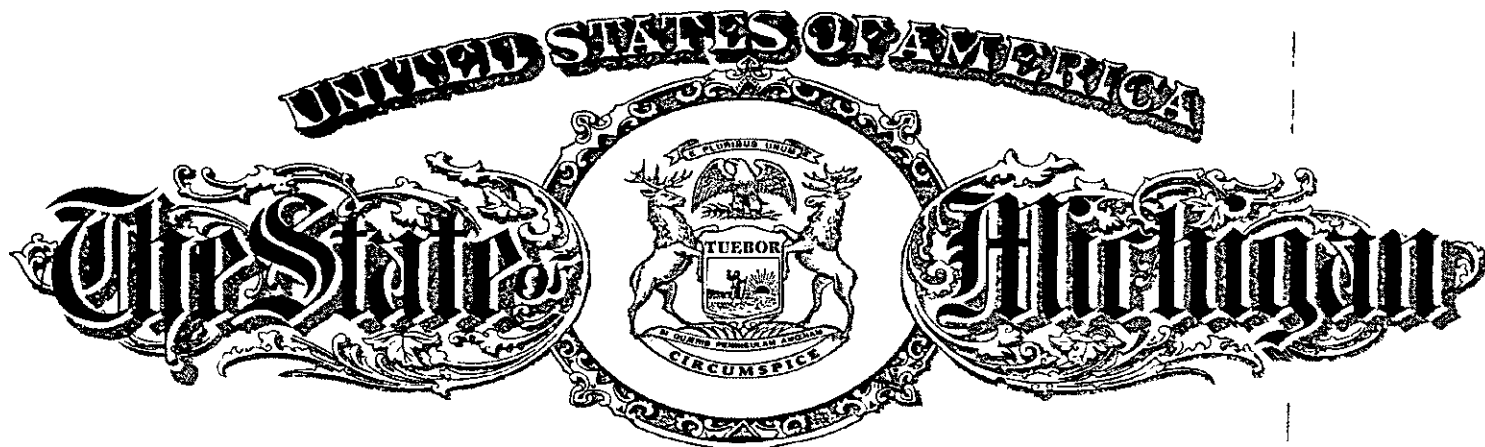
46983 FIVE MILE RD

PLYMOUTH, MI 48170-2486

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

SUPERIOR COMPOUNDING PHARMACY, LLC

was validly authorized on March 28, 2017, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 21060447606

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 17th day of June, 2021.*

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler InformationName of Pharmacy/Wholesaler Superior Compounding Pharmacy, LLCPhysical Address 46983 Five Mile Rd.City PlymouthState MiZip 48170Mailing Address (if different from physical address) same as above

City _____

State _____

Zip _____

Telephone 1-877-261-5477Website www.superiorcompounding.comLicensing Company Email fadl@superiorcompounding.com**Section 2: Personal Information**First RyanMiddle GeorgeLast Alexia

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____

SSN or ITIN _____

Sex ☒ M ☐ F ☐ XMailing Address o'connorCity allen parkState miZip 48101Telephone _____ Email fadl@superiorcompounding.comAre you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

☒

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

☒

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

☒

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch:

☐ Army/
Reserves☐ Navy/
Reserves☐ Airforce/
Reserves☐ Marine Corps/
Reserves☐ Coast Guard/
Reserves☐ National
Guard**Section 4: Federally Mandated Requirement (NRS 425.520; NRS 639.129)**

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

☒

2. Are you in compliance with the order or the 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 initials RA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name southgate anderson		From - To (MM/YY - MM/YY) sept 1998- may 2001	
Address 15475 leroy st	City southgate	State Mi	Zip 48195
Diploma/Degree obtained, if any high school diploma			
School Name Western Governors University		From - To (MM/YY - MM/YY)	
Address 4001 S 700 E #300	City Lake Sity	State UT	Zip 84107
Diploma/Degree obtained, if any Bachelor degree of science in Helath Information Management			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) feb 2007- present	Address [redacted] o'connor	City allen park	State mi	Zip 48101
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Superior Compounding Pharmacy, LLC		From - To (MM/YY - MM/YY) 01/05/2018	
Business Address 46983 Five Mile Rd.	City Plymouth	State mi	Zip 48170
Phone 313-737-3331	Title Pharmacy Manager	Number of Employed Hours 2000	

Description of Duties

Manages pharmacy HR, compliance quality control

Business Name Beaumont / Wayne		From - To (MM/YY - MM/YY) June 2017- July 2020	
Business Address 33155 annapolis st	City wayne	State Mi	Zip 48184
Phone 734-467-4000	Title Lead pharmacy manager	Number of Employed Hours 6000	

Description of Duties

Supervised and coordinated staff of 25 technicians, HR, staff technician, head sterile compounding

Business Name Childrens hospital of Michigan		From - To (MM/YY - MM/YY) Oct 2013- April 2017	
Business Address 3901 Beaubien Blvd	City Detroit	State MI	Zip 48201
Phone 313-745-5437	Title Lead pharmacy Technician	Number of Employed Hours 8000	

Description of Duties

Supervised tech staff, head of non sterile compounding

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials RA

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Applicant's initials RA 5

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

06/15/2021

Date

Applicant's initials RA

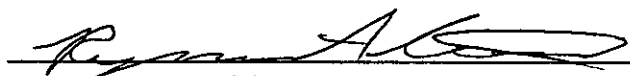
Ryan Alexia
I, _____, certify that as the designated representative for
Superior Compounding Pharmacy, LLC

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Ryan Alexia

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

06/15/2021

Date

Applicant's initials RA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan Alexia

Print Name (First, Last)

Ryan Alexia
Original Signature (electronic, copies or stamps not accepted)

06/15/21

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Wayne

I, Ryan Alexia, 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 the license, registration, permit, certificate or certification for which I am applying for.

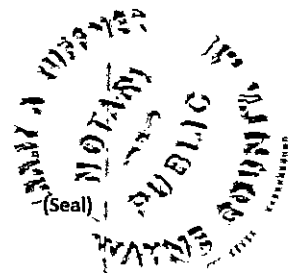
Ryan Alexia
Original Signature

06/16/21
Date

Subscribed and Sworn to before me this 16th day of June, 2021

Mary A Ruffner
Notary Public Signature

MARY A RUFFNER
Notary Public, State of Michigan
County of Wayne
My Commission Expires Sep. 30, 2022
Acting in the County of Wayne



Applicant's initials RA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Superior Compounding Pharmacy, LLC

Physical Address 46983 Five Mile Rd.

City Plymouth State Mi Zip 48170

Mailing Address (if different from physical address) same as above

City _____ State _____ Zip _____

Telephone 1-877-261-5512 Website www.superiorcompounding.com

Licensing Company Email fadl@superiorcompounding.com

Section 2: Personal Information

First Eava Middle Salim Last Sokana

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X

Mailing Address Johanna Ware West

City Wixom State Mi Zip 48393

Telephone _____ Email fadl@superiorcompounding.com

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

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520; NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the 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 Initials ES

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

 Applicant's initials **ES**

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Applicant's initials ES

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Applicant's initials ES

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials ES

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Elena Sorkin
Original Signature (electronic, copies or stamps not accepted)

06/15/2021

Date

Applicant's initials

ES

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Eava Sokana

Print Name (First, Last)

Eava Sokana

Original Signature (electronic, copies or stamps not accepted)

ES
06/15/2021 06/16/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Wayne

I, Eava Sokana, 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 the license, registration, permit, certificate or certification for which I am applying for.

Eava Sokana
Original Signature

ES
06/15/21 06/16/21
Date

Subscribed and Sworn to before me this 16 day of June.

[Signature]
Notary Public Signature

INDERPREET NANCY
Notary Public, State of Michigan
County of Wayne
My Commission Expires 01-06-2027
Acting in the County of Oakland

(Seal)

Applicant's initials ES 7

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT

Alex O. Petrovici

Date: 09/20/2021

Amount:

License #: 21238

(ID Card)

Trim ID Card to fit your wallet



Pharmacist

Expires: 03/20/2022

Alex O. PetroviciLicense #
21238
TemporaryIDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Cut Here

License Type: Pharmacist

License #: 21238

NEVADA
STATE BOARD OF PHARMACY

Expires: 03/20/2022

STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Alex O. Petrovici

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

GRETCHEN WHITMER
GOVERNOR



ORLENE HAWKS
DIRECTOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

VERIFICATION OF LICENSURE
MICHIGAN BOARD OF PHARMACY
VERIFICATION OF LICENSURE AS OF 06/15/2021

NAME: Superior Compounding Pharmacy LLC
ADDRESS: 46983 Five Mile Rd
Plymouth, MI 48170

STATUS: Active

LICENSE TYPE: Pharmacy License

ORIGINAL DATE: 01/05/2018

EXPIRATION DATE: 01/05/2023

LICENSE NUMBER: 5301011314

SPECIALTY:

None

EXAM DATE

EXAM TYPE

EXAM RESULTS

None

OPEN FORMAL COMPLAINTS

No

DISCIPLINARY ACTION

START DATE

END DATE

None

Brian DeBano, Division Director
Bureau of Professional Licensing
Licensing Division
(517) 241-0199



NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: <u>Alex Onisim Petrovici</u>			
Address: <u>██████ Sheffield Rd.</u>			
City: <u>Auburn Hills</u>	State: <u>Mi</u>	Zip: <u>48326</u>	
I hereby authorize the <u>Michigan BOP</u> to furnish to the Nevada State Board of Pharmacy, the information requested below.			
Signature of Applicant <u><i>Alex Petrovici</i></u>			

**THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE**

License Number	License Status	Date License Issued	Date License Expires

Has this license been encumbered in any way? ☐ Yes ☐ No	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents
--	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☐ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☐ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☐ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☐ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal

GRETCHEN WHITMER
GOVERNOR

P367534

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
- CONTROLLED SUBSTANCE LICENSE

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

SUPERIOR COMPOUNDING PHARMACY LLC
46983 FIVE MILE RD
PLYMOUTH, MICHIGAN 48170

LICENSE NO.
5315089950

EXPIRATION DATE
1/5/2023

20141090514

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

15

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable \$500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State	
Type of Application (check applicable box)	MDEG Business Type (check applicable box)
☒ New MDEG ☐ Ownership Change* ☐ Name Change* ☐ Location Change*	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)
* If making a change, provide current license number: M _____	

Section 1: General Information	
Facility Name: <u>BioWave Corporation</u>	
MDEG Physical Address: <u>3 Brook St.</u>	
City: <u>Norwalk</u>	State: <u>CT</u> Zip: <u>06851</u>
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: <u>877-246-9283</u>	Website: <u>biowave.com</u>
Email: <u>support@biowave.com</u>	
Name of MDEG Administrator (NAC 639.694): <u>Renee Cody</u>	
Type of MDEG products that will be sold (check all applicable)	
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment**	☐ Assistive Equipment ☐ Diabetic Supplies ☐ Orthotics and Prosthetics ☒ Others: <u>Transcutaneous electrical nerve stimulator (TENS) units</u>
** If providing these products, 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 (NAC 639.6954): Name: <u>N/A</u> Telephone: <u>N/A</u>	
Days and Hours of Operation	
Mon:	9 AM-5 PM EST
Tues	9 AM-5 PM EST
Wed:	9 AM-5 PM EST
Thurs:	9 AM-5 PM EST
Fri:	9 AM-5 PM EST
Sat:	N/A
Sun:	N/A
Holidays:	N/A

Section 2: History of Company		Yes	No
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)?		✓
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?		✓
3.	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare PTAN: 7901350001

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)			
Name:	N/A	Credentials:	%:
Name:		Credentials:	%:
Name:		Credentials:	%:
Name:		Credentials:	%:
Name:		Credentials:	%:

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

- A practicing health professional; or
- A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____	SEC Registration Number: _____	Stock Exchange Symbol: _____
---------------------------------	--------------------------------	------------------------------

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Please the attached ownership list

Corporation/Organization Name: BioWave Corporation

Mailing Address: 3 Brook St.

City: Norwalk State: CT Zip: 06851

Telephone: 860-214-3082 Email: _____

Contact Person Name: Renee Cody

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List of <u>all</u> general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).	✓	✓	✓	✓
• Copy of proof of insurance (NAC 639.6946). The MDEG provider shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• MDEG Administrator Application (NAC 639.694). Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Renee Cody
 Print Name of Authorized Person Submitting Application

Renee Cody
 Original signature of Authorized Person (copies or stamps not accepted)

7-14-21
 Date

Board Use Only	Date Received: _____	Amount: <u>500</u> <u>CHK # 636013</u>
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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler BioWave Corporation
 Physical Address 3 Brook St.
 City Norwalk State CT Zip 06851
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 877-246-9283 Website biowave.com
 Licensing Company Email biowave.com

Section 2: Personal Information

First Robert Middle _____ Last Adler
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☐ F ☐ X
 Mailing Address Owenoke Park, Westport, CT 06880
 City _____ State _____ Zip _____
 Telephone _____ Email _____
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the 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 initials

1

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	N.Y.U. STERN School		From - To (MM/YY - MM/YY)	
Address	City	State	Zip	
	N.Y.C.	N.Y.	1980 - 1982	
Diploma/Degree obtained, if any				
MBA				
School Name	S.U.N.Y. Purchase		From - To (MM/YY - MM/YY)	
Address	City	State	Zip	
	Purchase N.Y.	N.Y.	1973 - 1979	
Diploma/Degree obtained, if any				
B.A.				
School Name	PARK EAST High School		From - To (MM/YY - MM/YY)	
Address	City	State	Zip	
	W.L.	N.Y.	1969 - 1973	
Diploma/Degree obtained, if any				
Diploma -				
School Name			From - To (MM/YY - MM/YY)	
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY - MM/YY)	
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
03-2019 -	[REDACTED] Viera Drive	Palm Beach	FLA	33418
01-2003 - 2019	70 West Park	Westport	CT	06880
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials

MA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name EJ Wellness LLC		From - To (MM/YY - MM/YY)	
Business Address 146 Viena Drive		City Palm Beach	State FL Zip 33418
Phone 917-656	Title - MANAGER		
Description of Duties MANAGING Partner			

Business Name Browne		From - To (MM/YY - MM/YY) 1/2015 - Present	
Business Address 8 Knight Street		City Norwalk	State CT Zip 08851
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials

MA

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials



Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		☒
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		☒
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		☒
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		☒
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		☒
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		☒
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		☒
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		☒
10.	Have you 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?		☒

Applicant's initials



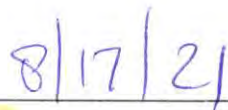
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


 Original Signature (electronic, copies or stamps not accepted)


 Date

 Applicant's initials 6

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adler, Robert

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

8/17/21
Date

Please have this section completed in the presence of a Notary Public.

State of CT, ss. County of Fairfield

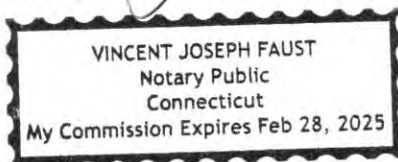
I, Robert Adler, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

8/17/21
Date

Subscribed and Sworn to before me this 17 day of Aug. 2021

[Signature]
Notary Public Signature



(Seal)

Applicant's initials

[Signature]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler BioWave Corporation
 Physical Address 3 Brook St.
 City Norwalk State CT Zip 06851
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 877-246-9283 Website biowave.com
 Licensing Company Email biowave.com

Section 2: Personal Information

First Brad Middle _____ Last Siff
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
 Mailing Address ██████████ Cranbury Rd, Norwalk, CT 06851
 City _____ State _____ Zip _____
 Telephone _____ Email brad.siff@biowave.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		☒ N/A

Applicant's initials BS.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Staples High School		From - To (MM/YY - MM/YY) 08/75 - 06/79	
Address North Ave.	City Westport	State CT	Zip 06880
Diploma/Degree obtained, if any High School Diploma			
School Name Cornell University - College of Engineering		From - To (MM/YY - MM/YY) 08/79 - 05/83	
Address	City Ithaca	State NY	Zip 14853
Diploma/Degree obtained, if any Bachelor of Science - Mechanical Engineering			
School Name Cornell University - College of Engineering		From - To (MM/YY - MM/YY) 08/83 - 05/84	
Address	City Ithaca	State NY	Zip 14853
Diploma/Degree obtained, if any Master of Engineering - Operations Research + Industrial Engineering			
School Name Cornell University - Johnson Graduate School of Management		From - To (MM/YY - MM/YY) 08/84 - 05/85	
Address	City Ithaca	State NY	Zip 14853
Diploma/Degree obtained, if any MBA			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 06/15 - 07/21	Address CRANBURY RD	City NORWALK	State CT	Zip 06851
From - To (MM/YY - MM/YY) 06/01 - 12/14	Address 16 JOANN CIR	City WESTPORT	State CT	Zip 06880
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials

BS

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name BIOWAVE CORP.		From - To (MM/YY - MM/YY) 01/00 - 07/21	
Business Address 3 BROOK ST.	City NORWALK	State CT	Zip 06851
Phone 877-246-9283	Title FOUNDER + PRESIDENT		
Description of Duties MANAGE ALL R+D, TECHNICAL, CLINICAL, REGULATORY, MANUFACTURING. LEGAL + CORPORATE FINANCE.			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials

BS

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Applicant's initials

BS

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		☒
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		☒
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	☒	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		☒
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		☒
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		☒
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		☒
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		☒
10. Have you 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?		☒

Applicant's initials B.S. 5

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following where applicable:

Date of Event/Arrest <u>2/18/19</u>	Disposition Date	State <u>NJ</u>	City <u>BERGEN COUNTY</u>	County <u>USA</u>
Case # <u>DOCKET #</u> <u>BER-L-0598-19</u>	Governing, licensing, Arresting Presiding Body/Agency/Court <u>SUPERIOR COURT OF NJ LAW DIVISION</u>			
Reason/Charge <u>FRAUD + NEGLIGENCE</u>				
Plaintiff/Defendant/Claimant/Respondent <u>PLAINTIFF - MEDWELL LLC</u>			Lawsuit/Arbitration/Bankruptcy <u>FRIVOLOUS LAWSUIT</u>	
Name of Business/Industry/Entity <u>PAIN CLINIC - MEDWELL LLC</u>				

Provide explanation below:

Plaintiff (Medwell LLC) was engaged in Medicare Fraud by illegally billing Medicare for chronic low back pain treatments it performed using an auricular acupuncture device (where 3 needles are inserted into the ear). Medicare launched a lawsuit against Medwell LLC seeking to claw back all payments that it made to Medwell LLC. In addition to the acupuncture device, Medwell legally used BioWave PENS (percutaneous electrical nerve stimulation) also for the treatment for chronic low back pain. Medwell decided to sue all parties it could to recoup any funds it could for its illegal billing practices. The lawsuit is completely frivolous and we expect will be thrown out by the judge once depositions are completed.


Original Signature (electronic, copies or stamps not accepted)

Date

7/14/21

Applicant's initials BS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brad Siff

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

7/14/21

Please have this section completed in the presence of a Notary Public.

State of CT, ss. County of Fairfield

I, BRADFORD SIFF, 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 the license, registration, permit, certificate or certification for which I am applying for.

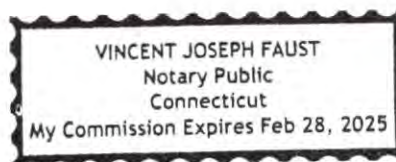
Original Signature

Date

8/17/21

Subscribed and Sworn to before me this 17 day of AUG 2021.

Notary Public Signature



(Seal)

Applicant's initials BS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler BioWave Corporation
 Physical Address 3 Brook St.
 City Norwalk State CT Zip 06851
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 877-246-9283 Website biowave.com
 Licensing Company Email biowave.com

Section 2: Personal Information

First Robert Middle _____ Last Wolter
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address Cobb Drive, Westport, CT 06880
 City _____ State _____ Zip _____
 Telephone [REDACTED] Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the 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 initials RW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name ST. LUKES SCHOOL		From - To (MM/YY - MM/YY) 1982 - 1986	
Address 377 N. WILSON RD.	City NEW CANAAN	State CT	Zip 06840
Diploma/Degree obtained, if any HIGH SCHOOL			
School Name UNIVERSITY OF NEW HAMPSHIRE		From - To (MM/YY - MM/YY) 1986 - 1990	
Address 105 Main ST.	City DURHAM	State NH	Zip 03824
Diploma/Degree obtained, if any BUSINESS ADMINISTRATION			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 2005 - 2021	Address [REDACTED] COB DR.	City WESTPORT	State CT	Zip 06880
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials RW

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY - MM/YY)	
BIOVAGE CORPORATION		3/16 - Present	
Business Address	City	State	Zip
8 KNOTT ST.	Norwalk	CT	06851
Phone	Title		
203-856-0481	CEO		
Description of Duties			
EXECUTIVE			
Business Name		From - To (MM/YY - MM/YY)	
VETO TRADING LLC		7/07 - 2/15	
Business Address	City	State	Zip
3 MORGAN AVE	Norwalk	CT	06851
Phone	Title		
203-847-1443	PRESIDENT		
Description of Duties			
EXECUTIVE			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Applicant's initials

RW

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Applicant's initials RW

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you 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?		X

Applicant's initials

RW

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

NW

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Wolter

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

8.12.21

Please have this section completed in the presence of a Notary Public.

State of Connecticut, ss. County of Fairfield

I, Robert Wolter, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

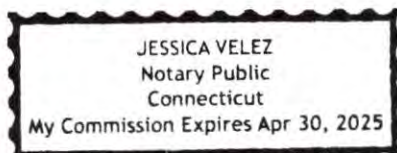
Date

08/12/2021

Subscribed and Sworn to before me this 12th day of August, 2021

Notary Public Signature

(Seal)



Applicant's initials RW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG)**Administrator Application**

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Bionwave Corp MDEG License # (if applicable) _____
 Physical Address 3 Brook St
 City Norwalk State CT Zip 06851
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 877-246-9283 Website bionwave.com
 Licensing Company Email smontgomery@licenselogs.com

Section 2: Personal Information

First Renee Middle Michelle Last Cody
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address South Pine Creek Rd
 City Fairfield State CT Zip 06824
 Telephone [REDACTED] Email reneecody@bionwave.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

- | | Yes | No |
|--|-----|-------------------------------------|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ☒ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ☒ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ☒ |

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

- | | Yes | No |
|--|-----------|-------------------------------------|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ☒ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | <u>NA</u> | |

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name <i>University of Hartford</i>		From - To (MM/YY - MM/YY) <i>2001 - 2005</i>	
Address <i>200 Bloomfield Ave</i>	City <i>West Hartford</i>	State <i>CT</i>	Zip <i>06117</i>
Diploma/Degree obtained, if any <i>Bachelors in Economics + Finance</i>			
School Name <i>Bond University</i>		From - To (MM/YY - MM/YY) <i>2003 - 2004</i>	
Address <i>Brisbane - Australia</i>	City	State	Zip
Diploma/Degree obtained, if any <i>BA</i>			
School Name <i>Somers High School</i>		From - To (MM/YY - MM/YY) <i>98 - 2001</i>	
Address <i>1 Union Blvd.</i>	City <i>Somers</i>	State <i>CT</i>	Zip <i>06071</i>
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name <i>Bioware Corp</i>		From - To (MM/YY - MM/YY) <i>2019-current</i>	
Business Address <i>3 Brook St.</i>	City <i>Norwalk</i>	State <i>CT</i>	Zip <i>06851</i>
Phone <i>860-877-2469</i>	Title <i>Director of Reimbursement</i>		Number of Employed Hours <i>2019-current</i>
Description of Duties <i>Director of Reimbursement, managing all Payer PXLs from start to finish.</i>			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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I, Renee Cody, certify that as the MDEG Administrator for
Bravave Corp

that I (initial that you have read and meet the following requirements):

1. ☒ Have a high school diploma or its equivalent;
2. ☒ Have
 - a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by 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;
3. ☒ Will be employed by 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
4. ☒ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Renee Cody
 Print Name (First, Last)

Renee Cody
 Original Signature (electronic, copies or stamps not accepted)

8-27-21
 Date

Subscribed and sworn to before me, a Notary Public, in
 and for County of Fairfield and State of Connecticut
 this 27 day of August 2021
 Date Commission Expires: 06/30/2022

Alisa Kolenovic
 ALISA KOLENOVIC
 Notary Public
 Connecticut
 My Commission Expires Jun 30, 2022

Board Use Only	Date Received: _____
----------------	----------------------

Section 8: Personal and Professional History	Yes	No
1. Have you 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?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Bradford S.F. in 16.

Reece Coyle
Original Signature (electronic, copies or stamps not accepted)

8-27-21
Date

Olivia Mora

From: Renee Cody <Renee.Cody@Biowave.com>
Sent: Wednesday, November 3, 2021 9:11 AM
To: Olivia Mora
Subject: RE: Biowave Corp - Information Needed

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Olivia,

As Director of Reimbursement, I am responsible for managing our process from start to finish, from processing the RX's, verifying insurance, customer service who then speaks to the patient, and timely delivery of the unit, as well as billing and A/R.

Let me know if I can help further,

-Renee

From: Olivia Mora <o.mora@pharmacy.nv.gov>
Sent: Wednesday, November 3, 2021 12:05 PM
To: Renee Cody <Renee.Cody@Biowave.com>
Subject: RE: Biowave Corp - Information Needed

Thank you Renee for sending the resume.

Can you please provide more detail information on your responsibilities as a Director of Reimbursement. Can you possibly provide this to me by 1:00 pm PT.

NAC 639.694 Administrator required. ([NRS 639.070](#))

1. Except as otherwise provided in subsection 4, each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:

- (a) Be a natural person;
- (b) Have a high school diploma or its equivalent;
- (c) Have:

(1) At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or

(2) 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;

(d) Be employed by 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

(e) Be approved by the Board.

2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

3. 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 days after the beginning of the employment.

4. 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.

(Added to NAC by Bd. of Pharmacy by R008-01, eff. 11-1-2001; A by R033-09, 10-15-2010)

REVISER'S NOTE.

The regulation of the State Board of Pharmacy filed with the Secretary of State on October 15, 2010 (LCB File No. R033-09), which amended this section, contains the following provision not included in NAC:

"The amendatory provisions of subsection 1 of section 1 of this regulation [NAC 639.694] apply only to a person who begins employment as an administrator of a medical products provider or medical products wholesaler on or after October 15, 2010."

Regards,

Olivia Mora
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440
o.mora@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Renee Cody <Renee.Cody@Biowave.com>
Sent: Wednesday, November 3, 2021 8:43 AM
To: Olivia Mora <o.mora@pharmacy.nv.gov>
Subject: RE: Biowave Corp - Information Needed

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Olivia,

Please find my resume attached.

Thank you,
 Renee

From: Olivia Mora <o.mora@pharmacy.nv.gov>
Sent: Wednesday, November 3, 2021 11:34 AM
To: Renee Cody <Renee.Cody@Biowave.com>
Subject: Biowave Corp - Information Needed

Hello Renee,

We have your MDEG Administrator Application. Can you please provide a Resume as well to be attached with the MDEG Application. If you can please provide this ASAP.

Regards,

Olivia Mora
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440
o.mora@pharmacy.nv.gov



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CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

RENEE CODY

Mill Plain Rd. Fairfield, CT

Versatile professional trained in Marketing, Operations and Finance. Team player who thrives in dynamic, challenging and fast paced environments.

SKILLS

- Team Management
- Project Leadership & Implementation
- KPI Tracking
- Business Process Improvement

EXPERIENCE

SEPT 2019-CURRENT

DIRECTOR OF REIMBURSEMENT, BLOWAVE CORP

APRIL 2018 – SEPT 2019

DIRECTOR OF MARKETING & SALES SUPPORT, SPARK ENERGY

Strive to exceed sales goals each month

- Manage Sales & Marketing Team (5) FTE's & growing
- Build sales strategy for products & channels
- Collaborate with legal & regulatory to ensure adherence by all sales partners
- Support all onboarding efforts for new partners; training, marketing collateral, contract mgmt. etc.
- Continuously build processes & automate/streamline for efficiency
- Maintain partner relationships by providing day to day support as needed
- Report on performance & key metrics per channel
- Manage overall budget for marketing channels

MARCH 2014 – APRIL 2018

AVP CUSTOMER ENGAGEMENT, VERDE ENERGY

Reported directly to CMO/Co-Founder & CEO

Managed Internal Customer Support & Marketing Operations

- Managed in-house Customer Support Level 2 team (6 partially remote FTEs); Established policies around escalations & standard operating procedures. Tracked and reported on day-to-day activity.
- Oversaw post-acquisition integration of Customer Service team; Implemented ticketing system, call center migration, and process improvement.
- Managed in-house Marketing team (2 FTEs); digital efforts including social media campaign, customer retention & win-backs, email campaigns, and increase overall customer engagement.

Managed all Verde marketing vendors & partners including:

- Oversaw outsourced in-bound call center (20 FTEs) handling high seasonal call volume & ticketing system escalation process
- Worked with outsourced outbound telemarketing company, up to 120 seats making over 750,000/mo. Built scripts and tracked conversion metrics
- Worked with door-to-door sales vendor; Built new processes for new representative onboarding, training, sales script, and leave-behind collateral; Tracked performance by representative

- Worked with outsourced direct mail vendor to mail over 250,000 pieces quarterly
- Spearheaded various Projects, those of note;
 - Co-led the build of a ground-up mobile application for customer referral efforts
 - Supported microsite & webpage updates and redesign
 - Led all new marketing campaigns & tests

SEPTEMBER 2013-MARCH 2014

INVESTMENT OPERATIONS SPECIALIST, UBS A&Q HEDGE FUND SOLUTIONS

- Reviewed and verified investment terms including liquidity terms, fees, voting rights, subscription/redemption instructions, investor gates, and special terms via side letter agreements.
- Monitored Corporate Actions & Proxy voting; notify Legal/Compliance/Investment Team.
- Coordinated with sub-fund representative to determine necessary liquidity information and documentation.
- Helped create trade tickets & allocations per Investment Committee

DECEMBER 2011-SEPTEMBER 2013

ANALYST, CAM INTERNATIONAL

- Researched pricing for collectibles (metals, rare coins, gold & silver) for business development and prospective client presentations.
- Participated in trade shows and auctions; identified interested buyers & sellers
- Created investment presentations and maintained fund performance for client review

NOVEMBER 2010-MAY 2011

DERIVATIVES ACCOUNTING ANALYST, OCH ZIFF CAPITAL MGMT.

- Settled monthly/quarterly resets, tied out P&L, financing and dividends.
- Reconciled and analyzed positions for CFD and TRS swaps daily.
- Settled swap (equity, CDS, IRS, FRS, CFD) unwinds for counterparties, confirmed trade details: Realized PL, financing, price, and quantity via wire.

AUGUST 2006-MAY 2010

TEAM LEAD ANALYST, AQR CAPITAL MGMT.

- Managed a team of 12 ensuring efficiency, finalized NAV's within deadlines & troubleshoot issues.
- Accountable for cash and position reconciliation for several products: derivatives, futures, forward contracts, bonds, swaps and credit products.
- Direct contact with clients, participated in client conference calls to provide support for inquiries/issues.
- Reconciled cash and positions; Including dividends, margin wires, & tax.
- Interacted and worked alongside traders on trade/position checks and performance/pricing inquiries.
- Organized Ops intern program

JUNE 2005-AUGUST 2006

ANALYST, GLOBEOP FINANCIAL SERVICES

- Confirmed & reconciled trades with counterparts as well as cash and positions
- Settled all trades real time using BONY workstation
- Reviewed MBS trades via FICC website
- Prepared free & redemption/subscription wires

EDUCATION

MAY 2005

BACHELOR OF SCIENCE, UNIVERSITY OF HARTFORD

Business Administration-Economics & Finance
 University of Hartford, Barney School of Business
 Studied Abroad: Bond University

West Hartford, CT
 Queensland Australia



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/26/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Boccarossa Insurance LLC 1828 Post Road Fairfield CT 06824	CONTACT NAME: Stephen Boccarossa	
	PHONE (A/C, No, Ext): 203-256-8029	FAX (A/C, No): 203-256-8301
INSURED Blowave Corporation 3 Brook Street Norwalk CT 06851	E-MAIL ADDRESS: sb@boccarossa.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Travelers Property Casualty	
	INSURER B: Charter Oak Fire Insurance Co	
	INSURER C: Travelers Property Casualty	
	INSURER D: Travelers Property Casualty	
INSURER E: Medfirst		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY	☒	ZLP-81N7370	04/01/2021	04/01/2022	EACH OCCURRENCE \$5,000,000
	CLAIMS-MADE ☒ OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000				
		MED EXP (Any one person) \$10,000				
		PERSONAL & ADV INJURY \$1,000,000				
	GENL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$5,000,000
	POLICY ☐ PROJECT ☐ LOC ☐					PRODUCTS - COMP/OP AGG \$Exc (see below)
	OTHER:					\$
B	AUTOMOBILE LIABILITY	☐	BA-3P639056	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	ANY AUTO					BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY ☐	SCHEDULED AUTOS ☐				BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY ☒	NON-OWNED AUTOS ONLY ☒				PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB ☒	☒	CUP-3P643900	04/01/2021	04/01/2022	EACH OCCURRENCE \$5,000,000
	EXCESS LIAB ☐	CLAIMS-MADE ☐				AGGREGATE \$5,000,000
	DED ☐	RETENTION \$10,000				\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	☐	ZLP-81N7370	04/01/2021	04/01/2022	PER STATUTE ☐ OTHER ☐
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
E	Professional Liability	☐	ZLP-81N7370	04/01/2021	04/01/2022	\$3,000,000/\$3,000,000
	Products	☐	ZPP-21P39887	04/01/2021	04/01/2022	\$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Nevada State Board of Pharmacy 3985 Damonte Ranch Parkway, Suite 206 Reno, NV 89521	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Susan Joseph

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**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION**

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions can be emailed to the Drug Control Division at dcp.drugwholesalers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. All renewal notifications and certificates will only be emailed to your last reported email on record. You can update your email, mailing address or print a duplicate certificate by logging into your account with your User ID and Password at www.elicense.ct.gov. Visit our website at www.ct.gov/dcp.

Mailing address:

Email on file to be used for receiving all notices from this office:

**BIOWAVE CORP
3 BROOK ST
NORWALK, CT 06851-4705**

will.seeley@biowave.com

STATE OF CONNECTICUT ♦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

BIOWAVE CORP

**3 BROOK ST
NORWALK, CT 06851-4705**

has satisfied the qualifications required by law and is hereby issued a

WHOLESALE OF DRUGS, COSMETICS & MEDICAL DEVICES

Controlled Substances: No Rx Legend Drugs: No Non Rx Legend Drugs: No Medical Devices: Yes
Cosmetics: No Medical Gases and Oxygen: No Durable Medical Equipment (DME): Yes

Registration #: CSW.0004894

Effective Date: 05/27/2021

Expiration Date: 06/30/2022

verify online at www.elicense.ct.gov



Michelle Seagull, Commissioner

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOWAVE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIOWAVE CORPORATION" WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2755928 8300

SR# 20212351919

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203363862

Date: 06-04-21

Rob Adler, Chairman - 12%

█ Owenoke Park, Westport, CT 06880

start date: January 2016 SS# █, DOB: █

Rob Wolter, CEO - 3%

start date: January 2016 SS# █ DOB: █

█ Cobb Drive, Westport, CT 06880

Brad Siff, Founder & President - 9%

start date: January 2000 SS# █ DOB: █

█ Cranbury Rd, Norwalk, CT 06851

Northstar Pain Management LLC 61%

FEIN: 81-0802400

146 Viera Dr. Palme Beach Gardens, FL 33418

Phone: 917-656-5749

CT Innovations LLC – 4%

FEIN: 06-1423798 –

865 Brook St. Rocky Hill, Hartford CT 06067

Phone: 860-563-5851

P14 Medical, Ltd – 11%

UTR: 78345 13562, VAT: 274 9277 59

65 bath Rd. Stroud, United Kingdom GL53LA

Phone: +44-845-257-1014

16

16A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Y

Where is the facility located? ☐ Nevada ☒ Out-of-State	
Type of Application (check applicable box) ☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	Wholesaler Business Type (check applicable box) ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☐ Yes ☒ No	

Section 1: General Information	
Facility Name: <u>Atrium Medical Corporation</u>	
Physical Address: <u>40 Continental Boulevard</u> City: <u>Merrimack</u> State: <u>NH</u> Zip: <u>03054</u>	
Mailing Address (if different from physical address): <u>c/o State License Servicing, 1751 State Route 17A, Suite 3</u>	
City: <u>Florida</u> State: <u>NY</u> Zip: <u>10921</u>	
Telephone: <u>(603) 880-1433</u> Website: <u>www.maquet.com/us</u>	
Name of Designated Representative (DR): <u>Brian A Schaeffer</u>	
Licensing Company Email: <u>ATR@slny.com</u> DR Email: <u>brian.schaeffer@getinge.com</u>	
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☒ Others: <u>Distributors and Distribution sites with organization</u>	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ Others:

Section 2: History of Company	Yes	No
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)?		✓
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?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
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?		✓
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)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Steris Isomedix (contract sterilizer)
 Address: 435 Whitney St City: Northborough State: MA Zip: 01532
 Name: Sterilization Services of Virginia (contract sterilizer)
 Address: 5674 Eastport Blvd. City: Henrico State: VA Zip: 23231
 Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name: _____
 Address: _____ City: _____ State: _____ Zip: _____

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____
 Parent Company (if any): _____
 Corporation Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____
 Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation

State of Incorporation: DE
 Parent Company (if any): Datascope Corp.
 Corporation Name: Atrium Medical Corporation
 Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite A
 City: Florida State: NY Zip: 10921
 Telephone: (845) 544-2482 Email: ATR@slny.com
 Contact Person Name: Jennifer Schneider

N/A

Section 6: Partnership

Partnership Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____
 Business Name: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration		Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:			☒
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		FDA Reg #: 3011175548	☒
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chad M. Carlton

Print Name of Authorized Person Submitting Application

Chad Carlton

Original signature of Authorized Person (copies or stamps not accepted)

09 Aug 2021

Date

Board Use Only	Date Received: _____	Amount: <u>Payment was submitted</u>
----------------	----------------------	--------------------------------------

8/3/2020 Check # 1983 ✓
 processed 10/10/21

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATRIUM MEDICAL CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2007520 8300

SR# 20211273634

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A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203211197

Date: 05-14-21



State of New Hampshire Board of Pharmacy

**Prescription Drug/Device Manufacturer/Wholesaler/Distributor Permit
NH License 5935**

This is to certify

ATRIUM MEDICAL CORPORATION

40 CONTINENTAL BLVD
MERRIMACK NH 03054

*Is licensed and authorized to do business in the State of New Hampshire under
RSA 318, RSA 318-B and Ph 1000*

Issue Date: February 18, 2015 Expiration Date: June 30, 2022

Important Notice:

Per NH State Laws and Rules the Board must be notified within 30 days of any changes. See the Board's website at: <https://www.oplc.nh.gov/pharmacy/report-changes.htm>

Prescription Drug/Device Manufacturer/Wholesaler/Distributor Permits expire annually on June 30th regardless of the date of initial licensure. There is no statutory provision for extended or pro-rated licenses, your initial license will be for less than a full year.

Please note the expiration date of your license. A renewal notice will be emailed to the contact person 60-days prior to the expiration date of the license. It is the responsibility of all licenses to renew prior to the expiration of their license.

You cannot ship with an expired permit.



NEW HAMPSHIRE Online Licensing

nh.gov
Licensing
Home

Person Information

DBA: ATRIUM MEDICAL CORPORATION
Name:

Address

Line 1: 40 CONTINENTAL BLVD
Line 2:
City: Merrimack
County: Hillsborough
Zip: 03054
State: NH

License Information

Profession: Pharmacy
License No: 5935
License Type: MAN/DIST/WHOLE/BROKER
License Status: Active
Issue Date: 2/18/2015
Expiration Date: 6/30/2022

No Related Documents

Board Disciplinary Documents (If Licensee Disciplined)

Primary Source Verification Notice: The licensing information on this page is maintained by the New Hampshire Board of Pharmacy - the issuer of the above license. This information is directly from the Board's licensing database and accurately reflects the data currently maintained by the Board.



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Establishment Registration & Device Listing

[FDA Home](#) [Medical Devices](#) [Databases](#)[New Search](#)[Back To Search Results](#)**Establishment:**

Atrium Medical Corporation

40 Continental Blvd

Merrimack, NH 03054

Registration Number: 3011175548

FEI Number*: 3011175548

Status: Active

Initial Distributor/Importer: Yes

*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.

Date Of Registration Status: 2020

Owner/Operator:

ATRIUM MEDICAL CORPORATION

40 Continental Blvd.

Merrimack, NH 03054

Owner/Operator Number: 1219977**Official Correspondent:**

Dennis Genito

45 Barbour Pond Drive

Wayne, NJ 07470

Phone: 973-7097515

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 01/20/2020

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.

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FDA
Registration 1887Verified
M.H. 10/10/24

Atrium Medical Corporation



Drug Labeler Code: N/A
Incorporation State: DE
Incorporation Date: 04/26/1983

Corporate Address: 40 Continental Blvd., Merrimack, NH 03054 USA
FEIN: 02-0357322
www.maquet.com/us

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
MRK	40 Continental Boulevard Merrimack, NH 03054 County: Hillsborough	3011175548		No	(603) 880-1433	(603) 880-6718	

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Brian A Schaeffer	40 Fairhaven Road Nashua, NH 03060-5093	Designated Representative	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Datascope Corp.	1300 MacArthur Blvd. Mahwah, NJ 07430		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Chad M. Carlton	Penny Lane Merrimack, NH 03054	Managing Director/President	No
Gary Paul Sufat	11 N Shore Road Hampton, NH 03842	CFO	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
Incorp Services, Inc.
CT Corporation System
Joshua Corrigan

3PLS

Name	Address	Title	Prescribing Authority
XPO Logistics Supply Chain, Inc.	2349 Route 130, Suite A South Brunswick, NJ 08810		

Company Particulars 1888



Atrium Medical Corporation

Corporate Address: 40 Continental Blvd., Merrimack, NH 03054 USA
FEIN: 02-0357322
www.maquet.com/us

Drug Labeler Code: N/A
Incorporation State: DE
Incorporation Date: 04/26/1983

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
MRK	40 Continental Boulevard Merrimack, NH 03054 County: Hillsborough	3011175548		No	No	(603) 880-1433	(603) 880-6718

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Brian A Schaeffer	██████████ Fairhaven Road Nashua, NH 03060-5093	Designated Representative	No	██████████		██████████

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Datascope Corp.	1300 MacArthur Blvd. Mahwah, NJ 07430	N/A	100	N/A	13-2529596	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Chad M. Carlton	██████████ Penny Lane Merrimack, NH 03054	Managing Director/President	No	██████████		██████████
Gary Paul Sufat	██████████ N Shore Road Hampton, NH 03842	CFO	No	██████████		██████████

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	Address	SSN	DOB	Driver's License
Incorp Services, Inc.				
CT Corporation System				
Joshua Corrigan				

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
XPO Logistics Supply Chain, Inc.	2349 Route 130, Suite A South Brunswick, NJ 08810					

Company Partial 1889

Last Name	First Name	Job Title
Adams	Natalie	Engineering Technician
Adams	Jacqueline	Principal Change Analyst
Agudelo	Miguel	Manufacturing Associate III
Agudelo	Nancy	Manufacturing Associate II
Aikens	Gloria	Manufacturing Group Leader
Al Asaad	Nour	Clinical Trial Manager
Aldrich	Bruce	Assoc. Engineer, Production
Allen	Linda	Manufacturing Associate II
Anderson	Kevin	Director, Facilities Equipment & Safety
Anding	Julian	Sr. Manager, Product Sustaining Engineering
Anju	Shree	Manufacturing Group Leader
Anthony	Alexander	Engineering Supervisor, Product Sustaining
Anzalone	Anthony	Manufacturing Trainer
Arango Posada	Aura	Receptionist
Arias	Bienvenido	Manufacturing Associate II
Arnold	Melody	Principal Change Analyst
Avella	Mark	Principal Engineer, Production
Bailey	Kari	Sr. Engineer, Design Quality
Bailey	Richard	Engineer I, Supplier Quality
Baker	David	Principal Engineer, R&D
Baker	Jeremy	Sr. Manager, PLM System & Document Control
Ballou	Jeff	Manager, IT Operations
Baranow	Aidan	Engineer, R&D
Barlow	Chelsey	Manufacturing Associate I
Battle	Yeny	Manufacturing Associate II
Baum	Cory	Engineering Technician, PQE
Bayne	Marcelina	Manufacturing Group Leader
Bemis	Kimberly	Manager, Quality Control
Benjamin	Thierry	Principal Engineer, Process Development R&D
Bergh	Christian	Assoc. Engineer, Product Sustaining
Bernstein	Susan	Buyer I
Best	Darlene	Regulatory Affairs Specialist II
Bhagat	Suvmaben	Manufacturing Associate III
Bhagat	Kokila	Sr. Change Analyst
Bhagat	Takshaykuma	Manufacturing Associate III
Bienkiewicz	Joseph	Sr. Director, Research, New Product Development & Engineering
Binette	Amanda	Regulatory Affairs Specialist II
Biron	Tamara	Supervisor, Equipment Services
Blasi	Ryan	Engineering Program Manager
Bo	Soeun	Manufacturing Associate II
Boire	Katherine	Sr. Administrative Assistant R&D
Bone	Jennifer	Sr. Director, Operations
Bonilla Patino	Michael	Manufacturing Group Leader

Bonnette	Matthew	Associate Engineer, Product Sustaining
Borg-Nolasco	Juana	QC Group Leader
Borja Montanez	Jessica	Change Analyst
Borja Montanez	Carol	Supervisor, Manufacturing - Vascular Grafts
Boule	Kim	Sr. Cost Accountant
Bourgeois	Joshua	QC Inspector II
Briggs	Samantha	QC Group Leader
Britko	Courtney	Assoc. Engineer, Process
Brochu	Katie	Engineer, R&D
Brochu	Jason	Sr. Strategic Sourcing Specialist
Bromander	Edward	Sr. Engineering Technician
Brooks	Stacy	Manager, Engineering Program Management
Brown	Jared	Associate Analytical Chemist
Bueno	Nicholas	Engineer, R&D Testing
Bulger	Elizabeth	Clinical Affairs Director
Bums	Patricia	Sr. Director, Product Management - Vascular Surgery
Cabinta	Alex	Manufacturing Group Leader
Campbell	David	Manufacturing Group Leader
Capps	Roberta	Complaints Coordinator
Carlton	Chad	Vice President Vascular Systems
Caro Lara	Alondra	Manufacturing Associate III
Caron	Tammy	Manufacturing Associate I
Carter	Bryant	Manufacturing Associate I
Cassidy	Madelyn	Manufacturing Associate III
Castrillon	Valentina	Manufacturing Associate III
Caulfield	Cheryl	Manufacturing Associate II
Charette	Maryanne	Manufacturing Associate III
Chasse	Renee	Supervisor, Manufacturing
Choroszy	Jocelyn	Manager, Production Quality Engineering
Chouinard	Beth	Equipment Designer/Drafter
Ciaramella	Mark	QC Inspector I
Clark	Deborah	Manufacturing Inventory Coordinator
Coakley	Laurence	Manufacturing Associate III
Coggins	Hannah	Regulatory Affairs Specialist II
Collado	Soranye	Manufacturing Associate III
Combs	Amanda	Sr. Product Manager
Connaughton	Stephen	Principal Engineer, R&D
Coolidge	Emily	QC Inspector I
Copeland	Albert	Sr. Equipment Maintenance Technician
Corash	Peter	Sr. Product Manager
Cornier	Alicia	Manufacturing Associate III
Costa	Wilker	QC Inspector I
Crosby	Jessica	Director, Compliance
Currie	Kevin	Stager II

Curie	Jennifer	Manufacturing Associate III
Czarnionka	Jessica	Manufacturing Associate II
Dagher	Ibrahim	Sr. Engineer, Production
Dahlstrom	Paul	Engineering Program Manager
Dale	Tristan	Sr. Engineer, Product Sustaining
Danio	Claudia	Associate Program Manager
Dao	Kinh-Luan	Sr. Principal Engineer, R&D
Das	Kamol	Sr. Biocompatibility Scientist
Dayon	David	Sr. Manager, Manufacturing Engineering Projects & Process Development
De Jesus	Jashira	Manufacturing Associate III
DeNault	LindaMarie	Purchasing Coordinator
DeSautels	Kayla	Labeling Coordinator
Deibele	Steven	Engineer I, Design Quality
Deprince	Melissa	Lead Clinical Scientist
Desir	Will	Manager, Supplier Quality Engineering
Desouza	Dulcine	QC Inspector I
Dickerson	Pearl	Engineer, Production
Digilomo	Michelle	Buyer I
Disla	Shannon	Sr. Engineer, Production Quality
Do Canto	Helena	QC Inspector II
Dolan	Catherine	Engineer, QA
Dorsey	Jacob	Stager I
Doucet	Stephan	Group Leader, Facilities
Dube	Kellie	Controlled Environment & Sterilization Technician
Dube	Karin	Admin Assistant, Operations
Dumont	Denise	QC Group Leader
Dunn	Rashawn	Manufacturing Associate I
Dupont	Michael	Sr. Director, Business Development
Dupras	Meagan	Manufacturing Associate III
Dustin	Brian	Engineer, Production Quality
Duvall	Robyn	Manufacturing Associate III
Eller	Ethan	Manufacturing Maintenance Technician
Espinal	Carlos	Manufacturing Associate II
Farland	Daniel	Truck Driver
Farrell	Roseanne	Manufacturing Associate III
Faucher	Terri	Manager, QA Engineering
Faucher	Charlene	QC Group Leader
Faulkner	Kenneth	Engineer I, R&D
Finley	Patrick	Engineering Technician, Extrusion
Fisher	Nathan	Engineer, R&D Testing
Fisher	Scott	Sr. Systems/Network Administrator
Flahive	Aaron	Equipment Maintenance Technician
Fleming	Susan	Manufacturing Trainer
Fletcher	Andrea	Strategic Sourcing Specialist

Flores Zepeda	Yanira	Manufacturing Associate II
Flowers	Nathan	Associate Production Engineer
Folarin	Olalekan	Manufacturing Associate III
Fontaine	Gary	Sr. Equipment Maintenance Tech...
Forbes	Jeffrey	Group Leader, Facilities
Fortier	Andrew	Manager, Sustaining Engineering - CTS
Foster	Mark	Director, Materials Management
Foster	Stephen	Engineer, Product Sustaining
Franco	Edwin	Assoc. Engineer, Supplier Quality
Fredette	Bonnie	Supervisor, Purchasing
French	Katherine	Global Marketing & Product Manager
Fu	Quan	Principal Engineer, Process Development R&D
Gagne	Dee-Ann	Business Process Analyst
Gallant	Kyler	Sr. Engineer, Product Sustaining
Garcia	Ivonne	Manufacturing Associate II
Garcia-Juarez	Gricelda	Manufacturing Associate III
Gardiner	Christopher	Financial Planning & Analysis Manager, ACT
Gardner	Ryan	Engineer I, Controlled Environment
Gasper	John	Stager II
Gass Jr	William	Engineer, EHS/Plant Operations
Geldmacher	Mitchel	Engineer I, Supplier Quality
Gelinas	Tiffany	Labeling Graphic Design Specialist
Gendron	Gerard	Group Leader, Facilities
Giggi	Troy	Engineering Technician, Process
Gil Basora	Elian	Manufacturing Associate III
Gillot	Jazmin	QC Inspector I
Gimas	Michaela	Assoc. Engineer, Production
Girard	Degny	Manufacturing Associate II
Goncalves	Marcia	Engineer, R&D
Gonzalez	Elisa	Engineering Technician, R&D
Gonzalez	Jorge	Manager, Logistics & Distribution
Goodrich	Stephen	Principal Materials Scientist
Goodrich	Todd	Analytical Chemistry Laboratory Coordinator
Goodwin	Justin	Sr. Engineer, Production
Gosselin	Lori	Manager, Complaints
Guerin	Marie	Engineer, Product Sustaining
Guerrero	Rosario	Manufacturing Associate III
HUPALO	JACEK	VP, Manufacturing - ACT Supply Chain
Halvorson	Jason	Manager, Financial Planning & Analysis
Hamelin	Susan	Sr. Engineering Technician, R&D
Hamilton	Zachary	Manufacturing Associate III
Hamilton	Bruce	Manager, Manufacturing - Vascular Grafts
Hamilton Jr.	Bruce	Engineering Technician, Extrusion
Harris	Kathryn	Engineer II, CAPA

Hart	Eva	QC Inspector II
Heim	David	Principal Engineer, Design
Henderson	Jamie	Principal Engineer, Design
Henenberg	Peter	Manufacturing Associate III
Heng	Sivutha	Manufacturing Associate I
Henry	Mellisa	Sr. Marketing Communications Manager
Herasme	Maria	Manufacturing Associate III
Hernandez	Elizabeth	Manufacturing Associate II
Hildum	Ryan	Engineering Program Manager
Hill	Daniel	Sr. Product Manager
Hill	James	Sr. Director, Quality & Compliance
Hilton	Joshua	Manager, Manufacturing - Endovascular
Hojaboom	Allen	Assoc Engineer, Production
Horan	Jennifer	Sr. Financial Analyst
Horton	Anthony	Director of Manufacturing Engineering
Hosey	Bonnie	Engineer, QA & Corporate Audit
Hovious	Kevin	Stager II
Hughes	Kimberly	Manager, QC Analytical Chemistry
Ibarra	Juliana Casta	Manufacturing Associate I
Jalees	Saqib	Engineer, R&D
Janapin	Enrique Laba	Manufacturing Associate III
Jancar	Ticciani	Engineer, Plant Operations
Joyal	Crystal	Manufacturing Trainer
Kachuck	Kelsey	Analytical Development Chemist
Karadzic	Emina	QC Specialist I
Kaur	Sunpreet	Manufacturing Associate I
Keizman	Sheri	Buyer I
Kelchner	Donald	International Shipper
Kenney	Terry	Sr. Engineer, Control Systems
Kilduff	Michael	Manufacturing Associate II
Kingdara	Tommy	Associate Engineer, Product Sustaining
Kiritu	Miriam	Manufacturing Group Leader
Knoepfler	Rebecca	Manufacturing Associate I
Koitzsch	Milyn	Manufacturing Associate III
Korman	Kathy	Business Systems Analyst, CRM
Krawczyk	Joanne	Sr. Manager, New Product Development
LaTulippe	Rusat	Associate Engineer, Product Sustaining
Labrecque	Roger	Manager, R&D Engineering
Lafleur	Michael	Manufacturing Associate I
Lafrenaye	Eddie	Engineer, R&D Testing
Lagasse	Bryan	Receiving Clerk I
Lambert	Alex	Engineer, Product Sustaining
Lambert	Ronald	Sr. Equipment Maintenance Tech...
Lambert	Daniel	Sr. Engineer, Process

Langis	Sarah	Engineer, Process
Laplante	Jonathan	Stager I
Larochelle	Marc	Sr. Designer/CAD Administrator
Lavelle	Sean	Technical Documentation Clerk
Leao	Silvana	Manufacturing Associate II
Lecour	Kyle	Engineer, Process
Lemos	Luisa	QC Inspector I
Lemos-Pinzon	Lylia	Manufacturing Associate III
Lena	Frank	Melt Extrusion Specialist
Leo Vargas	Armando	Manufacturing Associate III
Lewis	Melissa	Engineer, QA
Lim	Brandon	Associate Engineer, Product Sustaining
Limone	John	Stager II
Lines	Marcus	QC Inspector II
Liu	Wei	Principal Scientist
Lobsien	Matthew	Supervisor, Manufacturing - Beta Bags
Lockwood	James	Financial Analyst
Lombardo	Brandon	Assoc. Engineer, Production Quality
Loughman	Janice	Manager, Production Planning & Inventory
Luna	Victor	Manufacturing Associate III
Luna Garcia de Zu	Betsy	Manufacturing Associate III
Luna de Lopez	Yilda	Manufacturing Group Leader
MacIntyre	Ryan	Engineer I, Production
Maddox	Elizabeth	Engineering Program Manager
Malla	Sameep	Engineer, Product Sustaining
Man	Savang	Manufacturing Associate III
Manfrate	Robert	Truck Driver
Manzano Munoz	Paula	Manufacturing Group Leader
Mareiro	Wayne	Manager, R&D Test Engineering
Mariano	Robert	Manufacturing Associate II
Martin	Brian	Sr. Engineer, R&D
Martone	Stephen	Engineer II, Production
Mateo	Ricardo	Stager II
Mattera	Kimberly	Calibration Technician
Mayer	Jessica	Sr. Analytical Chemist
McDonald	Karen	Engineering Manager, Product Sustaining - Endovascular
McDoniel	Brandon	Sr. Engineer, Product Sustaining
McDonnell	Thomas	VP, Global IT Operations
McGrath	Grace	Assoc. Engineer, Design Quality
McLaughlin	Lynda	Sr. Complaints Analyst
McMurray	Ryan	Supervisor, Logistics
McNamara	Philip	Sr. Engineer, Production
McSorley	Paula	Sr. Engineer, QMS Software Quality
Mendoza	Cecilia	Manufacturing Associate III

Mercier	Jacob	Principal Engineer, Production
Mercier	Brian	Sr. Manager, BI & Oracle
Messer	Lorena	Manufacturing Associate II
Metcalfe	Daniel	Manager, Calibration
Michaud	Tyler	Stager I
Mikita	Ilme	Manufacturing Associate II
Miller	Greyson	Calibration Technician I
Miller	Craig	Manager, Sustaining Engineering - Endovascular
Montanez Angeles	Esther	QC Specialist I
Montminy	Carissa	Manager, International Customer Service
Montoya	Luis	Manufacturing Associate III
Morris	Jessica	Sr. Engineer, Design Quality
Moulton	James	Manufacturing Associate II
Muehleisen	Timothy	Sr. Engineer, Production
Mulvey	Robin	Principal Regulatory Affairs Specialist
Munoz	Luder	Set Up Technician
Munoz	Amparo	Manufacturing Associate III
Murphy	Rachel	International Customer Service Representative
Murray	Chastity	Engineer, Production Quality
Mutombo	Mbombo	Manufacturing Associate III
Navarrete	Giovanny	Returned Goods Authorization Clerk
Navarro	Freddy	Manufacturing Group Leader
Nguyen	Linh	Manufacturing Associate III
Nguyen	Trung	Engineer, Production Quality
Nguyen	Nam	Engineer I, Production
Noel	Christina	Manufacturing Associate I
Nolin	Kristen	Sr. Clinical Trial Manager
Nordengren	Helena	Import-Export Logistics Administrator
O'Gorman	Robert	Equipment Maintenance Technician
Ocampo	Luz	Manufacturing Associate II
Ochoa	Yesenia	QC Inspector I
Ochoa	Rosa	Manufacturing Associate III
Ogle	Thomas	Group Leader, Facilities
Oldeman	Scott	Manager, Product Sustaining Engineering - Drainage
Ortiz Olmo	Christian	Manufacturing Associate II
Osman	Hassan	Sr. Director, Product and Transfer Validations
Osorio	Olga	Manufacturing Associate I
Osorio	Luisa	Manufacturing Associate II
Ospina	Jose	Stager II
Ospina	Cristian	Manufacturing Associate III
Ouellet	Paul	QC Analytical Chemist
Palmer	Jessica	Engineering Technician, Product Sustaining
Panchal	Vandana	Manufacturing Associate III
Patel	Nilam	Manufacturing Associate I

Patel	Priyal	Manufacturing Associate III
Patel	Asmita	Manufacturing Associate III
Patel	Mittal	Manufacturing Associate III
Patel	Rinkalbahen	Manufacturing Associate III
Pathuri	Sumanth Reddy	Assoc. Engineer, Production
Patino Sema	Maria	Manufacturing Associate II
Patrikis	Sandra	QC Inspector I
Paulino	Brian	Assoc. Engineer, Supplier Quality
Pavlosky	John	Manufacturing Associate II
Payne	Laurie	Manufacturing Associate II
Payne	Kathleen	Coordinator BRAM
Pearson	Louise	Manufacturing Associate II
Pellot	Mildred	Manufacturing Associate III
Perez	Michelle	Manufacturing Associate III
Perez	Ricardo	Manufacturing Associate III
Perez	Luis	QC Inspector II
Perez	Ines	Manufacturing Associate I
Perez Estrella	Federico	Manufacturing Associate II
Perrault	Cristin	Regulatory Affairs Coordinator
Pete	Colleen	Engineering Program Manager
Pham	Duc	Engineer I, Process
Pierce	Valerie	Sr. Product Manager
Pierett	Mindy	Sustainability & Environmental Specialist, ACT
Pike	Joshua	Manager, Sterilization
Pise	Sohan	Engineer I, Production
Plumley	Nichole	Supervisor, Manufacturing - Drains
Poirier	Eileen	Sr. Engineer, QA
Polanco	Ana	Manufacturing Associate III
Porcelli	David	Manager, Facilities & Maintenance Operations
Pouliot	Mary	Manufacturing Associate III
Pratt	Raymond	Supervisor, Manufacturing
Quaye	Francess	Manufacturing Associate I
Quinn	John	Manager, Product Sustaining Engineering - Vascular Grafts
Rabeah	Samed	Maintenance Mechanic
Ramirez	Jose	Manufacturing Associate III
Ramirez	Sergio	Stager II
Ramos	Rey	Manufacturing Associate II
Raschick-Goodwin	Zane	Manufacturing Associate III
Rascoe	Melissa	Project Specialist & Executive Assistant to VP Vascular Systems
Readel	Ana	Manufacturing Associate III
Reap	Tony	Equipment Maintenance Technician
Regis	Nichole	Business Systems Analyst
Reyna	Michael	Manager, Sustaining Engineering - Implantable Products
Rheaume	Renee	Manager, General Accounting

Rice	Jonathan	Sr. Engineer, Equipment Project
Rich	David	Engineer I, Production
Richards	Jeffery	Sr. Engineering Technician, R&D
Roa-Ballesteros	Rosaura	Manufacturing Associate III
Roberts	Timothy	QC Inspector I
Robes	Dana	Engineer, Product Sustaining
Robichaud	Alyssa	Engineer I, Process
Robidoux	Susan	Sr. Manager, Human Resources
Rocha	Ana	Manufacturing Associate III
Rodier	Ashley	Engineering Technician, Product Sustaining
Rodriguez	Kevin	Manufacturing Associate III
Rodriguez Cabrera	Jennifer	Manufacturing Associate II
Rollins	April	Engineer, Calibration
Romero	Edgar	QC Inspector I
Rosales	Solomon	Manufacturing Associate III
Rosas	Rosa	Manufacturing Associate II
Roth	Kirk	Director, Real Estate & Facilities - Americas
Roy	Nicholas	Reporting Analyst
Royce	Jonathan	Sr. Engineer, Design Quality
Rueda Villanueva	Jose	Manufacturing Associate III
Ruetz	Joseph	Sr. Developer
Ruggles	William	Engineer I, Supplier Quality
Rumbaugh	Brenda	Manufacturing Associate I
Ryan	Peta	Sr. Analytical Development Chemist
Salazar Zarate	Rubi	Manufacturing Associate II
Salisbury	Benjamin	Sr. Engineer, Research Design
Salmon	Melissa	Research and Innovation Program Manager
Samperi	Christopher	Manager, Controlled Environments & Sterilization
Samson	Brenda	Manufacturing Associate II
Sanabia	Elena	Manufacturing Associate III
Sanchez	Julian	Manufacturing Associate III
Sanchez Lemos	Yesika	Manufacturing Associate I
Santos Lantigua	Maria	Manufacturing Associate III
Santos Rodriguez	Gelson	Warehouse Group Leader
Santos Toribio	Yohan	Warehouse Group Leader
Sanuco	Florante	Manufacturing Associate III
Scanlon	Kellie	Engineer I, Design Quality
Schaeffer	Brian	Director, Quality Engineering
Scheffer	David	Manufacturing Associate III
Schollenberger	Alyssa	Supervisor, Analytical Chemistry
Schroll	Richard	Sr. Equipment Maintenance Tech
Seng	Brandon	Engineering Technician, R&D
Seng	Sothea	Sr. Engineering Technician, R&D
Seninde	Jonathan	Assoc. Supervisor, Manufacturing

Sergeev	Sergei	Manufacturing Associate I
Sergeeva	Viktoria	Manufacturing Associate II
Silveira	Solange L	Supervisor, Quality Control Specialists
Sirote	Gelyn	Manufacturing Associate I
Skinner	Rosa	Manufacturing Associate III
Sliwinski	Ian	Assoc. Engineer, Production
Smith	Frank	Production Planner
Smith	Jason	Supervisor, Warehouse
Smith	Kyle	Manufacturing Associate III
Soeur-Mau	Valarie	QC Inspector I
Sorinmade	Paul	Sr. Equipment Maintenance Tech...
Sousa	Helder	Director, Regulatory Affairs
Sperry	Maria Grace	Manufacturing Associate I
Spinney	Kristopher	Manufacturing Associate II
Sposato	Bryan	Supply Planning Analyst
St. Hilaire	Ginger	Supervisor, Labeling
St. Onge	Patrick	Manufacturing Associate III
Stanley	Gregory	Business Systems Analyst, BI
Subba	Bhim	Manufacturing Associate II
Sufat	Gary	ACT Chief Controller & VS CFO
Swanick	Thomas	Sr. Engineer, Process
Talcott	Timothy	Sr. Director, Quality Improvement Programs/Communications
Taylor	Jeff	Manufacturing Associate I
Telesha	Kristin	Manufacturing Associate II
Tennis	Jonathan	Engineer, Product Development
Thach	Hary	Manufacturing Associate III
Thibeault	Natasha	Manufacturing Associate II
Thibodeau	Daniel	Manager, Manufacturing - Drains
Thomas	Tyler	Assoc. Engineer, Product Sustaining
Thompson	Cristine	Complaints Coordinator
Titus	Lindsey	Manager, Design Quality Engineering
Tokozy	Ronald	Sr. Complaints Compliance Liaison, US Sites
Toribio Hurtado	Ana	Manufacturing Associate III
Torres	Adelaide	Manufacturing Associate III
Tourville	Paul	Truck Driver
Towler	Sean	Engineer I, Production
Tupinamba	Eliezer	Manufacturing Associate II
Tupinamba	Eula	Manufacturing Associate II
Urena	Anilu	Manufacturing Associate III
Uribe	Anel	Manufacturing Group Leader
Vachon	Paul	Sr. Engineer II, QA
Vaillancourt	Dorene L	Complaints Analyst I
Valdes Ramirez	Sandra	Manufacturing Associate II
Valdez	Jonathan	Manufacturing Associate II

Varanoske	Wayne	Production Planner
Vasquez Zapata	Laura	Manufacturing Trainer
Veazie	Jason	Stager II
Vela Alejandro	Crystal	Manufacturing Inventory Coordinator
Veprauskas	Justin	R&D Program Manager
Vesela	Jindriska	Sr. Clinical Trial Manager
Viau	Amanda	Manufacturing Associate III
Vittorio	Ann Marie	Sr. Research Scientist
Voorhis	Cynthia	Production Planner
Wainwright	Amanda	Engineer, QA
Wallis	Kathleen	Internal Audit Manager
Wasser	Clifford	Manufacturing Associate I
Watts	Michael	Product Manager, Thoracic Drainage
Weigold	Ethan	Associate Calibration Engineer
Wells	Brett	Director, Manufacturing
Whissel	Stephen	Sr. Equipment Maintenance Technician
Wiegand	Gail	Quality Management Systems Project Manager
Williams	Vinodh	Supervisor, QC Receiving & Inspection
Witkin	Alex	Engineer II, Process
Wozniak	Brian	Engineering Program Manager
Wright	Jaclyn	Sr. Complaints Analyst
Wright	Sean	Manager, Training and Organizational Development
Yeh	Kendra	Manufacturing Associate II
Yin	Yisong	Engineer, Production Quality
Zapata	Rafael	Manufacturing Associate III
Zapata Arango	Maria	Manufacturing Associate III
Zapata-Tejada	Jose	Manufacturing Associate III
Zelonis	Nicole	International Customer Service Representative
Ziegenhagen	Melinda	Executive Assistant
Zwicker	Deborah	Manufacturing Associate II
Zwicker	Kirstin	Manufacturing Associate III
Zybert	Christopher	QC Inspector I

Bond

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K15754187

Application/License No. _____

Atrium Medical Corporation, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
40 Continental Boulevard, Merrimack, NH 03054, as
Address of Applicant/Principal
 PRINCIPAL, and Federal Insurance Company, a
Surety Company
 corporation organized under the laws of the state of New Jersey
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
Federal Insurance Company of 202B Hall's Mill Road, Whitehouse Station, NJ 08889 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 TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00), 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 March 2nd, 2021.
Effective Date

WHEREAS, the provisions of Nevada Revised Statute (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 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 NAC 639.5937 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 and NAC 639.5937. 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
2nd day of March, 2021.

APPLICANT/PRINCIPAL

SURETY

COMPANY
Atrium Medical Corporation

Federal Insurance Company

Gary P. Infat
Authorized Representative

Kelly M. Shea
Surety Company's Representative

Kelly M. Shea, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

[Signature]
Witness

SIGNED and SEALED in the presence of:

Jessica M. [Signature]
Witness

Melissa Rascol
Witness

[Signature]
Witness

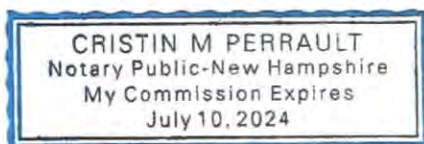


CORPORATION ACKNOWLEDGMENT

STATE OF New Hampshire
 COUNTY OF Hillsborough

On this 2nd day of March in the year 2021,
 before me personally came Gary Sufat to me known, who, being by
 me duly sworn, did depose and say he resides in Hampton, NH; that he is
 the Chief Financial Officer of Atrium Medical Corporation the corporation described
 in and which executed the foregoing instrument; that the seal affixed to the said instrument is
 such corporate seal; and that it was so affixed by order of the Board of Directors of the said
 corporation, and that he signed his name thereto by like order.

Cristin M Perrault
 Notary Public



SURETY ACKNOWLEDGMENT

STATE OF NEW YORK
 COUNTY OF MONROE

On this 2nd day of March in the year 2021, before me personally came
Kelly M. Shea to me known, who, being by me duly sworn, did depose and say that he resides in
Rochester, New York; that he is the Attorney-In-Fact of Federal Insurance Company the
 corporation described in and which executed the foregoing instrument; that the seal affixed to the
 said instrument is such corporate seal; and that it was so affixed by order of the Board of
 Directors of the said corporation, and that he signed his name thereto by like order.

Christine F. Peartree
 Notary Public

CHRISTINE F PEARTREE
 NOTARY PUBLIC-STATE OF NEW YORK
 No. 01PE6411435
 Qualified in Monroe County
 My Commission Expires 11-23-2024

Combined

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint **Jessica M. Greene, Christopher K. Shea and Kelly M. Shea** of Rochester, New York -----

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this 2nd day of March, 2020.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President



STATE OF NEW JERSEY

County of Hunterdon

ss.

On this 2nd day of March, 2020 before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY**, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal



KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316685
Commission Expires July 18, 2024

Katherine J. Adelaar
Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY** on August 30, 2016; **WESTCHESTER FIRE INSURANCE COMPANY** on December 11, 2006; and **ACE AMERICAN INSURANCE COMPANY** on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** (the "Companies") do hereby certify that

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
- (ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 2nd day of March, 2021



Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT CSAE:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@csaehub.com

FEDERAL INSURANCE COMPANY
STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

JUNE 30, 2019

(In thousands)

ASSETS		LIABILITIES AND SURPLUS TO POLICYHOLDERS	
Cash and Short Term Investments	\$ (476,792)	Outstanding Losses and Loss Expenses	\$ 6,750,802
United States Government, State and Municipal Bonds	4,811,955	Reinsurance Payable on Losses and Expenses	1,232,039
Other Bonds	5,021,431	Unearned Premiums	1,958,866
Stocks	32,020	Ceded Reinsurance Premiums Payable	377,358
Other Invested Assets	930,899	Other Liabilities	868,035
TOTAL INVESTMENTS	10,319,513	TOTAL LIABILITIES	11,186,900
Investments in Affiliates:		Capital Stock	20,880
Great Northern Ins. Co.	389,764	Paid-In Surplus	2,711,473
Vigilant Ins. Co.	337,205	Unassigned Funds	1,399,031
Chubb Indemnity Ins. Co.	177,261	SURPLUS TO POLICYHOLDERS	4,131,484
Chubb National Ins. Co.	178,674		
Chubb European Inv. Holdings, SLP	126,252		
Other Affiliates	89,544		
Premiums Receivable	1,432,840		
Other Assets	2,267,434		
TOTAL ADMITTED ASSETS	\$ 15,318,384	TOTAL LIABILITIES AND SURPLUS	\$ 15,318,384

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At June 30, 2019, investments with a carrying value of \$609,132,062 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Federal Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 30th day of June, 2019.

Sworn before me this August 27, 2019


 Senior Vice President


 Notary Public

August 8, 2023
 My commission expires

Commonwealth of Pennsylvania - Notary Seal
 Diane Wright, Notary Public
 Philadelphia County
 My commission expires August 8, 2023
 Commission number 1235745
 Member, Pennsylvania Association of Notaries

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Name of Pharmacy/Wholesaler Atrium Medical Corporation
 Physical Address 40 Continental Boulevard
 City Merrimack State NH Zip 03054
 Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite A
 City Florida State NY Zip 10921
 Telephone (845) 544-2482 Website www.maquet.com/us
 Licensing Company Email ATR@slny.com

Section 2: Personal Information

First Brian Middle A Last Schaeffer
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address Fairhaven Road
 City Nashua State NH Zip 03060-5093
 Telephone [REDACTED] Email brian.schaeffer@getinge.com
 Are you a citizen of the United States? ☒ Yes ☐ No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Federally Mandated Requirement (NRS 425.510, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

N/A

Applicant's initials BS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

School Name University of Rhode Island		From - To (MM/YY - MM/YY) 09/04-05/10	
Address Newman Hall, 14 Upper College Road	City Kingston	State RI	Zip 02881
Diploma/Degree obtained, if any Bachelors in Biomedical Engineering			
School Name Alvirne High School		From - To (MM/YY - MM/YY) 09/99-06/03	
Address 200 Derry Rd.	City Hudson	State NH	Zip 03051
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

List all residences you have had for the last 10 years beginning with the most current. Use a separate line of space for each residence.				
From - To (MM/YY - MM/YY) 02/2018 - Present	Address Fairhaven Rd	City Nashua	State NH	Zip 03060
From - To (MM/YY - MM/YY) 04/2012 - 02/2018	Address 16 Libson Ln	City Nashua	State NH	Zip 03060
From - To (MM/YY - MM/YY) 09/10-04/12	Address 1 Oldfield Rd.	City Nashua	State NH	Zip 03060
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials BS

2. List all businesses, organizations, or agencies that you have worked for in the last 10 years. If you have worked for a business, organization, or agency that is not listed in the above, please list it here. If you have worked for a business, organization, or agency that is listed in the above, please list it in the appropriate section.				
Business Name			From - To (MM/YY - MM/YY)	
Atrium Medical Corporation			08/2011 - Present	
Business Address		City	State	Zip
40 Continental Boulevard		Merrimack	NH	03054
Phone	Title		Number of Employed Hours	
(603) 880-1433	Designated Representative		over 6000	
Description of Duties				
Oversee all groups within the Quality and Compliance Departments including all departments as well as Internal Auditing, Calibration, Document Control, Supplier Quality Engineering, and CAPA. Serves as Management Representative for Executive Management. Oversee all External Auditing and serve as facilitator for all audits.				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials BS

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Make copies of this page OR use a separate piece of paper if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. **A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. Provide all the following **where applicable:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials BS

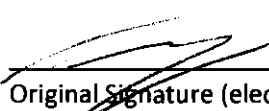
I, Brian A Schaeffer, certify that as the designated representative for
Atrium Medical Corporation

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Brian A Schaeffer

Print Name (First, Last)

 3096
 Original Signature (electronic, copies or stamps not accepted)

15 SEP 2021
 Date

Applicant's initials BS 8

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chad M. Carlton

Print Name (First, Last)

Chad Carlton

Original Signature (electronic, copies or stamps not accepted)

15 Sep 2021

Date

Please have this section completed in the presence of a Notary Public.

State of N.H., ss. County of Hillsborough

I, Chad Carlton, 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 the license, registration, permit, certificate or certification for which I am applying for.

Chad Carlton

Original Signature

15 Sep 2021

Date

Subscribed and Sworn to before me this 15 day of September

Melissa Rascoe

Notary Public Signature

MELISSA B. RASCOE, Notary Public
My Commission Expires April 17, 2024



Applicant's initials CC

Brian Schaeffer

Director of Quality Engineering

Fairhaven Rd.
Nashua, NH
03060

brian.schaeffer@Getinge.com

Work Experience

August 2011 – Present
Getinge

July 2019-Present
Director of Quality Engineering

- Oversee all groups within the Quality and Compliance Departments including all departments listed in previous roles as well as Internal Auditing, Calibration, Document Control, Supplier Quality Engineering, and CAPA.
- Serves as Management Representative for Executive Management.
- Oversee all External Auditing and serve as facilitator for all audits.
- Convenes Management Review to evaluate all business processes and quality functions within the organization.

February 2016 – 2019
Senior Quality Engineering Manager

- Manager of Design Quality Assurance Engineering group as well as Production Quality Engineering and Quality Control departments as described below.
- Managed team of 6 Design QE's for all R&D projects, as well as all Design change management, or CAPA's related to design control.
- Member of CAPA Review Board
 - Participated in plan for all CAPA's as a result of any regulatory findings from external audits
- Oversaw external audits conducted on site
 - Facilitated audit from front room, or oversaw back room for all audits
- Authored Regulatory responses to observations related to NCR, CAPA and other quality systems.
 - Performed Health Hazard Evaluation for any potential product impact
- Continued oversight of QC operation through
 - Reduced headcount to 29 to decrease testing costs while maintaining testing efficiency
 - Reorganized QC department to provide support for groups within organization, including support for development projects, and training requirements.

December 2015 - 2016
Senior Manager, Production Quality Engineering

- Manager to quality control operations department as well as Production Quality Engineering (see below for description)
- Oversaw operation of ~35 inspectors and technicians across 3 shifts in 2 locations.
- Resource allocations for incoming inspection as well as in process and finished good testing.
- Designed sampling plans for all phases of testing to be completed including process flow of testing
- Responsible for team in charge of post-sterilization and finished good lot release.
- Managed inspection area facility move for equipment and operation.

July 2014-2015**Production Quality Engineering Manager**

- Managed Team of 7 Quality Engineers across three shifts
- Responsible for all correction and corrective action resulting from production issues
- Owner of Nonconformance system which included all procedures for investigation, determination of root cause, and corrective action.
- Oversaw all correction of product held under any Nonconformance
- Significant experience with external auditors, and representing the Quality group during audits required by FDA consent Decree.
 - Audits conducted during the decree included FDA, BSI, ANVISA, Parexel
- CAPA Leader for remediation projects and improvement to NCR process
 - Designed AGILE and Oracle workflows for processing of NCR's as well as quarantine system for product

August 2011-2014**Quality Engineer**

- Participated in Cross Functional Teams in development, production, and remediation projects.
- Used industry standards and regulations to design project plans, and validation/verification work
- Project Lead for CAPA remediation activities.
 - Managed tasks for Process Validation, as well as Design Remediation
- Presented to Management on a weekly basis on activities of the CAPA team.
- Evaluated change orders, product complaints, and risk management documentation for R&D, Analytical and Production in AGILE.
- Designed strategies for Process validation including IQ/OQ/PQ, as well as design verification work.
- Processed statistics and sampling plans for in process as well as validation sampling using Minitab.

September 2010 – August 2011

DEKA Research Manchester, NH

Quality Assurance Test Engineer

- Designed and performed procedures for Human Use testing of Medical Device.
- Followed standards to design test cases for device performance verification.
- Linux programming and Windows software used to diagnose device failure or problems.
- Built electronic or mechanical test case fixtures to test specific requirements.
- Executed testing on medical device to verify conditions to be met by external standards.

Education

University of Rhode Island, May 2010

- Bachelors in Biomedical Engineering

3 October 2019

OPLC, NH Board of Pharmacy
121 South Fruit Street, Suite 401
Concord, NH 03301

Re: Notice of Violation

To Whom It May Concern,

Please find enclosed a check of \$12,000 made payable to the State of NH Treasurer to settle the administrative fine proposed to Atrium Medical Corporation on September 18, 2019.

Please reach out if you need additional information or have any questions.

Thank you,



Amanda Binette, MS, CQE
Regulatory Affairs Specialist II
amanda.binette@getinge.com
603-879-5511

Atrium Medical Corporation
40 Continental Blvd
Merrimack, NH 03054 USA

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS
BOARD OF PHARMACY

OPLC

David Grosso
Executive Director

Joseph Shoemaker
Director, Health Professions

121 South Fruit Street, Suite 401
Concord, NH 03301-2412.
Phone 603-271-2350 • Fax 603-271-2856
www.oplc.nh.gov/pharmacy

Board of Pharmacy

Michael D. Bullek, R.Ph.
Administrator / Chief of Compliance

Jason R. Richard
Licensing Supervisor

September 18th, 2019

Atrium Medical Corporation
40 Continental Blvd.
Merrimack, N.H. 03054
Attention: Kevin Anderson

CERTIFIED MAIL and FIRST CLASS MAIL

NOTICE OF VIOLATION

Dear Mr. Anderson ;

The Board has reviewed information received from an reinstatement application for Atrium Medical Corporation, 40 Continental Blvd., Merrimack, N.H. 03054 , license #5935 that Atrium Medical Corporation has shipped prescription products in New Hampshire on numerous occasions from July 1st, 2018 to July 22nd, 2019 without a valid license. New Hampshire- law (RSA 318:51-a (I)) requires all wholesaler/manufacturer/distributors shipping in New Hampshire to be licensed by the New Hampshire Board of Pharmacy. This constitutes a violation of RSA 318:51-a (I) and New Hampshire Administrative Code Ph 1001.01 (a).

Under RSA 318:29 and RSA 318:55, the Board may impose civil penalties "not to exceed \$5,000 per violation upon any person who willfully or repeatedly violates any provision of this chapter." It appears that by engaging in the conduct described above, you may have

violated RSA 318:51-a(I) and Ph 1001.01(a) by delivering prescription drugs into the state without a license from July 1st, 2018 to July 22nd, 2019.

The Board sees fit to use its discretion to propose an administrative fine of **\$24,000.00 (\$2,000.00 for each month you were not licensed)** for violation of RSA 318:51-a(I) and Ph 1001.01(a) with **\$12,000.00 suspended providing no additional violations in next two years.**

You have the following two options upon receipt of this Notice. First, you can waive the right to a hearing and pay the proposed fine. If you choose to do so, please pay \$12,000.00 within thirty (30) days of receipt of this Notice and remit payment to Treasurer, State of New Hampshire. Second, you may request a hearing on the matter. If you do so, your request for a hearing must be received within 30 days of receipt of this Notice. The Board will thereafter schedule a hearing on the matter.

If you have any questions, please don't hesitate to contact this office at (603)-271-2350.

Dated: September 18th, 2019


Michael D. Bullek, BSP, R. Ph
Administrator/Chief of Compliance
Authorized Representative of the
New Hampshire Board of Pharmacy

Date _____

Authorized representative: Atrium Medical
Corporation

_*/ Board Member recused

CHECK NO: 55769

DATE: 03-OCT-19

VENDOR NAME: STATE OF NEW HAMPSHIRE

VENDOR NO. 2815

INV. NO.	INV. DATE	DESCRIPTION	DISC AMOUNT	NET AMOUNT
10022019	02-OCT-19		0.00	12,000.00
PLEASE DETACH AND RETAIN THIS STATEMENT FOR YOUR RECORDS OF PAYMENT.			0.00	12,000.00

THIS CHECK IS VOID WITHOUT A WATERMARK - HOLD TO LIGHT TO VIEW - RUB HEAT SENSITIVE CHECKMARK TO SEE COLOR DISAPPEAR AND REAPPEAR



40 Continental Blvd
Merrimack, New Hampshire 03054

PNC Bank, N.A. 001
Jeannette PA

60-162/433

CHECK DATE	CHECK NUMBER	CHECK AMOUNT
03-OCT-19	55769	*****12,000.00

PAY: Twelve Thousand Dollars And Zero Cents*****

TO THE ORDER OF: STATE OF NEW HAMPSHIRE
TREASURER
BOARD OF PHARMACY
121 SOUTH FRUIT ST STE 401
CONCORD, NH 03301-2412
United States

AUTHORIZED SIGNATURE

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈ 55769 ⑈ ⑆043301627⑆ 1043490841⑈

UNITED STATES DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE

UNITED STATES OF AMERICA,

Plaintiff,

v.

ATRIUM MEDICAL CORP.,
MAQUET HOLDING B.V. & CO. KG,
MAQUET CARDIOVASCULAR, LLC, and
MAQUET CARDIOPULMONARY AG,

corporations,

and
HEINZ JACQUI, and
GAIL CHRISTIE,

individuals,

Defendants.

NO.

15-CV-00041-SM

CONSENT DECREE OF PERMANENT INJUNCTION

Plaintiff, the United States of America, by its undersigned attorneys, having filed a Complaint for Permanent Injunction ("Complaint") against Atrium Medical Corp. ("Atrium"), Maquet Holding B.V. & Co. KG ("Maquet"), Maquet Cardiovascular, LLC ("Maquet CV"), and Maquet Cardiopulmonary AG ("Maquet CP"), corporations ("Corporate Defendants"), and Heinz Jacqui, who assumed his position as Chief Executive Officer and Managing Director of Maquet on April 1, 2012, and Gail Christie, who assumed her position as Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer of Maquet on October 1, 2013, individuals (collectively "Defendants"), alleging the following:

(1) Defendants violate the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 331(a), by introducing and causing to be introduced, and delivering and causing to be delivered for introduction, into interstate commerce articles of device, as defined by 21 U.S.C. § 321(h), that are (a) adulterated within the meaning of 21 U.S.C. § 351(h), in that the methods used in, and the facilities and controls used for, their manufacture, packing, storage, and installation are not in conformity with the current good manufacturing practice ("CGMP") requirements for devices, *see* 21 U.S.C. § 360j(f) and 21 C.F.R. Part 820 (the Quality System ("QS") regulation); and (b) misbranded within the meaning of 21 U.S.C. § 352(t)(2), in that Defendants fail to furnish information or material respecting their devices, as set forth in 21 U.S.C. § 360i and the medical device reporting ("MDR") and correction and removals ("CR") regulations, 21 C.F.R. Parts 803 and 806;

(2) Defendants violate the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 331(k), by doing acts that result in the adulteration, within the meaning of 21 U.S.C. § 351(h), of articles of device, as defined by 21 U.S.C. § 321(h), while such devices are held for sale after the shipment of one or more of their components in interstate commerce; and

(3) Defendants violate the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 331(e), by failing to maintain and/or submit reports respecting their devices, as required by 21 U.S.C. § 360i; and

Defendants, without admitting or denying the allegations of the Complaint and disclaiming any liability in connection herewith, having appeared and having consented to entry of this Consent Decree of Permanent Injunction ("Decree") without contest and before any testimony has been taken, and the United States of America having consented to this Decree:

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED as follows:

1. This Court has jurisdiction over the subject matter of this action and has personal jurisdiction over all parties to this action under 21 U.S.C. § 332(a) and 28 U.S.C. § 1345.
2. Venue is proper in this District under 28 U.S.C. §§ 1391(b) and (c).
3. The Complaint states a cause of action against Defendants under the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. §§ 301 *et seq.*

DEFINITIONS

4. For purposes of this Decree, the following definitions shall apply:
 - A. "Specified Facilities" are the following facilities:
 - i. Atrium, 5 Wentworth Dr., Hudson, NH 03051; and
 - ii. Atrium, 29 Flagstone Dr., Hudson, NH 03051.
 - B. "Additional Facilities" are the following facilities:
 - i. Maquet CV, 45 Barbour Pond Dr., Wayne, NJ 07470;
 - ii. Maquet Medical Systems USA, 45 Barbour Pond Dr., Wayne, NJ 07470;
 - iii. Maquet CP, Kehler Str. 31, Rastatt, Germany 76437;
 - iv. Maquet CP, Neue Rottenburger Str. 37, Hechingen, Germany 72379; and
 - v. Any facility added to this Decree pursuant to paragraphs 8 and 14.
 - C. "Days" shall refer to calendar days unless otherwise stated.
 - D. A device is "medically necessary" if:
 - i. It is used to treat or prevent a disease or medical condition;

ii. There are not other readily available sources of that product or alternative products judged by FDA to be adequate substitutes; and

iii. An authorized representative of Defendants' U.S. customers or international customers, after reviewing the Notification Guide described in paragraph 4.F, signs an FDA-approved Certificate of Medical Necessity ("CMN") certifying that s/he is aware of FDA's findings and deems the device necessary.

E. A device listed below is deemed to satisfy the requirements of paragraphs 4.D.i and ii and becomes "medically necessary" for a particular U.S. customer or international customer when an authorized representative of that customer has signed a CMN, as described in paragraph 4.D.iii, for such device:

- i. ClearWay Rx;
- ii. ClearWay OTW;
- iii. Express Dry Suction Dry Seal Drains, including accessories;
- iv. Ocean Wet Suction Water Seal Drains, including accessories;
- v. Oasis Dry Suction Water Seal Drains, including accessories; and
- vi. Any other device, component and/or accessory that both FDA and

Defendants agree in writing are "medically necessary."

F. "Notification Guide" shall refer to the document developed by Defendants, and reviewed and approved by FDA, that notifies Defendants' U.S. customers and international customers of FDA's findings at each Specified Facility, so that they may make an informed decision concerning whether to use Defendants' devices or to transition to alternative products. The Notification Guide (attached hereto as Exhibit 1 and incorporated by reference herein) must contain, among other information, the CMN referenced in paragraph 4.D.iii.

G. "International Distributor" means an international first-level distributor or other customer that purchases a medically necessary device directly from Defendants.

H. "International End-User" means an international facility, hospital, and any group of clinicians or doctors that purchases a medically necessary device directly or indirectly from an International Distributor.

SPECIFIED FACILITIES

5. Except as provided in paragraphs 6 and 11, Defendants and each and all of their directors, officers, agents, representatives, employees, successors, assigns, and attorneys, and any and all persons in active concert or participation with any of them, who have received actual notice of this Decree by personal service or otherwise (collectively "Associated Person(s)"), are permanently enjoined under 21 U.S.C. § 332(a) from manufacturing, processing, packing, labeling, and distributing any device, including components parts, accessories, and in-process and finished devices, (hereinafter collectively referred to as "devices") at or from the Specified Facilities unless and until, for each Specified Facility:

A. Defendants' facilities, methods, processes, and controls used to manufacture, process, pack, label, hold, and distribute devices at or from the Specified Facility are established, operated, and administered in conformity with 21 U.S.C. §§ 351(h) and 352(t)(2) (hereinafter collectively referred to as "the Act"), and the QS, CR, and MDR regulations.

Specifically, Defendants shall take the following actions, among others:

i. Establish and maintain procedures to control Defendants' devices' designs in order to ensure that specified design requirements are met;

- ii. Ensure that all devices meet the requirements for design development and planning, design input, design output, design review, design verification, design validation, design change, design transfer, and design history file;
- iii. Conduct design evaluations of all marketed devices to ensure that current designs have been properly validated and transferred into appropriate product specifications;
- iv. Validate processes whose results cannot be fully verified by subsequent inspection and testing;
- v. Develop, conduct, control, and monitor production processes to ensure that devices conform to their specifications;
- vi. Establish and implement adequate written procedures to control devices that do not conform to specified requirements;
- vii. Establish and maintain adequate written procedures for corrective and preventive actions ("CAPAs") and for documenting those activities;
- viii. Maintain accurate and complete complaint files and establish and implement adequate written procedures for receiving, reviewing, and evaluating complaints; and
- ix. Develop and implement adequate written MDR procedures in compliance with 21 C.F.R. Part 803, including, but not limited to, adequate procedures for management review, and ensure that employees are trained on, understand, and properly implement the MDR requirements and procedures;

B. Defendants retain, at Corporate Defendants' expense, an independent person(s) (the "expert") to inspect the Specified Facilities and review their manufacturing procedures and records to determine whether the methods, facilities, and controls are operated

and currently administered in conformity with this Decree, the Act, and the QS, CR, and MDR regulations. The expert shall be qualified by education, training, and experience to conduct such inspections, and shall be without personal or financial ties (other than the retention agreement) to Defendants or their families. Defendants shall notify FDA in writing of the identity of the expert and the expert's qualifications within fifteen (15) days after retaining such expert. The expert shall:

i. Perform a comprehensive inspection of the methods, processes, and controls used to manufacture devices at each Specified Facility and determine whether each is in compliance with this Decree, the Act, and the QS, CR, and MDR regulations; in conducting this inspection, the expert shall review all deviations at each Specified Facility brought to Defendants' attention in writing by FDA since October 2009 (including, but not limited to, all Forms FDA-483 issued to Defendants since October 2009), by the expert, or by any other source. The expert is permitted to conduct separate inspections for designated categories of the Specified Facilities' devices so long as each inspection includes an evaluation of all of the methods and controls necessary for compliance with the QS regulation for that designated category of devices. If the expert decides to conduct separate inspections for designated categories of the Specified Facilities' devices, Defendants shall submit to FDA a written statement delineating the designated categories of devices. For purposes of complying with this paragraph, Defendants may not include more than a total of five (5) designated categories of devices;

ii. Within thirty (30) days after completing any inspection under paragraph 5.B.i, the expert shall submit simultaneously to FDA and Defendants a complete written report of the inspection, which shall include, but not necessarily be limited to:

a. Identifying in detail which methods, processes, controls, and FDA observations the expert reviewed and the expert's evaluation as to whether each such method, process, and control is now operated in compliance with this Decree, the Act, and the QS, CR, and MDR regulations, and, if applicable, listing any observed deviations from compliance with this Decree, the Act, and the QS, CR, and MDR regulations;

b. Identifying whether each observation listed on a Form FDA-483 issued at the Specified Facility since October 2009 has been corrected.

iii. Notwithstanding the foregoing, if, at any time before the completion of the expert's inspection(s), Defendants notify FDA in writing that all manufacturing operations have ceased at a Specified Facility or that all manufacturing operations with respect to one or more designated categories of the Specified Facilities' devices have ceased at a Specified Facility, any requirement that the expert inspect the methods, facilities, processes, equipment, and controls used to manufacture all or any such designated categories of devices at such Specified Facility shall cease. If, at any time before the completion of the expert's inspection(s), Defendants notify FDA in writing that manufacturing operations for any designated category of devices have been transferred from one Specified Facility to another Specified Facility, the expert must thereafter inspect the methods, facilities, processes, equipment, and controls used to manufacture any such designated category of devices at the transferee Specified Facility; and

C. Within thirty (30) days after receiving the expert's inspection report(s) under paragraph 5.B.ii, Defendants shall submit a written report ("work plan") to FDA detailing the specific actions Defendants have taken and/or will take at the Specified Facility to address the expert's observations and bring the Specified Facility's methods, facilities, processes, and

controls used to manufacture, process, pack, hold, and distribute devices into compliance with the requirements of this Decree, the Act, and the QS, CR, and MDR regulations. The specific actions in the work plan shall be set forth in numbered steps and, where appropriate, the numbered steps may include subordinate lettered steps. The work plan shall include a timetable to be approved by FDA, and FDA will approve or disapprove in writing the proposed work plan within thirty (30) days after receiving the proposed work plan. If the expert conducts separate inspections for designated categories of the Specified Facilities' devices, the Defendants are permitted to submit one addendum per designated category of devices, so long as the work plan and each addendum together detail the specific actions Defendants have taken and/or will take at a Specified Facility to address the expert's observations and bring the methods, facilities, processes, and controls used to manufacture, process, pack, hold, and distribute a designated category of devices into compliance with this Decree, the Act, and the QS, CR, and MDR regulations. In the event that Defendants notify FDA in writing that all manufacturing operations for a designated category of devices have ceased at a Specified Facility, any requirement in the work plan related to such Specified Facility shall cease with regard to such devices. In the event that Defendants notify FDA in writing that manufacturing operations for any designated category of devices have been transferred from one Specified Facility to another Specified Facility, any requirement in the work plan related to the transferor Specified Facility will be deemed to apply to the transferee Specified Facility; and

D. As the actions detailed in the work plan are completed at each Specified Facility, Defendants shall notify the expert in writing, who shall promptly inspect and verify whether those actions have been completed in a manner that complies with the requirements of this Decree, the Act, and the QS, CR, and MDR regulations to the expert's satisfaction and in

accordance with the work plan timetable approved by FDA. The expert is permitted to conduct separate inspections for designated categories of the Specified Facilities' devices so long as each inspection includes an evaluation of all of the methods and controls necessary for compliance with the QS regulation for the designated category of devices. If the expert determines that an action has not been completed to his or her satisfaction, the expert shall promptly notify Defendants and FDA in writing. Beginning thirty (30) days after approval of the work plan by FDA, and quarterly thereafter until submission of a certification set forth in paragraph 5.E, the expert shall submit to FDA a table that summarizes the expert's findings regarding whether the actions have been completed to the expert's satisfaction and in accordance with the numbered steps in the work plan timetable. FDA may, in its discretion and without prior notice, periodically inspect any and all Specified Facilities and undertake such additional examinations, reviews, and analyses as FDA deems appropriate to verify whether the actions reported to have been completed have, in fact, been completed adequately and on time. In the event that FDA determines that an action that has been reported to be completed is inadequate, FDA will notify Defendants in writing, and Defendants shall take appropriate action in accordance with a timetable that is subject to approval by FDA;

E. When the expert determines that all of the actions identified in the work plan approved by FDA have been completed to his or her satisfaction, the expert shall provide Defendants and FDA with a written certification that all of the actions have been completed and that, based on the inspection(s) conducted under paragraph 5 and on the satisfactory completion of the actions in the work plan identified under paragraph 5.C, Defendants' methods, facilities, processes, and controls used to manufacture, process, pack, hold, and distribute devices are in conformity with the requirements of this Decree, the Act, and the QS, CR, and MDR regulations.

The expert's certification shall include a detailed report of the results of the expert's inspection(s). The expert may provide FDA with a separate certification under this paragraph for each Specified Facility. If the expert conducts separate inspections for designated categories of the Specified Facilities' devices, the expert is permitted to submit a separate certification and certification report for each designated category of devices so long as each certification and accompanying report contains all of the information required by this provision for the designated category of devices. In the event the Defendants have notified FDA in writing that all manufacturing operations with regard to a designated category of devices have ceased at a Specified Facility, the expert need not certify as to the completion of work plan actions or as to compliance with this Decree, the Act, and the QS, CR, and MDR regulations that relate to such devices at the Specified Facility. In the event the Defendants have notified FDA in writing that manufacturing operations for any designated category of devices have been transferred from one Specified Facility to another Specified Facility, the expert must certify as to the completion of work plan actions or as to the compliance with this Decree, the Act, and the QS, CR, and MDR regulations that relate to such devices at the transferee Specified Facility;

F. In addition to paragraph 17 and FDA's authority to conduct inspections under 21 U.S.C. § 374, within sixty (60) days after FDA receives a certification described in paragraph 5.E, FDA, as it deems necessary, may inspect any or all of the applicable Specified Facilities to evaluate Defendants' compliance with this Decree, the Act, and its implementing regulations;

G. Corporate Defendants pay all costs of inspections, supervision, and review for FDA oversight with respect to paragraph 5; and

H. FDA notifies Defendants in writing that Defendants appear to be in compliance with the requirements set forth in paragraphs 5.A-G. If FDA conducts an inspection or reinspection pursuant to paragraph 5.F, and finds that the manufacturing, processing, packing, holding, and distribution of devices at and/or from a Specified Facility appear to be in conformity with this Decree, the Act, and the QS, CR, and MDR regulations, this notice will be issued within sixty (60) days after completion of the inspection. If FDA does not conduct an inspection or re-inspection pursuant to paragraph 5.F, this notice will be issued within sixty (60) days after receipt of the expert's certification under paragraph 5.E. If the expert has provided a certification and certification report limited to designated categories of the Specified Facilities' devices or a particular Specified Facility pursuant to paragraph 5.E, then FDA may issue the notification under this paragraph to authorize resumption of manufacturing processing, packing, holding, labeling and/or distribution limited to designated categories of devices or to one or more of the Specified Facilities.

6. A. Notwithstanding paragraph 5, Defendants and all Associated Persons may continue manufacturing, processing, holding, packing, labeling and distributing at or from the Specified Facilities:

i. Medically necessary devices, as defined in paragraph 4.D to customers who have received the Notification Guide described in paragraph 4.F and have submitted a signed CMN to Corporate Defendants, provided that Defendants maintain a record of all sales and distribution of medically necessary devices, including shipping documents and the following information regarding the devices distributed: the name, model number, and lot numbers for the medically necessary devices, the names of the consignees to whom they are shipped, and the

number of devices shipped. Defendants shall make the records described in this paragraph available to FDA immediately upon request. Within ninety (90) days after entry of this Decree, and quarterly thereafter, Defendants shall submit to FDA a summary of the medically necessary devices distributed, which shall include: the names of the medically necessary devices shipped, the names of the consignees to whom they were shipped, and the total number of devices shipped.

ii. Devices for use in product demonstrations, workshops, and laboratories, provided that the subject devices are labeled "For In-Office/In-Facility Demonstration Use Only - Not for Sale";

iii. Devices solely for the purpose of conducting clinical trials in accordance with 21 C.F.R. Part 812, provided that Defendants comply with all applicable laws and regulations relating to the manufacture and distribution of investigational devices;

iv. Devices, including warranty replacements, that both FDA and Defendants agree in writing are necessary to distribute and sell to fulfill contracts and agreements with foreign governments;

v. Devices to testing laboratories solely for the purpose of developing, testing, verifying, or validating design changes or modifications in accordance with 21 C.F.R. Part 820 or comparable international standards; and

vi. Devices that are necessary for the sole purpose of preparing or supporting a premarket approval application (PMA), premarket notification (510k), or supplement thereto, but such products may not be distributed without prior written authorization from FDA.

B. Corporate Defendants shall pay the United States Treasury the amount of six million dollars (\$6,000,000.00) in equitable disgorgement, to be paid within twenty-eight (28)

days after entry of this Decree (hereinafter "initial payment"). Six (6) months after the date of the initial payment, Corporate Defendants shall pay the United States Treasury an additional amount of six million dollars (\$6,000,000.00) in equitable disgorgement, unless by that date Defendants have received FDA authorization to resume, with regard to all medically necessary devices, all operations at the Specified Facilities as set forth in paragraph 5.H and/or Defendants have transferred all manufacturing, processing, packing, holding, and distribution of all medically necessary devices at and/or from the Specified Facilities to another manufacturing site owned or controlled by Corporate Defendants (hereinafter "new site(s)").

7. Within thirty (30) days after receiving the written notification in paragraph 5.H for a Specified Facility, Defendants shall select and retain at Corporate Defendants' expense an independent person(s) (the "specified facility auditor") to conduct audit inspections of the Specified Facility not less than once every six (6) months for a period of one (1) year, after which the specified facility auditor shall conduct audit inspections annually for an additional period of four (4) years. The specified facility auditor shall be qualified by education, training, and experience to conduct such inspections, and shall be without personal or financial ties (other than the retention agreement) to Defendants or their families, except that the specified facility auditor may be the same person(s) as the expert described in paragraph 5.B and/or the additional facility auditor described in paragraph 9.

A. At the conclusion of each audit inspection at each such facility, the specified facility auditor shall prepare a written audit report ("audit report") analyzing whether Defendants are in compliance with this Decree, the Act, and the QS, CR, and MDR regulations, and identifying all deviations from this Decree, the Act, and the QS, CR, and MDR regulations ("audit report observations"). As part of every audit report, except the first audit report, the

specified facility auditor shall assess the adequacy of corrective actions taken by Defendants to correct all previous audit report observations. The audit report shall be delivered contemporaneously to Defendants and FDA no later than thirty (30) days after the date an audit inspection is completed.

B. If an audit report contains any audit report observations, Defendants shall, within thirty (30) days after receipt of the audit report, correct those observations, unless FDA notifies Defendants that a shorter time period is necessary. If, after receiving an audit report, Defendants believe that correction of any audit report observations will take longer than thirty (30) days, Defendants shall, within ten (10) business days after receipt of the audit report, propose a schedule for completing corrections ("correction schedule"). The correction schedule shall be reviewed and approved by FDA in writing prior to implementation. Defendants shall complete all corrections according to the approved correction schedule. Within thirty (30) days after being notified that Defendants have taken actions to correct audit report observations, the auditor shall review the actions taken by Defendants to correct the audit report observations. Within fifteen (15) business days after completion of such a review, the specified facility auditor shall report in writing to FDA and to the Defendants whether each of the audit report observations has been corrected.

8. Not less than three months before Defendants transfer any manufacturing operations from any of the Specified Facilities to any new site that Defendants own or control, Defendants shall submit to FDA a written transfer plan. However, in the event Defendants notified FDA before the date of entry of this Decree of a planned transfer of manufacturing operations from any Specified Facility(ies) to any new site(s), Defendants shall submit to FDA a written transfer plan within thirty (30) business days from the date of entry of this Decree. Any

such new site, if not already an Additional Facility, as described in paragraph 4.B, shall thereafter be fully subject to the provisions of this Decree without further action by the parties or this Court, as though it were listed as an Additional Facility in paragraph 4.B, but only to the extent that manufacturing operations have been transferred from a Specified Facility to that new site.

ADDITIONAL FACILITIES

9. Within ninety (90) days after entry of this Decree, Defendants shall select and retain at Corporate Defendants' expense an independent person(s) (the "additional facilities auditor") to conduct audit inspections of each of the Additional Facilities not less than once every twelve (12) months for a period of four (4) years from the date of entry of this Decree, for a total of not less than four audit inspections. The auditor shall be qualified by education, training, and experience to conduct such inspections, and shall be without personal or financial ties (other than the retention agreement) to Defendants or their families, except that the auditor may be the same person(s) as the expert described in paragraph 5.B and/or the specified facilities auditor described in paragraph 7. The requirements in paragraphs 7.A and B shall apply to all audit inspections conducted under this paragraph.

ADDITIONAL INJUNCTION PROVISION

10. Upon entry of this Decree and except as provided for in paragraphs 6 and 11, Defendants and each and all Associated Persons shall, with regard to any device manufactured at any of the Specified or Additional Facilities, be permanently enjoined from directly or indirectly doing or causing to be done any act that:

A. Violates 21 U.S.C. § 331(a) by doing or causing the introduction, and delivery for introduction, into interstate commerce of any device, as defined by 21 U.S.C.

§ 321(h), that is adulterated within the meaning of 21 U.S.C. § 351(h), or misbranded within the meaning of 21 U.S.C. § 352(t)(2);

B. Violates 21 U.S.C. § 331(k) by doing or causing any act that results in the adulteration, within the meaning of 21 U.S.C. § 351(h), or misbranding, within the meaning of 21 U.S.C. § 352(t)(2), of any device, as defined by 21 U.S.C. § 321(h), while such device is held for sale after the shipment of one or more of its components in interstate commerce; and/or

C. Violates 21 U.S.C. § 331(e) by doing or causing the failure to maintain and/or submit reports respecting devices, as defined by 21 U.S.C. § 321(h), as required by 21 U.S.C. § 360i.

EXCLUSIONS

11. The prohibitions set forth in paragraphs 5 and 10 or in any order issued under paragraphs 13 or 14 shall not apply to any device manufactured, processed, packaged, labeled, held for sale, or introduced into interstate commerce solely for export from the United States, provided that the applicable requirements of 21 U.S.C. §§ 381(e) and/or 382 have been satisfied with respect to such device. Independent of their right to export other devices, Defendants may export any medically necessary device to support their International Distributors, provided that:

(A) Defendants ask their International Distributors to ask their International End-Users to execute a signed CMN;

(B) Defendants exercise their best efforts to ask their International Distributors to confirm that the person signing the CMN form has read the form and is who s/he purports to be;

(C) Defendants document these efforts and provide to FDA, on a quarterly basis for two years, a summary of these efforts; and

(D) Defendants maintain records evidencing compliance with this subparagraph for two years.

ADDITIONAL PROVISIONS

12. Defendants shall establish and document management control over quality policy, as defined in 21 C.F.R. § 820.3(u), at the Specified and Additional Facilities for all devices intended for introduction into interstate commerce, to ensure continuous compliance with this Decree, the Act, and the QS, CR, and MDR regulations. Corporate Defendants shall vest responsibility for all quality system functions, as defined in 21 C.F.R. § 820.3(v), in the Specified and Additional Facilities, in an individual who shall be authorized and responsible for all quality system functions at the Specified and Additional Facilities, including establishing, implementing, and maintaining a comprehensive written quality program, to ensure Defendants' continuous compliance with this Decree, the Act, and the QS, CR, and MDR regulations. Within ninety (90) days after entry of this Decree, Defendants shall provide to FDA an affidavit of compliance stating the fact and manner of compliance with this paragraph.

13. If, at any time after this Decree has been entered, FDA determines, on the basis of the results of an inspection, the analyses of samples, a report or data prepared or submitted by Defendants or an expert or auditor under this Decree, or any other information, that Defendants have failed to comply with any provision of this Decree, or have violated the Act, the QS, CR, or MDR regulations at any of the Specified or Additional Facilities, or that additional corrective actions are necessary to achieve compliance with this Decree, the Act, and the QS, CR, and MDR regulations at any of the Specified or Additional Facilities, FDA may, as and when it deems necessary, order Defendants in writing, specifying the noncompliance(s) giving rise to the order, to take appropriate action, including, but not limited to, the following:

- A. Cease manufacturing, processing, packing, labeling, holding, or distributing any or all devices at any Specified or Additional Facility that was involved in the failure to comply;
- B. Recall at Corporate Defendants' expense, adulterated or misbranded devices manufactured, distributed, and/or sold by Defendants from any Specified or Additional Facility, and/or that are under the custody and control of Defendants' U.S. agents, distributors, or customers;
- C. Revise, modify, expand, or continue to submit any reports or plans described in this Decree;
- D. Submit additional reports or information relating to any Specified or Additional Facility, to FDA as requested;
- E. Issue a safety alert, public health advisory, and/or press release;
- F. Take any other corrective actions relating to any Specified or Additional Facility as FDA, in its discretion, deems necessary to bring Defendants into compliance with this Decree, the Act, or the QS, CR, or MDR regulations.

These remedies shall be separate and apart from, and in addition to, any other remedy available to the United States under this Decree or the law. The cost of FDA inspections, sampling, testing, travel time, and subsistence expenses to implement these remedies shall be borne by Corporate Defendants at the rates specified in paragraph 18. However, nothing in this paragraph authorizes FDA to take any action with regard to products that are not manufactured, processed, packed, labeled or distributed in the United States.

14. If FDA inspects any facilities owned and/or operated by Corporate Defendants and/or their subsidiaries and/or affiliates, other than the Specified and Additional Facilities, and

finds violations of the Act or the QS, CR, or MDR regulations, FDA may, without further action by the parties or this Court, order that such facility or facilities shall thereafter be fully subject to the provisions of this Decree as though it or they were listed as an Additional Facility or Additional Facilities in paragraph 4.B when the Decree was entered, and FDA, with respect to such facility or facilities, may thereafter, based on subsequent violations, order Defendants to take any or all of the actions described in paragraph 13.

15. Upon receipt of any order issued by FDA pursuant to this Decree, the following procedures shall apply:

A. Unless a different time frame is specified by FDA in its order, Defendants shall, within ten (10) business days after receiving such order, notify FDA in writing that:

i. Defendants are undertaking or have undertaken corrective action, in which event Defendants shall describe the specific action(s) taken or proposed to be taken and the proposed schedule for completing the action(s); or

ii. Defendants do not agree with FDA's order, including a written explanation of the basis for their disagreement; in doing so, Defendants may propose specific alternative actions and specific time frames for achieving FDA's objectives.

B. If Defendants notify FDA that they do not agree with FDA's order, FDA will review Defendants' notification and thereafter, in writing, affirm, modify, or withdraw its order, as FDA deems appropriate. If FDA affirms or modifies its order, it will explain the basis for its decision in writing. The written notice of affirmation or modification shall constitute final agency action.

C. If FDA affirms or modifies its order, Defendants shall, upon receipt of FDA's notice of affirmation or modification, immediately implement the order (as modified, if

applicable), and, if they so choose, bring the matter before this Court on an expedited basis.

Defendants shall continue to diligently implement FDA's order, as modified if applicable, unless the Court sets aside, stays, reverses, vacates, or modifies FDA's order. Any review of FDA's order under this paragraph shall be made in accordance with the terms set forth in paragraph 27.

D. The procedures set forth in paragraphs 15A-C shall not apply to any order issued under paragraph 13 if such order states that it is based on FDA's judgment that the matter raises significant public health concerns, and FDA's judgment and basis for such decision are stated in the order. In such case, Defendants shall immediately and fully comply with the terms of that order. If they so choose, Defendants may bring the matter before this Court on an expedited basis. Defendants shall continue to diligently implement FDA's order, unless the Court sets aside, stays, reverses, vacates, or modifies FDA's order. Any review of FDA's order under this paragraph shall be made in accordance with the terms set forth in paragraph 27.

16. Any cessation of operations or other actions described in paragraph 13 shall continue until Defendants receive written notification from FDA that Defendants appear to be in compliance with this Decree, the Act, and the QS, CR, and MDR regulations, and that Defendants may, therefore, resume operations. After receiving Defendants' written request to resume operations, FDA will determine whether it needs to inspect any of Defendants' facilities to determine Defendants' compliance with this Decree, the Act, and the QS, CR, and MDR regulations. If FDA determines that an inspection is necessary, it shall conduct the inspection and determine whether Defendants appear to be in compliance with this Decree, the Act, and the QS, CR, and MDR regulations and, if so, FDA will issue to Defendants a written notification permitting resumption of operations. With regard to U.S. facilities, FDA will decide within forty-five (45) days after receipt of the request whether Defendants appear to be in compliance

and, if so, issue to Defendants a written notification permitting resumption of actions described in paragraph 13. With regard to facilities located outside of the United States, FDA will, as soon as reasonably practicable, act on the request whether Defendants appear to be in compliance and, if so, issue to Defendants a written notification permitting resumption of actions described in paragraph 13.

17. Representatives of FDA shall be permitted, without prior notice and as and when FDA deems necessary, to make inspections of any of the Specified or Additional Facilities, collect samples, and, without prior notice, take any other measures necessary to monitor and ensure continuing compliance with the terms of this Decree, the Act, and the QS, CR, and MDR regulations. During such inspections, FDA representatives shall be permitted ready access to the Specified and Additional Facilities including, but not limited to, all buildings, equipment, finished and unfinished materials and products, containers and packaging materials, and labeling; to take photographs and make video recordings; to take samples (without charge to FDA) of Defendants' finished and unfinished materials and products, containers and packaging materials, and labeling; and to examine and copy all records relating to the manufacture, processing, packing, labeling, receiving, holding, installing, and distribution of any and all devices in order to ensure continuing compliance with this Decree, the Act, and the QS, CR, and MDR regulations. FDA will provide Defendants with a receipt for any samples taken pursuant to 21 U.S.C. § 374 and with copies of any photographs and video recordings made, upon a written request by Defendants and at Corporate Defendants' expense. The inspections shall be permitted upon presentation of a copy of this Decree and appropriate credentials. The inspection authority granted by this Decree is separate from, and in addition to, the authority to conduct inspections under the Act, 21 U.S.C. § 374.

18. Corporate Defendants shall reimburse FDA for the costs of all FDA inspections, investigations, supervision, analyses, examinations, and reviews that FDA deems necessary to evaluate Defendants' compliance with any part of this Decree at the standard rates prevailing at the time the costs are incurred. As of the date of entry of this Decree, these rates are: \$88.45 per hour or fraction thereof per representative for inspection and investigative work; \$106.03 per hour or fraction thereof per representative for analytical or review work; \$0.56 per mile for travel expenses by automobile; government rate or the equivalent for travel by air or other means; and the published government per diem rate for subsistence expenses where necessary. FDA shall submit a reasonably detailed bill of costs to Corporate Defendants. In the event that the standard rates applicable to FDA supervision of court-ordered compliance are modified, these rates shall be increased or decreased without further order of the Court.

19. Within ten (10) business days after entry of this Decree, Defendants shall post a copy of this Decree in a common area at each of the Specified and Additional Facilities and shall ensure that the Decree remains posted for as long as the Decree remains in effect.

20. Within ten (10) business days after the entry of this Decree, Defendants shall provide a copy of this Decree, by electronic means, personal service, or registered mail, to each and all Associated Persons. Within thirty (30) days after entry of this Decree, Defendants shall provide to FDA an affidavit of compliance stating the fact and manner of compliance with this paragraph and identifying the names, addresses, and positions of all Associated Persons located in the U.S. who have received a copy of this Decree.

21. In addition to the requirements in paragraph 8, Defendants shall notify FDA at least ten (10) business days before any change in ownership or character of their business, such as dissolution, assignment, bankruptcy, or sale resulting in emergence of a successor corporation,

the creation or dissolution of subsidiaries, or any other change in the corporate structure of any Corporate Defendant, or the sale or assignment of any business assets, such as buildings, equipment, or inventory, that, in each case, may affect compliance with this Decree. Defendants shall provide a copy of this Decree to any proposed successor or assignee at least thirty (30) business days prior to making any assignment or transferring any interest in the company as described in this paragraph. Defendants shall furnish FDA with an affidavit of compliance with this paragraph no later than ten (10) business days prior to such assignment or change in ownership.

22. In the event that any of the Defendants becomes associated with any additional Associated Person(s) at any time after entry of this Decree, Defendants shall within ten (10) business days of the commencement of such association provide a copy of this Decree, by electronic mail, personal service, or certified mail (restricted delivery, return receipt requested), to such Associated Person(s). Every six (6) months, if during that time Defendants become associated with any such additional Associated Person(s), Defendants shall provide to FDA an affidavit stating the fact and manner of their compliance with this paragraph, identifying the names, addresses, and positions of all Associated Person(s) who received a copy of this Decree pursuant to this paragraph. Within ten (10) business days after receiving a request from FDA for any information or documentation that FDA deems necessary to evaluate Defendants' compliance with this paragraph, Defendants shall provide such information or documentation to FDA.

23. In the event Defendants replace any third-party expert or auditor required under this Decree, Defendants shall notify FDA in writing of the successor to such third-party expert or auditor and Defendants' reasons for replacing the expert or auditor within ten (10) business days

after such replacement. In satisfying the requirements of this Decree, any third-party expert or auditor may review the previous expert's or auditor's work, and refer to such work to satisfy the requirements of the Decree; however, when such work is referenced by the new expert or auditor, s/he shall identify the specific prior work referenced.

24. Unless otherwise specified, all notifications, certifications, reports, correspondence, and other communications to FDA required by the terms of this Decree shall be addressed to the Director, FDA New England District Office, One Montvale Avenue, Stoneham, MA 02180. All notifications, correspondence, and communications required to be sent to Defendants or Corporate Defendants by the terms of the Decree shall be addressed to the General Counsel's Office, Maquet/Atrium Shared Legal Group, 1300 MacArthur Boulevard, Mahwah, NJ 07430.

25. Should Defendants fail to comply with any provision of this Decree, including any time frame imposed by this Decree, at any Specified or Additional Facility, then Corporate Defendants shall pay to the United States of America: fifteen thousand dollars (\$15,000) in liquidated damages for each day such violation continues; an additional sum of fifteen thousand dollars (\$15,000) in liquidated damages per day, per violation for each violation of the Act, its implementing regulations, and/or this Decree. In addition, should Defendants distribute from any Specified or Additional Facility after entry of this Decree any device that violates this Decree, the Act, or its implementing regulations, Corporate Defendants shall, in addition to the foregoing, also pay to the United States as liquidated damages a sum equal to two times the retail value of such devices. The amount of liquidated damages imposed under this paragraph shall not exceed ten million dollars (\$10,000,000) in any one calendar year. The parties acknowledge that any payments to the government under any provision of this Decree are not a fine, penalty,

forfeiture, or payment in lieu thereof. The remedy in this paragraph shall be in addition to any other remedies available to the United States under this Decree or the law.

26. Should the United States bring and prevail in a contempt action to enforce the terms of this Decree, Corporate Defendants shall, in addition to other remedies, reimburse the United States for its attorneys' fees (including overhead), investigational and analytical expenses, expert witness fees, and court costs relating to such contempt proceedings.

27. Defendants shall abide by the decisions of FDA, and FDA's decisions shall be final. All decisions conferred upon FDA in this Decree shall be vested in FDA's discretion and, if contested, shall be reviewed by this Court under the arbitrary and capricious standard set forth in 5 U.S.C. § 706(2)(A). Review by the Court of any FDA decision rendered pursuant to this Decree shall be based exclusively on the written record before FDA at the time the decision was made. No discovery shall be taken by either party.

28. The parties may at any time petition each other in writing to modify any deadline provided herein; and, if the parties mutually agree in writing to modify a deadline, such modification may be granted without seeking leave of Court.

29. If any deadline in this Decree falls on a weekend or federal holiday, the deadline shall be continued to the next business day.

30. If, and for as long as, an individual Defendant ceases to be employed by or to act on behalf of Corporate Defendants or any of their subsidiaries, franchises, affiliates and/or "doing business as" entities (the "Corporate Defendant Entities"), then, without further order of the Court, that individual Defendant shall not be subject to the terms of this Decree but shall continue to be liable for such individual Defendant's act(s) or failure(s) to act under this Decree prior to the time such individual ceased to be employed by or to act on behalf of all of the

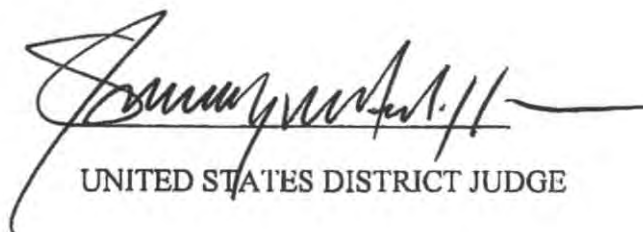
Corporate Defendant Entities. An individual Defendant shall notify FDA within thirty days after said Defendant ceases to be employed by or to act on behalf of all of the Corporate Defendant Entities. Once an individual Defendant ceases to be employed or otherwise act for all of the Corporate Defendant Entities, Corporate Defendants shall petition the Court to formally remove that individual Defendant's name from the caption of this Decree and the United States will not oppose such a motion, so long as FDA has sufficient evidence or information that the individual Defendant to be removed is no longer directly or indirectly working for or with, or in any way influencing, Corporate Defendant Entities. If Defendant Gail Christie's responsibilities are materially reduced, or the position of Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer is eliminated, Corporate Defendants shall petition the Court to substitute for her as an individual Defendant either her successor as Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer or the individual vested with responsibility for all quality system functions, as described in paragraph 12 ("Christie Substitute Defendant"). The United States will not oppose such a motion, so long as FDA has sufficient evidence or information that the Christie Substitute Defendant is vested with responsibility for all quality system functions, as described in paragraph 12. If removing an individual Defendant would result in no individual Defendant being subject to this Decree, Corporate Defendants shall designate an individual of similar position and responsibility to be substituted as an individual Defendant ("Substitute Individual Defendant"). Corporate Defendants shall petition the Court to add the Substitute Individual Defendant to the Decree and the United States will not oppose such a motion so long as FDA has sufficient evidence or information regarding the Substitute Individual Defendant's position and responsibilities. The obligations under this Decree of each individual named herein and any Substitute Defendant shall apply only to the extent of his or her

authority, responsibilities, and conduct within Maquet Holding B.V. & Co. KG and/or the Corporate Defendant Entities.

31. This Court retains jurisdiction over this action and the parties thereto for the purpose of enforcing and modifying this Decree and for the purpose of granting such additional relief as may be necessary or appropriate.

IT IS SO ORDERED.

DATED: February 3, 2015


UNITED STATES DISTRICT JUDGE

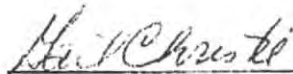
We hereby consent to the entry of the foregoing Decree:

FOR THE DEFENDANTS:



HEINZ JACQUI

Individually, and on behalf of Corporate Defendants, as Chief Executive Officer and Managing Director of Maquet Holding B.V. & Co. KG



GAIL CHRISTIE

Individually, and as Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer of Maquet Holding B.V. & Co. KG



JOHN R. FLIEDER

Hyman, Phelps & McNamara, P.C.
700 Thirteenth Street, N.W., Suite 1200
Washington, D.C. 20005

Attorney for Corporate Defendants

FOR THE PLAINTIFF:

JOYCE R. BRANDA

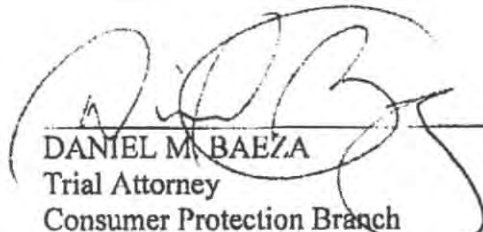
Acting Assistant Attorney General
U.S. Department of Justice
Civil Division

JONATHAN F. OLIN

Deputy Assistant Attorney General
U.S. Department of Justice
Civil Division

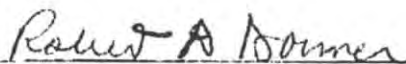
MICHAEL S. BLUME

Director
U.S. Department of Justice
Consumer Protection Branch



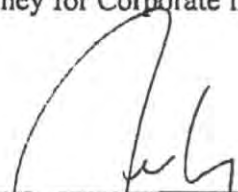
DANIEL M. BAEZA

Trial Attorney
Consumer Protection Branch
United States Department of Justice
450 Fifth Street, N.W., 6th Floor
Washington, DC 20001



ROBERT A. DORMER
Hyman, Phelps & McNamara, P.C.
700 Thirteenth Street, N.W., Suite 1200
Washington, D.C. 20005

Attorney for Corporate Defendants



JAMES G. MCCARNIEY
Law Offices of James G. McCarniey
29 Broadway, Suite 2700
New York, New York 10006

Attorney for Defendant Heinz Jacqui



RICHARD M. COOPER
Williams & Connolly LLP
725 Twelfth Street, N.W.
Washington, DC 20005

Attorney for Defendant Gail Christie

OF COUNSEL:

WILLIAM B. SCHULTZ
General Counsel

ELIZABETH H. DICKINSON
Chief Counsel, Food and Drug Division

ANNAMARIE KEMPIC
Deputy Chief Counsel for Litigation

SHANNON M. SINGLETON
Associate Chief Counsel
United States Department of
Health and Human Services
Office of the General Counsel
Food and Drug Administration
Building 32, Room 4312
10903 New Hampshire Avenue
Silver Spring, MD 20993

16B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Y

Where is the facility located? ☐ Nevada ☒ Out-of-State	
Type of Application (check applicable box)	Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☐ Yes ☐ No	

Section 1: General Information	
Facility Name: <u>Cardinal Health 110, LLC dba Cardinal Health</u>	
Physical Address: <u>851 Henrietta Creek Rd.</u>	
City: <u>Roanoke</u>	State: <u>TX</u> Zip: <u>76262</u>
Mailing Address (if different from physical address): <u>7000 Cardinal Place, QRA</u>	
City: <u>Dublin</u>	State: <u>OH</u> Zip: <u>43017</u>
Telephone: <u>614.553.3076</u>	Website: <u>www.cardinalhealth.com</u>
Name of Designated Representative (DR): <u>Richard Crossley</u>	
Licensing Company Email: <u>licensure@cardinalhealth.com</u>	DR Email: <u>Richard.Crossley@cardinalhealth.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers ☐ Others:	☒ Legend Pharmaceuticals, Supplies or Devices ☒ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ Others:

Section 2: History of Company	Yes	No
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)?		☒
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?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	☒	
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?		☒
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)?		☒
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: PFIZER INJECTABLE SI
 Address: 1855 SHELBY OAKS DR N City: MEMPHIS State: TN Zip: 38134
 Name: TEVA PHARMA CS
 Address: 1090 HORSHAM RD City: NORTH WALES State: PA Zip: 19454
 Name: AUROBINDO PHARMA USA CS
 Address: 666 PLAINSBORO RD STE 210 City: PLAINSBORO State: NJ Zip: 85363
 Name: FRESENIUS KABI LLC
 Address: 1501 E WOODFIELD RD STE 300 City: SCHAUMBURG State: IL Zip: 60173

Section 4: Publicly Traded Corporation

State of Incorporation: Ohio
 Parent Company (if any): Cardinal Health, Inc
 Corporation Name: Cardinal Health 110, LLC
 Mailing Address: 7000 Cardinal Place
 City: Dublin State: OH Zip: 43017
 Telephone: 614.553.3076 Email: licensure@cardinalhealth.com
 Contact Person Name: Cynthia Rhodes

Date of SEC Registration: _____ SEC Registration Number: 2160040 Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation

State of Incorporation: N/A
 Parent Company (if any): _____
 Corporation Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A
 Business Name: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration		Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:			☒
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			
Is your company licensed as a Manufacturer by the FDA? If yes, provide:			☒
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

[Signature]

Original signature of Authorized Person (copies or stamps not accepted)

9/14/21

Date

Board Use Only	Date Received: _____	Amount: <u>\$500 Check 1078/593</u>
----------------	----------------------	-------------------------------------

Processed 9/1/21



851 Henrietta Creek Rd.
Roanoke, Texas 76262

Officer Name	Title	Business Address	Email Address	Percentage of Ownership
Steven Blair C de Baca	EVP Quality and Regulatory Affairs	15703 Portico Drive, Wayzata, MN 55391	Steven.cdebaca@cardinalhealth.com	0%
Sean Halligan	SVP, Supply Chain Operations	7000 Cardinal Place, Dublin, OH 43017	sean.halligan@cardinalhealth.com	0%
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	Keegan.Chamberlain@cardinalhealth.com	0%
Julie Erin Webb	VP, Quality Management	7200 Cardinal Place, Dublin, OH 43017	julie.webb@cardinalhealth.com	0%
Deborah Lynn Weitzman	President, US Pharmaceutical Dist	7000 Cardinal Place, Dublin, OH 43017	debbie.weitzman@cardinalhealth.com	0%

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The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

Top 4 Owners of Cardinal Health Inc

Stockholder	Stake
The Vanguard Group, Inc.	11.88%
SSgA Funds Management, Inc.	5.95%
BlackRock Fund Advisors	5.14%
T. Rowe Price Associates, Inc. (I...	4.47%

- ★ Please contact this office immediately if any information on this license is incorrect.
- ★ This license must be displayed at the address licensed.
- ★ The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a \$100.00 delinquency fee for each location and must be remitted before the license will be issued.
- ★ A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at www.dshs.state.tx.us/fdllicense.
- ★ If you have any questions or desire additional information concerning the application process or this license, please contact the Food and Drug Licensing Group at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: <https://reglicensing.questionpro.com>. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

CARDINAL HEALTH
7000 CARDINAL PLACE ORA
DUBLIN OH 43017



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT



CARDINAL HEALTH 110 LLC DBA
CARDINAL HEALTH
851 HENRIETTA CREEK RD
ROANOKE, TX 76262

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1001925
Expires: March 29, 2022

NON-TRANSFERABLE

John V. ...
Commissioner

512704

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "**CARDINAL HEALTH 110, LLC**" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND **IS IN GOOD STANDING** AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



2160040 8300

SR# 20213479876

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204378420

Date: 10-11-21

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RW0279996	05-31-2022	\$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-21-2021

CARDINAL HEALTH
 851 HENRIETTA CREEK ROAD
 ROANOKE, TX 76262

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RW0279996	05-31-2022	\$1850

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2,2N,3, 3N,4,5	DISTRIBUTOR	04-21-2021

CARDINAL HEALTH
 851 HENRIETTA CREEK ROAD
 ROANOKE, TX 76262

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Roanoke Employee List**Name**

Mosley, Bucky

Crossley, Richard

Balven, Christopher

Thurlow, Chad

Mack, Cody

Manney, Ashley

Vera, Susan

Diaz, Claudia

Schiffman, Jairo

Razo, Sahayra

Waters, Kenneth

Burns, Courtnei

Samarco, Heather

Bryan Wack

Bradshaw, Brittnay

Chandler, Alice

Culp, Gary (PT)

Draper, Kurtis

Gerard, Zachary

Gonzalez, Patricia

Johnson, Brian

Johnson, Camille

Loos, Ron

Maimbourg, Amy

Maimbourg, Ed

Martinez, Christy

Murillo, Sandra

Parvin, Trey

Ravellette, Charles

Rivera, Jonathan

Royster, Donald

Stailey, Angela

Tong, Robert

Varela, Veronica

Yavo, Jules

Macalik, Kenneth

Ndorfor, Mike

Lehtonen, Eric

Lubwana, Adrian

Rivera, Maria

Nipper, Anthony

Pedigo, Candy

Delia Murphy

Sinks, Mike

Smith, Julie

Estrada, Gage

Munoz, Anthony

Jones, Chris

Gonzalez, Christian

Akins, Kathy

Evans, Angela

Rameriz, Vladimir

Saldana, Mark

Cardona, Maria

Thomas, Arthur

Souhala, Penny

Nunez, Johana

Brown, Jonathan

Biggs, Crystal

Gonzalez, Hazel

Colter, Emory

Díaz, Jasmine

Shenoda, Mina

Washington, Vantrice

Vongsavanh, Keovilay

Varela, Sergio

Kang, Sao Ngan "China"

Sero, Jessica

X-Gray, Ingrid

Chris Edwards

Scott Mitchell

Kelly Coleman

Heard, Alandriah

Perez, Daisy

Alcala, Ericka

Mendoza, Nanay

Alcala, Vanessa

Ezemma, Patrick

Dias, Antonio

Kimble, Jabari

Alvarez, Lisa

Bagby, Portia

Nanthathamiko, Ralpheal

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Form 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended June 30, 2020
or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____
Commission File Number: 1-11373



CardinalHealth
Essential to care

Cardinal Health, Inc.

(Exact name of registrant as specified in its charter)

Ohio

(State or other jurisdiction of
incorporation or organization)

7000 Cardinal Place , Dublin , Ohio

(Address of principal executive offices)

31-0958666

(IRS Employer
Identification No.)

43017

(Zip Code)

(614) 757-5000

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common shares (without par value)	CAH	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of voting stock held by non-affiliates on December 31, 2019, was the following: \$14,729,138,108.

The number of the registrant's common shares, without par value, outstanding as of July 31, 2020, was the following: 292,444,079.

Documents Incorporated by Reference:

Portions of the registrant's Definitive Proxy Statement to be filed for its 2020 Annual Meeting of Shareholders are incorporated by reference into the sections of this Form 10-K addressing the requirements of Part III of Form 10-K.

Cardinal Health

Fiscal 2020 Form 10-K

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Introduction

References to Cardinal Health and Fiscal Years

As used in this report, "we," "our," "us," "Cardinal Health" and similar pronouns refer to Cardinal Health, Inc. and its majority-owned subsidiaries, unless the context requires otherwise. Our fiscal year ends on June 30. References to fiscal 2021, 2020, 2019, 2018, 2017 and 2016 are to the fiscal years ended June 30, 2021, 2020, 2019, 2018, 2017 and 2016, respectively. Except as otherwise specified, information in this report is provided as of June 30, 2020.

Non-GAAP Financial Measures

In this report, including in the "Fiscal 2020 Overview" section of Management's Discussion and Analysis of Financial Condition and Results of Operations ("MD&A"), we use financial measures that are derived from consolidated financial data but are not presented in our financial statements that are prepared in accordance with U.S. generally accepted accounting principles ("GAAP"). These measures are considered "non-GAAP financial measures" under the Securities and Exchange Commission ("SEC") rules. The reasons we use these non-GAAP financial measures and the reconciliations to their most directly comparable GAAP financial measures are included in the "Explanation and Reconciliation of Non-GAAP Financial Measures" section following MD&A in this report.

Management's Discussion and Analysis of Financial Condition and Results of Operations

Our MD&A within this Form 10-K generally discusses fiscal 2020 and fiscal 2019 items and year-to-year comparisons between fiscal 2020 and fiscal 2019. Fiscal 2018 items and discussions of year-to-year comparisons between fiscal 2019 and fiscal 2018 that are not included in this Form 10-K can be found in Management's Discussion and Analysis of Financial Condition and Results of Operations in our Annual Report on Form 10-K for the fiscal year ended June 30, 2019.

Important Information Regarding Forward-Looking Statements

This report (including information incorporated by reference) includes forward-looking statements addressing expectations, prospects, estimates and other matters that are dependent upon future events or developments. Many forward-looking statements appear in MD&A and Risk Factors, but there are others throughout this report, which may be identified by words such as "expect," "anticipate," "intend," "plan," "believe," "will," "should," "could," "would," "project," "continue," "likely," and similar expressions, and include statements reflecting future results or guidance, statements of outlook and expense accruals. These matters are subject to risks and uncertainties that could cause actual results to differ materially from those projected, anticipated or implied. The most significant of these risks and uncertainties are described in "Risk Factors" in this report and in Exhibit 99.1 to the Form 10-K included in this report. Forward-looking statements in this report speak only as of the date of this document. Except to the extent required by applicable law, we undertake no obligation to update or revise any forward-looking statement.

Available Information

Our Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K, and amendments to those reports are available free of charge on our website (www.cardinalhealth.com), under the "Investor Relations — Financial Reporting — SEC Filings" caption, as soon as reasonably practicable after we electronically file them with, or furnish them to, the SEC. The SEC also maintains a website (www.sec.gov) where you can search for annual, quarterly and current reports, proxy and information statements, and other information regarding us and other public companies.

Management's Discussion and Analysis of Financial Condition and Results of Operations

About Cardinal Health

Cardinal Health, Inc. is an Ohio corporation formed in 1979 and is a globally integrated healthcare services and products company providing customized solutions for hospitals, healthcare systems, pharmacies, ambulatory surgery centers, clinical laboratories, physician offices and patients in the home. We provide pharmaceuticals and medical products and cost-effective solutions that enhance supply chain efficiency. We connect patients, providers, payers, pharmacists and manufacturers for integrated care coordination and better patient management. We manage our business and report our financial results in two segments: Pharmaceutical and Medical.

Pharmaceutical Segment

Our Pharmaceutical segment distributes branded and generic pharmaceutical, specialty pharmaceutical and over-the-counter healthcare and consumer products in the United States. This segment also provides services to pharmaceutical manufacturers and healthcare providers for specialty pharmaceutical products; operates nuclear pharmacies and radiopharmaceutical manufacturing facilities; provides pharmacy management services to hospitals, as well as medication therapy management and patient outcomes services to hospitals, other healthcare providers and payers; and repackages generic pharmaceuticals and over-the-counter healthcare products.

Medical Segment

Our Medical segment manufactures, sources and distributes Cardinal Health branded medical, surgical and laboratory products, which are sold in the United States, Canada, Europe, Asia and other markets. In addition to distributing Cardinal Health branded products, this segment also distributes a broad range of medical, surgical and laboratory products known as national brand products and provides supply chain services and solutions to hospitals, ambulatory surgery centers, clinical laboratories and other healthcare providers in the United States and Canada. This segment also distributes medical products to patients' homes in the United States through our Cardinal Health at-Home Solutions division.

Consolidated Results

Fiscal 2020 Overview

Revenue

Revenue for fiscal 2020 was \$152.9 billion, a 5 percent increase from the prior year, primarily due to sales growth from pharmaceutical distribution and specialty solutions customers.

GAAP and Non-GAAP Operating Earnings

(in millions)

	2020	2019	Change
GAAP operating earnings/(loss)	\$ (4,098)	\$ 2,060	N.M.
Surgical gown recall costs	85	—	
State opioid assessment related to prior fiscal years	3	—	
Restructuring and employee severance	122	125	
Amortization and other acquisition-related costs	524	621	
Impairments and (gain)/loss on disposal of assets	7	(488)	
Litigation (recoveries)/charges, net	5,741	36	
Non-GAAP operating earnings	\$ 2,384	\$ 2,353	1%

The sum of the components and certain computations may reflect rounding adjustments.

We had a GAAP operating loss of \$4.1 billion during fiscal 2020 primarily due to a \$5.63 billion pre-tax charge we recognized for the estimated liability associated with lawsuits and claims brought against us by states and political subdivisions relating to the distribution of prescription opioid pain medications as described in the Significant Developments in Fiscal 2020 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements." GAAP operating earnings during fiscal 2019 were favorably impacted by a \$508 million pre-tax gain from the divestiture of a majority interest in our naviHealth Holdings, LLC ("naviHealth") business.

The increase in non-GAAP operating earnings was primarily due to the beneficial impact of enterprise-wide cost-savings measures, a higher contribution from branded pharmaceutical sales mix, the favorable year-over-year impact of fiscal 2019 charges related to an exclusive distribution agreement with a Medical segment supplier and growth from specialty solutions, partially offset by the adverse impact of Pharmaceutical segment customer contract renewals and the adverse impact of the pandemic associated with the novel strain of coronavirus ("COVID-19"). See the Significant Developments in Fiscal 2020 and Trends section of this MD&A.

GAAP and Non-GAAP Diluted EPS

(\$ per share)

	2020 ^{(2) (3)}	2019 ⁽²⁾	Change
GAAP diluted EPS ⁽¹⁾	\$ (12.61)	\$ 4.53	N.M.
Surgical gown recall costs	0.22	—	
State opioid assessment related to prior fiscal years	0.01	—	
Restructuring and employee severance	0.31	0.31	
Amortization and other acquisition-related costs	1.34	1.57	
Impairments and (gain)/loss on disposal of assets	0.02	(1.25)	
Litigation (recoveries)/charges, net	17.84	0.09	
Loss on early extinguishment of debt	0.04	—	
Gain on sale of equity interest in naviHealth	(1.68)	—	
Transitional tax benefit, net	(0.01)	0.03	
Non-GAAP diluted EPS ⁽¹⁾	\$ 5.45	\$ 5.28	3%

The sum of the components and certain computations may reflect rounding adjustments.

- (1) Diluted earnings/(loss) per share attributable to Cardinal Health, Inc. ("diluted EPS" or "diluted loss per share")
- (2) The reconciling items are presented within this table net of tax. See quantification of tax effect of each reconciling item in our GAAP to Non-GAAP Reconciliations in the "Explanation and Reconciliation of Non-GAAP Financial Measures."
- (3) For fiscal 2020, GAAP diluted loss per share attributable to Cardinal Health, Inc. and the EPS impact from the GAAP to non-GAAP per share reconciling items are calculated using a weighted average of 293 million common shares, which excludes potentially dilutive securities from the denominator due to their anti-dilutive effects resulting from our GAAP net loss for the period. Fiscal 2020 non-GAAP diluted EPS is calculated using a weighted average of 295 million common shares, which includes potentially dilutive shares.

We had a \$12.61 GAAP diluted loss per share attributable to Cardinal Health, Inc. ("GAAP diluted EPS") during fiscal 2020 due to the charge we recognized for the estimated liability associated with lawsuits and claims brought against us by states and political subdivisions relating to the distribution of prescription opioid pain medications. The charge had a \$(17.54) per share after tax impact on GAAP diluted EPS. GAAP diluted EPS during fiscal 2020 was favorably impacted by a \$1.68 per share gain from the sale of the remainder of our equity interest in naviHealth described further in Significant Developments in Fiscal 2020 and Trends section in this MD&A and Note 2 of the "Notes to Consolidated Financial Statements". GAAP diluted EPS during fiscal 2019 included a \$1.26 per share gain from the divestiture of our majority interest in naviHealth.

Fiscal 2020 non-GAAP diluted EPS increased 3% to \$5.45. This increase was primarily due to the factors discussed above impacting non-GAAP operating earnings, as well as a lower share count as a result of share repurchases and lower interest expense due to less debt outstanding and lower interest rates. The year-over-year comparison was unfavorably impacted by a higher effective tax rate due to the benefit in the prior-year from discrete tax items, largely related to international legal entity changes.

Cash and Equivalents

Our cash and equivalents balance was \$2.8 billion at June 30, 2020 compared to \$2.5 billion at June 30, 2019. The increase in cash during fiscal 2020 was due to net cash provided by operating activities of \$2.0 billion and \$886 million of net cash proceeds from the sale of investments, offset by cash deployed of \$1.4 billion for debt repayments, \$569 million for dividends and \$350 million for share repurchases.

Significant Developments in Fiscal 2020 and Trends

COVID-19

The COVID-19 pandemic continues to severely impact the U.S. and global economies. Our businesses have been impacted in a variety of ways beginning in the third quarter of fiscal 2020, as discussed in the following paragraphs and under "Results of Operations." We estimate that the COVID-19 pandemic had a net negative impact to operating earnings/(loss) of approximately \$100 million in fiscal 2020.

Within our manufacturing and distribution facilities, we have implemented sustained protocols designed to protect the safety of our employees and maintain continuity of our operations, and have generally continued to operate our distribution and manufacturing facilities in the ordinary course of business. Additionally, in line with various governmental recommendations to reduce large gatherings and practice social distancing, we have enabled most office-based employees to work remotely. These measures have created additional burdens on our infrastructure and information technology systems. Furthermore, if a significant number of our employees are unable to perform their duties for a period of time, we may experience difficulties in operating one or more of our facilities which could adversely impact our financial results.

Since the third quarter of fiscal 2020, our Medical segment has seen dramatically increased demand for certain personal protective equipment ("PPE"), such as masks, gowns and gloves. We manufacture, source and distribute some PPE products and distribute PPE manufactured by others. This increased demand resulted in an increase in sales volume for certain products in fiscal 2020. The cost to manufacture and source certain PPE products has also significantly increased, which had a slight negative impact on our margin for these products in fiscal 2020 and is expected to have a larger negative impact in fiscal 2021. We continue to seek alternate and additional sources for these products and otherwise mitigate cost increases. We also are increasing certain PPE product prices to reflect some of our higher costs and are seeking to modify affected customer contracts. If these efforts are unsuccessful, our margins may be adversely impacted even more significantly. In addition, we could experience decreased sales and customer disputes.

Federal, state and local governmental policies and orders and certain private initiatives designed to reduce the transmission of COVID-19 also resulted in, among other things, the cancellation or deferral of many elective medical procedures and some of our customers closing or severely curtailing their operations. As a result, our Medical segment has experienced decreased sales volume (apart from PPE products described above), which had a negative impact on Medical segment profit in fiscal 2020 and which we currently assume will have a negative impact in fiscal 2021. The decrease in elective procedures and physician office visits has also resulted in a significant decrease in sales by our Nuclear and Precision Health Solutions division in our Pharmaceutical segment in fiscal 2020. Fluctuating or decreasing elective procedure volume may have a greater or lesser adverse impact on the sales of these products and services than we anticipate.

Our Pharmaceutical Distribution and Specialty Solutions businesses experienced a temporary increase in sales volume during the third quarter of fiscal 2020, which we believe to be related to accelerated purchasing by some customers due to the COVID-19 pandemic and which was largely offset by a decrease in sales volume in the fourth quarter of fiscal 2020. We assume fiscal 2021 Pharmaceutical segment revenue will be negatively impacted by COVID-19, and we are uncertain when sales volume will return to pre-COVID-19 levels.

Political, legal or regulatory actions taken in response to the COVID-19 pandemic in certain jurisdictions where we manufacture, source or distribute products have created supply disruptions within both our Medical and, to a lesser extent, our Pharmaceutical segments and are likely to cause additional supply disruptions or shortages in the future. We cannot currently predict the frequency, duration or scope of these governmental actions and supply disruptions. For example, several countries have increased or instituted new restrictions on the export of medical or pharmaceutical products that we distribute or use in our businesses, including key components or raw materials. Additionally, governmental authorities in many countries, including the U.S., are considering enacting legislative or regulatory changes to address the impact of the pandemic, which may restrict or require changes in our operations, increase our costs, or otherwise adversely affect our operations.

In March 2020, the U.S. enacted the Coronavirus Aid, Relief and Economic Security Act, which provided a variety of benefits for businesses as a result of the COVID-19 pandemic. During fiscal 2020, we received a cash flow benefit related to the deferral of payroll and income tax payments and a small tax benefit from the employee retention credit under this Act.

We currently anticipate that the COVID-19 pandemic will have a further negative impact on fiscal 2021 consolidated operating earnings and Medical segment profit. However, we cannot estimate the length or severity of the COVID-19 pandemic or of the related U.S. or global economic consequences on our business and operations, including whether and when historic economic and operating conditions will resume or the extent to which the disruption may impact our business, financial position, results of operations or cash flow, and its impact maybe greater or less than we anticipate.

Opioid Lawsuits

In October 2019, we agreed in principle to a global settlement framework with a leadership group of state attorneys general that is designed to resolve all pending and future opioid lawsuits and claims by states and political subdivisions, but not private plaintiffs (the "Settlement Framework"). This Settlement Framework is subject to contingencies and uncertainties as to final terms, but is the basis for our negotiation of definitive terms and documentation. The Settlement Framework includes (1) a cash component, pursuant to which we would pay up to \$5.56 billion over eighteen years, (2) development and participation in a program for free or rebated distribution of opioid abuse treatment medications for a period of ten years, and (3) to-be specified industry-wide changes to distributor controlled substance anti-diversion programs. We also agreed, with two other national distributors, to a \$215 million settlement with two plaintiff counties. Our portion of that settlement was \$66 million, which was paid in January 2020.

In connection with these matters, we recorded a total pre-tax charge of \$5.63 billion (\$5.14 billion after tax) during fiscal year 2020 in litigation (recoveries)/charges, net, in the consolidated statement of earnings/(loss) for the cash component. We accrue for contingencies when it is probable that a liability has been incurred and the amount of the loss can be reasonably estimated. Because loss contingencies are inherently unpredictable and unfavorable developments or resolutions can occur, the assessment is highly subjective and requires judgments about future events. Moreover, definitive terms for a settlement pursuant to the Settlement Framework continue to be negotiated, and there is no assurance that the necessary parties will agree to a definitive settlement agreement or that the contingencies to any agreement will be satisfied. We regularly review these opioid litigation matters to determine whether our accrual is adequate. The amount of ultimate loss may differ materially from this accrual. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

Also in connection with these matters, we recorded a tax benefit of \$488 million, which is net of unrecognized tax benefits of \$469 million, during fiscal 2020, reflecting our current assessment of the estimated future deductibility of the amount that may be paid under the \$5.63 billion accrual taken in connection with the opioid litigation. Tax benefits from uncertain tax positions are recognized when it is more likely than not that the position will be sustained upon examination of the technical merits of the position, including resolutions of any related appeals or litigation. The amount recognized is measured as the largest amount of tax benefit that is greater than 50 percent likely of being realized upon settlement. For tax benefits that do not qualify for recognition, we recognize a liability for unrecognized tax benefits. Our assumptions and estimates around this benefit and uncertain tax position require significant judgment since the definitive settlement terms and documentation, including provisions related to deductibility, under the Settlement Framework have not been negotiated and the U.S. tax law governing deductibility was changed by the U.S. Tax Cuts and Jobs Act ("Tax Act"). We have made reasonable estimates and recorded amounts based on management's judgment and our current understanding of the Tax Act. Further, it is possible that the tax authorities could challenge our interpretation of the Tax Act or the estimates and assumptions used to assess the future deductibility of these benefits. The actual amount of tax benefit related to uncertain tax positions may differ materially from these estimates. See Note 8 of the "Notes to the Consolidated Financial Statements" for additional information.

Gain on Sale of Equity Interest in naviHealth

As described further in Note 2 of the "Notes to Consolidated Financial Statements," in May 2020 we sold the remainder of our equity interest in a partnership that owned naviHealth. We recognized a pre-tax gain of \$579 million (\$493 million after tax) from this disposal in gain on sale of equity interest in naviHealth in our consolidated statements of earnings/(loss).

Other Trends

In addition to the trends and uncertainties described above under the caption Significant Developments in Fiscal 2020 and Trends, the performance of our Pharmaceutical segment generics program, which includes generic pharmaceutical customer pricing changes and Red Oak Sourcing, adversely impacted Pharmaceutical segment profit in fiscal 2019 and fiscal 2018; however, in fiscal 2020 our generics program had a slightly favorable impact on Pharmaceutical segment profit. As is generally the case, the frequency, timing, magnitude and profit impact of generic pharmaceutical customer pricing changes, customer contract renewals, and branded and generic pharmaceutical manufacturer pricing changes remain uncertain and their impact on Pharmaceutical segment profit and consolidated operating earnings in fiscal 2021 could be more or less than we expect.

Results of Operations

Revenue

Pharmaceutical Segment (in billions)



Medical Segment (in billions)



(in millions)	Revenue		
	2020	2019	Change
Pharmaceutical	\$ 137,495	\$ 129,917	6 %
Medical	15,444	15,633	(1)%
Total segment revenue	152,939	145,550	5 %
Corporate	(17)	(16)	N.M.
Total revenue	\$ 152,922	\$ 145,534	5 %

Fiscal 2020 Compared to Fiscal 2019

Pharmaceutical Segment

Fiscal 2020 Pharmaceutical segment revenue grew primarily due to sales growth from pharmaceutical distribution and specialty solutions customers, which together increased revenue by \$7.6 billion.

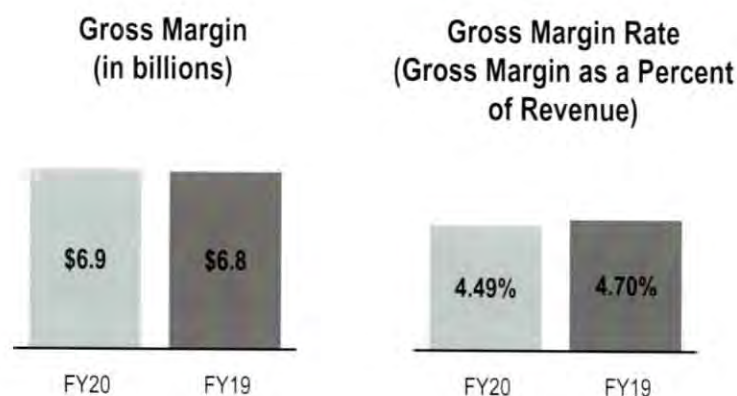
Medical Segment

Fiscal 2020 Medical segment revenue decreased due to the adverse impact of the COVID-19 pandemic, partially offset by sales growth from Cardinal Health at-Home Solutions.

Cost of Products Sold

Cost of products sold for fiscal 2020 increased \$7.4 billion (5 percent) due to the factors affecting the changes in revenue and gross margin.

Gross Margin



	Consolidated Gross Margin		
	2020	2019	Change
(in millions) Gross margin	\$ 6,868	\$ 6,834	—%

Fiscal 2020 Compared to Fiscal 2019

Fiscal 2020 consolidated gross margin is essentially flat with growth from pharmaceutical specialty solutions and higher contribution from branded pharmaceutical sales, mostly offset by the adverse impact of Pharmaceutical segment customer contract renewals. Gross margin comparison to the prior year benefitted from the fiscal 2019 charges related to an exclusive distribution agreement with a Medical segment supplier.

Gross margin rate declined during fiscal 2020 mainly due to the adverse impact of pharmaceutical customer contract renewals and changes in pharmaceutical distribution product mix.

Distribution, Selling, General and Administrative ("SG&A") Expenses

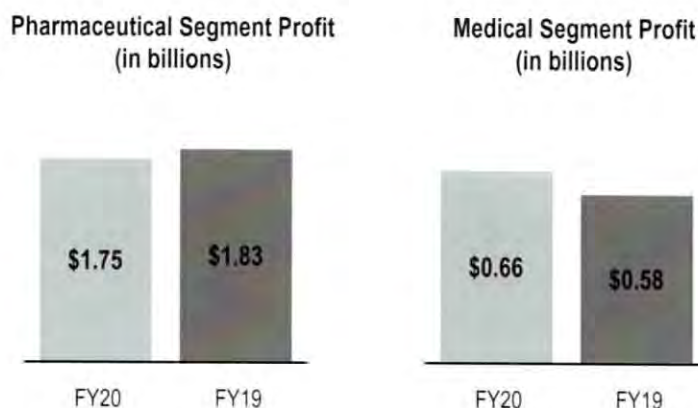
	SG&A Expenses		
	2020	2019	Change
(in millions) SG&A expenses	\$ 4,572	\$ 4,480	2%

Fiscal 2020 Compared to Fiscal 2019

Fiscal 2020 SG&A expenses increased due to higher costs to support sales growth and a \$37 million charge in connection with a voluntary recall for Association for the Advancement of Medical Instrumentation ("AAMI") Level 3 surgical gowns and a voluntary recall and field actions for surgical procedure packs containing affected gowns (together, the "Recalls"), as described further within Note 7 of the "Notes to Consolidated Financial Statements".

Segment Profit

We evaluate segment performance based on segment profit, among other measures. See Note 13 of the "Notes to Consolidated Financial Statements" for additional information on segment profit.



(in millions)	Segment Profit and Operating Earnings		
	2020	2019	Change
Pharmaceutical	\$ 1,753	\$ 1,834	(4)%
Medical	663	576	15 %
Total segment profit	2,416	2,410	— %
Corporate	(6,514)	(350)	N.M.
Total consolidated operating earnings	\$ (4,098)	\$ 2,060	N.M.

Fiscal 2020 Compared to Fiscal 2019

Pharmaceutical Segment Profit

Fiscal 2020 Pharmaceutical segment profit decreased largely due to the adverse impact of customer contract renewals, partially offset by higher contribution from our branded pharmaceutical sales mix and growth from specialty solutions.

Pharmaceutical segment financial results do not include the \$5.63 billion charge associated with the opioid litigation. See Significant Developments in Fiscal 2020 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

Medical Segment Profit

Fiscal 2020 Medical segment profit increased largely due to benefits from cost-savings measures and the favorable year-over-year impact of the fiscal 2019 charges related to an exclusive distribution agreement with a Medical segment supplier, partially offset by decreased sales resulting from the COVID-19 pandemic.

Medical segment financial results do not include the \$85 million charge incurred during fiscal 2020 in connection with the Recalls, as described further within Note 7 of the "Notes to Consolidated Financial Statements".

Corporate

The changes in Corporate during fiscal 2020 are due to the factors discussed in the Other Components of Consolidated Operating Earnings/ (Loss) section that follows.

Other Components of Consolidated Operating Earnings/(Loss)

In addition to revenue, gross margin, and SG&A expenses discussed previously, consolidated operating earnings/(loss) were impacted by the following:

(in millions)	2020	2019
Restructuring and employee severance	\$ 122	\$ 125
Amortization and other acquisition-related costs	524	621
Impairments and (gain)/loss on disposal of assets, net	7	(488)
Litigation (recoveries)/charges, net	5,741	36

Restructuring and Employee Severance

In fiscal 2020 and 2019, restructuring costs are primarily related to implementation of certain enterprise-wide cost-savings measures.

Amortization and Other Acquisition-Related Costs

Amortization of acquisition-related intangible assets was \$512 million and \$531 million for fiscal 2020 and 2019, respectively.

Transaction and integration costs associated with the acquisition of the Patient Recovery Business were \$7 million and \$75 million during fiscal 2020 and 2019, respectively.

Impairments and (Gain)/Loss on Disposal of Assets, Net

During fiscal 2019, we recognized a pre-tax gain of \$508 million related to the divestiture of our majority interest in naviHealth. See also "Gain on Sale of Equity Interest in naviHealth" below with respect to the sale of the remainder of our equity interest in naviHealth in fiscal 2020.

Litigation (Recoveries)/Charges, Net

During fiscal 2020, we recognized a pre-tax charge of \$5.63 billion (\$5.14 billion after tax) associated with the opioid litigation. See Significant Developments in Fiscal 2020 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

During fiscal 2020 and 2019, we recognized \$103 million and \$117 million, respectively, of estimated losses and legal defense costs associated with inferior vena cava ("IVC") filter product liability claims.

During fiscal 2020 and 2019, we recognized income of \$16 million and \$94 million, respectively, for recoveries in class action antitrust lawsuits in which we were a class member.

Other Components of Earnings/(Loss) Before Income Taxes

In addition to the items discussed above, earnings/(loss) before income taxes was impacted by the following:

(in millions)	2020	2019	Change
Other (income)/expense, net	\$ (1)	\$ 15	N.M.
Interest expense, net	238	294	(19)%
Loss on early extinguishment of debt	16	—	N.M.
Gain on sale of equity interest in naviHealth	(579)	—	N.M.

Interest Expense, Net

Fiscal 2020 interest expense decreased from fiscal 2019 primarily due to lower debt outstanding and lower interest rates.

Loss On Early Extinguishment Of Debt

During fiscal 2020, we recognized a \$16 million loss in connection with the redemption and early debt repurchases as described further in Note 6 of the "Notes to Consolidated Financial Statements."

Gain on Sale of Equity Interest in naviHealth

During fiscal 2020, we recognized a pre-tax gain of \$579 million from the sale of our equity interest in a partnership that owned naviHealth, as described further in the Significant Developments in Fiscal 2020 and Trends section of this MD&A and Note 2 of the "Notes to Consolidated Financial Statements." See also "Impairments and (Gain)/Loss on Disposal of Assets, Net" above with respect to the fiscal 2019 sale of our majority interest in naviHealth.

Provision for Income Taxes

Generally, fluctuations in the effective tax rate are due to changes in the distribution of income among taxing jurisdictions with differing income tax rates and other reconciling items.

A reconciliation of the provision based on the federal statutory income tax rate to our effective income tax rate from continuing operations is as follows (see Note 8 of the "Notes to Consolidated Financial Statements" for additional information):

	2020 (1)	2019 (2)
Provision at Federal statutory rate	21.0%	21.0%
State and local income taxes, net of federal benefit	2.5	0.9
Tax effect of foreign operations	—	(0.7)
Nondeductible/nontaxable items	(0.1)	2.5
Tax Act	0.1	(0.8)
Change in valuation allowances	1.5	4.5
Foreign tax credits	0.5	(1.0)
Legal entity reorganization	—	(3.6)
Opioid litigation	(23.2)	—
Other	(0.2)	(0.7)
Effective income tax rate	2.1%	22.1%

(1) The effective income tax rate for fiscal 2020 represents an income tax benefit tax rate.

(2) The effective income tax rate for fiscal 2019 represents an income tax expense tax rate.

Fiscal 2020

The fiscal 2020 effective income tax rate was impacted by the Settlement Framework, as described further in the Significant Developments in Fiscal 2020 and Trends section in this MD&A.

Ongoing Audits

We file income tax returns in the U.S. federal jurisdiction, various U.S. state jurisdictions and various foreign jurisdictions. With few exceptions, we are subject to audit by taxing authorities for fiscal years 2008 through the current fiscal year. Tax laws are complex and subject to varying interpretations. Tax authorities have challenged some of our tax positions, including U.S. Internal Revenue Service ("IRS") challenges to our international transfer pricing for the periods from 2008 to 2014, and it is possible that they will challenge others. These challenges may adversely affect our effective tax rate or tax payments.

Liquidity and Capital Resources

We currently believe that, based on available capital resources (cash on hand and committed credit facilities) and projected operating cash flow, we have adequate capital resources to fund working capital needs; currently anticipated capital expenditures; currently anticipated business growth and expansion; contractual obligations; tax payments; and current and projected debt service requirements, early extinguishment of debt, dividends and share repurchases as well as potential opioid litigation settlement payments associated with the Settlement Framework. If we decide to engage in one or more acquisitions, depending on the size and timing of such transactions, we may need to access capital markets for additional financing. To-date, the COVID-19 pandemic has not resulted in material changes to our liquidity and capital resources and has not impacted our ability to comply with financial commitments.

Cash and Equivalents

Our cash and equivalents balance was \$2.8 billion at June 30, 2020 compared to \$2.5 billion at June 30, 2019. The increase in cash during fiscal 2020 was due to net cash provided by operating activities of \$2.0 billion, which reflects increases to working capital associated with the timing of payments to vendors, and \$886 million of net cash proceeds from the sale of investments, substantially all of which was related to the sale of our equity interest in naviHealth, offset by cash deployed of \$1.4 billion for debt repayments, \$569 million for dividends and \$350 million for share repurchases. At June 30, 2020, our cash and equivalents were held in cash depository accounts with major banks or invested in high quality, short-term liquid investments.

During fiscal 2019, our cash and equivalents increased by \$700 million due to \$2.7 billion of net cash provided by operating activities and \$737 million of net cash proceeds from the sale of our majority interest in naviHealth, offset by \$1.1 billion paid for debt repayments, \$600 million paid for share repurchases, \$577 million paid in dividends and \$328 million paid for capital expenditures.

Changes in working capital, which impact operating cash flow, can vary significantly depending on factors such as the timing of customer payments, inventory purchases, payments to vendors and tax

payments in the regular course of business, as well as fluctuating working capital needs driven by customer and product mix.

The cash and equivalents balance at June 30, 2020 included \$476 million of cash and equivalents held by subsidiaries outside of the United States.

In June 2020, we returned \$140 million of cash held by foreign subsidiaries to the U.S.

As of June 30, 2020, foreign earnings of approximately \$800 million are considered indefinitely reinvested for working capital and other offshore investment needs. The computation of tax required if those earnings are repatriated is not practicable. For amounts not considered indefinitely reinvested, we have recorded an immaterial amount of income tax expense in our financial statements in fiscal 2020.

Other Financing Arrangements and Financial Instruments

Credit Facilities and Commercial Paper

In addition to cash and equivalents and operating cash flow, other sources of liquidity at June 30, 2020 include a \$2.0 billion commercial paper program, backed by a \$2.0 billion revolving credit facility. We also have a \$1.0 billion committed receivables sales facility. At June 30, 2020, we had no amounts outstanding under our commercial paper program, revolving credit facility or our committed receivables sales facility. During fiscal 2020, under our commercial paper program and our committed receivables program, we had maximum combined total daily amounts outstanding of \$1.7 billion and an average combined daily amount outstanding of \$195 million.

Our revolving credit and committed receivables sales facilities require us to maintain, as of the end of every fiscal quarter through December 2020, a consolidated net leverage ratio of no more than 4.00-to-1. The maximum permitted ratio will reduce to 3.75-to-1 in March 2021 and as of the end of every quarter thereafter. As of June 30, 2020, we were in compliance with this financial covenant.

Long-Term Obligations

At June 30, 2020, we had total long-term obligations, including the current portion and other short-term borrowings of \$6.8 billion.

In June 2020, we redeemed \$500 million aggregate principle amount of 4.625% Notes due December 2020 at a redemption price equal to 100% of the principal amount and accrued but unpaid interest, plus the make-whole premium applicable to the notes. In connection with the redemption, we recorded a \$7 million loss on early extinguishment of debt.

In November 2019, we repaid the full principal of the 2.4% Notes due 2019 at maturity for \$450 million.

During fiscal 2020, we also early repurchased \$247 million of the 2.616% Notes due 2022, \$11 million of the 3.2% Notes due 2022, \$20 million of the Floating Rate Notes due 2022, \$104 million of the 3.41% Notes due 2027, \$6 million of the 4.6% Notes due 2043, \$5 million of the 4.9% Notes due 2045, and \$35 million of the 4.368% Notes due 2047. In connection with these early debt

repurchases, we recognized a \$9 million loss on early extinguishment of debt.

In fiscal 2019, we repaid \$1.0 billion of 1.948% notes at maturity and repurchased a total of \$100 million of notes due in 2022 and 2027. The loss on early extinguishment of debt from the fiscal 2019 early repurchases was immaterial.

The redemption and repurchases were paid for with available cash and other short-term borrowings.

Risk Management

We use interest rate swaps, foreign currency contracts and commodity contracts to manage our exposure to cash flow variability.

Capital Deployment

Opioid Settlement Framework

In October 2019, we agreed in principle to a Settlement Framework which includes a cash component, pursuant to which we would pay up to \$5.56 billion over eighteen years. If a definitive agreement is reached, and subject to participation by states and political subdivisions, we expect payment amounts under the Settlement Framework to be spread through the 18-year period. We cannot currently predict when those payments might begin, and it is possible that they may ultimately be made over a different time period, or not at all. See Significant Developments in Fiscal 2020 and Trends section in this MD&A for additional information.

Capital Expenditures

Capital expenditures during fiscal 2020 and 2019 were \$375 million and \$328 million, respectively.

We expect capital expenditures in fiscal 2021 to be between \$400 million and \$450 million and to be primarily for information technology and infrastructure projects.

We also use interest rate swaps to protect the value of our debt and use foreign currency forward contracts to protect the value of our existing and forecasted foreign currency assets and liabilities. See the "Quantitative and Qualitative Disclosures About Market Risk" section as well as Note 1 and Note 10 of the "Notes to Consolidated Financial Statements" for information regarding the use of financial instruments and derivatives as well as foreign currency, interest rate and commodity exposures.

Dividends

During fiscal 2020, we paid quarterly dividends totaling \$1.92 per share, an increase of 1 percent from fiscal 2019.

On May 11, 2020, our Board of Directors approved a quarterly dividend of \$0.4859 per share, or \$1.94 per share on an annualized basis, which was paid on July 15, 2020 to shareholders of record on July 1, 2020.

On August 5, 2020, our Board of Directors approved a quarterly dividend of \$0.4859 per share, payable on October 15, 2020 to shareholders of record on October 1, 2020.

Share Repurchases

During fiscal 2020 and 2019, we repurchased \$350 million and \$600 million, respectively, of our common shares. We funded the repurchases with available cash and short-term borrowing. See Note 11 of the "Notes to Consolidated Financial Statements" for additional information. At June 30, 2020, we had \$943 million authorized for share repurchases remaining under all programs.

Contractual Obligations

At June 30, 2020, our contractual obligations, including estimated payments due by period, were as follows:

(in millions)	2021	2022 to 2023	2024 to 2025	Thereafter	Total
Long-term debt and short-term borrowings (1)	\$ —	\$ 1,967	\$ 1,222	\$ 3,552	\$ 6,741
Interest on long-term debt	226	411	336	1,671	2,644
Finance lease obligations (2)	10	18	6	2	36
Operating lease obligations (3)	117	168	95	123	503
Purchase obligations and other payments (4)	623	481	210	36	1,350
Total contractual obligations (5) (6)	\$ 976	\$ 3,045	\$ 1,869	\$ 5,384	\$ 11,274

- (1) Represents maturities of our long-term debt obligations and other short-term borrowings excluding finance lease obligations described below. See Note 6 of the "Notes to Consolidated Financial Statements" for further information.
- (2) Represents minimum finance lease obligations included within long-term obligations in our consolidated balance sheet and further described in Note 5 of the "Notes to Consolidated Financial Statements."
- (3) Represents minimum operating lease obligations included within other accrued liabilities and deferred income taxes and other liabilities in our consolidated balance sheet and further described in Note 5 of the "Notes to Consolidated Financial Statements."
- (4) A purchase obligation is defined as an agreement to purchase goods or services that is legally enforceable and specifies all significant terms, including fixed or

minimum quantities to be purchased; fixed, minimum or variable price provisions; and approximate timing of the transaction. The purchase obligation amounts disclosed above represent estimates of the minimum for which we are obligated and the time period in which cash outflows will occur. Purchase orders and authorizations to purchase that involve no firm commitment from either party are excluded from the above table. In addition, contracts that can be unilaterally canceled with no termination fee or with proper notice are excluded from our total purchase obligations except for the amount of the termination fee or the minimum amount of goods that must be purchased during the requisite notice period. Purchase obligations and other payments also includes quarterly payments of \$45.6 million that we are required to pay CVS Health Corporation ("CVS") in connection with Red Oak Sourcing and will be in place for the remaining five years of the agreement. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

- (5) Long-term liabilities, such as unrecognized tax benefits, deferred taxes and other tax liabilities, have been excluded from the above table due to the inherent uncertainty of the underlying tax positions or because of the inability to reasonably estimate the timing of any cash outflows. See Note 8 of the "Notes to Consolidated Financial Statements" for further discussion of income taxes.
- (6) Total contractual obligations do not include payments that may be made in connection with the opioid litigation, as further described in Significant Developments in Fiscal 2020 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements." If a definitive agreement is reached, and subject to participation by states and political subdivisions, we expect payment amounts under the Settlement Framework to be spread through the 18-year period. We cannot currently predict when those payments might begin, and it is possible that they may ultimately be made over a different time period, or not at all. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

Off-Balance Sheet Arrangements

We had no significant "off-balance sheet arrangements" at June 30, 2020, as that term is defined in the SEC rules.

Recent Financial Accounting Standards

See Note 1 of the "Notes to Consolidated Financial Statements" for a discussion of recent financial accounting standards.

Critical Accounting Policies and Sensitive Accounting Estimates

Critical accounting policies are those accounting policies that (i) can have a significant impact on our financial condition and results of operations and (ii) require the use of complex and subjective estimates based upon past experience and management's judgment. Other people applying reasonable judgment to the same facts and circumstances could develop different estimates. Because estimates are inherently uncertain, actual results may differ. In this section, we describe the significant policies applied in preparing our consolidated financial statements that management believes are the most dependent on estimates and assumptions. For further discussion of accounting policies for items within this section and of additional accounting policies, see Note 1 of the "Notes to Consolidated Financial Statements."

The COVID-19 pandemic has severely impacted, and continues to severely impact the U.S. and global economies and, beginning in the third quarter of fiscal 2020, our businesses have been impacted in a variety of ways. We cannot estimate the length or severity of the COVID-19 pandemic or the related U.S. and global economic consequences on our business and operations, including whether and when normal economic and operating conditions will resume or the extent to which the disruption may impact our business, financial position, results of operations or cash flow. Our estimates, judgments and assumptions related to the COVID-19 pandemic could ultimately differ over time.

Allowance for Doubtful Accounts

The allowance for doubtful accounts includes general and specific reserves. We determine our allowance for doubtful accounts by reviewing accounts receivable aging, industry trends, customer financial strength and credit standing, historical write-off trends and payment history. We regularly evaluate how changes in economic conditions, including the economic impact of the COVID-19 pandemic, may affect credit risks. See Note 1 of the "Notes to Consolidated Financial Statements" for further information on our policy for Receivables and Allowance for Doubtful Accounts.

A hypothetical 0.1 percent increase or decrease in the reserve as a percentage of trade receivables at June 30, 2020, would result in an increase or decrease in bad debt expense of \$8 million. We believe the reserve maintained and expenses recorded in fiscal 2020 are appropriate.

At this time, we are not aware of any analytical findings or customer issues that are likely to lead to a significant future increase in the allowance for doubtful accounts as a percentage of revenue. In addition, the Financial Accounting Standards Board's amended accounting guidance that requires entities to measure credit losses

on trade and other receivables using an "expected credit loss" model that considers historical experience, current conditions and reasonable supportable forecasts is effective for us in the first quarter of fiscal 2021. We have evaluated the impact of adopting this new guidance and have determined it will not have a material impact on our consolidated financial statements or disclosures. The following table presents information regarding our allowance for doubtful accounts over the past three fiscal years:

<u>(in millions, except percentages)</u>	2020	2019	2018
Allowance for doubtful accounts at beginning of period	\$ 193	\$ 139	\$ 137
Charged to costs and expenses	140	141	114
Reduction to allowance for customer deductions and write-offs	(127)	(87)	(111)
Allowance for doubtful accounts at end of period	\$ 206	\$ 193	\$ 139
Allowance as a percentage of customer receivables	2.5%	2.3%	1.8%
Allowance as a percentage of revenue	0.13%	0.13%	0.10%

The sum of the components may not equal the total due to rounding.

Inventories

A substantial portion of our inventories (56 percent at both June 30, 2020 and 2019) are valued at the lower of cost, using the last-in, first-out ("LIFO") method, or market. These are primarily merchandise inventories at the core pharmaceutical distribution facilities within our Pharmaceutical segment ("distribution facilities"). The LIFO impact on the consolidated statements of earnings/(loss) depends on pharmaceutical manufacturer price appreciation or deflation and our fiscal year-end inventory levels, which can be meaningfully influenced by customer buying behavior immediately preceding our fiscal year-end. Historically, prices for branded pharmaceuticals have generally tended to rise, resulting in an increase in cost of products sold, whereas prices for generic pharmaceuticals generally tend to decline, resulting in a decrease in cost of products sold. See Note 1 of the "Notes to Consolidated Financial Statements" for further information on our policy for Inventories.

Using LIFO, if there is a decrease in inventory levels that have experienced pharmaceutical price appreciation, the result generally will be a decrease in future cost of products sold as our older inventory is held at a lower cost. Conversely, if there is a decrease in inventory levels that have experienced a pharmaceutical price decline, the result generally will be an increase in future cost of products sold as our older inventory is held at a higher cost.

We believe that the average cost method of inventory valuation provides a reasonable approximation of the current cost of replacing inventory within these distribution facilities. As such, the LIFO reserve is the difference between (a) inventory at the lower of LIFO cost or market and (b) inventory at replacement cost determined using the average cost method of inventory valuation. At June 30, 2020 and 2019, respectively, inventories valued at LIFO cost were \$411 million and \$230 million higher than the average cost value. We do not record inventories in excess of replacement cost. As such, we did not write-up the value of our inventory from average cost to LIFO cost at June 30, 2020 or 2019.

Our remaining inventory that is not valued at the lower of LIFO cost or market is stated at the lower of cost, using the first-in, first-out method, or net realizable value. Net realizable value is defined as

the estimated selling prices in the ordinary course of business, less reasonably predictable costs of completion, disposal and transportation. Inventories presented in the consolidated balance sheets are net of reserves for excess and obsolete inventory which were \$155 million and \$171 million at June 30, 2020 and 2019, respectively. We reserve for inventory obsolescence using estimates based on historical experience, historical and projected sales trends, specific categories of inventory, age and expiration dates of on-hand inventory and manufacturer return policies.

If actual conditions are less favorable than our assumptions, additional inventory reserves may be required.

Goodwill and Other Indefinite-Lived Intangible Assets

Purchased goodwill and intangible assets with indefinite lives are tested for impairment annually or when indicators of impairment exist. Goodwill impairment testing involves a comparison of the estimated fair value of reporting units to the respective carrying amount, which may be performed utilizing either a qualitative or quantitative assessment. Qualitative factors are first assessed to determine if it is more likely than not that the fair value of a reporting unit is less than its carrying amount. There is an option to bypass the qualitative assessment for any reporting unit in any period and proceed directly to performing the quantitative goodwill impairment test. We have elected to bypass the qualitative assessment for the annual goodwill impairment test in the current year. The quantitative goodwill impairment test involves a comparison of the estimated fair value of the reporting unit to the respective carrying amount. A reporting unit is defined as an operating segment or one level below an operating segment (also known as a component).

We have two operating segments, which are the same as our reportable segments: Pharmaceutical and Medical. These operating segments are comprised of divisions (which are components), for which discrete financial information is available. Components are aggregated into reporting units for purposes of goodwill impairment testing to the extent that they share similar economic characteristics. Our reporting units are: Pharmaceutical operating segment (excluding our Nuclear and Precision Health Solutions division); Nuclear and Precision Health Solutions division; Medical operating segment (excluding our Cardinal Health at-Home Solutions division) ("Medical Unit"); and Cardinal Health at-Home Solutions division.

Goodwill impairment testing involves judgment, including the identification of reporting units, qualitative evaluation of events and circumstances to determine if it is more likely than not that an impairment exists and, if necessary, the estimation of the fair value of the applicable reporting unit.

Our determination of estimated fair value of our reporting units is based on a combination of the income-based and market-based approaches (using discount rates ranging from 8.5 percent to 10.5 percent). We use discount rates that are commensurate with the risks and uncertainty inherent in the respective reporting units and in our

internally-developed forecasts. Under the market-based guideline public company method, we determine fair value by comparing our reporting units to similar businesses or guideline companies whose securities are actively traded in public markets. We also use the market-based guideline transaction method to determine fair value based on pricing multiples derived from the sale of companies that are similar to our reporting units.

Estimating the fair value of reporting units requires the use of estimates and significant judgments that are based on a number of factors including actual operating results. The use of alternate estimates and assumptions, changes in the industry or peer groups, or changes in weightings assigned to the discounted cash flow method, guideline public company method or guideline transaction method could materially affect the determination of fair value for each reporting unit and potentially result in goodwill impairment. If a reporting unit fails to achieve expected earnings or operating cash flow, or otherwise fails to meet current financial plans, or if there were changes to any other key assumptions used in the tests, the reporting unit could incur a goodwill impairment in a future period.

We performed annual impairment testing in fiscal 2020, 2019 and 2018 and, with the exception of our Medical Unit in fiscal 2018, concluded that there were no impairments of goodwill as the estimated fair value of each reporting unit exceeded its carrying value.

For our annual impairment test in fiscal 2020, the fair value of our Medical Unit exceeded its carrying value of \$10.1 billion by approximately 7 percent. For this test, we used a discount rate of 8.5 percent and a terminal growth rate of 2 percent. Additionally, we assigned a weighting of 80 percent to the discounted cash flow method, 10 percent to the guideline public company method, and 10 percent to the guideline transaction method. The goodwill balance for our Medical Unit was \$4.2 billion at June 30, 2020.

Adverse changes in key assumptions, such as assumptions related to the COVID-19 pandemic which could cause a decrease in future cash flows; an increase in the discount rate; or a decrease in the terminal growth rate, among other things, could result in a goodwill impairment for the Medical Unit. For example, if we were to use a

discount rate of 9.5 percent, the carrying value would have exceeded the fair value for our Medical Unit by 5.0 percent for fiscal 2020. Similarly, if we were to use a terminal growth rate of 0.5 percent, the carrying value would have exceeded the fair value for our Medical Unit by less than 1.0 percent for fiscal 2020. For any of our other reporting units, the fair value would not have been less than the carrying amount for fiscal 2020 if we increased the discount rate by 1.0 percentage point or decreased the terminal growth rate by 1.0 percentage point. As discussed further in Note 1 of the "Notes to Consolidated Financial Statements," during the fourth quarter of fiscal 2018 we recognized a \$1.4 billion goodwill impairment charge related to our Medical Unit, which is included in impairments and (gain)/loss on disposal of assets in our consolidated statements of earnings/(loss). There was no tax benefit related to the goodwill impairment charge.

The impairment test for indefinite-lived intangibles other than goodwill (primarily IPR&D) involves first assessing qualitative factors to determine if it is more likely than not that the fair value of the indefinite-lived intangible asset is less than its carrying amount. If so, then a quantitative test is performed to compare the estimated fair value of the indefinite-lived intangible asset to the respective asset's carrying amount. Our qualitative evaluation requires the use of estimates and significant judgments and considers the weight of evidence and significance of all identified events and circumstances and most relevant drivers of fair value, both positive and negative, in determining whether it is more likely than not that the fair value of the indefinite-lived intangible asset is less than its carrying amount. See Note 1 of "Notes to Consolidated Financial Statements" for additional information regarding goodwill and other intangible assets.

Loss Contingencies and Self-Insurance

We accrue for contingencies related to disputes, litigation and regulatory matters if it is probable that a liability has been incurred and the amount of the loss can be reasonably estimated. Because these matters are inherently unpredictable and unfavorable developments or outcomes can occur, assessing contingencies is highly subjective and requires judgments about future events.

We also self-insure for employee healthcare, certain product liability matters, auto liability, property and workers' compensation and maintain insurance for individual losses exceeding certain limits when available.

Self-insurance accruals include an estimate for expected settlements on pending claims, defense costs, administrative fees, claims adjustment costs and an estimate for claims incurred but not reported. For certain types of exposures, we develop the estimate of expected ultimate costs to settle each claim based on specific information related to each claim if available. Other estimates are based on an assessment of outstanding claims, historical analysis and current payment trends. For claims incurred but not reported, the liabilities are calculated and derived in accordance with generally accepted actuarial practices or using an estimated lag period.

We regularly review contingencies and self-insurance accruals to determine whether our accruals and related disclosures are adequate. Any adjustments for changes in reserves are recorded in the period in which the change in estimate occurs.

Examples of such contingencies include various lawsuits related to the distribution of prescription opioid pain medications and the Cordis IVC filter lawsuits.

In connection with the opioid litigation as described further in the Significant Developments in Fiscal 2020 and Trends section in this MD&A, we recorded a pre-tax charge of \$5.63 billion (\$5.14 billion after tax) during fiscal 2020. Definitive terms of a settlement under the Settlement Framework continue to be negotiated, and there is no assurance that the necessary parties will agree to a definitive settlement agreement or that the contingencies to any agreement will be satisfied.

We develop and periodically update reserve estimates for the Cordis inferior vena cava ("Cordis IVC") claims, including those received to date and expected to be received in the future and related costs. To project future Cordis IVC claim costs, we use a methodology based largely on recent experience, including claim filing rates, estimated indemnity severity by claim type, sales data, implant and injury to report lag patterns and estimated defense costs.

The amount of loss may differ materially from these estimates. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information regarding loss contingencies and product liability lawsuits.

Provision for Income Taxes

We account for income taxes using the asset and liability method. Deferred tax assets and liabilities are measured using enacted tax rates in the respective jurisdictions in which we operate. Our income tax expense, deferred income tax assets and liabilities, and unrecognized tax benefits reflect management's assessment of estimated future taxes to be paid on items in the consolidated financial statements.

The following table presents information about our tax position at June 30:

(in millions)	2020	2019
Total deferred income tax assets (1)	\$ 1,412	\$ 864
Valuation allowance for deferred income tax assets (2)	(470)	(542)
Net deferred income tax assets	942	322
Total deferred income tax liabilities	(2,161)	(2,035)
Net deferred income tax liability	\$ (1,219)	\$ (1,713)

(1) Total deferred income tax assets included \$589 million and \$621 million of loss and tax credit carryforwards at June 30, 2020 and 2019, respectively.

(2) The valuation allowance primarily relates to federal, state and international loss and credit carryforwards for which the ultimate realization of future benefits is uncertain.

Expiring or unusable loss and credit carryforwards and the required valuation allowances are adjusted quarterly when it is more likely than not that at least a portion of the respective deferred tax assets will not be realized. After applying the valuation allowances, we do not anticipate any limitations on our use of any of the other net deferred income tax assets described above. We operate in a complex multinational tax environment and are subject to tax treaty arrangements and transfer pricing guidelines for intercompany transactions that are subject to interpretation. Uncertainty in a tax position may arise as tax laws are subject to interpretation.

Tax benefits from uncertain tax positions are recognized when it is more likely than not that the position will be sustained upon examination of the technical merits of the position, including resolutions of any related appeals or litigation. The amount recognized is measured as the largest amount of tax benefit that is greater than 50 percent likely of being realized upon settlement. For tax benefits that do not qualify for recognition, we recognize a liability for unrecognized tax benefits.

In connection with the \$5.63 billion pre-tax charge for the opioid litigation, during fiscal year 2020, we recorded a tax benefit of \$488 million, which is net of unrecognized tax benefits of \$469 million, reflecting our current assessment of the estimated future deductibility of the amount that may be paid. We have made reasonable estimates and recorded amounts based on management's judgment and our current understanding of the Tax Act; however, these estimates require significant judgment since the definitive settlement terms and documentation, including provisions related to deductibility, under the Settlement Framework have not been negotiated and the U.S. tax law governing deductibility was changed by the U.S. Tax Cuts and Jobs Act ("Tax Act"). Further, it is possible that the tax authorities

could challenge our interpretation of the Tax Act or the estimates and assumptions used to assess the future deductibility of these benefits. The actual amount of the tax benefit related to uncertain tax positions may differ materially from these estimates. See Note 8 for more information regarding these matters.

We file income tax returns in the U.S. federal jurisdiction, various U.S. state jurisdictions and various foreign jurisdictions. With few exceptions, we are subject to audit by taxing authorities for fiscal years 2008 through the current fiscal year. Tax laws are complex and subject to varying interpretations. Tax authorities have challenged some of our tax positions, including IRS challenges to our international transfer pricing for the periods from 2008 to 2014, and it is possible that they will challenge others. These challenges may adversely affect our effective tax rate or tax payments.

Our assumptions and estimates around uncertain tax positions require significant judgment; the actual amount of tax benefit related to uncertain tax positions may differ from these estimates. See Note 8 of the "Notes to Consolidated Financial Statements" for additional information regarding unrecognized tax benefits.

We believe that our estimates for the valuation allowances against deferred tax assets and unrecognized tax benefits are appropriate based on current facts and circumstances. The amount we ultimately pay when matters are resolved may differ from the amounts accrued. Changes in our current estimates due to unanticipated market conditions, tax law changes or other factors could have a material effect on our ability to utilize deferred tax assets. For a further discussion on Provision for Income Taxes, see Note 8 of the "Notes to the Consolidated Financial Statements."

The calculation of our tax liabilities includes estimates for uncertainties in the application of broad and complex changes to the U.S. tax code as per the Tax Act as enacted by the United States government on December 22, 2017. We have made reasonable estimates and recorded amounts based on management judgment and our current understanding of the Tax Act which is subject to further interpretation by the Internal Revenue Service ("IRS"). See Note 8 of the "Notes to Consolidated Financial Statements" for additional information regarding the Tax Act.

Explanation and Reconciliation of Non-GAAP Financial Measures

This report, including the "Fiscal 2020 Overview" section within MD&A, contains financial measures that are not calculated in accordance with GAAP.

In addition to analyzing our business based on financial information prepared in accordance with GAAP, we use these non-GAAP financial measures internally to evaluate our performance, engage in financial and operational planning, and determine incentive compensation because we believe that these measures provide additional perspective on and, in some circumstances are more closely correlated to, the performance of our underlying, ongoing business. We provide these non-GAAP financial measures to investors as supplemental metrics to assist readers in assessing the effects of items and events on our financial and operating results on a year-over-year basis and in comparing our performance to that of our competitors. However, the non-GAAP financial measures that we use may be calculated differently from, and therefore may not be comparable to, similarly titled measures used by other companies. The non-GAAP financial measures disclosed by us should not be considered a substitute for, or superior to, financial measures calculated in accordance with GAAP, and the financial results calculated in accordance with GAAP and reconciliations to those financial statements set forth below should be carefully evaluated.

Exclusions from Non-GAAP Financial Measures

Management believes it is useful to exclude the following items from the non-GAAP measures presented in this report for its own and for investors' assessment of the business for the reasons identified below:

- LIFO charges and credits are excluded because the factors that drive last-in first-out ("LIFO") inventory charges or credits, such as pharmaceutical manufacturer price appreciation or deflation and year-end inventory levels (which can be meaningfully influenced by customer buying behavior immediately preceding our fiscal year-end), are largely out of our control and cannot be accurately predicted. The exclusion of LIFO charges and credits from non-GAAP metrics facilitates comparison of our current financial results to our historical financial results and to our peer group companies' financial results. We did not recognize any LIFO charges or credits during the periods presented.
- Surgical gown recall costs includes inventory write-offs and certain remediation and supply disruption costs arising from the January 2020 recall of select Association for the Advancement of Medical Instrumentation ("AAMI") Level 3 surgical gowns and voluntary field actions (a recall of some packs and a corrective action allowing overlabeling of other packs) for Presource Procedure Packs containing affected gowns. We have excluded these costs from our non-GAAP metrics to allow investors to better understand the underlying operating results of the business and to facilitate comparison of our current financial results to our historical financial results and to our peer group companies' financial results.
- State opioid assessments related to prior fiscal years is the portion of state assessments for prescription opioid medications that were sold or distributed in periods prior to the fiscal year of the initial assessment. This portion is excluded from non-GAAP financial measures because it is retrospectively applied to sales in prior fiscal years and inclusion would obscure analysis of the current fiscal year results of our underlying, ongoing business. Additionally, while states' laws may require us to make payments on an ongoing basis, the portion of the assessment related to sales in prior periods are contemplated to be one-time, nonrecurring items. Reversals of these accruals have occurred when certain assessments were found by a Court unconstitutional.
- Restructuring and employee severance costs are excluded because they are not part of the ongoing operations of our underlying business.
- Amortization and other acquisition-related costs, which include transaction costs, integration costs, and changes in the fair value of contingent consideration obligations, are excluded because they are not part of the ongoing operations of our underlying business and to facilitate comparison of our current financial results to our historical financial results and to our peer group companies' financial results. Additionally, costs for amortization of acquisition-related intangible assets are non-cash amounts, which are variable in amount and frequency and are significantly impacted by the timing and size of acquisitions, so their exclusion facilitates comparison of historical, current and forecasted financial results. We also exclude other acquisition-related costs, which are directly related to an acquisition but do not meet the criteria to be recognized on the acquired entity's initial balance sheet as part of the purchase price allocation. These costs are also significantly impacted by the timing, complexity and size of acquisitions.
- Impairments and gain or loss on disposal of assets are excluded because they do not occur in or reflect the ordinary course of our ongoing business operations and are inherently unpredictable in timing and amount, and in the case of impairments, are non-cash amounts, so their exclusion facilitates comparison of historical, current and forecasted financial results.
- Litigation recoveries or charges, net are excluded because they often relate to events that may have occurred in prior or multiple periods, do not occur in or reflect the ordinary course of our business and are inherently unpredictable in timing and amount.



[September 14, 2021]

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History; Cardinal Health 110, LLC – Roanoke, TX

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for a Nevada Wholesaler License. **Please note that this facility, located in Roanoke, TX (to which this application pertains) has not had any administrative actions or disciplinary issues.**

Question 3 asks if the “corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, [has] ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?”. Cardinal Health operates approximately seventy-five distribution facilities across the United States. As a health care provider, a number of Cardinal Health’s operating subsidiaries are subject to regulation by various governmental agencies, including the U.S. Drug Enforcement Administration (DEA), the U.S. Food and Drug Administration (FDA) and other regulatory bodies such as state pharmacy boards. From time to time, these entities are inspected by these government agencies and certain subsidiaries have, in the past, paid fines to resolve various alleged violations. To date, none of these violations have resulted in actions against Cardinal Health’s license(s) or ability to operate; to the best of our knowledge, the only exceptions to this are listed below (please note that these have routinely been disclosed in prior submissions).

DEA Matter

On October 2, 2008, this facility’s parent company, Cardinal Health, signed settlement agreements with the U.S. Drug Enforcement Administration (“DEA”) and the U.S. Department of Justice regarding activities that occurred at seven of the corporation’s distribution facilities (Swedesboro, NJ; Lakeland, FL; Auburn, WA; Stafford, TX; Valencia, CA; Atlanta, GA; and Denver, CO).

The DEA has alleged that these facilities “did not maintain effective controls against the diversion of a particular controlled substance” as a result of sales made by these distribution centers to certain pharmacies that filled prescriptions generated through the Internet. While the pharmacies to which the facilities sold controlled substances were licensed with the applicable state agencies and held current DEA registrations, DEA alleged that the prescriptions they filled were not the product of a valid physician-patient relationship, thus invalidating the legitimacy of

those prescriptions. DEA made similar claims against other national wholesalers including AmerisourceBergen's Orlando, FL facility (in April 2007, that facility's controlled substance registration was suspended by DEA, but later reinstated) and six McKesson facilities (in May 2008, McKesson announced that it had reached a settlement with the DEA).

DEA Matter - Lakeland

On May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay \$44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia \$20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility \$500 in administrative fees, and the California Board fined the facility \$1,505 in investigative fees. Both fees were paid to the respective Boards.

We want to work collaboratively with all participants in the drug supply chain – including regulators, pharmaceutical manufacturers, distributors, pharmacists, doctors and boards of pharmacy – to combat controlled substance diversion. We want to work with all parties to find a more effective approach to stop prescription drug abuse without disrupting legitimate use.

If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 713-898-3824.

Sincerely,

Keegan Chamberlain
*Director, Global Logistics Quality and
Regulatory Management*

16C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Y

Where is the facility located? ☐ Nevada ☒ Out-of-State	
Type of Application (check applicable box)	Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☒ Yes ☐ No	

Section 1: General Information	
Facility Name: <u>Nortru LLC</u>	
Physical Address: <u>421 Lycaste Street</u>	
City: <u>Detroit</u>	State: <u>MI</u> Zip: <u>48214</u>
Mailing Address (if different from physical address): <u>515 Lycaste Street</u>	
City: <u>Detroit</u>	State: <u>MI</u> Zip: <u>48214</u>
Telephone: <u>313-824-5848</u>	Website: <u>www.cleaneearthinc.com</u>
Name of Designated Representative (DR): <u>Melanie Frohriep</u>	
Licensing Company Email: <u>JDavis2@Harsco.com</u>	DR Email: <u>mfrohriep@harsco.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☒ Others:	☒ Legend Pharmaceuticals, Supplies or Devices ☒ Controlled Substances ☐ Hypodermic Devices ☒ Veterinary Legend Pharmaceuticals ☐ Others:

Section 2: History of Company	ATTACHMENT 9	Yes	No
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)?			✓
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?			✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓	
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?			✓
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)?			✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.			

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: CVS/Longs
 Address: Various Locations City: _____ State: _____ Zip: _____

Name: Amazon.com
 Address: 1555 N. Chrisman Road City: Tracey State: CA Zip: 95376

Name: Cardinal Health
 Address: 6640 Echo Avenue, Suite D City: Reno State: NV Zip: 89506

Name: San Bernardino County Fire
 Address: 2824 E. West Street City: San Bernardino State: CA Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: NA

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____	SEC Registration Number: _____	Stock Exchange Symbol: _____
---------------------------------	--------------------------------	------------------------------

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Michigan

Parent Company (if any): PSC Environmental Services LLC

Corporation Name: Nortru LLC

Mailing Address: 515 Lyncaste Street

City: Detroit State: MI Zip: 48214

Telephone: 313-824-5848 Email: mfrohriep@harsco.com

Contact Person Name: Melanie Frohriep

Section 6: Partnership

Partnership Name: NA

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: NA

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		☒
1. Copy of Certification		
2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		☒
1. Copy of FDA registration		
2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of all Officers and Directors. Attachment 1	✓	✓		
• List the top four corporation shareholders and their percent ownership.	✓			
• List of all corporation shareholders and their percent ownership. Attachment 2		✓		
• List of all partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months. Attachment 3	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ Attachment 4		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ Attachment 5		✓	✓	✓
• Copy of DEA certificate if handling controlled substances Attachment 6	✓	✓	✓	✓
• Copy of current SEC 10K or 8K	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. Attachment 7	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ . Attachment 8		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jeffrey Diaz, Vice President/Treasurer

Print Name of Authorized Person Submitting Application

Jeffrey Diaz

Original signature of Authorized Person (copies or stamps not accepted)

8/12/2021
Date

Board Use Only	Date Received: _____	Amount: \$500 (CC) ✓ Processed 9/30/21
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ATTACHMENT 1

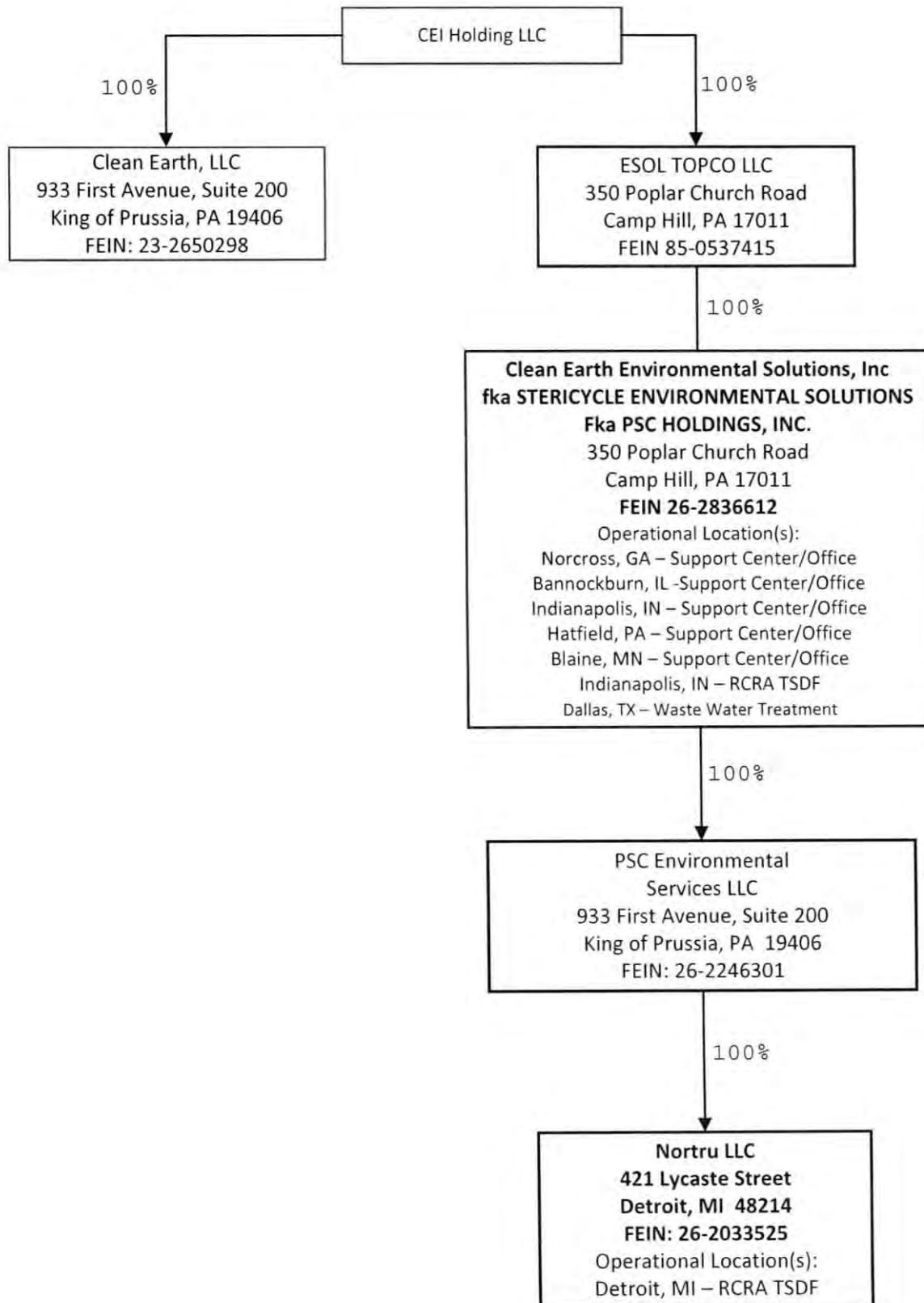
List of Officers and Directors

Nortru LLC Officers

Name of Officer	Title	Mailing Address	Percentage of Ownership	Phone #
David Bruce Stanton	President	933 First Ave, Suite 200, King of Prussia, PA 19046	0%	215-734-1400
Jeffrey Alfred Diaz	VP/Treasurer	933 First Ave, Suite 200, King of Prussia, PA 19046	0%	215-734-1400
Sarah Kowalczyk	Secretary	933 First Ave, Suite 200, King of Prussia, PA 19046	0%	215-734-1400

ATTACHMENT 2
Corporate Shareholders

ORGANIZATION CHART – NORTRU LLC



ATTACHMENT 3
Certificate of Good Standing



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That
NORTRU, LLC

was validly authorized on April 8, 2008, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 21080243105

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 9th day of August, 2021.

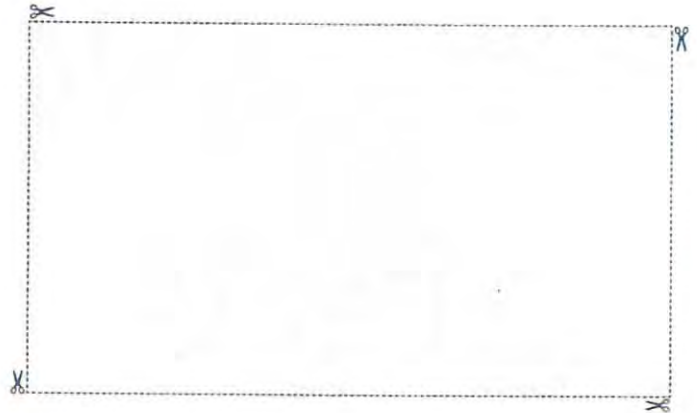
Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

ATTACHMENT 6
DEA License and Home State License

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909



NORTRU LLC
421 LYCASTE
DETROIT, MI 48214

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE
CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO
ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE
LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR
ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS BY EMAILING
BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
WHOLESALE DISTRIBUTOR LICENSE

P357043

NORTRU LLC
421 LYCASTE
DETROIT, MI 48214

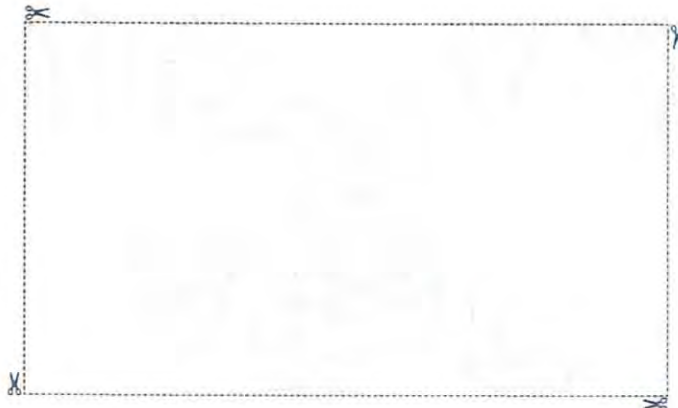
LICENSE NO.
5306003101

EXPIRATION DATE
12/27/2022

20134120523

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909



NORTRU LLC
421 LYCASTE
DETROIT, MI 48214

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE
CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO
ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE
LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR
ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS BY EMAILING
BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITNER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
CONTROLLED SUBSTANCE LICENSE

P357824

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

NORTRU LLC

LICENSE NO.
5315058127

EXPIRATION DATE
12/27/2022

20134120532

THIS DOCUMENT IS ONLY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RN0589551	10-31-2021	\$1523

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	REVERSE DISTRIB	12-08-2020

NORTRU LLC 421 LYCASTE ST DETROIT, MI 482143434
--

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RN0589551	10-31-2021	\$1523

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	REVERSE DISTRIB	12-08-2020

NORTRU LLC 421 LYCASTE ST DETROIT, MI 482143434
--

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

ATTACHMENT 7
List of Employees

**Nortru, LLC****DEA Vault Access List**

<u>Employee Name</u>	<u>Job Title</u>
1. Melanie Frohriep	Facility Manager
2. Dietrich Wollenhaupt	Production Supervisor
3. Donald Jones	Production Manager
4. Angeline Edejer	EHS Manager
5. Edward Burk	Permitting Compliance Manager
6. Allen C. Jones	Regional Operations Director

This document must be updated when new employees are granted access to the DEA Cage or current employees are terminated.

**Nortru, LLC****DEA Cage Access List**

<u>Employee Name</u>	<u>Job Title</u>
1. Melanie Frohriep	Facility Manager
2. Dietrich Wollenhaupt	Production Supervisor
3. Donald Jones	Production Manager
4. Angeline Edejer	EHS Manager
5. Edward Burk	Permitting Compliance Manager
6. Allen C. Jones	Regional Operations Director
7. Daniel Jenuwine	Environmental Technician II
8. Joseph Hamilton	Environmental Technician I
9. Arthur Dix	Environmental Technician III
10. Lamont Matthews	Environmental Technician III
11. Shamar Sanders	Environmental Technician III
12. James Jacobsen	Maintenance Technician
13. Benjamin Clark	Environmental Technician II

This document must be updated when new employees are granted access to the DEA Cage or current employees are terminated.

ATTACHMENT 4
Designated Representative Form

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Nortru LLC
 Physical Address 421 Lycaete Street
 City Detroit State MI Zip 48214
 Mailing Address (if different from physical address) 515 Lycaete Street
 City Detroit State MI Zip 48214
 Telephone 313-824-5848 Website www.cleaneartHinc.com
 Licensing Company Email mfrohriep@harsco.com Jdavis2@harsco.com

Section 2: Personal Information

First Melanie Middle Marie Last Frohriep
 Alias(es, nicknames, name changes, etc.) Miller, Lawson
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address [REDACTED] Rosalind
 City Eastpointe State MI Zip 48021
 Telephone [REDACTED] Email mfrohriep@harsco.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the 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 initials

mf

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Columbia Southern University		From - To (MM/YY – MM/YY) Current	
Address 21982 University Ln	City Orange Beach	State AL	Zip 36561
Diploma/Degree obtained, if any N/A			
School Name East Detroit High School		From - To (MM/YY – MM/YY) 09/91--6/95	
Address 15501 Couzens Ave	City Eastpointe	State MI	Zip 48021
Diploma/Degree obtained, if any Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 10/03-8/21	Address [REDACTED] Rosalind	City Eastpointe	State MI	Zip 48021
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 5,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name CleanEarth (formerly Stericycle)		From - To (MM/YY - MM/YY) 2019 - present	
Business Address 421 Lycaste Street		City Detroit	State MI
Phone 313-824-5848	Title Facility Manager	Zip 48214	
Number of Employed Hours 40			
Description of Duties Oversee P&L for \$24M per year hazardous waste TSDF. Production and cost management.			
Business Name Stericycle		From - To (MM/YY - MM/YY) 2017-2019	
Business Address 421 Lycaste Street		City Detroit	State MI
Phone 313-824-5848	Title Operations Manager	Zip 48214	
Number of Employed Hours 40			
Description of Duties Oversee and facilitate the acceptance, processing and subsequent shipping of hazardous waste for TSDF. Verify material is acceptable for receipt, processing and shipping based on applicable laws and permit conditions.			
Business Name PSC/Stericycle		From - To (MM/YY - MM/YY) 2012-2017	
Business Address 421 Lycaste Street		City Detroit	State MI
Phone 313-824-5848	Title Shipping & Receiving Manager	Zip 48214	
Number of Employed Hours 40			
Description of Duties Oversee the acceptance, subsequent shipping of hazardous waste for TSDF. Verify material is acceptable for receipt, processing and shipping based on applicable laws and permit conditions.			
Business Name PSC		From - To (MM/YY - MM/YY) 2009-2012	
Business Address 421 Lycaste Street		City Detroit	State MI
Phone 313-824-5848	Title Environmental, Health and Safety Specialist	Zip 48214	
Number of Employed Hours 40			
Description of Duties Oversee facility-wide programs, including audits, incident reporting and tracking, permitting and EHS Management System. Direct facility environmental compliance.			
Business Name PSC		From - To (MM/YY - MM/YY) 2003-2009	
Business Address 421 Lycaste Street		City Detroit	State MI
Phone 313-824-5848	Title Materials Management Coordinator	Zip 48214	
Number of Employed Hours 40			
Description of Duties Assist with acceptance and subsequent shipping of hazardous waste for TSDF. Verify material is acceptable for receipt, processing and shipping based on applicable laws and permit conditions.			
Continue on next page if additional space is needed.			

Applicant's initials



Business Name PSC		From - To (MM/YY - MM/YY) 2000 - 2003	
Business Address 421 Lycaste Street		City Detroit	State MI
Phone 313-824-5848	Title Laboratory Technician		Zip 48214
Number of Employed Hours 40			
Description of Duties Responsible for analytical testing and data quality analysis for receipt of material at TSDF.			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials MP 5

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Melanie Erickson
Original Signature (electronic, copies or stamps not accepted)

8/11/21
Date

Applicant's initials ME

Melanie Marie Frohriep

I, _____, certify that as the designated representative for
Nortru, LLC

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Melanie Frohriep

Print Name (First, Last)

Melanie Frohriep

Original Signature (electronic, copies or stamps not accepted)

8/11/21

Date

Applicant's initials

MF

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Melanie Frohriep

Print Name (First, Last)

Melanie Frohriep

Original Signature (electronic, copies or stamps not accepted)

8/11/21
Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Montgomery

I, Melanie Frohriep, 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 the license, registration, permit, certificate or certification for which I am applying for.

Melanie Frohriep

Original Signature

8/11/21
Date

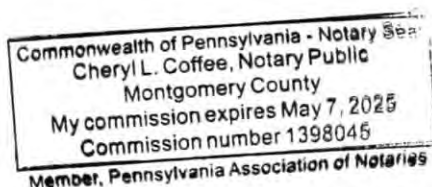
Subscribed and Sworn to before me this 11 day of August 2021

Cheryl L. Coffee

Notary Public Signature

Cheryl L. Coffee

*County of Montgomery
State of Pennsylvania*



(Seal)

Applicant's initials *MF*

Melanie M. Frohriep

Email: [REDACTED]

[REDACTED] Rosalind

Eastpointe, MI 48021

Mobile: [REDACTED]

SUMMARY OF QUALIFICATIONS:

Over twenty years progressively responsible experience in Hazardous Waste Management with additional emphasis in Environmental, Health and Safety. Regulatory and Hazardous Waste Specialist with extensive experience in International, Federal, State and Local regulations. Qualified instructor for RCRA, OSHA 24 and 40 HR, and DOT Hazardous Materials. Problem solver with excellent decision-making skills. Effective communicator at all levels, internally and externally.

EXPERIENCE:**Facility Manager**

Oversee P&L for \$24M per year hazardous waste TSDF. Production and cost management.

CleanEarth (formerly Stericycle), 2019 to present.

- **Accountability.** Responsible for overall success of TSDF. Manage day to day facility operations. Interface with various regulatory agencies.
- **Training.** Ensure facility staff is current on all required trainings. Conduct trainings, tool box talks, etc.
- **Statistics.** Oversee reporting and waste tracking for Hazardous Waste TSDF. Ensure facility has maximized productivity by reducing down time. Control costs.
- **Staff.** Responsible for all hiring and staffing.

Operations Manager

Oversee and facilitate the acceptance, processing and subsequent shipping of hazardous waste for TSDF. Verify material is acceptable for receipt, processing and shipping based on applicable laws and permit conditions.

Stericycle, 2017 to 2019.

- **Accountability.** Facilitate the receipt, processing and subsequent shipping of hazardous waste in accordance with all applicable regulations. Manage day to day facility operations. Interface with various regulatory agencies.
- **Training.** Ensure facility staff is current on all required trainings. Conduct trainings, tool box talks, etc.
- **Statistics.** Oversee reporting and waste tracking for Hazardous Waste TSDF. Ensure facility has maximized productivity by reducing down time.
- **QA/QC.** Oversee the review of analytical data produced by facility for acceptability and processing. Ensuring the facility maintains audit ready status.
- **Staff.** Directly supervise Shipping and Receiving Coordinators, Laboratory and Tank Farm Facility Personnel.

Shipping & Receiving Manager

Oversee the acceptance, subsequent shipping of hazardous waste for TSDF. Verify material is acceptable for receipt, processing and shipping based on applicable laws and permit conditions.

PSC/Stericycle, 2012 to 2017.

- **Accountability.** Facilitate the receipt, processing and subsequent shipping of hazardous waste in accordance with all applicable regulations. Interface with various regulatory agencies.
- **Training.** Developed and implemented Standard Operating Procedures for departmental functions using LEAN principles.
- **Statistics.** Oversee reporting and waste tracking for Hazardous Waste TSDF.
- **QA/QC.** Oversee the review of analytical data produced by facility for acceptability and processing.
- **Staff.** Directly supervise Shipping and Receiving Coordinators' .

Melanie M. Frohriep

Environmental, Health and Safety Specialist

Oversee facility-wide programs, including audits, incident reporting and tracking, permitting and EHS Management System. Direct facility environmental compliance.

PSC, 2009 to 2012.

- **Environmental Compliance.** Oversee environmental compliance for an 8.5 acre TSDF and multiple 10-day Transfer Facilities. Resolved and successfully terminated 3 Consent and Final Order agreements. Significantly reduced frequency and severity of violations from regulatory inspections by fostering relationships with the agencies.
- **Health and Safety.** Achieved and surpassed 5 years without an injury resulting in lost time. Reduction in TRIR for TSDF-only 1 recordable injury during tenure. Implemented behavior based safety programs such as Job Safety Analysis and Watch Cards. Schedule and review medial surveillance requirements for HAZMAT employees.
- **Training.** Conduct training for facility personnel to meet OSHA, RCRA and DOT requirements.
- **Statistics/Reporting.** Oversee reporting, tracking and trending of facility EHS statistics. Continually improve by identifying and driving enhancements. Responsible for all environmental reporting for TSDF and transportation groups.
- **Auditing.** Oversee internal facility audits and implement corrective and preventative action as necessary. Perform external disposal vendor audits to determine if suitable for use.
- **Emergency Response.** First responder
- **Permitting.** Co-authored RCRA Part B permit for TSDF. Responsible for procuring and subsequently renewing transportation permits in over 20 states. Manage export notifications for trans- boundary shipments.

Materials Management Coordinator

Assist with acceptance and subsequent shipping of hazardous waste for TSDF. Verify material is acceptable for receipt, processing and shipping based on applicable laws and permit conditions.

PSC, 2003 to 2009.

- **Accountability.** Monitor and approve inbound and outbound hazardous waste shipments/profiles. Aid in overseeing the processing, pricing, manifesting and disposal of material.
- **QA/QC.** Perform secondary review of analytical results provided by the laboratory in order to determine appropriate disposal methods.
- **Compliance Assurance.** Oversee the receipt and tracking of waste into inventory, ensuring that compliance rules and regulations set by MDEQ, RCRA, DOT and EPA. Provide technical support to facility as needed.
- **Customer Service.** Technical liaison between plant and customer service group. Aid in customer retention.
- **Staff.** Interim oversight of personnel during management's absence.

Laboratory Technician

Responsible for analytical testing and data quality analysis for receipt of material at TSDF.

PSC, 2000 to 2003.

- **QA/QC.** Perform SW-846 and ASTM testing methods to screen materials for receipt and processing. Duties include: sample prep, equipment maintenance/troubleshooting, analytical testing, record retention, technical support, GC/MS, ICP and other readily accepted methods of analysis.
- **Compliance.** Test and evaluate material for acceptance in accordance with facility's Waste Analysis Plan and all applicable regulations.

Melanie M. Frohriep

**EDUCATION AND
RELEVANT COURSES:**

- **B.S. in Environmental Management**, currently attending. Columbia Southern University.
- **40 Hour HAZWOPER** OSHA 29 CFR 1910.120.
- **DOT Hazardous Materials Training** DOT 49 CFR 172.704.
- **"Chemical Facility Anti-Terrorism Standards"** workshop. Henry Ford Community College, 2011.
- **"Leadership Workshop"** workshop. Monroe Community College, 2011.
- **"Lessons in Leadership"** workshop. PSC, 2011.
- **"Drug & Alcohol Awareness, Reasonable Suspicion Testing"** DOT 49 CFR 382, 199, 40. 2010.
- **"Supervisor's Role in Safety & Health"** course. MIOSHA Training Institute, 2010.
- **"First Aid/CPR"** certification. American Red Cross, 2017.

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[REDACTED] Rosalind

Eastpointe, MI 48021

Mobile: [REDACTED]

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- **“Lessons in Leadership”** workshop. PSC, 2011.
- **“Drug & Alcohol Awareness, Reasonable Suspicion Testing”** DOT 49 CFR 382, 199, 40. 2010.
- **“Supervisor’s Role in Safety & Health”** course. MIOSHA Training Institute, 2010.
- **“First Aid/CPR”** certification. American Red Cross, 2017.

ATTACHMENT 5
Personal History Record Application

Officer background and fingerprint were provided in the 21st Century Environmental Management of Nevada, LLC application submitted in August 2021.

Fingerprints for the designated representative will be provided under separate cover.

ATTACHMENT 8
Bond

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K09680317

Application/License No. TBD

Nortru LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
421 Lycaste Street, Detroit, MI 48214, as
Address of Applicant/Principal
PRINCIPAL, and Federal Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Pennsylvania
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
202B Hall's Mill Road, Whitehouse Station, NJ 08889 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 August 9, 2021.

Effective Date

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 impose 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 9th day of August, 2021.

APPLICANT/PRINCIPAL

SURETY

COMPANY

Nortru LLC

Federal Insurance Company

Sam Roman
Authorized Representative
Samuel Romanovsky
Attorney-in-Fact

Kristen D. Pedrick
Surety Company's Representative

Kristen D. Pedrick, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Debra Stollenberg
Witness

SIGNED and SEALED in the presence of:

Haley Striewig
Witness Haley Striewig, Witness

Patricia C. Robinson
Witness

Patricia C. Robinson
Witness Patricia C. Robinson, Witness

Countersigned by:

N/A
Nevada Resident Agent



Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company

Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint **Kristen D. Pedrick and Robert N. Striewig Jr.** of Mechanicsburg, Pennsylvania -----

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **15th** day of **January, 2020**.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President



STATE OF NEW JERSEY

County of Hunterdon

SS

On this **15th** day of **January, 2020** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY**, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal



KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316685
Commission Expires July 16, 2024

Katherine J. Adelaar

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** on August 30, 2016; **WESTCHESTER FIRE INSURANCE COMPANY** on December 11, 2006; and **ACE AMERICAN INSURANCE COMPANY** on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** (the "Companies") do hereby certify that

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
- (ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this

August 9, 2021



Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:

Telephone (908) 903-3493

Fax (908) 903-3656

e-mail: surety@chubb.com

ATTACHMENT 9
Disciplinary Actions



DISCIPLINARY SUMMARY

- Nortru LLC is a reverse distributor holding an active resident state Michigan wholesale drug distributor license (No. 5306003101), an active resident state Michigan controlled substance registration (No. 5315058127), and an active DEA registration (No. RN0589551).
- In April 2020, Clean Earth Environmental Solutions Inc. acquired Stericycle's Environmental Solutions Division including its subsidiary Nortru LLC.
- Seller Stericycle was properly licensed at the time of the acquisition; however, licensure transfer was not yet properly effected during the ownership change.
- Due to the aforementioned change of ownership licensing issues, both the Mississippi Board of Pharmacy and Georgia State Board of Pharmacy required Nortru LLC to pay a monetary fee for unlicensed reverse distributor activity in their respective states and subsequently issued unencumbered nonresident licenses to Nortru LLC (Mississippi License No. 18227 and CSR No. CS-18227; Georgia License No. PHRD000035).



Nortru, LLC, A Clean Earth Company
515 Lycaete Street, Detroit, MI 48214 USA
t 215.734.1400 w cleaneearthinc.com

16D

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: VGM Group, Inc.

Physical Address: 1055 Southtown Drive

City: Waterloo State: IA Zip Code: 50702

Telephone Number: (319) 274-6627 Fax Number: (845) 544-2481

Toll Free Number: (800) 969-1213

E-mail: VGM@slny.com Website: https://www.vgmgroup.com

Facility Manager: Zachary Jordon Garrigus

Professional qualifications and experience of facility manager: Oversite of receiving, inventory, production, and returns.
Developed the metrics and incentive program that is used in all fulfillment centers. Increased productivity by 25% in the production department.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Retail Pharmacy/Medical Supply Chains, Clinics or Institutions

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: Devices (For Patients), Devices (OTC), Only Devices

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

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 regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Phillips Respironics

Address: 174 Tech Center Drive, Suite 100, Mount Pleasant, PA 15688

Name: ResMed

Address: 600 Riverside Parkway, Lithia Springs, GA 30122

Name: Lunella, LLC

Address: 100 Cambridge St, 14th Floor, Boston, MA 02114

Name:

Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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 ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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 ☐

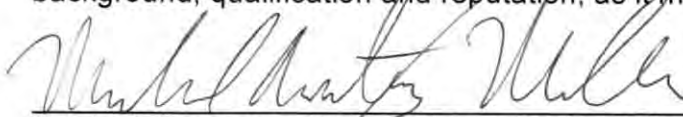
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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.



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

Michael Anthony Mallaro
Print Name of Authorized Person

12/18/20
Date

Board Use Only

Date Processed: _____

Amount: _____

500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: IAParent Company if any: N/AMailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3City: Florida State: NY Zip: 10921Telephone: (845) 544-2482 Fax: (845) 544-2481Contact Person: Jennifer Schneider

For any corporation non-publicly traded, disclose the following:

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

a) Van G. Miller & Associates, Inc. Employee Stock Ownership Trust 1111 W San Marnan Drive, Waterloo, IA 50701 -100% Sole Shareholder

Name Business Address

b) _____

Name Business Address

c) _____

Name Business Address

d) _____

Name Business Address

2) Provide the number of shares issued by the corporation. 2.5 million3) What was the price paid per share? \$17.45A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A**Include with the application for a non-publicly traded corporation****List of officers and directors**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Mark I. Sedar

From: Zachary Garrigus <Zachary.Garrigus@vgm.com>
Sent: Tuesday, September 14, 2021 3:40 AM
To: Mark I. Sedar
Cc: Mark Kern
Subject: Nevada License
Attachments: Case OWCR165934 Zachary Garrigus.pdf

Mark,

We talked briefly last week, and you wanted me to send over any documentation that I had on my OWI. Attached is the court order. I also had a public intoxication around the same time frame, but I do not have the paperwork for that. I made some bad decisions while I was in college, and I learned from these poor decisions. I would be more than willing to talk to the board or do anything else that is needed.

Let me know if you need anything else.

Thanks,

Zach Garrigus

VP of Operations

Office: 319-874-4664

Cell: 563-920-4746

www.vgmfulfillment.com



VGM Fulfillment - Waterloo, Iowa Employee List

Rice, Cathy
Payette, Riley
Hines, Gabriel
Good, Tyler
Boose, Noah
Bauer, Isaac
Altenbaumer, Jacob
Patten, Nicholas R
Kilburg, Anna
Billerbeck, Andrew D
Wise, Mason
Willis, Alex
Webbeking, Quintin M
Trenholm, Tanner T
Swingen, Trevor
Swallow, Joseph
Sullivan, Peter J
Spratt, Samuel William Patrick
Reel, Caleb Justin
Pottebaum, Joseph David
Pecenka, Peyton Ronald
Nosbisch, Joshua R
Nelson-Rice, Samuel E
Myers, Austin J
Mosser, Patrick J
Meier, Michelle
Mauer, Lake
Loeb, Kyle
Lemon, Christopher J
Lavenz, Lawrence Eugene
Latusick, Kole
Koweil, Justin J
Joblinske, Sydney M
Isaacson, Kaden Dennis
Hageman, Nicholas James
Grosse, Brayden
Graham, Jamie M
Felderman, Dylan J
Else, Dylan
Dunlay, Brent M
Derner, Kyle John
Craig, Logan
Corrigan, Matthew Patrick

Brimeyer, Jaden Thomas
Brandhorst, Victoria Rose Leigh
Block, Keegan Denim
Beganovic, Emir
Beenken, Alyssa
Bauer, Avery
Alpers, Koby W
Ackman, Mitchell L
Ackman, Carly J
Ackerman, Andrew R
Wiederin, Zebulin Mark
Stolz, Jonathan J
Schwartz, Kari J
Schell, Matthew R
Schaefer, Jacob R
Sales, Lydia C
Nielsen, Alexis M
Lopez, Xavier C
Johnson, John W
Demry, William J
Bergen, Zachary L
Baker, Cody B
Mayer, Jessica L
Johnson, Aliyah
Kohlmeyer Jr, Steven D
Dunlay, Bradley K
Cayler, Michael A
Poush, Tanner Blue
Peter, Bryce
Foster, Zachary
Caraveo, Evangelina Rose
Begic, Dragana
Cookinham, Anna E
Hines, Kelly M
Steffen, Shannon D
Schaes, Reed R
Musgrave, Josh Paul
West, Jonathan L
Flater, Jerret R
Lancaster, Dillon D
O'Clair, Nicole T
Lounsberry, Andrea E
Bergen, Amy L
Adelmund, Tami M

Nyhuis, Stephen
Flaherty, Matthew H
Eiklenborg, Juanita A
Douglas, Shalini J
Alpers, Jennifer A
Kern, Mark H
Bomkamp, Brad
Ackerman, Cassidy J
Hyman, Janet L
Nugent, Amanda M
Mishler, Wendy S
Schaefer, Allie
Crisman, Matthew E
Stansbery, Breanna
Hamer, Kylea
Sharp, H Jonathan
Wilson, Dustin D
Stolz, Jeremy D
Garrigus, Zachary J
Ita, Raquel M
Meyer Jr, Roger L
Galindo, Sergio
Steffen, Renee L
Hetherston, Christopher P
Graff, Curt Jay
Hickey, Jeffery J
Hixenbaugh, Joseph C



VGM Group, Inc.



Corporate Address: 1111 W. San Maman Drive, Waterloo, IA 50701 USA
FEIN: 42-1280573
<https://www.vgmgroup.com>

Drug Labeler Code: N/A
Incorporation State: IA
Incorporation Date: 09/04/1986

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
WIA	1055 Southtown Drive Waterloo, IA 50702 County: Black Hawk	N/A	N/A - No CS	117017662	No	(319) 274-6627	(845) 544-2481

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Zachary Jordon Garrigus	W. San Maman Drive Waterloo, IA 50701	Director of Operations	No			

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Van G. Miller & Associates, Inc. Employee Stock Ownership Trust	1111 W San Maman Drive Waterloo, IA 50701	N/A	100	N/A	71-0999644	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Michael Anthony Mallaro	Carriage Lane Cedar Falls, IA 50613	Chief Executive Officer	No			
James Edward Walsh Jr.	Oak Park Blvd Cedar Falls, IA 50613	Chairman of The Board, General Counsel and Secretary	No			
James Robert Nygren	River Ridge Road Cedar Falls, IA 50613	CFO & Treasurer	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			
CSC			

Company Particulars
Long

Nevada Bond

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BONDBond No. LICX1193293

Application/License No. _____

VGM Group, Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
1055 Southtown Dr Waterloo, IA 50702, as
Address of Applicant/Principal
PRINCIPAL, and Lexon Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Texas
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
12890 Lebanon Rd Mt. Juliet, TN 37122 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 November 13, 2020.
Effective Date

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 impose 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
13 day of November, 2020.

APPLICANT/PRINCIPAL

SURETY COMPANY

 Authorized Representative

 Surety Company's Representative

Michael Tanguay, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

 Witness

 Witness

 Witness

 Witness

Countersigned by:

 Nevada Resident Agent



SOMPO INTERNATIONAL
INSURANCE

11354

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Michael Tanguay** as true and lawful Attorney(s)-in-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **Ten Million Dollars (\$10,000,000.00)**.

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019, a copy of which appears below under the heading entitled "Certificate".

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019 and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019.

Endurance Assurance Corporation

Endurance American Insurance Company

Lexon Insurance Company

Bond Safeguard Insurance Company

By: *Richard M. Appel*
Richard Appel; SVP & Senior Counsel

By: *Richard M. Appel*
Richard Appel; SVP & Senior Counsel

By: *Richard M. Appel*
Richard Appel; SVP & Senior Counsel

By: *Richard M. Appel*
Richard Appel; SVP & Senior Counsel



ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/she is an officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: *Amy Taylor*
Amy Taylor, Notary Public - My Commission Expires 5/9/23

CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

"RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT

; and be it further

RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."

3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 13th day of November 20 20

By: *Daniel S. Lurie*
Daniel S. Lurie, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website - <https://www.treasury.gov/resource-center/sanctions/SDN-List>

In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com

Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870



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. LICX1193293

Application/License No. _____

VGM Group, Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
1055 Southtown Dr Waterloo, IA 50702, as
Address of Applicant/Principal
 PRINCIPAL, and Lexon Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Texas
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
12890 Lebanon Rd Mt. Juliet, TN 37122 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 November 13, 2020.
Effective Date

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 impose 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
13 day of November, 2020.

APPLICANT/PRINCIPAL

SURETY COMPANY

 Authorized Representative

 Surety Company's Representative

Michael Tanguay, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

 Witness

 Witness

 Witness

 Witness

Countersigned by:

 Nevada Resident Agent



SOMPO INTERNATIONAL
INSURANCE

11354

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Michael Tanguay** as true and lawful Attorney(s)-in-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **Ten Million Dollars (\$10,000,000.00)**.

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019, a copy of which appears below under the heading entitled "Certificate"

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019 and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019

Endurance Assurance Corporation

Endurance American Insurance Company

Lexon Insurance Company

Bond Safeguard Insurance Company

By: **Richard Appel, SVP & Senior Counsel**

By: **Richard Appel, SVP & Senior Counsel**

By: **Richard Appel, SVP & Senior Counsel**

By: **Richard Appel, SVP & Senior Counsel**



ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/she is an officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: **Amy Taylor**
Amy Taylor, Notary Public - My Commission Expires 5/9/23

CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

"RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: **RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT**

; and be it further

RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."

3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 13th day of November, 20 20

By: **Daniel S. Lurie, Secretary**

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

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In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com

Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870

Certificate of Standing

**IOWA SECRETARY OF STATE
PAUL D. PATE****CERTIFICATE OF EXISTENCE****Issue Date: 4/6/2021**

Name: VGM GROUP, INC. (490 DP - 110492)

Date of Incorporation: 9/4/1986

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: **CS217865**

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State

IOWA SECRETARY OF STATE
PAUL D. PATE

CERTIFICATE OF EXISTENCE

Issue Date: 10/20/2020

Name: VGM GROUP, INC. (490 DP - 110492)

Date of Incorporation: 9/4/1986

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS205843

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in blue ink that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State

Resume

Zachary Garrigus

Education

University of Northern Iowa, Cedar Falls, IA Bachelors of Arts awarded in December 2015

- ❖ Major: Political Science
- ❖ Minor: Politics and Law

Work Experience

Director of Operations (ALO), VGM Fulfillment May 2019 – Present

- ❖ Oversight of receiving, inventory, production, and returns
- ❖ Developed the metrics and incentive program that is used in all fulfillment centers
- ❖ Increased productivity by 25% in the production department
- ❖ Standardized processes between all fulfillment centers

Training and Development, VGM Fulfillment February 2016 – May 2019

- ❖ Part of the team that implemented Microsoft Dynamics AX
- ❖ Set processes and standards for all departments in the building
- ❖ Published most of the standard operation procedures

Operations Clerical, Target Distribution Center September 2015 – February 2016

- ❖ Responsible for all the bill of lading that enter the distribution center
- ❖ Communicate with all carriers to ensure appropriate unload times
- ❖ Developed an excel macro that helps track late vendors, which is now used pyramid wide

Operations Technician, Target Distribution Center August 2014 – September 2015

- ❖ Monitored and maintained the automated systems to ensure deliveries were on time
- ❖ Effectively communicate to the appropriate parties, if we had automation issues
- ❖ Established an excel tool that tracks productivity in the manual department

Outbound Team Member, Target Distribution Center September 2013 – August 2014

- ❖ Traveled to Rialto, CA to help train in a new distribution center

Subway, Cedar Falls, IA

May 2009 – August 2012

Fareway Grocery Store, Oelwein, IA

August 2004 – May 2008

Skills

- ❖ VBA programming
- ❖ MySQL knowledge
- ❖ Exceptional knowledge of Microsoft Excel

Awards and Certificates

- ❖ Bob Pike Train the Trainer Certificate – 2017
- ❖ ATD Training Certificate – 2018
- ❖ VGM Employee of the Year - 2018

Volunteer Involvement

Junior Achievement

November 2018

- ❖ Kittrell Elementary – 2nd Grade

1/6/2021

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Iowa Board of Pharmacy

400 S.W. Eighth Street, Suite E
Des Moines, IA 50309-4688
(P): (515) 281-5944 (F): (515) 281-4609
Website: <https://pharmacy.iowa.gov>

CERTIFICATION OF IOWA LIMITED DISTRIBUTOR FOR THE BUSINESS LISTED BELOW:

This is a primary source verification.

Name :	VGM Group Inc
License No :	41221
License/Registration Type :	Limited Distributor
Sub Type :	Other
Date Issued :	03/25/2020
Expiration Date :	12/31/2021
Status :	Current/Active
Last Renewal Date :	12/08/2020
City :	Waterloo
State :	IA
Certification Expiration :	01/01/0001
Address :	1055 Southtown Drive Waterloo IA 50702
Disciplinary Action :	No
Facility Manager :	Zachary Jordon Garrigus



Andrew Funk, Pharm.D. , Executive Director, Iowa Board of Pharmacy. **Date:**
01/06/2021

*Home State License***IOWA BOARD OF PHARMACY****400 S.W. EIGHTH STREET, SUITE E****DES MOINES, IA 50309-4688****515/281-5944 FAX 515/281-4609****<https://pharmacy.iowa.gov>****2021****Limited Distributor License No.41221****Other****ISSUED 12/08/2020****EXPIRES 12/31/2021****LICENSE STATUS: Current/Active****MAILING ADDRESS**

VGM Group Inc
c/o State License Servicing
1751 State Route 17A
Suite 3
Florida,NY 10921

LICENSED LOCATION

VGM Group Inc
1055 Southtown Drive
Waterloo, IA 50702

Facility Manager: Zachary Jordon Garrigus

11/30/2020

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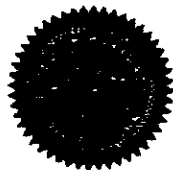
Iowa Board of Pharmacy

400 S.W. Eighth Street, Suite E
Des Moines, IA 50309-4688
(P): (515) 281-5944 (F): (515) 281-4609
Website: <https://pharmacy.iowa.gov>

CERTIFICATION OF IOWA 3PL REGISTRATION FOR THE BUSINESS LISTED BELOW:

This is a primary source verification.

Name :	VGM Group Inc
License No :	80103
License/Registration Type :	3PL
Sub Type :	3PL
Date Issued :	02/25/2020
Expiration Date :	03/31/2021
Status :	Current/Active
Last Renewal Date :	02/25/2020
City :	Waterloo
State :	IA
Certification Expiration :	01/01/0001
Address :	1055 Southtown Drive Waterloo IA 50702
Disciplinary Action :	No
Facility Manager :	Zachary Jordan Garrigus



A handwritten signature in black ink, appearing to be "A. Funk", written over a circular stamp.

Andrew Funk, Pharm.D. , Executive Director, Iowa Board of Pharmacy. Date:
11/30/2020

Honne State 3PL - License

IOWA BOARD OF PHARMACY

400 S.W. EIGHTH STREET, SUITE E

DES MOINES, IA 50309-4688

515/281-5944 FAX 515/281-4609

<https://pharmacy.iowa.gov>**2019****Third-Party Logistics Provider License No.80103**

ISSUED 02/25/2020

EXPIRES 03/31/2021

LICENSE STATUS: Current/Active

MAILING ADDRESSVGM Group Inc
1055 Southtown Drive
Waterloo, IA 50702**LICENSED LOCATION**VGM Group Inc
1055 Southtown Drive
Waterloo, IA 50702

Facility Manager: Zachary Jordan Garrigus



STATE LICENSE SERVICING, INC
1751 State Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicensesservicing.com

January 21, 2021

To:

Re: **Notice of Civil Penalty**

VGM Group, Inc.

License/Permit No.: pending

Dear Licensing Authority:

State License Servicing, Inc. represents VGM Group, Inc. in the servicing of their state licenses. This letter shall serve as disclosure of receipt of a civil penalty for the above-referenced licensee.

VGM Group, Inc. received a consent order from the Tennessee Board of Pharmacy imposing a civil penalty in the amount of one thousand two hundred dollars (\$1,200.00). This civil penalty is a result of operating as a Third Party Logistics Provider in the state of Tennessee without holding a valid license. VGM Group, Inc. has submitted payment of the civil penalty

The final consent order was signed by the Tennessee Board of Pharmacy on December 2, 2020 and was mailed shortly after. United States Postal Service tracking shows that it was delivered on December 9, 2020, however VGM Group, Inc. has no record of receiving the document. On January 12, 2021, VGM Group, Inc. emailed the attorney for the Tennessee Board of Pharmacy regarding the consent order, which was then emailed directly to VGM Group, Inc. that same day.

Attached please find copies of the Consent Order regarding this matter.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,

Jennifer Schneider
VP, Client Services
State License Servicing, Inc.
VGM@slny.com

99/1-1200

BEFORE THE TENNESSEE BOARD OF PHARMACY

IN THE MATTER OF:

VGM GROUP, INC (LICENSE # 5783)
3046 DICKERSON PIKE
NASHVILLE, TENNESSEE 37207

)
)
)
)
)
)

Case Number 201905211

SEP 18 2020

c. penalty

CONSENT ORDER

Comes now the Division of Health Related Boards of the Tennessee Department of Health ("State"), by and through the Office of General Counsel, and VGM Group, Inc, located in Nashville, Tennessee ("VGM" or "Respondent"), and respectfully moves the Tennessee Board of Pharmacy ("Board") for approval of this Consent Order regarding Respondent's license to practice as a third-party logistic provider ("3PL") in the State of Tennessee.

I. Authority and Jurisdiction

The Board regulates and supervises pharmacies, pharmacists, pharmacy technicians, and pharmaceutical manufacturers, wholesalers, 3PLs, and distributors licensed to practice pursuant to the Tennessee Pharmacy Practice Act ("Practice Act"), Tennessee Code Annotated Section ("TENN. CODE ANN. §") 63-10-101, *et seq.*, including the discipline of licensees, as well as those who are required to be licensed, who violate the Practice Act and the Rules promulgated by the Board, Official Compilation of Rules and Regulations of the State of Tennessee ("TENN. COMP. R. & REGS."), 1140-01-.01, *et seq.* The Board enforces the Practice Act to promote and protect the health, safety and welfare of the public; accordingly, it is the policy of the Board to require strict compliance with the law and to apply the law to preserve the quality of pharmacy care provided in Tennessee.

II. Allegations of Fact

1. Respondent has been at all times pertinent hereto licensed by the Board as a 3PL in the State of Tennessee, having been granted license number 5783 on October 29, 2019, which currently expires on October 31, 2021.
2. At all times pertinent hereto, Respondent was located in Nashville, Tennessee.
3. In September of 2018, VGM began operations as a 3PL at 3046 Dickerson Pike, Nashville, Tennessee 37207. VGM applied for a 3PL license (with the Board) in September of 2019. VGM operated in this State without a proper 3PL license for a period of 12 months.

III. Stipulated Grounds for Discipline

4. The Board has the authority to revoke, suspend, or impose other lawful disciplinary action, including a civil penalty for any violation of the Practice Act and/or the Board's rules pursuant to TENN. CODE ANN. §63-10-305, and TENN. COMP. R. & REG. 1140-08-.01 [CIVIL PENALTIES].
5. The Stipulations of Fact are sufficient to establish that Respondent has violated the following statutes or rules which are part of the Act, TENN. CODE ANN. § 63-10-101, *et seq.* and TENN. COMP. R. & REGS., 1140-01-.01, *et seq.*, for which disciplinary action by the Board is authorized.
6. The facts stipulated in paragraph three constitute grounds for which the Board may discipline Respondent's license to practice as a 3PL pursuant to TENN. CODE ANN. § 63-10-305(8), the relevant portion of which reads as follows:

Failed to comply with a... duly promulgated rule of the board.
7. The facts stipulated in paragraph three constitute grounds for which the Board may discipline Respondent's license to practice as a 3PL pursuant to TENN. COMP. R. & REGS., 1140-16-.02(1), the relevant portions of which provides as follows:

Before any 3PL provides or coordinates warehousing or other logistics services within this state for a prescription drug and/or prescription device on behalf of a manufacturer, wholesale distributor, or dispenser the 3PL shall be licensed by the Board in accordance with this Chapter whether physically located within this state or outside this state. Where operations are conducted at more than one location, each such location shall be licensed by the Board. A warehouse

provided by a 3PL shall be inspected by the Board's inspector(s) or inspectors of the state where the warehouse is physically located prior to providing services.

IV. Stipulated Disposition

8. **NOW THEREFORE**, Respondent, for the purpose of avoiding further administrative action with respect to this cause, agrees to the following:
 - (a) Respondent agrees to pay a civil penalty in the amount of **one thousand two hundred dollars (\$1,200)**. This civil penalty represents \$100 for each month VGM operated as a 3PL in this State without a valid license. This civil penalty is due immediately upon the execution of this Consent Order. Payment shall be made by **certified check, cashier's check, or money order**, payable to the **State of Tennessee, Department of Health**. Any and all payments shall be forwarded to the **Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 665 Mainstream Drive, Nashville, Tennessee 37243**. A notation shall be placed on said money order or such check that it is payable for the Assessment of Costs of VGM, case number 201905211.
9. Respondent understands the ratification of this Consent Order is a formal disciplinary action and may be reported to the National Practitioner Data Bank (N.P.D.B.) and/or similar agency. Respondent further understands that failure to comply with the terms of this Consent Order shall constitute grounds for disciplinary action.

V. Notice

10. The Respondent, by its signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should this Consent Order not be ratified. Likewise, all matters, admissions

and statements disclosed or exchanged during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Consent Order. Respondent understands that by signing this Consent Order, Respondent is allowing the Board to issue this Consent Order without further process. In the event that the Board rejects this Consent Order for any reason, it will be of no force or effect for either party.
12. Should this Consent Order not be accepted by the Board, it is agreed that the presentation and consideration of this Consent Order shall not unfairly or illegally prejudice the Board or any of its members from further participation in or resolution of these proceedings, including a formal disciplinary hearing.
13. Furthermore, Respondent acknowledges that it understands the rights found in the Practice Act and the Uniform Administrative Procedures Act, Tenn. Code Ann. §§ 4-5-101 thru 4-5-404, including the right to a hearing on the Petition, the right to appear personally and by legal counsel, the right to confront and to cross-examine witnesses who would testify against Respondent, the right to testify and to present evidence on Respondent's own behalf, as well as the right to appeal for judicial review.
14. Respondent freely, voluntarily, knowingly, and intelligently waives each and every right set forth in paragraph thirteen, above.
15. Respondent understands and freely, voluntarily, knowingly, and intelligently admits the allegations, charges, and stipulations in this Consent Order.
16. Respondent agrees that facsimile/PDF copies of this Consent Order, including facsimile/PDF signatures thereto, shall have the same force and effect as originals.
17. Respondent agrees that it has not received any threats or promises of any kind by the State or any

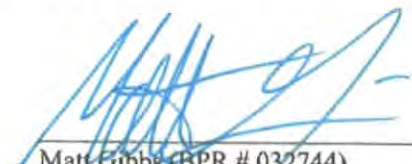
agent or representative thereof, except such as is detailed herein.

18. **A violation of this Consent Order shall constitute a separate violation of the Pharmacy Practice Act, TENN. CODE ANN. § 63-10-305(8), and is grounds for further disciplinary action by the Board.**

APPROVED FOR ENTRY:


JEREMY D. STOLTZ
 Representative of VGM
 Pharmacy License Number 5783
 Respondent

9-16-20
 DATE

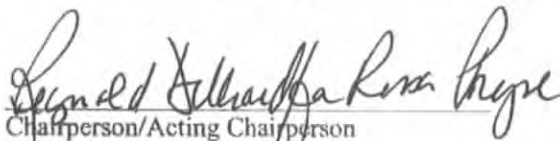

Matt Gibbs (BPR # 032744)
 Senior Associate General Counsel
 Tennessee Department of Health
 Office of General Counsel
 665 Mainstream Drive, 2nd Floor
 Nashville, Tennessee 37243
 (615) 741-1611

12-2-20
 DATE

Approval by the Board

Upon the agreement of the parties and the record as a whole, this **CONSENT ORDER** was approved as a **FINAL ORDER** by a majority of a quorum of the Tennessee Board of Pharmacy at a public meeting of the Board and signed this 1st day of December, 2020.

ACCORDINGLY, IT IS ORDERED that the agreements of the parties will, and hereby do, become the Final Order of the Board.


 Chairperson/Acting Chairperson
 Tennessee Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler VGM Group, Inc.

Physical Address 1055 Southtown Drive

City Waterloo

State IA

Zip 50702

Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3

City Florida

State NY

Zip 10921

Telephone (845) 544-2482

Website https://www.vgmgroup.com

Licensing Company Email VGM@slny.com

Section 2: Personal Information

First Zachary

Middle Jordan

Last Garrigus

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [REDACTED]

SSN or ITIN [REDACTED]

Sex ☒ M ☐ F ☐ X

Mailing Address [REDACTED] Prestien Drive

City Denver

State IA

Zip 50622

Telephone [REDACTED]

Email zachary.garrigus@vgm.com

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

Section 3: Military Service (NRS 622.120)

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

Yes

No

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Date of Service: From: _____ to: _____ N/A

Military Occupation/Specialty _____

Branch:

☐ Army/
Reserves

☐ Navy/
Reserves

☐ Airforce/
Reserves

☐ Marine Corps/
Reserves

☐ Coast Guard/
Reserves

☐ National
Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

Yes

No

✓

2. Are you in compliance with the order or the 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 Initials ZG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Northern Iowa		From - To (MM/YY - MM/YY) 08/2009 - 05/2015	
Address 1227 W 27th St	City Cedar Falls	State IA	Zip 50614
Diploma/Degree obtained, if any Bachleors of Arts: Major: Political Science Minor: Politics and Law			
School Name Oelwein High School		From - To (MM/YY - MM/YY) 08/2004 - 05/2008	
Address 315 8th Ave. SE	City Oelwein	State IA	Zip 50662
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 06/19 - present	Address ██████████ Prestien Dr	City Denver	State IA	Zip 50622
From - To (MM/YY - MM/YY) 03/16 - 06/19	Address 1427 Hammond Ave	City Waterloo	State IA	Zip 50702
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name VGM Group, Inc.		From - To (MM/YY - MM/YY) 02/2016 - Present	
Business Address 1055 Southtown Drive		City Waterloo	State IA
Phone (319) 274-6627	Title Director of Operations		Zip 50702
Number of Employed Hours 11,440 @ 40hrs a wk			
Description of Duties Over-site of receiving, inventory, production, and returns. Developed the incentive program that is used in all fulfillment centers. Increased Productivity by 25% in the production department. Standardized processes between all fulfillment centers. Part of the team that implemented Microsoft Dynamics AX.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Make copies of this page OR use a separate piece of paper if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following where applicable:

Date of Event/Arrest 12/05/2009	Disposition Date 03/18/2010	State Iowa	City Cedar Falls	County Black Hawk
Case # OWCR165934		Governing, licensing, Arresting Presiding Body/Agency/Court State of Iowa, County of Black Hawk		
Reason/Charge Operating While Intoxicated, a misdemeanor in violation of Section 321J.2 of the Code of Iowa, as amended.				
Plaintiff/Defendant/Claimant/Respondent Plaintiff: State of Iowa/ Defendant: Zachary Jordan Garrigus			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity N/A				

Provide explanation below:

On December 5, 2009, over 10 years ago in the County of Black Hawk, State of Iowa, I unlawfully operated a motor vehicle while under the influence of alcohol. I submitted a guilty plea on March 18, 2010 and was sentenced to pay \$953.75 in fines, one year of probation with 60 days in jails and attended a drinking driving course. All sentences, fines and courses have been paid/completed and have since have had a clean record.

Zachary Garrigus

Original Signature (electronic, copies or stamps not accepted)

9/22/21

Date

Applicant's initials ZG

I, Zachary Jordon Garrigus, certify that as the designated representative for
VGM Group, Inc.

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Zachary Jordon Garrigus

Print Name (First, Last)

Zachary Garrigus
 Original Signature (electronic, copies or stamps not accepted)

9/22/21
 Date

Applicant's initials ZG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Zachary Jordon Garrigus

Print Name (First, Last)

Zachary Garrigus
Original Signature (electronic, copies or stamps not accepted)

9/22/21
Date

Please have this section completed in the presence of a Notary Public.

State of Iowa, ss. County of Black Hawk

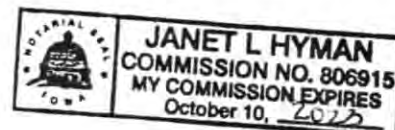
I, Zachary Garrigus, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Zachary Garrigus
Original Signature

9/22/21
Date

Subscribed and Sworn to before me this 22 day of September 2021

Janet L Hyman
Notary Public Signature



(Seal)

Applicant's Initials ZG

STATE OF IOWA, COUNTY OF BLACK HAWK

Discipline Docs 2064

State of Iowa

vs

Garrigus, Zachary Jordan

DOB: [REDACTED] SSN: [REDACTED]

Defendant

Before (Judge, Magistrate)

Criminal Case No.

OWCR165934

(UNI) Police Case No. 09-386

[REDACTED] 7th Avenue
Oelwein, Ia 50662
Address

COMPLAINT

The defendant is accused of the crime of OWI 1st Offense 321j.2 Iowa Code 2009, in that the defendant on the 5th day of December, 2009, at the CITY OF CEDAR FALLS in Black Hawk County, did knowingly operate a motor vehicle upon a public street or highway while having a blood alcohol concentration as defined in section 321j.1 of .08 or more.

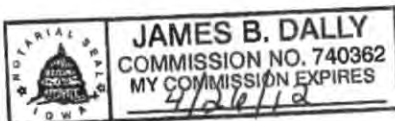
STATE OF IOWA

COUNTY OF BLACK HAWK, ss.

I, the undersigned, being first duly sworn and under oath, state the following facts known by me or told to me by other reliable persons form the basis for my belief that Garrigus, Zachary Jordan, the defendant committed the crime charge: On the early morning hours at around 0245 hrs I noticed a vehicle driving up to the Baker Hall lot on the University of Northern Iowa campus. I went into the area and located the vehicle which was pulling out of the loading dock at the Business building. I noticed that the all the vehicle's windows were frosted over. I proceeded to stop the vehicle and advised him the reason. Defendant agreed that his windows were frosted over. As I was talking with the Defendant I could smell a strong odor of alcohol coming from the Defendant and his eyes were bloodshot and watery. Defendant was asked to perform field sobriety tests which Defendant failed. Defendant was offered a breath test on the PBT which indicated a B.A.C over .08. Defendant was placed under arrest and transported to UNI PD. Defendant was read Implied Consent Advisory and consented to a breath test on the datamaster which indicated a B.A.C of .185. Defendant advised multiple times that he didn't want to make any calls. Defendant was transported to BHC jail and released to jail staff.

Signature

Subscribed and sworn to before me by the said D Jaeger this 5th day of December, 2009.



Notary Public in and for the State of Iowa

Complaint and Affidavit filed and probable cause found that the offense has been committed and that DEFENDANT committed it.

☒ Original
☐ Defendant

☐ Case Copy
☐ County Attorney

Magistrate

IN THE IOWA DISTRICT COURT OF IOWA, IN AND FOR BLACK HAWK COUNTY

STATE OF IOWA

vs.



CRIMINAL NO. OWCR165934

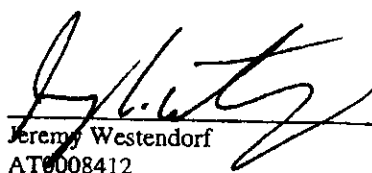
ZACHARY JORDAN GARRIGUS
PIN# BL1533005TRIAL INFORMATION
UNI09-386

COMES NOW Jeremy Westendorf, as Prosecuting Attorney for Black Hawk County, Iowa and in the name and by the authority of the State of Iowa accuses ZACHARY JORDAN GARRIGUS
of: Operating While Intoxicated - First Offense
in violation of Section(s) §321J.2 - Serious Misdemeanor

The said ZACHARY JORDAN GARRIGUS on or about the 5TH day of DECEMBER, 2009,
in Black Hawk County, Iowa did:

Operate a motor vehicle while under the influence of an alcoholic beverage, or other drug, or a combination of such substances, or while having eight hundredths (.08) or more alcohol concentration; Contrary to and in violation of section 321J.2 Of the Iowa Criminal Code.

A TRUE INFORMATION


Jeremy Westendorf
AT0008412

2009-12-13 PM 4:03

APPROVAL

This information and the Minutes of Evidence accompanying it have been examined by me and found to contain sufficient evidence, if unexplained, to warrant a conviction by a trial jury; the filing of this Information is approved by me on December 30, 2009.

- 1/13/10
- ☐ Defendant is released on personal recognizance.
☐ Defendant is released under supervision of Department of Correctional Services, Pretrial Release.
☐ Bond is set in the amount of \$_____
☐ Bond may be unsecured.
☐ Bond must be cash or secured in the full amount.
☒ 10% cash may be posted.
☐ Bond previously set shall continue.
☐ Clerk of Court shall issue a summons for Defendant to appear.
☐ Clerk of Court shall issue an arrest warrant.


JUDGE

LIST OF WITNESSES: See attached minutes of testimony.

IN THE IOWA DISTRICT COURT IN AND FOR BLACK HAWK COUNTY

STATE OF IOWA,

Plaintiff,

vs.

ZACHARY JORDAN GARRIGUS,

Defendant.

Case No.: OWCR165934

WRITTEN GUILTY PLEA

Defendant states:

1. I am represented by my attorney, Richard J. Buffington, of Buffington Law Offices, P.C. at 903 North Frederick Avenue, Oelwein, Iowa 50662.
2. I am pleading guilty to the criminal offense of Operating While Intoxicated, a Serious Misdemeanor in violation of Section 321J.2 of the Code of Iowa, as amended.
3. I admit that on or about December 5, 2009, in the County of Black Hawk, State of Iowa, I did unlawfully operate a motor vehicle while under the influence of alcohol, drugs, or a combination thereof, while having eight hundredths or more grams of alcohol per two hundred ten liters of breath. The Court may rely on the minutes of testimony attached to the trial information for a factual basis for this plea of guilty.
4. I understand that the maximum punishment to which I can be sentenced is a fine of at least \$625.00.00, but not to exceed \$1,250.00 and an indeterminate term of up to one (1) year in a county jail facility.
5. I have received and read a copy of the trial information charging me with these offenses, understand the nature of the charge(s) against me, and state that I am correctly named.
6. I understand that if I maintain a plea of not guilty, I would be entitled to the following rights: (a) a speedy and public trial by jury; (b) a verdict of guilty would have to be

unanimous; (c) I have a right to be represented by an attorney, and counsel would be provided at public expense if I was unable to afford counsel; (d) if I plead not guilty, I have a privilege against self-incrimination, and I could not be required to testify at trial; (e) at trial, the state would have to confront me with witnesses upon whose testimony it relied to obtain conviction, and I would have the right to cross-examine those witnesses; (f) at trial, I would be presumed innocent until such time, if ever, as the state established my guilty beyond a reasonable doubt with competent evidence; (g) at trial, I could use the power of the court to compel witnesses to appear and testify in my behalf; (h) at trial, if I did not take the witness stand, no inference of guilt could be drawn from my action, and the prosecutor could not comment to the jury on my not testifying; (i) if I proceed with a plea of guilty, I have waived all of these rights with the exception of my right to counsel at these or any later proceedings, and I would not have a trial.

7. I plead guilty voluntarily and with full understanding and knowledge of my rights. I specifically waive my right against self-incrimination for purposes of this plea. There have been no threats or promises made for the purpose of inducing me to enter a plea of guilty.

8. I understand the court may not accept a guilty plea without first determining that my plea is made voluntarily and intelligently and has a factual basis.

9. I understand that Iowa Rule of Criminal Procedure 2.8(2)(b) provides:

The court may refuse to accept a plea of guilty and shall not accept a plea of guilty without first determining that the plea is made voluntarily and intelligently and has a factual basis.

Before accepting a plea of guilty, the court must address the defendant personally in open court and inform the defendant of and determine that the defendant understands the following:

- (1) The nature of the charge to which the plea is offered;
- (2) The mandatory minimum punishment, if any, and the maximum possible punishment provided by the statute defining the offense to which the plea is offered;

- (3) That a criminal conviction, deferred judgment, or deferred sentence may affect a Defendant's status under Federal Immigration Laws.
- (4) That the defendant has the right to be tried by a jury, and at trial, has the right to assistance of counsel, the right to confront and cross-examine witnesses against the defendant, the right not to be compelled to incriminate oneself, and the right to present witnesses in the defendant's own behalf and to have compulsory process in securing their attendance.
- (5) That if the defendant pleads guilty, there will not be a further trial of any kind so that by pleading guilty the defendant waives the right to a trial.

10. I also understand that the court may, in its discretion and with my approval, waive the procedure set out in Rule 2.8 in a plea of guilty to a Serious or Aggravated Misdemeanor.

11. I hereby approve of the court's waiving that procedure.

12. **I understand that upon my plea of guilty, the Assistant Black Hawk County Attorney will recommend the following sentence: The Defendant shall receive a ninety (90) day jail sentence with all but four (4) days suspended. The Defendant may serve the aforementioned jail sentence in the Fayette County Jail and shall have sixty (60) days to serve the sentence and may serve the sentence on weekends in forty-eight (48) hour increments. The Defendant shall receive a fine in the amount of \$1,250.00 plus all applicable surcharges, DARE fees and court costs. The Defendant shall complete a course for Drinking Drivers and file proof of same with the Court within sixty (60) days. The Defendant may satisfy two (2) days of the jail sentence by completing the Hawkeye Program. The Defendant would request that this matter be set for a Sentencing Hearing at a later date to be set by the Court.**

13. I understand that if this plea agreement is not conditioned upon the court's concurrence, the judge has the sole discretion in sentencing. However, if this plea agreement is conditioned upon the court's concurrence and the judge does not accept the agreement, the judge will allow me to withdraw this guilty plea.

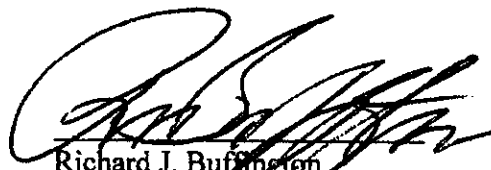
14. This plea agreement is not conditioned on the court's concurrence.

15. I further understand that if I wish to challenge this guilty plea, I must file a motion in arrest of judgment no later than forty-five days after entry of my plea and also at least five days before the date set for sentencing, and that failure to do so file such challenges shall preclude the right to assert them on appeal. I also understand I have a right to a 15-day delay before being sentenced. I waive these rights and request that judgment and sentence be pronounced upon receipt of this plea.

16. I waive my right to be personally present in court for plea proceedings under Iowa Rule of Criminal Procedure 2.23 and my right to be present at sentencing. I waive my right to personally address the Court for purposes of allocution.

Dated this 10th day of March 2010.


Zachary Jordan Garrigus
Defendant


Richard J. Buffington
Counsel for Defendant

Copy to:

Jeremy L. Westendorf, Assistant Black Hawk County Attorney

Zachary Jordan Garrigus, Defendant

CERTIFICATE OF SERVICE

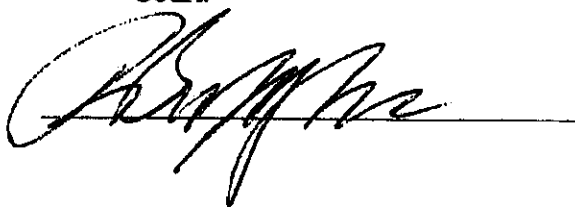
The undersigned certifies that on the 18 day of March 2010, she served the attached document on the persons and at the addresses listed below by depositing a copy of the same by

☐ Delivering

☐ Mailing

☒ Transmitting by fax

☐ By leaving it with the Clerk of Court a copy to the attorney or party at the attorney's or party's last known address, or if no address is known, by leaving it with the Clerk of Court.



IN THE IOWA DISTRICT COURT IN AND FOR BLACK HAWK COUNTY

STATE OF IOWA,

Plaintiff,

vs.

ZACHARY JORDAN GARRIGUS,

Defendant.

Case No.: OWCR165934

AMENDED WRITTEN GUILTY PLEA

Defendant states:

1. I am represented by my attorney, Richard J. Buffington, of Buffington Law Offices, P.C. at 903 North Frederick Avenue, Oelwein, Iowa 50662.
2. I am pleading guilty to the criminal offense of Operating While Intoxicated, a Serious Misdemeanor in violation of Section 321J.2 of the Code of Iowa, as amended.
3. I admit that on or about December 5, 2009, in the County of Black Hawk, State of Iowa, I did unlawfully operate a motor vehicle while under the influence of alcohol, drugs, or a combination thereof, while having eight hundredths or more grams of alcohol per two hundred ten liters of breath. The Court may rely on the minutes of testimony attached to the trial information for a factual basis for this plea of guilty.
4. I understand that the maximum punishment to which I can be sentenced is a fine of at least \$625.00.00, but not to exceed \$1,250.00 and an indeterminate term of up to one (1) year in a county jail facility.
5. I have received and read a copy of the trial information charging me with these offenses, understand the nature of the charge(s) against me, and state that I am correctly named.
6. I understand that if I maintain a plea of not guilty, I would be entitled to the following rights: (a) a speedy and public trial by jury; (b) a verdict of guilty would have to be

CLERK OF DISTRICT COURT
BLACK HAWK COUNTY IOWA

2010 JUN -2 PM 1:46

FILED

unanimous; (c) I have a right to be represented by an attorney, and counsel would be provided at public expense if I was unable to afford counsel; (d) if I plead not guilty, I have a privilege against self-incrimination, and I could not be required to testify at trial; (e) at trial, the state would have to confront me with witnesses upon whose testimony it relied to obtain conviction, and I would have the right to cross-examine those witnesses; (f) at trial, I would be presumed innocent until such time, if ever, as the state established my guilty beyond a reasonable doubt with competent evidence; (g) at trial, I could use the power of the court to compel witnesses to appear and testify in my behalf; (h) at trial, if I did not take the witness stand, no inference of guilt could be drawn from my action, and the prosecutor could not comment to the jury on my not testifying; (i) if I proceed with a plea of guilty, I have waived all of these rights with the exception of my right to counsel at these or any later proceedings, and I would not have a trial.

7. I plead guilty voluntarily and with full understanding and knowledge of my rights. I specifically waive my right against self-incrimination for purposes of this plea. There have been no threats or promises made for the purpose of inducing me to enter a plea of guilty.

8. I understand the court may not accept a guilty plea without first determining that my plea is made voluntarily and intelligently and has a factual basis.

9. I understand that Iowa Rule of Criminal Procedure 2.8(2)(b) provides:

The court may refuse to accept a plea of guilty and shall not accept a plea of guilty without first determining that the plea is made voluntarily and intelligently and has a factual basis.

Before accepting a plea of guilty, the court must address the defendant personally in open court and inform the defendant of and determine that the defendant understands the following:

- (1) The nature of the charge to which the plea is offered;
- (2) The mandatory minimum punishment, if any, and the maximum possible punishment provided by the statute defining the offense to which the plea is offered;

- (3) That a criminal conviction, deferred judgment, or deferred sentence may affect a Defendant's status under Federal Immigration Laws.
- (4) That the defendant has the right to be tried by a jury, and at trial, has the right to assistance of counsel, the right to confront and cross-examine witnesses against the defendant, the right not to be compelled to incriminate oneself, and the right to present witnesses in the defendant's own behalf and to have compulsory process in securing their attendance.
- (5) That if the defendant pleads guilty, there will not be a further trial of any kind so that by pleading guilty the defendant waives the right to a trial.

10. I also understand that the court may, in its discretion and with my approval, waive the procedure set out in Rule 2.8 in a plea of guilty to a Serious or Aggravated Misdemeanor.

11. I hereby approve of the court's waiving that procedure.

12. I understand that upon my plea of guilty, the Assistant Black Hawk County Attorney will recommend the following sentence: The Defendant shall receive a sixty (60) day jail sentence with all but four (4) days suspended and credit for time served. The aforementioned jail sentence may be served at the Fayette County Jail on weekends in forty-eight (48) hour increments and must be completed within ninety (90) days from the date of the Sentencing Order. The Defendant shall receive a fine in the amount of \$625.00 plus all applicable costs and surcharges. The Defendant shall be placed on Self-Probation for a period of up to one (1) year with no further law violations. As additional terms of the aforementioned probation, the Defendant shall comply with all recommendations contained within the Substance Abuse Evaluation previously filed with the Court as well as successfully complete the Drinking Drivers Course and file certification with the Court within ninety (90) days from the date of the Sentencing Order.

13. I understand that if this plea agreement is not conditioned upon the court's concurrence, the judge has the sole discretion in sentencing. However, if this plea agreement is conditioned upon the court's concurrence and the judge does not accept the agreement, the judge

will allow me to withdraw this guilty plea.

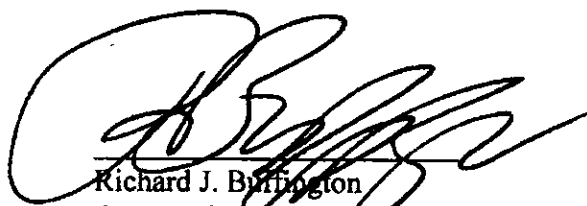
14. **This plea agreement is not conditioned on the court's concurrence.**

15. I further understand that if I wish to challenge this guilty plea, I must file a motion in arrest of judgment no later than forty-five days after entry of my plea and also at least five days before the date set for sentencing, and that failure to do so file such challenges shall preclude the right to assert them on appeal. I also understand I have a right to a 15-day delay before being sentenced. I waive these rights and request that judgment and sentence be pronounced upon receipt of this plea.

16. I waive my right to be personally present in court for plea proceedings under Iowa Rule of Criminal Procedure 2.23 and my right to be present at sentencing. I waive my right to personally address the Court for purposes of allocution.

Dated this 2nd day of June, 2010.


Zachary Jordan Garrigus
Defendant


Richard J. Buffington
Counsel for Defendant

Copy to:

Jeremy L. Westendorf, Assistant Black Hawk County Attorney

Zachary Jordan Garrigus, Defendant

CERTIFICATE OF SERVICE

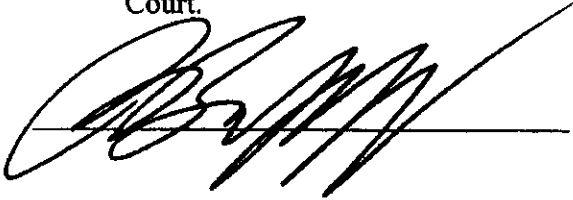
The undersigned certifies that on the 2nd day of June 2010, she served the attached document on the persons and at the addresses listed below by depositing a copy of the same by

☒ Delivering

☐ Mailing

☐ Transmitting by fax

☐ By leaving it with the Clerk of Court a copy to the attorney or party at the attorney's or party's last known address, or if no address is known, by leaving it with the Clerk of Court.



IN THE IOWA DISTRICT COURT IN AND FOR BLACK HAWK COUNTY

FILED

STATE OF IOWA,

2010 JUN 7 AM 11:48

Plaintiff,

CLERK OF DISTRICT COURT
BLACK HAWK COUNTY IOWA04/CR165434
12-5-09

vs.

Richard Jordan Carrigas

Defendant.

JUDGMENT AND SENTENCE
OPERATING WHILE INTOXICATED,
FIRST OFFENSE

Distributed To:

Co Atty ☒DCS/Res Fac ☒PDO/Dett Atty R. ButtingerSheriff/Jail ☒AUD/FIN/Victim ☒DOT/Comm/BEP ☒Defendant ☒Date Distributed: ☒APPEARANCES: J. Woodruff for the State.R. Buttinger for the Defendant.

The defendant appeared in court with his/her attorney for purposes of sentencing. The defendant ~~had previously~~ entered a [written] plea of guilty to the offense of Operating While Intoxicated, First Offense, contrary to Section 321J.2 of the Iowa Code. The Court finds that the plea was freely, voluntarily and intelligently made and that there was a factual basis for the plea. Pursuant to Section 321J.2 of the Iowa Code,

IT IS THE JUDGMENT AND SENTENCE OF THE COURT AS FOLLOWS:

1. That the defendant is adjudged guilty of the offense of Operating While Intoxicated, First Offense, contrary to Section 321J.2 of the Iowa Code.

2. That the defendant is fined in the amount of \$1,250.00, plus surcharge of \$ 437.50 DARE fee of \$10, plus court costs of \$ 140.00. Said totals shall be paid ☐ immediately ☐ per DCS ☐ in installments of \$ _____ per month starting _____. The defendant is advised of his/her duty to timely pay fine, surcharges and court costs. Half of the fine and applicable surcharge shall be waived when the defendant presents to the clerk of court a temporary restricted license issued pursuant to Section 321J.20 and a copy of a certification of installation of an ignition interlock device if required by the DOT. (Filed)

☐ That in lieu of the fine and surcharge, the defendant may perform community service in accordance with the applicable minimum wage rate. The defendant shall file a report showing compliance with the community service requirement prior to _____.

3. That the defendant shall be incarcerated in the Black Hawk County Jail for a period of 60 days. The defendant is credited with any time previously served.

☒ () All days are suspended. () All but 24 day(s) of said sentence is/are suspended. The unsuspended time shall be served by 9-10-10. The defendant is placed on () self () supervised probation for a period of one year(s). If supervised, probation is subject to the terms of probation approved by the judges of the First Judicial District and any conditions set by DCS. May be served in 48 hr increments in Fayette County Jail.

- ☐ The defendant shall participate in:
 ☐ appropriate program planning.
 ☐ work release.

- ☐ The defendant shall attend and successfully complete the Hawkeye Community College two-day OWI program. Successful completion of the OWI program will satisfy the two-day jail requirement and the requirement of completion of a course for drinking drivers.

4. If defendant was represented by court-appointed counsel, the defendant must pay restitution for attorney fees pursuant to Section 815.9 for any costs incurred, and judgment is ordered for the same. The defendant shall also pay any applicable victim restitution.

5. That the defendant shall attend a course for drinking drivers and file proof of compliance prior to 9-1-10.

6. That the defendant shall comply with any recommendations that resulted from his/her substance abuse evaluation.

7. That as a special condition of the defendant's probation, the defendant shall not engage in any further illegal activity and shall pay his/her fine, surcharge, court costs and restitution in accordance with this sentencing order. A failure to comply with either of these special conditions could result in the issuance of a warrant for the defendant's arrest and a revocation of the defendant's probation.

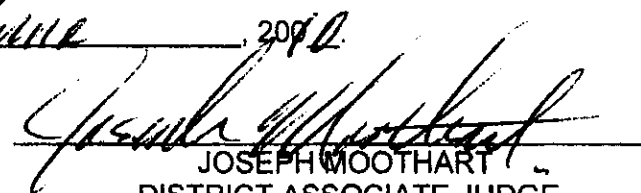
8. Other sentence: _____

9. Reasons for sentence: ☒ Nature of offense ☒ Plea agreement ☒ Age
☒ Prior record ☐ Employment ☐ Family circumstances

10. ☒ Formal reporting waived by the parties.

That judgment and sentence shall be rendered against the defendant as above provided. The defendant was advised of his/her right to appeal to the Iowa Supreme Court. Bond on appeal is set in the amount of \$2,000 cash or corporate surety. The defendant's bond and any sureties thereon shall be immediately released.

Dated this 4th day of June, 2010.


 JOSEPH MOOTHART
 DISTRICT ASSOCIATE JUDGE

Copies to: Counsel of Record
☐ Department of Correctional Services
☐ Residential Facility
☒ Sheriff
☐ Department of Transportation

Defendant at: _____

(#1 pro se)

Phone no. _____



FILED
IN THE IOWA DISTRICT COURT FOR FAYETTE COUNTY

Sheriff, Fayette County, Iowa 2010 AUG 26 AM 9:55 Case # (s)

OWCR165934

Plaintiff

CLERK OF DISTRICT COURT
BLACK HAWK COUNTY, IOWA

VS

SATISFACTION OF ROOM AND
BOARD REIMBURSEMENT LIEN

Zacary Garrigus

Defendant

COMES NOW the claim holder in the above captioned cause and herewith acknowledges full and complete payment of the claim entered, pursuant to Iowa Code 356.7 and 910.1(4) in his favor and hereby satisfies said claim of record.

Dated this 20th day of August, 2010

Marty Fisher, Fayette County Sheriff

BY: Marty Fisher

ACKNOWLEDGEMENT

STATE OF IOWA

COUNTY OF FAYETTE

On this 20th day of August, 2010, before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared Martin Fisher, to me known to be the identical person named in and who executed the foregoing instrument and acknowledge that he/she executed the same his/her voluntary act and deed.



Katrina Schmitt
Notary Public in and for Fayette County, Iowa

Home	Sec 1 of 0	Related Cases	User ID: KNIEDERMANN	County: BLA K HAWK	Financial	12/31/2019 02:00 PM	Documents
Applications	OWCR165934: ST VS GARRIGUS, ZACHARY JORDAN						Courts Online
I - Financial Index							Logoff

☐ (G)eneral/Civil ☐ C(r)iminal ☒ (F)ull

(L)ast / Firm:

First:

Middle:

(O)bligor:

Obligee:

Payor:

Payee:

(C)ase ID: 01-07-1 | OWCR165934 | ST VS GARRIGUS, ZACHARY JORDAN

Citation#: Short

☐ History ☐ Show Addresses ☐ Show Related People Status: All
(S)earch

Case ID	Sec. Level	Flags?	Amount Setup	Amount Paid	Amount Due	Due Date	Collections?
GARRIGUS, ZACHARY JORDAN							
		DOB: [REDACTED]		PIN: BL1533005	P A	Paid: \$953.75	
		SSN: [REDACTED]		DL#: [REDACTED]		Due: \$0.00	
01071 OWCR165934	0		\$953.75	\$953.75	\$0.00	Accounting Summary	

Page: 1

Recent: BL1033622 || 01071 FECR228037 || 01071 SWCR019963 || 01071 IFIF003935

[Last Search...](#)

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prodapp3

I, Clerk of the District Court in and for Black Hawk County, Iowa, hereby certify that the foregoing is a true, correct and complete copy of the instrument herewith filed for record in the Office of the Clerk of District Court in and for Black Hawk County, Iowa this 31st day of December, 2019.

BLACKHAWK COUNTY
CLERK OF DISTRICT COURT
By: Karla Designee
Kniedermann

16E

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: VGM Group, Inc.

Physical Address: 777 South 67th Avenue, Suite 150

City: Phoenix State: AZ Zip Code: 85043

Telephone Number: (623) 404-0768 Fax Number: (845) 544-2481

Toll Free Number: N/A

E-mail: VGM@slny.com Website: https://www.vgmgroup.com

Facility Manager: Mariellys B. Gutierrez Martinez

Professional qualifications and experience of facility manager: Collaborated with team members to meet daily demands.
Met customer needs with routine and expedited services. Helped team handle high-volume work by prioritizing tasks and organizing supplies.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Retail Pharmacy/Medical Supply Chains, Clinics or Institutions

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: Devices (For Patients), Devices(OTC), Only Devices

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 Manufacturer by the FDA?
(If yes, provide a copy of your 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 regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Phillips Respironics

Address: 174 Tech Center Drive, Suite 100, Mount Pleasant, PA 15688

Name: ResMed

Address: 600 Riverside Parkway, Lithia Springs, GA 30122

Name: Lunella, LLC

Address: 100 Cambridge St, 14th Floor, Boston, MA 02114

Name:

Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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 ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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 ☒

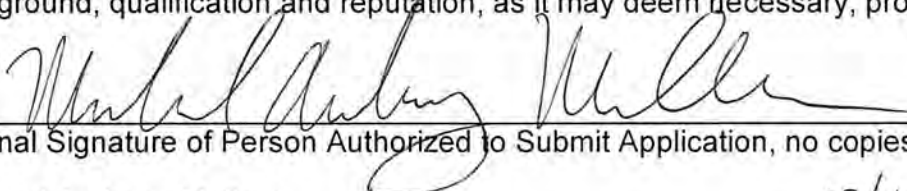
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

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.


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

Michael Anthony Mallaro
Print Name of Authorized Person

Date

12/19/20

Board Use Only

Date Processed: _____

Amount:

500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: IA

Parent Company if any: N/A

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 * Fax: (845) 544-2481

Contact Person: Jennifer Schneider

For any corporation non-publicly traded, disclose the following:

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

a)	<u>Van G. Miller & Associates, Inc. Employee Stock Ownership Trust</u>	<u>1111 W San Marnan Drive, Waterloo, IA 50701</u>
	<u>Name</u>	<u>Business Address</u>
b)	<u></u>	<u></u>
	<u>Name</u>	<u>Business Address</u>
c)	<u></u>	<u></u>
	<u>Name</u>	<u>Business Address</u>
d)	<u></u>	<u></u>
	<u>Name</u>	<u>Business Address</u>

- 2) Provide the number of shares issued by the corporation. 2.5 million
- 3) What was the price paid per share? \$17.45

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non-publicly traded corporationList of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Maria Herrera

From: Compliance Department <compliance@slnysupport.com>
Sent: Tuesday, February 9, 2021 11:18 AM
To: Mark I. Sedar
Cc: Maria Herrera
Subject: Re: [#90071] Fwd: Nevada Wholesaler Application- VGM Group, Inc.

Follow Up Flag: Follow up
Flag Status: Flagged

From: State License Servicing, Inc.

Subject: Fwd: Nevada Wholesaler Application- VGM Group, Inc.

Ticket Number 90071

Hi Maria,

I believe questions 1 & 2 of page 2 are not the questions that need to be changed. Can you please update the answer to question 3 on page 3 to "Yes"?

Thank you as always.

Sincerely,

Ismael Ortiz
 Customer Service Manager
 Pharmaregs, Inc.
 State License Servicing, Inc
 CIM 90, Carr. 165, Suite C-102
 Guaynabo, PR 00968
 Phone: (787) 723-3474

On Tue, 9 Feb at 12:42 PM , Maria Herrera <m.herrera@pharmacy.nv.gov> wrote:
 Hi Ismael,

Based on the disclosure notice we received today regarding VGM Group, Inc. would you like me to update page 2 questions 1 or 2 of your applications?

Thank you,

Maria Herrera
 Licensing Specialist
 Nevada State Board of Pharmacy
 985 Damonte Ranch Pkwy Suite 206
 Reno, NV 89521
 775-850-1440
m.herrera@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged,

Maria Herrera

From: Compliance Department <compliance@slnysupport.com>
Sent: Friday, February 5, 2021 8:37 AM
To: Mark I. Sedar
Cc: Maria Herrera
Subject: Re: [#90071] Fwd: Nevada Wholesaler Application- VGM Group, Inc.
Attachments: VGM-IA_GS Certificate.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

From: State License Servicing, Inc.

Subject: Fwd: Nevada Wholesaler Application- VGM Group, Inc.

Ticket Number 90071

Good morning Maria

I hope this email finds you well,

Please be advised that this facility does not handle drugs, they only handle OTC & Rx devices. Attached you'll find the requested Certificate of Good Standing for VGM Group. Please confirm receipt and advise if this information will suffice in order to proceed accordingly.

VGM Group, Inc.
3046 Dickerson Pike
Nashville, TN 37207

Thank you as always.

Sincerely,

Ismael Ortiz
 Customer Service Manager
 Pharmaregs, Inc.
 State License Servicing, Inc
 CIM 90, Carr. 165, Suite C-102
 Guaynabo, PR 00968
 Phone: (787) 723-3474

On Fri, 22 Jan at 8:53 AM , Compliance Department <compliance@slnysupport.com> wrote:

From: State License Servicing, Inc.

Subject: Fwd: Nevada Wholesaler Application- VGM Group, Inc.

Ticket Number 90071

Good morning Maria

I hope this email finds you well,



VGM Group, Inc.



Corporate Address: 1111 W. San Marnan Drive, Waterloo, IA 50701 USA
FEIN: 42-1280573
<https://www.vgmgroup.com>

Drug Labeler Code: N/A
Incorporation State: IA
Incorporation Date: 09/04/1986

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
SAZ	777 South 67th Avenue Suite 150 Phoenix, AZ 85043 County: Maricopa	N/A	N/A - No CS	117352470	No	(623) 404-0768	(845) 544-2481

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Mariellys B. Gutierrez Martinez	South 67th Avenue 150 Phoenix, AZ 85043	Warehouse Manager	No			

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Van G. Miller & Associates, Inc. Employee Stock Ownership Trust	1111 W San Marnan Drive Waterloo, IA 50701	N/A	100	N/A	71-0999644	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Michael Anthony Mallaro	Carriage Lane Cedar Falls, IA 50613	Chief Executive Officer	No			
James Edward Walsh Jr.	Oak Park Blvd Cedar Falls, IA 50613	Chairman of The Board, General Counsel and Secretary	No			
James Robert Nygren	River Ridge Road Cedar Falls, IA 50613	CFO & Treasurer	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			
CSC			

Long Company 2087
particulars

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Issue Date: 4/6/2021

Name: VGM GROUP, INC. (490 DP - 110492)

Date of Incorporation: 9/4/1986

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: **CS217865**

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in cursive script that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State

IOWA SECRETARY OF STATE
PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 10/20/2020

Name: VGM GROUP, INC. (490 DP - 110492)

Date of Incorporation: 9/4/1986

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: **CS205843**

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature of Paul D. Pate in black ink.

Paul D. Pate, Iowa Secretary of State

IOWA SECRETARY OF STATE
PAUL D. PATE



CERTIFICATE OF EXISTENCE

*Certificate of Good Standing
from Formation State* 2090

Issue Date: 10/20/2020

Name: VGM GROUP, INC. (490 DP - 110492)

Date of Incorporation: 9/4/1986

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
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- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS205843

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate
Paul D. Pate, Iowa Secretary of State

Nevada Bond
SAZ -

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. LICX1193292

Application/License No. _____

VGM Group, Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
777 S 67th Ave Suite 150 Phoenix, AZ 85043, as
Address of Applicant/Principal
 PRINCIPAL, and Lexon Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Texas
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
12890 Lebanon Rd Mt. Juliet, TN 37122 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 November 13, 2020.
Effective Date

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 impose 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
13 day of November, 2020.

APPLICANT/PRINCIPAL

SURETY COMPANY

 Authorized Representative

 Surety Company's Representative

Michael Tanguay, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

 Witness

 Witness

 Witness

 Witness

Countersigned by:

 Nevada Resident Agent



SOMPO INTERNATIONAL
INSURANCE

11354

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Michael Tanguay** as true and lawful Attorney(s)-in-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **Ten Million Dollars (\$10,000,000.00)**.

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019, a copy of which appears below under the heading entitled "Certificate".

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019 and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019.

Endurance Assurance Corporation

Endurance American Insurance Company

Lexon Insurance Company

Bond Safeguard Insurance Company

By: *Richard M. Appel*
Richard Appel, SVP & Senior Counsel

By: *Richard M. Appel*
Richard Appel, SVP & Senior Counsel

By: *Richard M. Appel*
Richard Appel, SVP & Senior Counsel

By: *Richard M. Appel*
Richard Appel, SVP & Senior Counsel



ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/she is an officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: *Amy Taylor*
Amy Taylor, Notary Public - My Commission Expires 5/9/23



CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

"RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: **RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT**

; and be it further

RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."

3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 13th day of November, 2020

By: *Daniel S. Lurie*
Daniel S. Lurie, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. Please read this Notice carefully.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website - <https://www.treasury.gov/resource-center/sanctions/SDN-List>

In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com

Telephone: 615-553-9500 Mailing Address: Sompo International, 12890 Lebanon Road, Mount Juliet, TN 37122-2870



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. LICX1193292

Application/License No. _____

VGM Group, Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
777 S 67th Ave Suite 150 Phoenix, AZ 85043, as
Address of Applicant/Principal
 PRINCIPAL, and Lexon Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Texas
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
12890 Lebanon Rd Mt. Juliet, TN 37122 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 November 13, 2020.
Effective Date

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 impose 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
13 day of November, 20 20.

APPLICANT/PRINCIPAL

SURETY COMPANY

 Authorized Representative

 Surety Company's Representative

Michael Tanguay, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

 Witness

 Witness

 Witness

 Witness

Countersigned by:

 Nevada Resident Agent

**SOMPO INTERNATIONAL****INSURANCE****11354****POWER OF ATTORNEY**

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Michael Tanguay** as true and lawful Attorney(s)-in-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **Ten Million Dollars (\$10,000,000.00)**.

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019, a copy of which appears below under the heading entitled "Certificate"

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019 and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019

Endurance Assurance Corporation

Endurance American Insurance Company

Lexon Insurance Company

Bond Safeguard Insurance Company

By: **Richard Appel; SVP & Senior Counsel**

By: **Richard Appel; SVP & Senior Counsel**

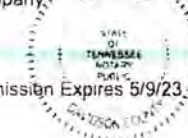
By: **Richard Appel; SVP & Senior Counsel**

By: **Richard Appel; SVP & Senior Counsel**

**ACKNOWLEDGEMENT**

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/she is an officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: **Amy Taylor**
Amy Taylor, Notary Public, My Commission Expires 5/9/23

**CERTIFICATE**

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

- 1 That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
- 2 The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

"RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: **RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT**

; and be it further

RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."

- 3 The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 13th day of November, 2020

By: **Daniel S. Lurie**
Daniel S. Lurie, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website - <https://www.treasury.gov/resource-center/sanctions/SDN-List>

In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com

Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870



Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	VGM Group, Inc.
Address :	777 South 67th Avenue Suite 150 Phoenix AZ 85043
License No :	W003455
Permit Type :	Wholesaler
Sub Type :	Full Service
Date Issued :	09/15/2020
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

Kam Gandhi



ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
<http://www.azpharmacy.gov>

Home State Licence
wholesaler.

2098

Receipt Date: 06/19/2020
Receipt Number: 202084002
Receipt Amount \$: 1000.00

Wholesaler - Full Service

PERMIT NO
W003455

EXPIRES
10/31/2021

Issued to :

VGM Group, Inc.
Van G. Miller & Associates, Inc. Employee Stock Ownership Trust
C/O STATE LICENSE SERVICING, 1751 STATE ROUTE 17A SUITE 3
FLORIDA, NY 10921

VGM Group, Inc.
777 SOUTH 67TH AVENUE SUITE 150
PHOENIX, AZ 85043

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749



WALLET CARD

NAME : Van G. Miller & Associates, Inc. Employee Stock Ownership Trust
LICENSE NUMBER : W003455
EXPIRES : 10/31/2021

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C. R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Mariellys Gutierrez

Warehouse Supervisor

Contact

██████ W Centerra Dr.
Goodyear, Az 85338
██████████

Mariellys.Gutierrez@vgm.com

Objective

Operate in a workplace where I can develop myself and others to achieve the team goal.

Key Skills

Warehouse Oversight
Trouble Shooting
Detail Oriented
Time Management
Order Processing

Experience

09-2018 - Current

Warehouse Supervisor • VGM Fulfillment – Phoenix, AZ

- Met customer needs with routine and expedited services
- Helped team handle high-volume work by prioritizing tasks and organizing supplies
- Tracked daily activities in AX for consistent reporting
- Troubleshot problems and developed successful solutions
- Collaborated with team members to meet daily demands

03-2017 – 08-2018

Healthcare Representative • Verus Healthcare – Nashville, TN

- Engaged customers through phone calls, site visits, and product demonstrations
- Developed solid relationships with staff, customers, and vendors to expertly handle operational requirements
- Maintained full compliance with legal, health, and safety regulations

02-2017 – 03-2017

Warehouse Clerk • Technicolor - La Vergne, TN

- Achieved organizational targets by consistently placing items in correct locations and resolving discrepancies
- Met deadlines consistently by working with efficiency to process paperwork and prepare deliveries



STATE LICENSE SERVICING, INC.
1751 State Route 17A, Suite C
Florida, NY 10921
Tel. 845/344-2822
Fax. 845/344-2481
www.slsny.com

January 21, 2021

To:

Re: **Notice of Civil Penalty**

VGM Group, Inc.

License/Permit No.: pending

Dear Licensing Authority:

State License Servicing, Inc. represents VGM Group, Inc. in the servicing of their state licenses. This letter shall serve as disclosure of receipt of a civil penalty for the above-referenced licensee.

VGM Group, Inc. received a consent order from the Tennessee Board of Pharmacy imposing a civil penalty in the amount of one thousand two hundred dollars (\$1,200.00). This civil penalty is a result of operating as a Third Party Logistics Provider in the state of Tennessee without holding a valid license. VGM Group, Inc. has submitted payment of the civil penalty

The final consent order was signed by the Tennessee Board of Pharmacy on December 2, 2020 and was mailed shortly after. United States Postal Service tracking shows that it was delivered on December 9, 2020, however VGM Group, Inc. has no record of receiving the document. On January 12, 2021, VGM Group, Inc. emailed the attorney for the Tennessee Board of Pharmacy regarding the consent order, which was then emailed directly to VGM Group, Inc. that same day.

Attached please find copies of the Consent Order regarding this matter.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,

Jennifer Schneider
VP, Client Services
State License Servicing, Inc.
VGM@slsny.com

99/1-1200

BEFORE THE TENNESSEE BOARD OF PHARMACY

IN THE MATTER OF:)

VGM GROUP, INC (LICENSE # 5783))

3046 DICKERSON PIKE)

NASHVILLE, TENNESSEE 37207)

Case Number 201905211

SEP 18 2021

CONSENT ORDER

Comes now the Division of Health Related Boards of the Tennessee Department of Health ("State"), by and through the Office of General Counsel, and VGM Group, Inc, located in Nashville, Tennessee ("VGM" or "Respondent"), and respectfully moves the Tennessee Board of Pharmacy ("Board") for approval of this Consent Order regarding Respondent's license to practice as a third-party logistic provider ("3PL") in the State of Tennessee.

I. Authority and Jurisdiction

The Board regulates and supervises pharmacies, pharmacists, pharmacy technicians, and pharmaceutical manufacturers, wholesalers, 3PLs, and distributors licensed to practice pursuant to the Tennessee Pharmacy Practice Act ("Practice Act"), Tennessee Code Annotated Section ("TENN. CODE ANN. §") 63-10-101, *et seq.*, including the discipline of licensees, as well as those who are required to be licensed, who violate the Practice Act and the Rules promulgated by the Board, Official Compilation of Rules and Regulations of the State of Tennessee ("TENN. COMP. R. & REGS."), 1140-01-.01, *et seq.* The Board enforces the Practice Act to promote and protect the health, safety and welfare of the public; accordingly, it is the policy of the Board to require strict compliance with the law and to apply the law to preserve the quality of pharmacy care provided in Tennessee.

II. Allegations of Fact

1. Respondent has been at all times pertinent hereto licensed by the Board as a 3PL in the State of Tennessee, having been granted license number 5783 on October 29, 2019, which currently expires on October 31, 2021.
2. At all times pertinent hereto, Respondent was located in Nashville, Tennessee.
3. In September of 2018, VGM began operations as a 3PL at 3046 Dickerson Pike, Nashville, Tennessee 37207. VGM applied for a 3PL license (with the Board) in September of 2019. VGM operated in this State without a proper 3PL license for a period of 12 months.

III. Stipulated Grounds for Discipline

4. The Board has the authority to revoke, suspend, or impose other lawful disciplinary action, including a civil penalty for any violation of the Practice Act and/or the Board's rules pursuant to TENN. CODE ANN. §63-10-305, and TENN. COMP. R. & REG. 1140-08-.01 [CIVIL PENALTIES].
5. The Stipulations of Fact are sufficient to establish that Respondent has violated the following statutes or rules which are part of the Act, TENN. CODE ANN. § 63-10-101, *et seq.* and TENN. COMP. R. & REGS., 1140-01-.01, *et seq.*, for which disciplinary action by the Board is authorized.
6. The facts stipulated in paragraph three constitute grounds for which the Board may discipline Respondent's license to practice as a 3PL pursuant to TENN. CODE ANN. § 63-10-305(8), the relevant portion of which reads as follows:

Failed to comply with a... duly promulgated rule of the board.
7. The facts stipulated in paragraph three constitute grounds for which the Board may discipline Respondent's license to practice as a 3PL pursuant to TENN. COMP. R. & REGS., 1140-16-.02(1), the relevant portions of which provides as follows:

Before any 3PL provides or coordinates warehousing or other logistics services within this state for a prescription drug and/or prescription device on behalf of a manufacturer, wholesale distributor, or dispenser the 3PL shall be licensed by the Board in accordance with this Chapter whether physically located within this state or outside this state. Where operations are conducted at more than one location, each such location shall be licensed by the Board. A warehouse

provided by a 3PL shall be inspected by the Board's inspector(s) or inspectors of the state where the warehouse is physically located prior to providing services.

IV. Stipulated Disposition

8. **NOW THEREFORE**, Respondent, for the purpose of avoiding further administrative action with respect to this cause, agrees to the following:
 - (a) Respondent agrees to pay a civil penalty in the amount of **one thousand two hundred dollars (\$1,200)**. This civil penalty represents \$100 for each month VGM operated as a 3PL in this State without a valid license. This civil penalty is due immediately upon the execution of this Consent Order. Payment shall be made by **certified check, cashier's check, or money order**, payable to the **State of Tennessee, Department of Health**. Any and all payments shall be forwarded to the **Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 665 Mainstream Drive, Nashville, Tennessee 37243**. A notation shall be placed on said money order or such check that it is payable for the Assessment of Costs of VGM, case number 201905211.
9. Respondent understands the ratification of this Consent Order is a formal disciplinary action and may be reported to the National Practitioner Data Bank (N.P.D.B.) and/or similar agency. Respondent further understands that failure to comply with the terms of this Consent Order shall constitute grounds for disciplinary action.

V. Notice

10. The Respondent, by its signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should this Consent Order not be ratified. Likewise, all matters, admissions

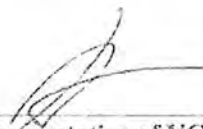
and statements disclosed or exchanged during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Consent Order. Respondent understands that by signing this Consent Order, Respondent is allowing the Board to issue this Consent Order without further process. In the event that the Board rejects this Consent Order for any reason, it will be of no force or effect for either party.
12. Should this Consent Order not be accepted by the Board, it is agreed that the presentation and consideration of this Consent Order shall not unfairly or illegally prejudice the Board or any of its members from further participation in or resolution of these proceedings, including a formal disciplinary hearing.
13. Furthermore, Respondent acknowledges that it understands the rights found in the Practice Act and the Uniform Administrative Procedures Act, Tenn. Code Ann. §§ 4-5-101 thru 4-5-404, including the right to a hearing on the Petition, the right to appear personally and by legal counsel, the right to confront and to cross-examine witnesses who would testify against Respondent, the right to testify and to present evidence on Respondent's own behalf, as well as the right to appeal for judicial review.
14. Respondent freely, voluntarily, knowingly, and intelligently waives each and every right set forth in paragraph thirteen, above.
15. Respondent understands and freely, voluntarily, knowingly, and intelligently admits the allegations, charges, and stipulations in this Consent Order.
16. Respondent agrees that facsimile/PDF copies of this Consent Order, including facsimile/PDF signatures thereto, shall have the same force and effect as originals.
17. Respondent agrees that it has not received any threats or promises of any kind by the State or any

agent or representative thereof, except such as is detailed herein.

18. A violation of this Consent Order shall constitute a **separate violation** of the Pharmacy Practice Act, TENN. CODE ANN. § 63-10-305(8), and is grounds for further disciplinary action by the Board.

APPROVED FOR ENTRY:


 JEREMY D. STOLTZ
 Representative of VGM
 Pharmacy License Number 5783
 Respondent

9-16-20
 DATE

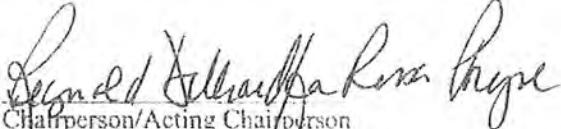
 Matt Gibbs (BPR # 032744)
 Senior Associate General Counsel
 Tennessee Department of Health
 Office of General Counsel
 665 Mainstream Drive, 2nd Floor
 Nashville, Tennessee 37243
 (615) 741-1611

 DATE

Approval by the Board

Upon the agreement of the parties and the record as a whole, this **CONSENT ORDER** was approved as a **FINAL ORDER** by a majority of a quorum of the Tennessee Board of Pharmacy at a public meeting of the Board and signed this 16th day of December, 2020.

ACCORDINGLY, IT IS ORDERED that the agreements of the parties will, and hereby do, become the Final Order of the Board.


 Leonard Williams
 Chairperson/Acting Chairperson
 Tennessee Board of Pharmacy



STATE LICENSE SERVICING
 1751 Route 17A, Suite 3
 Florida, NY 10921
 Tel. 845/544-2482
 Fax. 845/544-2481
 statelicensservicing.com

Date: 01/12/2021
To: Nevada State Board of Pharmacy
Re: VGM Group, Inc.
 Wholesaler Application
Facility Address: 777 South 67th Avenue, Suite 150, Phoenix, AZ 85043

Dear Sir/Madam:

Please be advised that I represent **VGM Group, Inc.** as their Attorney-in-Fact for licensing purposes. Please find enclosed a completed application as well as check/~~money order~~ # 2094 for your fee in the amount of **\$500.00**. As required, the following documents are also being submitted:

- ☒ Bond - Payable to State of Nevada
- ☒ Certificate of Good Standing from Formation State
- ☒ Company Particulars with Personal Info
- ☒ Designated Representative's Resume
- ☒ Home State License Verification, ~~Board Sealed~~ Online
- ☒ Home State License/Exemption Letter, Copy
- ☒ Officer's Fingerprint Cards
- ☒ Officer's Nevada Fingerprint Waiver

If you have any questions or need any additional documentation, please contact our Compliance Department at compliance@slsnysupport.com

Kind regards,

Jennifer Schneider
 VP, Client Services

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 01/12/2021

VGM Fulfillment - Phoenix, Arizona Employee List

Adriana Lizarraga, Alma
Aldas Ortega, Aracely
Alibar Cordoba, Marbisa
Amaya, Mayte
Armenta, Dustin
Barrera Vasquez, Maria
Borggreen, Antonia
Cabrera, Reina
Cano, Christian
Carmona, Raul
Chavarin, Angel
Chavarin, Esmeralda
Colindres, Madeline
Cruz Martinez, Damaris
Diaz De Leon, Carmen
Domeyer, Tony A
Dominguez, Alma
Fard, Ashanti
Fonseca, Silvia
Garcia, Veronica
Gordon, Kyle C
Gutierrez Martinez, Mariellys B
Hernandez, Artemisa
Jacobso, Eglar
Jimenez, Jose
Kiyuna, Maria
Lane, Mark
Leistner, Thomas J
Lopez Castillo, Omar
Mandujano, Irie
Martinez, Ana
Martinez, Rosalba
Masters, Isaac
Merchant, Sheldon M
Moreno, Devina
Osuna, Cruz D
Perez, Armida
Perez, Evaristo
Perry, Louis
Portillo, Rene
Ramos, Vanessa
Rivera Ayala, Alba
Robles, Gabriela
Salazar Lopez, Olga
Timson Koger, Shannon R
Velasco, Jonhas
White, Janita

16F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: VGM Group, Inc.

Physical Address: 3046 Dickerson Pike

City: Nashville State: TN Zip Code: 37207

Telephone Number: (615) 469-7935 Fax Number: (845) 544-2481

Toll Free Number: N/A

E-mail: VGM@slny.com Website: https://www.vgmgroup.com

Facility Manager: Quinn Edward Ronek

Professional qualifications and experience of facility manager: Managed day-to-day operations of warehouse, including freight and parcel shipments, returns and transfers. Trained employees on equipment operation and safety protocols. Oversaw daily operations and shipping and handling processes.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Medical Supply Chains, Physicians/Veterinarians, Clinics or Institutions

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: Devices (For Patients), Only Devices, Devices (OTC)

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

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 regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Phillips Respironics

Address: 174 Tech Center Drive, Suite 100, Mount Pleasant, PA 15688

Name: ResMed

Address: 600 Riverside Parkway, Lithia Springs, GA 30122

Name: Lunella, LLC

Address: 100 Cambridge St, 14th Floor, Boston, MA 02114

Name:

Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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 ☒

Maria Herrera

From: Compliance Department <compliance@slnysupport.com>
Sent: Tuesday, February 9, 2021 11:18 AM
To: Mark I. Sedar
Cc: Maria Herrera
Subject: Re: [#90071] Fwd: Nevada Wholesaler Application- VGM Group, Inc.

Follow Up Flag: Follow up
Flag Status: Flagged

From: State License Servicing, Inc.

Subject: Fwd: Nevada Wholesaler Application- VGM Group, Inc.

Ticket Number 90071

Hi Maria,

I believe questions 1 & 2 of page 2 are not the questions that need to be changed. Can you please update the answer to question 3 on page 3 to "Yes"?

Thank you as always.

Sincerely,

Ismael Ortiz
 Customer Service Manager
 Pharmaregs, Inc.
 State License Servicing, Inc
 CIM 90, Carr. 165, Suite C-102
 Guaynabo, PR 00968
 Phone: (787) 723-3474

On Tue, 9 Feb at 12:42 PM , Maria Herrera <m.herrera@pharmacy.nv.gov> wrote:
 Hi Ismael,

Based on the disclosure notice we received today regarding VGM Group, Inc. would you like me to update page 2 questions 1 or 2 of your applications?

Thank you,

Maria Herrera
 Licensing Specialist
 Nevada State Board of Pharmacy
 985 Damonte Ranch Pkwy Suite 206
 Reno, NV 89521
 775-850-1440
m.herrera@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged,

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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 ☒

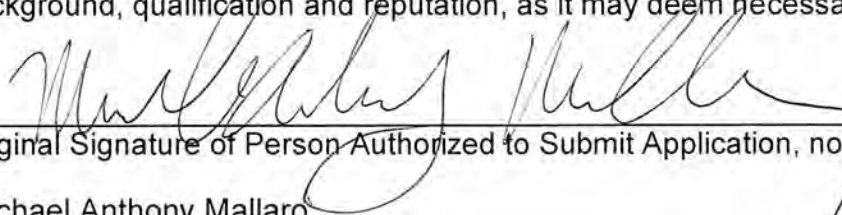
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

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.


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

Michael Anthony Mallaro
Print Name of Authorized Person

12/18/20
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: IAParent Company if any: N/AMailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3City: Florida State: NY Zip: 10921Telephone: (845) 544-2482 Fax: (845) 544-2481Contact Person: Jennifer Schneider

For any corporation non-publicly traded, disclose the following:

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

a) Van G. Miller & Associates, Inc. Employee Stock Ownership Trust 1111 W San Marnan Drive, Waterloo, IA 50701- 100% Sole Shareholder

Name Business Address

b) _____

Name Business Address

c) _____

Name Business Address

d) _____

Name Business Address

2) Provide the number of shares issued by the corporation. 2.5 million3) What was the price paid per share? \$17.45A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A**Include with the application for a non-publicly traded corporation**List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.



VGM Group, Inc.



Corporate Address: 1111 W. San Maman Drive, Waterloo, IA 50701 USA
FEIN: 42-1280573
<https://www.vgmgroup.com>

Drug Labeler Code: N/A
Incorporation State: IA
Incorporation Date: 09/04/1986

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
NAS	3046 Dickerson Pike Nashville, TN 37207 County: Davidson	N/A	N/A - No CS	080383293	No	(615) 469-7935	(845) 544-2481

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Quinn Edward Ronek	██████████	Dickerson Pike	No	██████████	██████████	██████████

Nashville, TN 37207

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Van G. Miller & Associates, Inc. Employee Stock Ownership Trust	1111 W San Maman Drive Waterloo, IA 50701	N/A	100	N/A	71-0999644	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Michael Anthony Mallaro	██████████ Carriage Lane Cedar Falls, IA 50613	Chief Executive Officer	No	██████████	██████████	██████████
James Edward Walsh Jr.	██████████ Oak Park Blvd Cedar Falls, IA 50613	Chairman of The Board, General Counsel and Secretary	No	██████████	██████████	██████████
James Robert Nygren	██████████ River Ridge Road Cedar Falls, IA 50613	CFO & Treasurer	No	██████████	██████████	██████████

Maria Herrera

From: Compliance Department <compliance@slnysupport.com>
Sent: Friday, January 22, 2021 5:45 AM
To: Mark I. Sedar
Cc: Maria Herrera
Subject: Re: [#90069] Fwd: Nevada Wholesaler Application- VGM Group, Inc Waterloo, IA

From: State License Servicing, Inc.

Subject: Fwd: Nevada Wholesaler Application- VGM Group, Inc Waterloo, IA

Ticket Number 90069

Good morning Maria

I hope this email finds you well,

Please be advised that this facility does not handle drugs, they only handle OTC & Rx devices. Please confirm receipt and advise if this information will suffice in order to proceed accordingly.

VGM Group, Inc.
1055 Southdown Drive
Waterloo, IA 50702

Thank you as always.

Sincerely,

Ismael Ortiz
 Customer Service Manager
 Pharmaregs, Inc.
 State License Servicing, Inc
 CIM 90, Carr. 165, Suite C-102
 Guaynabo, PR 00968
 Phone: (787) 723-3474

On Thu, 21 Jan at 1:23 PM , Mark I. Sedar <msedar@pharmacy.nv.gov> wrote:

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: Nevada Wholesaler Application- VGM Group, Inc Waterloo, IA
Date: January 21, 2021 at 1:20:07 PM EST
To: "vgm@slny.com" <vgm@slny.com>
Cc: "Mark I. Sedar" <msedar@pharmacy.nv.gov>

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from VGM Group, Inc. The application is incomplete due to the following missing items.

- List of employees who handle drugs daily

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
m.herrera@pharmacy.nv.gov
775-850-1440

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

NAS -
Nevada Bond.**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BONDBond No. LICX1193291

Application/License No. _____

VGM Group, Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
3046 Dickerson Pike Nashville, TN 37207, as
Address of Applicant/Principal
PRINCIPAL, and Lexon Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Texas
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
12890 Lebanon Rd Mt. Juliet, TN 37122 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 November 13, 2020.
Effective Date

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 impose 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
13 day of November, 2020.

APPLICANT/PRINCIPAL

SURETY COMPANY

 Authorized Representative

 Surety Company's Representative

Michael Tanguay, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

 Witness

SIGNED and SEALED in the presence of:

 Witness

 Witness

 Witness

Countersigned by:

 Nevada Resident Agent


SOMPO INTERNATIONAL
INSURANCE
11354

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Michael Tanguay** as true and lawful Attorney(s)-in-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **Ten Million Dollars (\$10,000,000.00)**.

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019, a copy of which appears below under the heading entitled "Certificate".

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019 and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019

Endurance Assurance Corporation
Endurance American Insurance Company
Lexon Insurance Company
Bond Safeguard Insurance Company

 By: *Richard M. Appel*
 Richard Appel; SVP & Senior Counsel

 By: *Richard M. Appel*
 Richard Appel; SVP & Senior Counsel

 By: *Richard M. Appel*
 Richard Appel; SVP & Senior Counsel

 By: *Richard M. Appel*
 Richard Appel; SVP & Senior Counsel


ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/she is an officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

 By: *Amy Taylor*
 Amy Taylor, Notary Public - My Commission Expires 5/9/23


CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

"RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: **RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT**

; and be it further

RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."

3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 13th day of November, 2020

 By: *Daniel S. Lurie*
 Daniel S. Lurie, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website - <https://www.treasury.gov/resource-center/sanctions/SDN-List>

In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com

Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870



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. LICX1193291

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pharmaceutical wholesaler, whose address for purposes of service is
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Address of Applicant/Principal
PRINCIPAL, and Lexon Insurance Company, a
Surety Company
corporation organized under the laws of the state of Texas
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
12890 Lebanon Rd Mt. Juliet, TN 37122 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 November 13, 2020.
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- (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.
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- (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
13 day of November, 2020.

APPLICANT/PRINCIPAL

SURETY COMPANY

 Authorized Representative

 Surety Company's Representative

Michael Tanguay, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

 Witness

 Witness

 Witness

 Witness

Countersigned by:

 Nevada Resident Agent



SOMPO INTERNATIONAL
INSURANCE

11354

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Michael Tanguay** as true and lawful Attorney(s)-in-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **Ten Million Dollars (\$10,000,000.00)**.

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Endurance American Insurance Company

Lexon Insurance Company

Bond Safeguard Insurance Company

By: Richard Appel; SVP & Senior Counsel

By: Richard Appel; SVP & Senior Counsel

By: Richard Appel; SVP & Senior Counsel

By: Richard Appel; SVP & Senior Counsel



ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that they are officers of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: *Amy Taylor*
Amy Taylor, Notary Public - My Commission Expires 5/9/23



CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
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; and be it further

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By: *Daniel S. Lurie*
Daniel S. Lurie, Secretary

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In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com

Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Issue Date: 4/6/2021

Name: VGM GROUP, INC. (490 DP - 110492)

Date of Incorporation: 9/4/1986

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: **CS217865**

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State

10/20/2020

Certificate of Standing

**IOWA SECRETARY OF STATE
PAUL D. PATE****CERTIFICATE OF EXISTENCE**

Issue Date: 10/20/2020

Name: VGM GROUP, INC. (490 DP - 110492)

Date of Incorporation: 9/4/1986

Duration: PERPETUAL

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- d. Articles of dissolution have not been filed.

Certificate ID: **CS205843**

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

A handwritten signature in cursive script that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State

QUINN RONEK

████████████████████ Cumberland Blvd Apt. 420 Nashville , TN 37228

████████████████████
linkedin.com/in/quinn-ronek-aab164194

Professional Summary

Enthusiastic Leader eager to contribute to team success and organizational growth through hard work, attention to detail and excellent communication skills. Clear understanding of fulfillment and employee relations, with dedicated passion for building others up while working together to exceed goals. Motivated to learn, develop high performers and lead by example.

Skills

- Hiring proficiency
- Opening and closing offices
- Positive leadership qualities
- Cost reduction
- Order picking and processing
- Shipping and receiving
- Operational improvement
- Problem resolution
- Team building
- Customer service
- Relationship development

Work History

Warehouse Team Lead, 08/2019 to

Present VGM Group Inc – Nashville , TN

- Trained employees on equipment operation and safety protocols.
- Managed day-to-day operations of warehouse, including freight and parcel shipments, returns and transfers.
- Oversaw daily operations and shipping and handling processes.
- Collaborated with management to implement new initiatives and policies and achieve benchmarks for production, quality and safety.
- Managed timely and effective replacement of damaged or missing products.

Warehouse Associate, 09/2016 to 09/2019

VGM Group Inc – Waterloo, IA

- Prepared orders for shipment by systematically picking, packing and labeling merchandise.
- Inspected ingoing and outgoing shipments to verify accuracy and prevent errors.
- Operated scanners to track merchandise and verify contents of containers.
- Labeled and accurately moved customer orders to meet shipment timetables and minimize errors.
- Surpassed goals for customer orders fulfilled on a regular basis

Warehouse Associate, 05/2015 to 08/2016

Colony Brands Inc. – Peosta, IA

- Transferred inventory to and from target destinations using forklifts and other transportation vehicles.
- Kept warehouse clean and organized to maximize team efficiency and productivity.
- Inspected ingoing and outgoing shipments to verify accuracy and prevent errors.
- Transferred products of all sizes using overhead cranes, forklifts and other equipment, consistently meeting challenging performance goals.

Education

Associate of Arts: Liberal Arts And General Studies, 12/2018
Hawkeye Community College - Waterloo, IA

High School Diploma: 05/2015
Western Dubuque High School - Epworth, IA

Liberal Arts And General Studies
University of Northern Iowa - Cedar Falls, IA
Attended UNI the Fall of 2015 for one year

**IOWA SECRETARY OF STATE
PAUL D. PATE**



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Paul D. Pate, Iowa Secretary of State

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000006070

EXPIRATION DATE: 05/31/2022

*This is to certify that all requirements of the State of Tennessee have been met.*PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
VGM GROUP, INC.
COMMISSIONER OF HEALTHVGM GROUP, INC.
C/O STATE LICENSE SERVICING
1751 STATE ROUTE 17A, SUITE 3
FLORIDA NY 10921-1061State of Tennessee
Department of Health12125279
28158TENNESSEE BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
VGM GROUP, INC.
3046 DICKERSON PIKE
NASHVILLE TN 37207*This is to certify that all requirements of the State of Tennessee
have been met.*

ID NUMBER: 0000006070

EXPIRATION DATE: 05/31/2022

DIRECTOR, HEALTH RELATED BOARDS

COMMISSIONER



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive, Second Floor
Nashville, TN 37243
<http://www.tn.gov/health>

Tennessee Board of Pharmacy
Manufacturer/Wholesaler/Distributor
1-800-778-4123 or 615-253-1299

December 9, 2020

State License Servicing, Inc
1751 Route 17A, Suite 3
Florida, NY 10921

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Tennessee Board of Pharmacy. We are pleased to furnish the following information from our files:

PROFESSION: Wholesaler/Distributor

NAME: VGM Group, Inc.

ADDRESS: 3046 Dickerson Pike
Nashville, TN 37207

LICENSE NUMBER: 6070

ISSUE DATE: May 22, 2020

EXPIRATION DATE: May 31, 2022

CURRENT STATUS: Licensed

STATUS DATE: May 22, 2020

SPECIAL ENDORSEMENT:

COMMENTS: There is no derogatory information in our files concerning this facility.

Sincerely,

Tennessee Board of Pharmacy

VERFFACLTU



Maria Herrera

From: Compliance Department <compliance@slnysupport.com>
Sent: Friday, February 5, 2021 8:37 AM
To: Mark I. Sedar
Cc: Maria Herrera
Subject: Re: [#90071] Fwd: Nevada Wholesaler Application- VGM Group, Inc.
Attachments: VGM-IA_GS Certificate.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

From: State License Servicing, Inc.

Subject: Fwd: Nevada Wholesaler Application- VGM Group, Inc.

Ticket Number 90071

Good morning Maria

I hope this email finds you well,

Please be advised that this facility does not handle drugs, they only handle OTC & Rx devices. Attached you'll find the requested Certificate of Good Standing for VGM Group. Please confirm receipt and advise if this information will suffice in order to proceed accordingly.

VGM Group, Inc.
3046 Dickerson Pike
Nashville, TN 37207

Thank you as always.

Sincerely,

Ismael Ortiz
 Customer Service Manager
 Pharmaregs, Inc.
 State License Servicing, Inc
 CIM 90, Carr. 165, Suite C-102
 Guaynabo, PR 00968
 Phone: (787) 723-3474

On Fri, 22 Jan at 8:53 AM , Compliance Department <compliance@slnysupport.com> wrote:

From: State License Servicing, Inc.

Subject: Fwd: Nevada Wholesaler Application- VGM Group, Inc.

Ticket Number 90071

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3046 Dickerson Pike
Nashville, TN 37207

Thank you as always.



Sincerely,

Ismael Ortiz
 Customer Service Manager
 Pharmaregs, Inc.
 State License Servicing, Inc
 CIM 90, Carr. 165, Suite C-102
 Guaynabo, PR 00968
 Phone: (787) 723-3474

On Thu, 21 Jan at 1:23 PM , Mark I. Sedar <msedar@pharmacy.nv.gov> wrote:

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: Nevada Wholesaler Application- VGM Group, Inc.
Date: January 21, 2021 at 12:51:50 PM EST
To: "vqm@slny.com" <vqm@slny.com>
Cc: "Mark I. Sedar" <msedar@pharmacy.nv.gov>

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from VGM Group, Inc. The application is incomplete due to the following missing items.

- Updated Certificate of Good Standing from your Secretary of State
- List of employees who handle drugs daily

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

Maria Herrera
 Licensing Specialist
 Nevada State Board of Pharmacy
m.herrera@pharmacy.nv.gov
 775-850-1440

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are



STATE LICENSE SERVICING, LLC
 4751 State Route 17A, Suite 1
 Florida, NY 10921
 Tel: 845/544-7882
 Fax: 845/544-2481
info@licensservicing.com

January 21, 2021

To:

Re: **Notice of Civil Penalty**

VGM Group, Inc.

License/Permit No.: pending

Dear Licensing Authority:

State License Servicing, Inc. represents VGM Group, Inc. in the servicing of their state licenses. This letter shall serve as disclosure of receipt of a civil penalty for the above-referenced licensee.

VGM Group, Inc. received a consent order from the Tennessee Board of Pharmacy imposing a civil penalty in the amount of one thousand two hundred dollars (\$1,200.00). This civil penalty is a result of operating as a Third Party Logistics Provider in the state of Tennessee without holding a valid license. VGM Group, Inc. has submitted payment of the civil penalty

The final consent order was signed by the Tennessee Board of Pharmacy on December 2, 2020 and was mailed shortly after. United States Postal Service tracking shows that it was delivered on December 9, 2020, however VGM Group, Inc. has no record of receiving the document. On January 12, 2021, VGM Group, Inc. emailed the attorney for the Tennessee Board of Pharmacy regarding the consent order, which was then emailed directly to VGM Group, Inc. that same day.

Attached please find copies of the Consent Order regarding this matter.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,

Jennifer Schneider
 VP, Client Services
 State License Servicing, Inc.
VGM@slny.com

99/1-1200

BEFORE THE TENNESSEE BOARD OF PHARMACY

IN THE MATTER OF:)

VGM GROUP, INC (LICENSE # 5783))
 3046 DICKERSON PIKE)
 NASHVILLE, TENNESSEE 37207)

Case Number 201905211

SEP 18 2020

CONSENT ORDER

Comes now the Division of Health Related Boards of the Tennessee Department of Health ("State"), by and through the Office of General Counsel, and VGM Group, Inc, located in Nashville, Tennessee ("VGM" or "Respondent"), and respectfully moves the Tennessee Board of Pharmacy ("Board") for approval of this Consent Order regarding Respondent's license to practice as a third-party logistic provider ("3PL") in the State of Tennessee.

I. Authority and Jurisdiction

The Board regulates and supervises pharmacies, pharmacists, pharmacy technicians, and pharmaceutical manufacturers, wholesalers, 3PLs, and distributors licensed to practice pursuant to the Tennessee Pharmacy Practice Act ("Practice Act"), Tennessee Code Annotated Section ("TENN. CODE ANN. §") 63-10-101, *et seq.*, including the discipline of licensees, as well as those who are required to be licensed, who violate the Practice Act and the Rules promulgated by the Board, Official Compilation of Rules and Regulations of the State of Tennessee ("TENN. COMP. R. & REGS."), 1140-01-.01, *et seq.* The Board enforces the Practice Act to promote and protect the health, safety and welfare of the public; accordingly, it is the policy of the Board to require strict compliance with the law and to apply the law to preserve the quality of pharmacy care provided in Tennessee.

II. Allegations of Fact

1. Respondent has been at all times pertinent hereto licensed by the Board as a 3PL in the State of Tennessee, having been granted license number 5783 on October 29, 2019, which currently expires on October 31, 2021.
2. At all times pertinent hereto, Respondent was located in Nashville, Tennessee.
3. In September of 2018, VGM began operations as a 3PL at 3046 Dickerson Pike, Nashville, Tennessee 37207. VGM applied for a 3PL license (with the Board) in September of 2019. VGM operated in this State without a proper 3PL license for a period of 12 months.

III. Stipulated Grounds for Discipline

4. The Board has the authority to revoke, suspend, or impose other lawful disciplinary action, including a civil penalty for any violation of the Practice Act and/or the Board's rules pursuant to TENN. CODE ANN. §63-10-305, and TENN. COMP. R. & REG. 1140-08-.01 [CIVIL PENALTIES].
5. The Stipulations of Fact are sufficient to establish that Respondent has violated the following statutes or rules which are part of the Act, TENN. CODE ANN. § 63-10-101, *et seq.* and TENN. COMP. R. & REGS., 1140-01-.01, *et seq.*, for which disciplinary action by the Board is authorized.
6. The facts stipulated in paragraph three constitute grounds for which the Board may discipline Respondent's license to practice as a 3PL pursuant to TENN. CODE ANN. § 63-10-305(8), the relevant portion of which reads as follows:

Failed to comply with a... duly promulgated rule of the board.

7. The facts stipulated in paragraph three constitute grounds for which the Board may discipline Respondent's license to practice as a 3PL pursuant to TENN. COMP. R. & REGS., 1140-16-.02(1), the relevant portions of which provides as follows:

Before any 3PL provides or coordinates warehousing or other logistics services within this state for a prescription drug and/or prescription device on behalf of a manufacturer, wholesale distributor, or dispenser the 3PL shall be licensed by the Board in accordance with this Chapter whether physically located within this state or outside this state. Where operations are conducted at more than one location, each such location shall be licensed by the Board. A warehouse

provided by a 3PL shall be inspected by the Board's inspector(s) or inspectors of the state where the warehouse is physically located prior to providing services.

IV. Stipulated Disposition

8. **NOW THEREFORE**, Respondent, for the purpose of avoiding further administrative action with respect to this cause, agrees to the following:
 - (a) Respondent agrees to pay a civil penalty in the amount of **one thousand two hundred dollars (\$1,200)**. This civil penalty represents \$100 for each month VGM operated as a 3PL in this State without a valid license. This civil penalty is due immediately upon the execution of this Consent Order. Payment shall be made by **certified check, cashier's check, or money order**, payable to the **State of Tennessee, Department of Health**. Any and all payments shall be forwarded to the **Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 665 Mainstream Drive, Nashville, Tennessee 37243**. A notation shall be placed on said money order or such check that it is payable for the Assessment of Costs of VGM, case number 201905211.
9. Respondent understands the ratification of this Consent Order is a formal disciplinary action and may be reported to the National Practitioner Data Bank (N.P.D.B.) and/or similar agency. Respondent further understands that failure to comply with the terms of this Consent Order shall constitute grounds for disciplinary action.

V. Notice

10. The Respondent, by its signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should this Consent Order not be ratified. Likewise, all matters, admissions

and statements disclosed or exchanged during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Consent Order. Respondent understands that by signing this Consent Order, Respondent is allowing the Board to issue this Consent Order without further process. In the event that the Board rejects this Consent Order for any reason, it will be of no force or effect for either party.
12. Should this Consent Order not be accepted by the Board, it is agreed that the presentation and consideration of this Consent Order shall not unfairly or illegally prejudice the Board or any of its members from further participation in or resolution of these proceedings, including a formal disciplinary hearing.
13. Furthermore, Respondent acknowledges that it understands the rights found in the Practice Act and the Uniform Administrative Procedures Act, Tenn. Code Ann. §§ 4-5-101 thru 4-5-404, including the right to a hearing on the Petition, the right to appear personally and by legal counsel, the right to confront and to cross-examine witnesses who would testify against Respondent, the right to testify and to present evidence on Respondent's own behalf, as well as the right to appeal for judicial review.
14. Respondent freely, voluntarily, knowingly, and intelligently waives each and every right set forth in paragraph thirteen, above.
15. Respondent understands and freely, voluntarily, knowingly, and intelligently admits the allegations, charges, and stipulations in this Consent Order.
16. Respondent agrees that facsimile/PDF copies of this Consent Order, including facsimile/PDF signatures thereto, shall have the same force and effect as originals.
17. Respondent agrees that it has not received any threats or promises of any kind by the State or any

agent or representative thereof, except such as is detailed herein.

18. A violation of this Consent Order shall constitute a **separate violation** of the Pharmacy Practice Act, TENN. CODE ANN. § 63-10-305(8), and is grounds for further disciplinary action by the Board.

APPROVED FOR ENTRY:


 Representative of VGM
 Pharmacy License Number 5783
 Respondent

9-16-20
 DATE

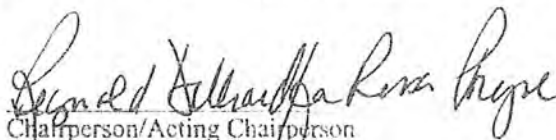

 Matt Gibbs (BPR # 032744)
 Senior Associate General Counsel
 Tennessee Department of Health
 Office of General Counsel
 665 Mainstream Drive, 2nd Floor
 Nashville, Tennessee 37243
 (615) 741-1611

11-3-20
 DATE

Approval by the Board

Upon the agreement of the parties and the record as a whole, this **CONSENT ORDER** was approved as a **FINAL ORDER** by a majority of a quorum of the Tennessee Board of Pharmacy at a public meeting of the Board and signed this 1st day of December, 2020.

ACCORDINGLY, IT IS ORDERED that the agreements of the parties will, and hereby do, become the Final Order of the Board.


 Chairperson/Acting Chairperson
 Tennessee Board of Pharmacy



STATE LICENSE SERVICING
 1751 Route 17A, Suite 3
 Florida, NY 10921
 Tel. 845/544-2482
 Fax. 845/544-2481
 statelicensservicing.com

Date: 01/12/2021
To: Nevada State Board of Pharmacy
Re: VGM Group, Inc.
 Wholesaler Application
Facility Address: 3046 Dickerson Pike, Nashville, TN 37207

Dear Sir/Madam:

Please be advised that I represent **VGM Group, Inc.** as their Attorney-in-Fact for licensing purposes. Please find enclosed a completed application as well as check/money order # 2093 for your fee in the amount of **\$500.00**. As required, the following documents are also being submitted:

- ☒ Bond - Payable to State of Nevada
- ☒ Certificate of Good Standing from Formation State
- ☒ Company Particulars with Personal Info
- ☒ Designated Representative's Resume
- ☒ Home State License Verification, Board-Sealed
- ☒ Home State License/Exemption Letter, Copy
- ☒ Officer's Fingerprint Cards
- ☒ Officer's Nevada Fingerprint Waiver

If you have any questions or need any additional documentation, please contact our Compliance Department at compliance@slsnysupport.com

Kind regards,

Jennifer Schneider
 VP, Client Services

VGM Fulfillment - Nashville, Tennessee Employee List

Allen, Kelly
Aquino Ramos, Irma
Barbee, Frederick
Boyd, Brianna
Caple, Damon J
Castro Iriarte, Francis J
Church, Imani
Contreras, Gustavo
Cordero Blanco, Yusnelis
Davis, Trevone
De Pool Moran, Silvia C
Dowling, Lisa
Flowers, Daniel
Gonzalez, Delma
Hawkins, Aaron
Hernandez, Jose
Hernandez, Marlene
Hill, Sheila A
Howard, Ruqayyah
Jett, Anthony
Johnson, Dylan
Jones, Adam
Lima, Michael
Lopez, Nancy
McClain, LeTisha
Mickes, William
Moses, Chelsea
Moss, Natasha
Murphy, David E
Oviedo, Angie
Owings, Tiajah
Pannell, Phillip
Perez Roman, Livanía
Powers, Olga
Prado, Francisco
Reid, John C
Reyes Cribas, Karen
Richardson, Anthony
Rincon Camacho, Astrid C
Rodriguez Fuentes, Yaunelys
Ronek, Quinn E
Sanders, Vincent
Santos Alas, Patricia E
Somma, Eric N
Tyler, Larry
Underwood, Kesha
Underwood, Lela
Underwood, Manuel
Wright III, Lonzo A

17

17A

NEVADA STATE BOARD OF PHARMACY

385 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☒ Nevada ☐ Out-of-State	
Type of Application (check applicable box)	Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☐ Yes ☐ No	

Section 1: General Information	
Facility Name: <u>The Dentists Supply Company (TDSC)</u>	
Physical Address: <u>520 South Rock Blvd. Suite 100</u>	
City: <u>Reno</u>	State: <u>NV</u> Zip: <u>89502</u>
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: <u>775-327-3200</u>	Website: <u>tdsc.com</u>
Name of Designated Representative (DR): <u>Kent Bauman</u>	
Licensing Company Email: <u>kent.bauman@tdsc.com</u>	DR Email: <u>kent.bauman@tdsc.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers ☒ Others:	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ Others:

Section 2: History of Company	Yes	No
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)?		☒
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?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Henry Schein
 Address: 135 Duryean Rd. City: Melville State: NY Zip: 11747
 Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name: _____
 Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____
 Parent Company (if any): _____
 Corporation Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____
 Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware
 Parent Company (if any): Henry Schein and California Dental Association
 Corporation Name: The Dentists Supply Company
 Mailing Address: 520 South Rock Blvd. Ste 100
 City: Reno State: NV Zip: 89502
 Telephone: 775-328-3200 Email: kent.bauman@tdsc.com
 Contact Person Name: Kent Bauman

Section 6: Partnership

Partnership Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
 Business Name: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration		Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:			☒
1. Copy of Certification			
2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			
Is your company licensed as a Manufacturer by the FDA? If yes, provide:			☒
1. Copy of FDA registration			
2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kent Bauman

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

7/30/21

Date

Board Use Only	Date Received: _____	Amount: <u>\$500.00</u>
----------------	----------------------	-------------------------

✓ processed 9/24/21

Maria Herrera

From: Juliet McBride <JMcBride@KSLAW.com>
Sent: Monday, October 4, 2021 1:51 PM
To: Maria Herrera
Cc: Juliet McBride
Subject: TDSC Inc. - NV Wholesaler Application Outstanding Items
Attachments: TDSC - Pharmaceutical Bond - 015212090.pdf; The Dentists Supply Company (TDSC) Disclosure.pdf; Henry Schein Annual Report and 10-K.pdf

Importance: High

Dear Ms. Herrera,

Thank you for your attention to TDSC Inc.'s NV Wholesaler Application. In response to a recent communication from you to Kent Bauman, we wanted to ensure that you have received clarification regarding two outstanding items, (1) surety bond, and (2) explanation regarding the disclosure at the second attachment. As for the surety bond, please see the first attachment of the appropriate bond related to NV.

With respect to the disclosure at the second attachment, we wanted to clarify that TDSC has no litigation. Rather, the attached disclosure relates to the majority owner of TDSC, Henry Schein Inc., which is the 87% majority owner of TDSC and is a publicly-traded company also licensed with the NV Board of Pharmacy directly for other licensure purposes.

For purposes of the Personal History Application, TDSC identified the Corporate Officers and Directors who completed the form, certain of whom also serve (or previously served) as officers or directors of publicly-traded Henry Schein Inc. To that end, they disclosed that Henry Schein at times may have ongoing matters that would trigger an affirmative response to Question No. 5. As such, we respectfully direct the NV Board of Pharmacy to Henry Schein's 10-K filing (third attachment) which discloses those matters that are relevant to Henry Schein. We request that the 10-K serve as sufficient support as it relates to Henry Schein since it is a publicly-traded company that, in its own capacity as a license holder before the NV Board of Pharmacy, is not otherwise required to disclose such information and is also not required to complete the Personal History Record Application.

Please let me know if you have any questions or require any additional information in order to proceed with the processing of TDSC's Wholesaler Application.

Respectfully,

Juliet

Juliet M. McBride

Partner

T: +1 713 276 7448 | E: jmcbride@kslaw.com | www.kslaw.com

[BIO](#) | [vCARD](#)

King & Spalding LLP
 1100 Louisiana
 Suite 4100
 Houston, TX 77002

KING & SPALDING

List of Corporate Officers

Mark Hillebrandt (*President*), Graham Stanley (*Treasurer*), and Rich Miranda (*Secretary*)

List of Directors

Graham Stanley, David Kochman, Rich Miranda, Mark Hillebrandt and Peter DuBois

Corporate Shareholders and Percent Ownership

Henry Schein Inc. – 87%

135 Duryea Rd.

Melville, NY 11747

California Dental Association – 13%

1201 K Street, 14th Floor

Sacramento, CA 95814

List of TDSC employees

Burke Spielmann – General Manager

Rubi Rodriguez – Dir. of Marketing

Amanda Lien – Dir. of Product Merchandise

Ayme McMillian – Dir. of Technology & Operations

Kent Bauman – Associate Compliance & Operations Manager

Jenny Lupinacci – Customer Care Supervisor

Nicole Tedla – E-Commerce Business Analyst

Madison Schwarz – Business Development Manger

Kari Necker – E-Commerce Manager

Melanie Garcia – Business Administrator

Amber Polk – Customer Care Rep

Carlos Palomo – E-Commerce Business Analyst

Stacey Southwick – Digital Content Specialist

Carol Rarick – Customer Care Rep

Janet Beno – Customer Care Rep

Valerie Bey – Product Category Associate

Shayna Hanes – Customer Care Rep

Maria Zamora – Customer Care Rep

Zach Holetz – Customer Care Rep

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TDSC, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TDSC, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3717347 8300

SR# 20213433916

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204332290

Date: 10-05-21

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015212090

Application/License No. _____

TDSC INC., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
520 South Rock Blvd. Suite 100 Reno, NV 89502, as
Address of Applicant/Principal
PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY, a
Surety Company
 corporation organized under the laws of the state of MA
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
175 Berkeley Street Boston, MA 02116 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 April 9, 2021.
Effective Date

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 impose 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 9th day of April, 2021.

APPLICANT/PRINCIPAL
TDSC INC.

COMPANY

SURETY
LIBERTY MUTUAL INSURANCE COMPANY

Authorized Representative

Sandra Diaz
Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Cynthia Farrell
Witness Cynthia Farrell

Witness

Grace Laterza
Witness Grace Laterza

Countersigned by:

Aklima Noorhassan
Nevada Resident Agent Aklima Noorhassan, NV
Non-Resident Lic. #
3163993

Posted February 20, 2020



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8201359-015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Cynthia Farrell; Debra A. Deming; Sandra Diaz; Peter Healy; Pablo Garcia Horcajo; Jennifer L. Jakaitis; Francesca Kazmierczak; Aklina Noorhassan; Frances Rodriguez; Nancy Schnee; Valorie Spates; Susan A. Welsh

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 4th day of June, 2019.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By:

David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA ss
County of MONTGOMERY

On this 4th day of June, 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By:

Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th day of April, 2021.



By:

Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary



LIBERTY MUTUAL INSURANCE COMPANY
FINANCIAL STATEMENT — DECEMBER 31, 2019

Assets		Liabilities	
Cash and Bank Deposits.....	\$778,754,989	Unearned Premiums.....	\$8,007,146,482
*Bonds — U.S Government	2,780,808,610	Reserve for Claims and Claims Expense.....	21,532,853,787
*Other Bonds.....	12,645,608,792	Funds Held Under Reinsurance Treaties.....	507,868,920
*Stocks	16,385,435,431	Reserve for Dividends to Policyholders.....	1,143,826
Real Estate.....	235,608,378	Additional Statutory Reserve.....	125,722,000
Agents' Balances or Uncollected Premiums.....	6,217,983,641	Reserve for Commissions, Taxes and	
Accrued Interest and Rents.....	102,273,390	Other Liabilities	4,117,460,075
Other Admitted Assets.....	11,957,106,292	Total	\$34,292,195,090
Total Admitted Assets.....	<u>\$51,103,579,523</u>	Special Surplus Funds.....	\$32,768,443
		Capital Stock.....	10,000,075
		Paid in Surplus.....	10,044,978,933
		Unassigned Surplus.....	6,723,636,983
		Surplus to Policyholders	16,811,384,434
		Total Liabilities and Surplus	<u>\$51,103,579,524</u>



* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2019, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 27th day of March, 2020.

T. Mikolajewski

Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler The Dentists Supply Company (TDSC)
 Physical Address 520 S. Rock Blvd Suite 100
 City Reno State Nevada Zip 89502
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone (775)-327-3200 Website tdsc.com
 Licensing Company Email kent.bauman@tdsc.com

Section 2: Personal Information

First Kent Middle William Last Bauman
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
 Mailing Address Sugarloaf Dr
 City Reno State NV Zip 89511
 Telephone _____ Email kent.bauman@tdsc.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the 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 initials KB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name California State University Chico		From - To (MM/YY - MM/YY) 08/88-01/90	
Address 400 West First Street	City Chico	State CA	Zip 95929
Diploma/Degree obtained, if any Bachelor of Arts			
School Name Shasta College		From - To (MM/YY - MM/YY) 08/85-12/87	
Address 11555 Old Oregon Trail	City Redding	State CA	Zip 96049
Diploma/Degree obtained, if any Associate Arts Degree			
School Name Shasta High School		From - To (MM/YY - MM/YY) 09/81-5/85	
Address 2500 Eureka Way	City Redding	State CA	Zip 96001
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 11/18-current	Address ██████████ Sugarloaf Drive	City Reno	State NV	Zip 89511
From - To (MM/YY - MM/YY) 08/15-11/18	Address 1615 Mountain Lane	City Reno	State NV	Zip 89521
From - To (MM/YY - MM/YY) 02/12-08/15	Address 7485 Sugarloaf Drive	City Reno	State NV	Zip 89511
From - To (MM/YY - MM/YY) 08/07-02/12	Address 560 W. Riverview Circle	City Reno	State NV	Zip 89509
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Henry Schein		From - To (MM/YY - MM/YY) 03/03-Current	
Business Address 180 Vista Blvd ste 104		City Sparks	State NV
Phone 775-352-3700	Title Supervisor	Zip 89434	
Description of Duties		Number of Employed Hours 24960	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	

Continue on next page if additional space is needed.

Applicant's initials

K3

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials KL 5

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials

K-3

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


 Original Signature (electronic, copies or stamps not accepted)

7/30/24
 Date

Applicant's initials KB 7

I, Kent W. Bauman, certify that as the designated representative for
 TDSC

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Kent Bauman

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

7/30/21

Date

Applicant's initials KB 8

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kent Bauman

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

(FB)

05/25/2021

Date

7/30/21

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

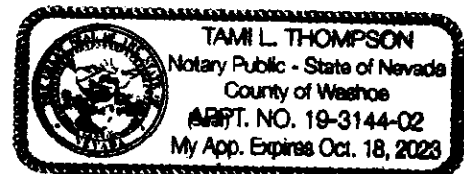
I, KENT BAUMAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

7/30/21
Date

Subscribed and Sworn to before me this 30th day of July 2021

[Signature]
Notary Public Signature



Applicant's initials

KB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler The Dentists Supply Company (TDSC)

Physical Address 520 South Rock Blvd. Suite 100

City Reno

State NV

Zip 89502

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 775-327-3200

Website www.tdsc.com

Licensing Company Email melanie.garcia@tdsc.com

Section 2: Personal Information

First Peter

Middle Arnott

Last DuBois

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED]

SSN or ITIN [REDACTED]

Sex ☒ M ☐ F ☐ X

Mailing Address [REDACTED] Washington St

City San Francisco

State CA

Zip 94115

Telephone _____

Email peter.dubois@cda.org

Are you a citizen of the United States?

☒ Yes

☐ No

Section 3: Military Service (NRS 622.120)

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

Yes

No

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch:

☐ Army/

Reserves

☐ Navy/

Reserves

☐ Airforce/

Reserves

☐ Marine Corps/

Reserves

☐ Coast Guard/

Reserves

☐ National

Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

✓

2. Are you in compliance with the order or the 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 initials

PAD 1

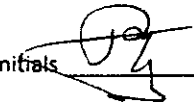
Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Oakland Technical High School		From - To (MM/YY - MM/YY) 09/61-06/64	
Address 4351 Broadway	City Oakland	State CA	Zip 94611
Diploma/Degree obtained, if any Diploma			
School Name Amherst College		From - To (MM/YY - MM/YY) 09/64-05/68	
Address P.O. Box 5000	City Amherst	State MA	Zip 01002
Diploma/Degree obtained, if any B.A.			
School Name University of California, Berkeley		From - To (MM/YY - MM/YY) 09/66-12/66	
Address 2000 Carleton Street	City Berkeley	State CA	Zip 94720
Diploma/Degree obtained, if any			
School Name Harverd Law School		From - To (MM/YY - MM/YY) 09/68-05/69	
Address 1585 Massachusetts Avenue	City Cambridge	State MA	Zip 02138
Diploma/Degree obtained, if any			
School Name Harvard Law School		From - To (MM/YY - MM/YY) 09/72-06/74	
Address 1585 Massachusetts Avenue	City Cambridge	State MA	Zip 02138
Diploma/Degree obtained, if any JD			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 03/03-present	Address Washington Street	City San Francisco	State CA	Zip 94115
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials



Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name California Dental Association		From - To (MM/YY - MM/YY) 03/03-present	
Business Address 1201 K Street		City Sacramento	State CA
Phone 916-554-4901	Title Executive Director		
Description of Duties Chief executive officer of the organization.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials



Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

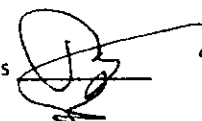
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

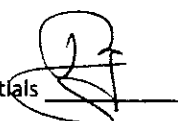
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Applicant's initials



Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials 

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Peter Dubois

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

7/7/21
Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, 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 the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

7/7/21
Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

**See Attached
Notarization Certificate**

(Seal)

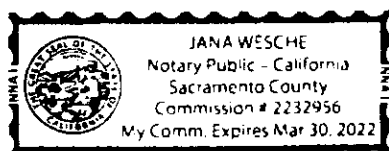
Applicant's initials [Signature]

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.

State of California
County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 7th
day of July, 2021, by Peter DuBois

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature

A handwritten signature in cursive script, appearing to read 'Jana Wesche', written over a horizontal line.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler The Dentists Supply Company (TDSC)

Physical Address 520 South Rock Blvd. Suite 100

City Reno

State NV

Zip 89502

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 775-327-3200

Website www.tdsc.com

Licensing Company Email melanie.garcia@tdsc.com

Section 2: Personal Information

First Rich

Middle _____

Last Miranda

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED]

SSN or ITIN [REDACTED]

Sex

☒ M

☐ F

☐ X

Mailing Address [REDACTED] Wayne Ct.

City Northport

State NY

Zip 11768

Telephone [REDACTED]

Email rich.miranda@henryschein.com

Are you a citizen of the United States?

☒ Yes

☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the 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 initials

RM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Pennsylvania		From - To (MM/YY - MM/YY) 1/94 - 06/96	
Address 34th street	City Philadelphia	State PA	Zip
Diploma/Degree obtained, if any MBA			
School Name SUNY Oswego		From - To (MM/YY - MM/YY) 6/83 - 6/86	
Address	City Oswego	State NY	Zip 13126
Diploma/Degree obtained, if any BS Accounting			
School Name NY Institute of Technology		From - To (MM/YY - MM/YY) 9/82 - 5/83	
Address PO box 8000	City Old Westbury	State NY	Zip 11568
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 2/97 to current	Address Wayne Ct.	City Northport	State NY	Zip 11768
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials RM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.				
Business Name			From - To (MM/YY - MM/YY)	
Henry Schein, Inc.			3/87 to current	
Business Address		City	State	Zip
135 Duryea Rd.		Meilville	NY	11735
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials RM

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials RM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials

RM

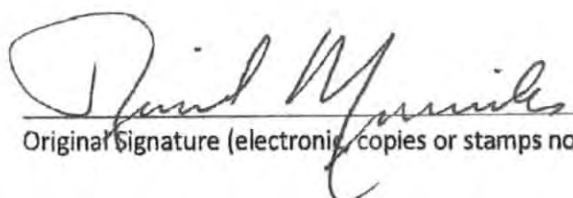
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

From time to time, Henry Schein may become a party to legal proceedings, including, without limitation, product liability claims, employment matters, commercial disputes, governmental inquiries and investigations (which may in some cases involve our entering into settlement arrangements or consent decrees), and other matters arising out of the ordinary course of our business.


Original Signature (electronic copies or stamps not accepted)

8/4/21
Date
Applicant's initials DM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Miranda

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

8/4/21

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Nassau

I, Richard Miranda, 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 the license, registration, permit, certificate or certification for which I am applying for.

[Signature]

Original Signature

8/4/21

Date

Subscribed and Sworn to before me this 4th day of August, 2021

[Signature]

Notary Public Signature

NORMA OLSZEWSKI
Notary Public, State of New York
Registration No. 01OL4914787
Qualified in Nassau County
Commission Expires Dec. 14, 2021

(Seal)

Applicant's Initials

RM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler The Dentists Supply Company (TDSC)

Physical Address 520 South Rock Blvd. Suite 100

City Reno State NV Zip 89502

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 775-327-3200 Website www.tdsc.com

Licensing Company Email melanie.garcia@tdsc.com

Section 2: Personal Information

First Mark Middle Alan Last Hillebrandt

Alias(es, nicknames, name changes, etc.) _____

Date of Birth ██████████ SSN or ITIN ██████████ Sex ☒ M ☐ F ☐ X

Mailing Address ██████ W Main St.

City Huntington State NY Zip 11743

Telephone ██████████ Email mark.hillebrandt@henryschein.com

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

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the 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 initials MH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Southern California		From - To (MM/YY - MM/YY)	
Address 3551 Trousdale Parkway	City Los Angeles	State CA	Zip 90007
Diploma/Degree obtained, if any Masters in Business Administration			
School Name University of California Riverside		From - To (MM/YY - MM/YY)	
Address 900 University Ave	City Riverside	State CA	Zip 92521
Diploma/Degree obtained, if any Bachelors of Science - Electrical Engineering			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 03/18 - Present	Address [REDACTED] W Main St	City Huntington	State NY	Zip 11743
From - To (MM/YY - MM/YY) 10/15 - 03/18	Address 4019th Ave N, Apt 618	City Seattle	State WA	Zip 98109
From - To (MM/YY - MM/YY) 09/14 - 10/15	Address 919 Bayside Drive, Apt 4A	City Newport Beach	State CA	Zip 92660
From - To (MM/YY - MM/YY) 08/12 - 09/14	Address 155 Promontory Drive West	City Newport Beach	State CA	Zip 92660
From - To (MM/YY - MM/YY) 11/09 - 08/12	Address 18 West Center St	City Nazareth	State PA	Zip 18064
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

MH

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Henry Schein		From - To (MM/YY - MM/YY) 03/18 - present	
Business Address 135 Duryea Road	City Melville	State NY	Zip 11747
Phone 631-843-5500	Title Chief Marketing Officer		
Description of Duties Lead all global marketing fuctions for dental business of Henry Schein			
Business Name Amazon		From - To (MM/YY - MM/YY) 9/15 - 3/18	
Business Address 410 Terry Ave North	City Seattle	State WA	Zip 98109
Phone 206-266-1000	Title Manager of Vendor Management		
Description of Duties Manage business and suppliers for all healthcare, scientific and industrial supplies sold on amazon.com			
Business Name Danaher (Kavo-Kerr)		From - To (MM/YY - MM/YY) 11/08 - 09/15	
Business Address 1717 West Collins Ave	City Orange	State CA	Zip 92867
Phone 714 516-7400	Title Vice President & General Manager		
Description of Duties Led business in dental product manufacturing			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

MH

Applicant's initials _____

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Make copies of this page OR use a separate piece of paper if additional space is needed.			

 Applicant's initials MH

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

MH

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

From time to time, Henry Schein may become a party to legal proceedings, including, without limitation, product liability claims, employment matters, commercial disputes, governmental inquiries and investigations (which may in some cases involve our entering into settlement arrangements or consent decrees), and other matters arising out of the ordinary course of our business.



Original Signature (electronic, copies or stamps not accepted)

July 22, 2021

Date

MH

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Hillebrandt

Print Name (First, Last)

Mark Hillebrandt

July 22, 2021

Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Suffolk

I, Mark A Hillebrandt, 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 the license, registration, permit, certificate or certification for which I am applying for.

Mark Hillebrandt

Original Signature

July 26, 2021

Date

DAVID HAMILTON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01HA6352652
Qualified in Queens County
My Commission Expires 01-03-2025

Subscribed and Sworn to before me this 26 day of July 2021.

David Hamilton

Notary Public Signature

(Seal)

Applicant's initials MH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler The Dentists Supply Company (TDSC)

Physical Address 520 South Rock Blvd. Suite 100

City Reno State NV Zip 89502

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 775-327-3200 Website www.tdsc.com

Licensing Company Email melanie.garcia@tdsc.com

Section 2: Personal Information

First David Middle _____ Last Kochman

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X

Mailing Address Rest Avenue

City Ardsley State NY Zip 10502

Telephone [REDACTED] Email david.kochman@henryschein.com

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

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the 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 initials DK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Benjamin Cardozo School of Law		From - To (MM/YY - MM/YY) 01/02-05/03	
Address 55 Fifth Avenue	City New York	State NY	Zip 10003
Diploma/Degree obtained, if any J.D.			
School Name Emory University		From - To (MM/YY - MM/YY) 09/97-05/01	
Address	City Atlanta	State GA	Zip 30322
Diploma/Degree obtained, if any B.A.			
School Name Pittsford Mendon High School		From - To (MM/YY - MM/YY) 09/93-06/97	
Address	City Pittsford	State NY	Zip 14534
Diploma/Degree obtained, if any NYS Regents			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 07/11-Present	Address Rest Ave	City Ardsley	State NY	Zip 10502
From - To (MM/YY - MM/YY) 07/06-07/11	Address 244 N. 5th Street, Apt. 2	City Brooklyn	State NY	Zip 11211
From - To (MM/YY - MM/YY) 05/03-07/06	Address 325 E. 64th Street, Apt. 410	City New York	State NY	Zip 10021
From - To (MM/YY - MM/YY) 05/02-05/03	Address 320 E. 82nd Street, Apt. 2	City New York	State NY	Zip 10021
From - To (MM/YY - MM/YY) 09/01-05/02	Address 425 E. 57th Street	City New York	State NY	Zip 10021
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials DK

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Henry Schein		From - To (MM/YY - MM/YY) 07/15-Present	
Business Address 135 Duryea Road	City Melville	State NY	Zip 11747
Phone 631-845-2954	Title Vice President, Corporate Affairs & Dep. Chief of Staff		
Description of Duties Responsible for corporate affairs and projects emanating from the Office of the CEO			

Business Name Nat'l Concessions Group		From - To (MM/YY - MM/YY) 05/14-06/15	
Business Address 1147 N. Broadway	City Denver	State CO	Zip 80203
Phone (303) 386-3167	Title General Counsel & Chief Strategic Officer		
Description of Duties Responsible for legal and strategic functions within the company.			

Business Name Reed Smith LLP		From - To (MM/YY - MM/YY) 02/08-05/14	
Business Address 599 Lexington Ave	City New York	State NY	Zip 10022
Phone 212-521-5000	Title Partner		
Description of Duties Attorney in private practice at law firm.			

Business Name Anderson Kill & Olick, PC		From - To (MM/YY - MM/YY) 09/03-02/08	
Business Address 1251 Avenue of the Americas	City New York	State NY	Zip 10020
Phone 212-278-1000	Title Associate		
Description of Duties Attorney in private practice at law firm.			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials DK

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Applicant's initials DK

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials DK

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

From time to time, Henry Schein may become a party to legal proceedings, including, without limitation, product liability claims, employment matters, commercial disputes, governmental inquiries and investigations (which may in some cases involve our entering into settlement arrangements or consent decrees), and other matters arising out of the ordinary course of our business.



Original Signature (electronic, copies or stamps not accepted)

06/22/2021

Date

Applicant's initials DK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Kochman

Print Name (First, Last)

David A. Kochman

06/22/2021

Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Westchester

DAVID KOCHMAN, 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 the license, registration, permit, certificate or certification for which I am applying for.

David A. Kochman

Original Signature

6/24/21

Date

Subscribed and Sworn to before me this 24th day of June, 2021.

Allison Kochman

Notary Public Signature

Allison Kochman
Notary Public, State of New York
No. 02KO6137422
Qualified in Westchester County
Commission Expires January 21, 2022

(Seal)

Applicant's initials DK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler The Dentists Supply Company (TDSC)
 Physical Address 520 South Rock Blvd. Suite 100
 City Reno State NV Zip 89502
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 775-327-3200 Website www.tdsc.com
 Licensing Company Email melanie.garcia@tdsc.com

Section 2: Personal Information

First Graham Middle _____ Last Stanley
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] South Trail
 City Tolland State MA Zip 01034
 Telephone _____ Email graham.stanley@henryschein.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the 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 initials GS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Oxford University		From - To (MM/YY - MM/YY) 09/87 - 06/90	
Address	City Oxford	State UK	Zip
Diploma/Degree obtained, if any MA (Hons)			
School Name Kings School		From - To (MM/YY - MM/YY) 09/77 - 06/86	
Address	City Macclesfield	State UK	Zip
Diploma/Degree obtained, if any "A" level certifications			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 03/20 - Current	Address [REDACTED] South Trail	City Tolland	State MA	Zip 01034
From - To (MM/YY - MM/YY) 07/06 - 03/20	Address 31 Brite Avenue	City Scarsdale	State NY	Zip 10583
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials

GSS

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Henry Schein Inc		From - To (MM/YY - MM/YY) 01/04 - Current	
Business Address 135 Duryea Road	City Melville	State NY	Zip 11747
Phone 6318435500	Title VP Finance		
Description of Duties Finance & Accounting			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Applicant's initials



Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials GSS

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Applicant's initials

GBS

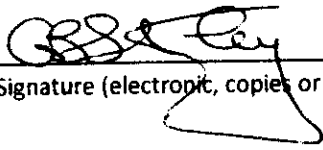
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

From time to time, Henry Schein may become a party to legal proceedings, including, without limitation, product liability claims, employment matters, commercial disputes, governmental inquiries and investigations (which may in some cases involve our entering into settlement arrangements or consent decrees), and other matters arising out of the ordinary course of our business.


Original Signature (electronic, copies or stamps not accepted)

Date

6/25/21

Applicant's initials



I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

GRAHAM, STANLEY

Print Name (First, Last)

[Handwritten Signature]

Original Signature (electronic, copies or stamps not accepted)

²⁵
06/18/2021

Date

Please have this section completed in the presence of a Notary Public.

State of MA, ss. County of Hampden

I, J. Ansel, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

[Handwritten Signature]

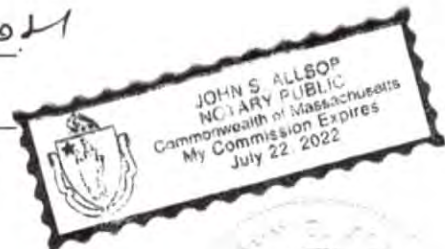
Date

6/25/21

Subscribed and Sworn to before me this 25 day of June 2021

Notary Public Signature

[Handwritten Signature]



Applicant's initials

[Handwritten Initials]

17B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☒ Nevada ☐ Out-of-State	
Type of Application (check applicable box) ☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	Wholesaler Business Type (check applicable box) ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Is your facility a reverse distributor? ☐ Yes ☒ No	

Section 1: General Information	
Facility Name: <u>NDC Homecare LLC</u>	
Physical Address: <u>1050 East Tropical Parkway Ste 100, 105, 110</u>	
City: <u>North Las Vegas</u>	State: <u>NV</u> Zip: <u>89115</u>
Mailing Address (if different from physical address): <u>402 BNA Drive Ste 500</u>	
City: <u>Nashville</u>	State: <u>TN</u> Zip: <u>37217</u>
Telephone: <u>615 346 3035</u>	Website: <u>www.preferredmedical.com</u>
Name of Designated Representative (DR): <u>Ivan Velasquez</u>	
Licensing Company Email: <u>compliance@ndc-inc.com</u>	DR Email: _____
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☒ Others: <u>distributors</u>	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☒ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ Others:

Section 2: History of Company	Yes	No
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)?		☒
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?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Baxter
 Address: One Baxter Pkwy City: Deerfield State: IL Zip: 60015
 Name: Cardinal Health
 Address: 200 McKnight St City: Jacksonville State: TX Zip: 75766
 Name: Nestle
 Address: 1007 US Hwy 202/206 City: Brickwater State: NY Zip: 10807
 Name: National Distribution + Contracting
 Address: 407 New Sanford Rd City: LA Vergne State: TN Zip: 37096

Section 4: Publicly Traded Corporation

State of Incorporation: n/a
 Parent Company (if any): 1
 Corporation Name: 1
 Mailing Address: 1
 City: 1 State: 1
 Telephone: 1 Email: 1
 Contact Person Name: 1
 Date of SEC Registration: 1 SEC Registration Number: 1 Stock Exchange Symbol: 1

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware 100% owned By
 Parent Company (if any): ndc Intermediate Holdings LLC
 Corporation Name: ndc Homecare LLC
 Mailing Address: 403 BnA Drive Ste 500
 City: Nashville State: TN Zip: 37217
 Telephone: 615 346 3225 Email: tbeasley@ndc-mc.com
 Contact Person Name: Tammy Beasley

Section 6: Partnership

Partnership Name: n/a
 Mailing Address: 1
 City: 1 State: 1 Zip: 1
 Telephone: 1 Email: 1
 Contact Person Name: 1

Section 7: Sole Owner

Owner's Name: n/a
 Business Name: 1
 Business Address: 1
 City: 1 State: 1 Zip: 1
 Telephone: 1 Email: 1

Section 8: NABP Accreditation/FDA Registration		Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:			X
1. Copy of Certification			
2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			
Is your company licensed as a Manufacturer by the FDA? If yes, provide:			X
1. Copy of FDA registration			
2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of all Officers and Directors. ✓	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership. ✓	✓			
• List of all corporation shareholders and their percent ownership. ✓		✓		
• List of all partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ <i>introduce</i>		✓	✓	✓
• Copy of DEA certificate if handling controlled substances X	✓	✓	✓	✓
• Copy of current SEC 10K or 8K X	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tammy Beasley
Print Name of Authorized Person Submitting Application

[Signature]
Original Signature of Authorized Person (copies or stamps not accepted)

7/28/2021
Date

Board Use Only	Date Received: _____	Amount: <u>cc</u>
----------------	----------------------	-------------------

Business

402 BNA Drive Suite 500
 Nashville TN 37217
 And all locations

Officers

Mark Seitz 00%

████ Whistler Cove
 Franklin TN 37067
 █████

Michael Joseph Kovacich Jr. 0%
 █████ Admiral Dr
 Atlanta, GA 30341
 █████

Tammy Beasley 0%
 █████ Rosecran Circle
 LaVergne, TN 37086
 █████

Sole Member
 NDC Intermediate LLC 100%

State of incorporation Delaware

Current hours of operation 7:30 a.m. to 4:30 p.m. central standard time. We are a wholesale distribution center only.

NDC Home Care, LLC. including the officers, directors, etc. have not had any past criminal convictions and violations of the state and federal laws regarding drugs or devices or have not been involved in, or convicted of any criminal or prohibited acts.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NDC HOMECARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NDC HOMECARE, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6333287 8300

SR# 20212787151

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in brown ink, reading "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203748781

Date: 07-23-21

Employees for NDC Homecare that handle RX items

Alvarez, Diana
Amaya, Juan
Argueta, Jessica
Crawford, Sheri
Jiron, Sofia
Lopez, Brian
Lumas, Armon
Miller, Andrew
Mismit, Dalila
Mister, Josiah
Prado, Alijah
Smith, James
Ward, Walter
Alicea-Nieves, Alexis
Appiah-Kubi, Emmanuel
Belenski, Johnathan W
Boyd, D'artagnan
Brady, Tim
Burkhart, Matthew
Cagle, Becky
Cooper, Christopher
Davenport, Zach
De la Cruz, Ana
Driver, Doris
Fyle, Percy
Glasgow, Valarie
Guerrero, Sara
Haught, Linda
Lester, Rebecca J
McClain, Steve
McGill, Meghan
Mendaga, Tesfaye
Mendez, Jose
Pride, Ladonte
Ramirez, Adriana
Rizk, Reda
Ruiz, Jeffrey

Simpson, Catherine
Villamizar, Jordani
Brian Collier
ABDELSHAHID, HANY
ADEN, ADEN M.
ALAZAWI, GASSAN
ALAZZAWI, ALI B.
ALEMU, KIDIST B.
ANGRIN, HUBERT
BOKA, GEMACHIS A.
DOUNGTAL, MONTIWA
FRANSTOOK, BENJAMIN
GARCIA, OMAR
HARGROVE, JEFFERY P.
HEREFORD, VINCENT C.
HICKS, ANTOINE
INTHAVONG, NIKORN
JONES, ALEXANDER L
KOUNLAVOUTH, SISOU MANY
KWARTENG, MICHAEL A.
MAOKHAMPHIOU, ANDREW
MEBRAHTU FESSEHAYE, AMINE
MICHAEL, MEZGEBU K.
MUSA, SHUKRI M
PATHAMMAVONG, OUDOMSAY
PHANTHADETH, PULEMANA S
PHETDARAVONE, SOMPHONE
SEMEMOUNNARATH, KINNY D.
SOURINTHONE, FONGSAMOUTH
SOUVANNAKHIRY, SYAMPHAY
SURAFEL, TINA N.
VALENT, LINO P
VONGSAMPHANH, SOULEEPHON
VONGSAVATH, BUDDHASAK
Khalil, Ali
Bachez, Ana
Dagoberto, Carlos
Porter, Cory
Duran, Dina
Tax, Juan
Eagle, Katie

Gregory, Mario
Phelps, Michael
Sanchez, Nayely
Floris, Patricia
Hayes, Sherry
Bell, Thomas
Holford, Tonia
Nesby, Willie

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. 107452312

Application/License No. _____

NDC Homecare LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
6150 East Tropical Parkway, Ste 100, 105, 110, North Las Vegas, NV 89115, as
Address of Applicant/Principal
PRINCIPAL, and Travelers Casualty and Surety Company of America, a
Surety Company
 corporation organized under the laws of the state of Connecticut
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Tower Square Hartford, CT 06183-6014 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 July 28, 2021.
Effective Date

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:

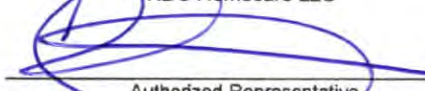
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability 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
28 day of July, 2021.

APPLICANT/PRINCIPAL

NDC Homecare LLC


 Authorized Representative

SURETY COMPANY

Travelers Casualty and Surety Company of America


 Surety Company's Representative

Mary Y. Volmar, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:


 Witness


 Witness

SIGNED and SEALED in the presence of:


 Witness Julie Karnes


 Witness Lori A. Wright

Countersigned by:

N/A
 Nevada Resident Agent

N/A



Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

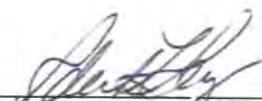
KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Mary Y. Volmar of Knoxville Tennessee, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, **2021**.



State of Connecticut

City of Hartford ss.

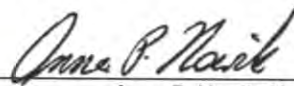
By: 
 Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2026**




 Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her, and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

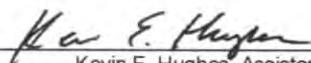
FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 28th day of July, 2021




 Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
 Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF DECEMBER 31, 2020

CAPITAL STOCK \$ 6,480,000

ASSETS		LIABILITIES & SURPLUS	
CASH AND INVESTED CASH	\$ 239,403,348	UNEARNED PREMIUMS	\$ 1,121,070,380
BONDS	3,831,156,861	LOSSES	1,003,200,666
STOCKS	109,074,035	LOSS ADJUSTMENT EXPENSES	163,346,678
INVESTMENT INCOME DUE AND ACCRUED	36,856,709	COMMISSIONS	48,805,693
OTHER INVESTED ASSETS	4,970,512	TAXES, LICENSES AND FEES	13,561,421
PREMIUM BALANCES	277,653,788	OTHER EXPENSES	42,506,558
NET DEFERRED TAX ASSET	55,188,715	CURRENT FEDERAL AND FOREIGN INCOME TAXES	4,865,484
REINSURANCE RECOVERABLE	32,553,518	REMITTANCES AND ITEMS NOT ALLOCATED	8,646,391
RECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES	34,876,347	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	42,228,250
OTHER ASSETS	4,155,794	POLICYHOLDER DIVIDENDS	12,353,304
		PROVISION FOR REINSURANCE	7,930,280
		ADVANCE PREMIUM	1,867,512
		CEDED REINSURANCE NET PREMIUMS PAYABLE	63,102,972
		RETROACTIVE REINSURANCE RESERVE ASSUMED	800,763
		OTHER ACCRUED EXPENSES AND LIABILITIES	568,668
		TOTAL LIABILITIES	\$2,534,855,020
		CAPITAL STOCK	\$6,480,000
		PAID IN SURPLUS	433,803,760
		OTHER SURPLUS	1,650,750,847
		TOTAL SURPLUS TO POLICYHOLDERS	\$2,091,034,607
TOTAL ASSETS	\$ 4,625,889,627	TOTAL LIABILITIES & SURPLUS	\$4,625,889,627

STATE OF CONNECTICUT)
COUNTY OF HARTFORD) SS.
CITY OF HARTFORD)

MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT - FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA,
AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID
COMPANY AS OF THE 31ST DAY OF DECEMBER, 2020.

Michael J. Doody
VICE PRESIDENT - FINANCE

SUBSCRIBED AND SWORN TO BEFORE ME THIS
26TH DAY OF MARCH, 2021

Susan M. Weissleder
NOTARY PUBLIC

SUSAN M. WEISSLEDER
Notary Public
My Commission Expires November 30, 2022





Page 2

Role of Marsh

Marsh is serving as your broker in placing your insurance coverage(s) referenced above. Marsh may receive different forms of compensation that relate directly or indirectly to your placements. Since Marsh's compensation may vary depending on the insurance program that you choose, Marsh is providing you with information to help you evaluate potential conflicts of interest.

Marsh may be compensated by commissions based on the sale of insurance. Commissions may vary depending on a number of factors, including the insurance purchased and the insurer selected. The commissions that Marsh or its affiliates may collect on the quotes Marsh obtained on your behalf are itemized above.

Insurer Consulting Compensation

Marsh receives separate compensation from insurers for providing consulting, data analytics or other services. The services are designed to improve the offerings available to our clients, assist insurers in identifying new opportunities, and enhance insurers' operational efficiency. The scope and nature of the services vary by insurer and by geography. This compensation can be paid in the form of a fixed fee, a percentage of premium, or a combination of both. It is in addition to and will not be credited against any fee payable to Marsh and will not be subject to any cap on commissions payable to Marsh. In certain cases, percentage based insurer consulting compensation is payable on new business only (as defined in agreement with the insurer) and, in other cases, the rate for percentage based insurer consulting compensation is higher for new business than for renewal business.

Other Information

Marsh & McLennan Companies, Inc. and its subsidiaries have direct and indirect investments in insurance and reinsurance companies and have contractual arrangements with certain insurers and wholesale brokers.

For further information regarding Marsh's and its affiliates' compensation and the matters discussed above, please visit: <http://global.marsh.com/about/Transparency.php>.



Mary Volmar
Senior Vice President

Marsh USA Inc.
1111 Northshore Drive Suite N-550
Knoxville, TN 37919
8657697766
Mary.Y.Volmar@marsh.com
www.marsh.com

July 28, 2021

Tammy Beasley
NDC
402 BNA Dr. Ste 500
Nashville, TN 37217

Subject: New Bond

Principal: NDC Homecare LLC
Obligee: Nevada State Board of Pharmacy
Bond Description: Pharmaceutical Wholesaler
Bond Amount: \$100,000.00
Bond Number: 107452312
Surety Name: Travelers Casualty and Surety Company of America
Bond Effective Date: July 28, 2021

Dear Tammy:

Enclosed is the above-referenced bond in response to your request dated 07/28/2021. The bond is based on the information we received with the request. Please recheck the bond for accuracy, and have it signed, sealed, and forwarded to the Nevada State Board of Pharmacy for acceptance and filing.

In the event you do not accept and file the bond with the obligee, please return this original document to Marsh so we can notify the surety company that the bond was not accepted and filed; otherwise, the surety company will process a premium billing for the bond.

You will be receiving our invoice for this transaction in the amount of \$1,000.00. Marsh will receive 40.00% of this amount from the surety company. Unless otherwise notified, Marsh will receive the established commission on all subsequent billings for as long as the bond remains in force. Your signature on the bond and payment of our invoice constitutes your agreement to our compensation by the surety for this bond.

If you have any questions, please feel free to contact me. Thank you for allowing Marsh to service your surety needs.

Sincerely,

Mary Volmar, Senior Vice President

Enclosure

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ADC Homecare LLC
 Physical Address 450 East Tropical Pkwy Ste 100 105 110
 City North Las Vegas State NV Zip 89115
 Mailing Address (if different from physical address) 402 BNA Drive Ste 500
 City Nashville State TN Zip 37217
 Telephone 615 366 3225 Website www.preferredmedical.com
 Licensing Company Email compliance@adc-inc.com

Section 2: Personal Information

First Ivan Middle Z Last Velasquez
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
 Mailing Address Calle Monterey St
 City Las Vegas State NV Zip 89117
 Telephone _____ Email _____
 Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____
 Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the 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 initials IV

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name UNIVAL		From - To (MM/YY - MM/YY) 03/1985 - Nov/1987	
Address Managua Nicaragua		City	State Zip
Diploma/Degree obtained, if any NO			
School Name Colegio Gabriel Mistral		From - To (MM/YY - MM/YY) 1980 - 1984	
Address Managua, Nicaragua		City	State Zip
Diploma/Degree obtained, if any High school			
School Name		From - To (MM/YY - MM/YY)	
Address		City	State Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address		City	State Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address		City	State Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name <i>Baxalta, INC</i>		From - To (MM/YY - MM/YY) <i>5/2001 - 01/2020</i>	
Business Address <i>15903 starthern st</i>		City <i>Van Nuys</i>	State <i>CA</i>
Phone <i>818-947-5600</i>	Title <i>Sr QA</i>	Zip <i>91405</i>	
Description of Duties <i>INSpection and Release of Raw Materials and components and Finish Products, Maintain Inventory, cycle count of Products Release</i>		Number of Employed Hours <i>over 39,000 hrs.</i>	

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



 Original Signature (electronic, copies or stamps not accepted)

08/20/2021

 Date

Applicant's initials TV 7

I, Ivan Velasquez, certify that as the designated representative for
NDC Homecare LLC

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Ivan Velasquez
 Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

08/20/2021
 Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ivan Velasquez
 Print Name (First, Last)

[Signature]
 Original Signature (electronic, copies or stamps not accepted)

08/20/2021
 Date

Please have this section completed in the presence of a Notary Public.

State of TN, ss. County of Rutherford

I, Ivan Velasquez, 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 the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
 Original Signature

08/20/2021
 Date

Subscribed and Sworn to before me this 20 day of August, 2021

[Signature]
 Notary Public Signature



Applicant's initials IV

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19

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EXECUTIVE SECRETARY REPORT

December 1-2, 2021

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **CHANGE OF ADDRESS BUSINESS LIST**
- **STAFF ACTIVITIES**
 - Meetings with Other Health Care Boards
 - COVID-19
- **REPORT TO BOARD**
 - Legislative Update
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
 - Covid Vaccine update
 - Covid Therapeutics Update

Temporary Licenses

(Issued since last meeting)

Aaron Gilbert	Pharmacist	Charles Shaw	Pharmacist	Isaac McGee	Pharmacist	Lauren Hall	Pharmacist	Nicole Snow	Pharmacist	Shibu John	Pharmacist
Aaron Stapley	Pharmacist	Chelsea McGraw	Pharmacist	Jacob Jamron	Pharmacist	Lee Hoang	Pharmacist	Njideka Ekwelundu	Pharmacist	Shobin Joseph	Pharmacist
Abigail Ratterman	Pharmacist	Chi Jenny Nguyen	Pharmacist	James Nance	Pharmacist	Leslee Ash	Pharmacist	Nolan Solomon	Pharmacist	Shubhro Pal	Pharmacist
Aisha Ali	Pharmacist	Chris Krogman	Pharmacist	Janelle Patel	Pharmacist	Liliana Bright	Pharmacist	Nour Salhab	Pharmacist	Siddharth Patel	Pharmacist
Albert Chen	Pharmacist	Christine McKenney	Pharmacist	Jasmine Melhado	Pharmacist	Linda Zheng	Pharmacist	Paige Kruse	Pharmacist	Silvia Hernandez	Pharmacist
Alesia Hanson	Pharmacist	Christine Ramirez	Pharmacist	Jason Doenges	Pharmacist	Lindsay Coleman	Pharmacist	Paras Priyadarshi	Pharmacist	Sin Chan	Pharmacist
Alexandra Thai	Pharmacist	Christopher Creary	Pharmacist	Jason Frederick	Pharmacist	Lionel Ishikawa	Pharmacist	Pauline Broderick	Pharmacist	Smita Dhuri	Pharmacist
Alexis Blackwood	Pharmacist	Claire Hawtrey	Pharmacist	Jason Hannosh	Pharmacist	Lisa Dimick	Pharmacist	Peter Ramzy	Pharmacist	Stanley Luong	Pharmacist
Alexis Meyer	Pharmacist	Cynthia Huang	Pharmacist	Jay Mehlhorn	Pharmacist	Lora Nayeypour	Pharmacist	Phayao Boese	Pharmacist	Stephanie Moy	Pharmacist
Ali Alsafar	Pharmacist	Damien Powers	Pharmacist	Jay Sardana	Pharmacist	Louisa Asante	Pharmacist	Phillip Lowe	Pharmacist	Suja Nair	Pharmacist
Amanda Berishaj	Pharmacist	Dana Korpan	Pharmacist	Jeffrey Abeyta	Pharmacist	Lucas Hamelink	Pharmacist	Phuc Nguyen	Pharmacist	Tanyia Abel	Pharmacist
Amanda Kesler	Pharmacist	Danny Chung	Pharmacist	Jeffrey Sturzenegger	Pharmacist	Luke Hoffman	Pharmacist	Rachel Menchaca	Pharmacist	Teresa Malanda	Pharmacist
Amanda Prince	Pharmacist	David Hermosillo	Pharmacist	Jennifer Barlekoff	Pharmacist	Maci Sprosty	Pharmacist	Rachele Eckler	Pharmacist	Thomas Mathews	Pharmacist
Amar Govin	Pharmacist	David Kang	Pharmacist	Jessica Caballero Ponce	Pharmacist	Manal Arafat	Pharmacist	Radha Manian	Pharmacist	Timothy Davis	Pharmacist
Amishkumar Vanparia	Pharmacist	Davis Nyariki	Pharmacist	Jessica Toyama Watanabe	Pharmacist	Mariah Sheeren	Pharmacist	Rahul Save	Pharmacist	Timothy Walsh	Pharmacist
Amy Nixon	Pharmacist	Deborah Kelsey	Pharmacist	Jill Sczech	Pharmacist	Marialis Kirk	Pharmacist	Rashmi Shingari	Pharmacist	Tracy Richter	Pharmacist
Amy Wolfe	Pharmacist	Deesa Parmar	Pharmacist	Jillian Wheatley	Pharmacist	Mariam Agaiby	Pharmacist	Reza Gay Milallos-Rara	Pharmacist	Travis Bastow	Pharmacist
Analee Marston	Pharmacist	Denise Kehoe	Pharmacist	Joanna Koc	Pharmacist	Marianne Rich	Pharmacist	Richard Jee	Pharmacist	Travis Waldrep	Pharmacist
Andrea Burns	Pharmacist	Dharti Desai	Pharmacist	John Copeland	Pharmacist	Maricela Lara-Nevarez	Pharmacist	Richard Mayan	Pharmacist	Ty Heuer	Pharmacist
Andrea Saksa	Pharmacist	Diana Carrasquillo	Pharmacist	John Oh	Pharmacist	Marina Farid	Pharmacist	Robert Mason	Pharmacist	Tyler Graham	Pharmacist
Andrew Bidinotto	Pharmacist	Diane Trebing	Pharmacist	Joseph Gerges	Pharmacist	Marius Marin	Pharmacist	Roger Wu	Pharmacist	Valerie Do	Pharmacist
Andrew Morris	Pharmacist	Dusan Jeftinija	Pharmacist	Joy Brashear	Pharmacist	Marquita Ferguson	Pharmacist	Ronna Meredith	Pharmacist	Valerie Nyhoff	Pharmacist
Andrew Smith	Pharmacist	Dustin Shearer	Pharmacist	Justin Acri	Pharmacist	Mary Alves	Pharmacist	Roocha Joshi	Pharmacist	Van Chau	Pharmacist
Andy Takahata	Pharmacist	Eliza Lee	Pharmacist	Justin Arias	Pharmacist	Mary Bluthardt	Pharmacist	Roy Putrino	Pharmacist	Vincent Thai	Pharmacist
Anthony Kirchner	Pharmacist	Elizabeth Shipula	Pharmacist	Justin Bryner	Pharmacist	Mary Stevens	Pharmacist	Ryan Miller	Pharmacist	Warren Finlinson	Pharmacist
Ashley Stevenson	Pharmacist	Elke Lui	Pharmacist	Justine Tran	Pharmacist	Masato Sugeno	Pharmacist	Sabrina Davilus	Pharmacist	Xiaochen Wang	Pharmacist
Azam Garner	Pharmacist	Elyse Pennington	Pharmacist	Kajal Patel	Pharmacist	Matthew Brooks	Pharmacist	Saeed Sadri	Pharmacist	Yasmine Hjaige	Pharmacist
Beau Labez-Tapang	Pharmacist	Erika Sego	Pharmacist	Karen Robbins	Pharmacist	matthew wedeking	Pharmacist	Sahithi Kolli	Pharmacist	Yogina Patel	Pharmacist
Bo Shupe	Pharmacist	Erin Kovarik	Pharmacist	Karmen Oliver	Pharmacist	Melissa Greenlee	Pharmacist	Saifuddin Morriswalla	Pharmacist	Youstina Morkos	Pharmacist
Bradley Rutkowski	Pharmacist	Eva Panko	Pharmacist	Katherine Smith	Pharmacist	Micah Smith	Pharmacist	Sam Alrayashi	Pharmacist	Zahra Hashemian	Pharmacist
Brandon Cressall	Pharmacist	Evelyn Ramirez	Pharmacist	Kathy Phan	Pharmacist	Michael Battaglia	Pharmacist	Sandra Aasen	Pharmacist	Zain Razvi	Pharmacist
Brandon Kenney	Pharmacist	Farah Shaikh	Pharmacist	Katie Shepherd	Pharmacist	Michael Copi	Pharmacist	Sandra Barbosa	Pharmacist		
Brian Harry	Pharmacist	Feng Lu	Pharmacist	Kayla Clark	Pharmacist	Michael Schember	Pharmacist	Sara Carrier	Pharmacist		
Briana Williams	Pharmacist	Franklin Green	Pharmacist	Kelli Chiles	Pharmacist	Michelle Thornton-Taylor	Pharmacist	Sara Owens	Pharmacist		
Bryan SMith	Pharmacist	Frida Ewalu	Pharmacist	Kelli Funk	Pharmacist	Min Oh	Pharmacist	Sarah Stull	Pharmacist		
Caleb Lynch	Pharmacist	Gary Lupini	Pharmacist	Kelly Kelsey	Pharmacist	Monica Morgan	Pharmacist	Scott Miller	Pharmacist		
Car Dempich	Pharmacist	Gavin Solt	Pharmacist	Kenneth Nelson	Pharmacist	Morris Austin	Pharmacist	Sean Owsley	Pharmacist		
Carlos Martinez	Pharmacist	George Christophiades	Pharmacist	Kerry Pallien	Pharmacist	My Nguyen	Pharmacist	Serena Wong	Pharmacist		
Carmen Albertsen	Pharmacist	Giby Thomas	Pharmacist	Komeneci Yates	Pharmacist	Nancy Butler	Pharmacist	Shahrzad Zaghi	Pharmacist		
Carmen Morales	Pharmacist	Gyl Marceline Aengwanama	Pharmacist	Kristen Sobotka Hausskuper	Pharmacist	Nathan Wilson	Pharmacist	Shane Moore	Pharmacist		
Carri Palmer	Pharmacist	Haissam Shiblak	Pharmacist	Kristine Chin	Pharmacist	Ngoc Ngo	Pharmacist	Shannon Adams	Pharmacist		
Casey Eggett	Pharmacist	Heidi Huynh	Pharmacist	Lacy Burns	Pharmacist	Nicholas Ellis	Pharmacist	Sharon Grant	Pharmacist		
Cassandra Payne	Pharmacist	Hilary Thibault	Pharmacist	Laura Deyling	Pharmacist	Nicholas Uchida	Pharmacist	Shaun Abernathie	Pharmacist		
Cecelia Hovis	Pharmacist	Hosam Arafat	Pharmacist	Laura Reichl	Pharmacist	Nicole Clausen	Pharmacist	Shaymous Juhnke	Pharmacist		
Chad Lesczynski	Pharmacist	Hyejin Nakamura	Pharmacist	Lauren Baldwin	Pharmacist	Nicole Rumao	Pharmacist	Shelby Dela Cruz	Pharmacist		

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
639.NEW – Delivery of a Prescription to Practitioner	01/16/20	01/21/20	R009-20	02/27/20	06/09/20	06/03/21	06/15/21	
639.220 - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the facility is licensed by the State Board of Health (recovery centers)	03/19/20 – postponed to 06/03/20	6/16/20	R085-20	09/17/20	10/22/20 12/03/20	01/13/21	01/29/21	04/14/21
639.NEW - licensing and regulating the practice of pharmacy (appearance requirements)	03/19/20	3/24/20	R041-20	05/14/20	06/09/20	07/16/20	07/22/20	08/26/20
453.550 – Deschedule Epidiolex	06/03/20	6/16/20	R090-20 R073-19	07/30/20	09/11/20	10/15/20	10/28/20	12/29/20
639.NEW – CS Electronic Transmission Exemption	06/03/20	6/16/20	R083-20	10/15/20	10/07/20	11/10/20	12/12/20	12/29/20
639.464 & 639.468 – P&T Committee vs CPA	06/03/20				Dave revising			
639.NEW – PT Administer Immunizations	07/16/20	07/21/20	R142-20	08/20/20	08/03/20	09/03/20	09/15/20	09/21/20
453.510 – Schedule I - Designer Benzos	07/16/20	07/21/20	R143-20	12/14/20	01/26/21	03/03/21	03/24/21	04/14/21
453.510 – Schedule II - Kratom	07/16/20	07/21/20	R144-20	12/14/20	Hold per Dave			
NAC 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners: shared inventory and centralized activities.	09/03/20 01/13/21	03/12/21	R007-21					

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639.501 – Workplace Assessment Tool	10/15/20	10/21/20	R165-20					
NAC 639 Pharmacist Practice Location	10/15/20	10/21/20	R164-20					
NAC 639 – Cite and Fine for Misfilled Prescriptions	10/15/20	10/21/20	R166-20	08/27/21				
NAC 639.220 - Schedule of fees; medical interns and residents reduced fees	01/13/21	02/02/21	R003-21	08/17/21	08/26/21	10/14/21	10/21/21	
NAC 639.NEW Compounded Drugs (dispensing, supplying, furnishing)	01/13/21	01/20/21	R002-21	09/01/21	10/22/21	12/02/21		
NAC 639.715, 639.718, 639.720: Use of mechanical devices to dispense drugs	03/03/21 06/03/21	06/10/21	R013-21	10/28/21 (under review)				
NAC 453: PMP Integration with electronic health records of practitioners	03/03/21	03/12/21	R008-21	07/13/21	08/26/21	10/14/21	10/21/21	
NAC 639: Reference Standards for Compounding	06/03/21	06/10/21	R012-21					
NAV 639: Hormonal Contraceptive Protocol	07/15/21	09/07/21	R036-21	10/27/21 (returned to LCB 11/3/21 for revision)				
NAC 639: Background Check RPH, PT, PTT; increase fees for investigation or issuance or renewal of a license as a	07/15/21	07/20/21	R025-21	09/30/21 (under review)				

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
manufacturer or wholesaler; application valid for one year; clarify licensing requirements for an outsourcing facility or euthanasia technician. (Senate Bill 408)								
NAC 453.510: Schedule I – Eutylone and fentanyl related substances.	07/15/21	07/20/21	R023-21	09/28/21	10/22/21	12/02/21		
NAC 453.540: Schedule IV – lemborexant and Remimazolam.	07/15/21	07/20/21	R024-21	08/17/21	08/26/21	10/14/21	10/21/21	
NAC 639: Allow pharmacists to dispense drugs approved the FDA for human immunodeficiency virus. (Senate Bill 325)	07/15/21 09/02/21	09/08/21	R039-21	11/04/21				
NAC 639: Prescription information in English and another language (AB 177).	09/02/21 Continued 12/02/21							
NAC 639.010, 639.240, 639.242, 639.256: PT/PTT registration requirements.	09/02/21	09/08/21	R041-21					
NAC 639.208: Requirements to obtain a registration as a pharmacist by reciprocity.	09/02/21	09/08/21	R040-21					
NAC 639.360: Accreditation of material, course or program (CE)	12/02/21							

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22A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – December 2, 2021

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; AB 177

A REGULATION relating to the practice of pharmacy; implementing the requirements of Assembly Bill 177 requiring the label of a container for a prescribed drugs to be in English and another language upon the request of a prescribing practitioner, a patient or an authorized representative of a patient.

NAC Chapter 639 is hereby amended by adding thereto a new section to read as follows:

1. *Each pharmacy except for an institutional pharmacy shall, upon the request of the prescribing practitioner, a patient, or an authorized representative of a patient, provide the information required by section 6 of NRS 639.2801 in English and any one of the following languages:*
 - a. *Spanish*
 - b. *Tagalog*
 - c. *Chinese (Traditional and Simplified)*
 - d. *Amharic*
 - e. *Somali*
 - f. *Vietnamese*
 - g. *Korean*
2. *If the information in another language other than English, pursuant to subsection 1, cannot fit on the label of the container of the prescribed drug, the information must be provided on a document which must be dispensed with the prescribed drug. In addition to the requirements set forth in NAC 639.707-.708, the pharmacist must inform the patient or an authorized representative of the patient the information provided in the document.*
3. *The Board will review Nevada demographic trends and projections every 10 years, when census data is published, and if there is a determination after the review of the information that the list of languages pursuant to section 1 is required to be updated, the Board shall adopt the changes within 120 days of the review.*

Assembly Bill No. 177—Assemblywomen Benitez-Thompson,
Torres; González, Martínez, Marzola and Brittney Miller

Joint Sponsors: Senators Donate and Denis

CHAPTER.....

AN ACT relating to pharmacy; requiring certain pharmacies to provide certain information regarding a prescription in a language other than English under certain circumstances; requiring such pharmacies to post notice of the rights of a patient to request information in language other than English; providing immunity from civil liability to a pharmacy or employee for injuries resulting from the translation of such information by a third party under certain circumstances; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to regulate the practice of pharmacy and the sale and dispensing of poisons, drugs, chemicals and medicines. (NRS 639.070) Existing law prescribes requirements for labeling containers for prescription drugs. (NRS 639.2801) This bill requires each pharmacy, except for an institutional pharmacy, to provide the specific directions for use required to be included on the label of a prescription drug in English and, upon request of a prescribing practitioner, patient or an authorized representative of a patient, any language prescribed by regulations adopted by the Board. This bill provides that if a pharmacy enters into a contract with a third party for the translation of the information required to be provided by the pharmacy, the pharmacy and any employee of the pharmacy are not liable in any civil action for any injury resulting from the translation by the third party which is not the result of negligence, recklessness or deliberate misconduct of the pharmacy or employee. Finally, this bill requires a pharmacy subject to this requirement to post in a conspicuous place: (1) notice of the rights of a patient to request information in a language other than English; and (2) a list of every language in which such information may be made available.

EXPLANATION - Matter in *bolded italics* is new, matter between brackets ~~permitted material~~ is material to be omitted

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 639 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Each pharmacy, except for an institutional pharmacy, shall, upon the request of a prescribing practitioner, a patient or an authorized representative of a patient, provide the information required by subsection 6 of NRS 639.2801 in English and any



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– 2 –

language in which the information is required to be provided pursuant to subsection 3.

2. Each pharmacy subject to the requirements of subsection 1 shall post in a conspicuous place:

(a) Notice of the rights of a patient to request information in a language other than English pursuant to subsection 1; and

(b) A list of every language in which such information is available.

3. The Board shall adopt regulations prescribing every language in which a pharmacy is required to provide information required by NRS 639.2801. The languages in which a pharmacy is required to provide such information must be specified by the regulations adopted by the Board pursuant to this section based on demographic trends and projections.

4. The Board may adopt such other regulations as are necessary to carry out the provisions of this section.

5. If a pharmacy enters into a contract with a third party for the translation of the information that the pharmacy is required to provide pursuant to this section, the pharmacy and any employee of the pharmacy are not liable in any civil action for any injury resulting from the translation by the third party which is not the result of negligence, recklessness or deliberate misconduct of the pharmacy or employee.

Sec. 2. 1. This section becomes effective upon passage and approval.

2. Section 1 of this act becomes effective:

(a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On July 1, 2022, for all other purposes.

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	Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Technical Documentation section. Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.
	Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates
	Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see ACS Technical Documentation). The effect of nonsampling error is not represented in these tables.
	In 2016, changes were made to the languages and language categories presented in tables B16001, C16001, and B16002. For more information, see: 2016 Language Data User note.
	The 2019 American Community Survey (ACS) data generally reflect the September 2018 Office of Management and Budget (OMB) delineations of metropolitan and micropolitan statistical areas. In certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB delineations due to differences in the effective dates of the geographic entities.
	Estimates of urban and rural populations, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

	Explanation of Symbols: * An "***" entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate. * An "-" entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution, or the margin of error associated with a median was larger than the median itself. * An "-" following a median estimate means the median falls in the lowest interval of an open-ended distribution. * An "+" following a median estimate means the median falls in the upper interval of an open-ended distribution. * An "****" entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate. * An "*****" entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate. * An "N" entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small. * An "(X)" means that the estimate is not applicable or not available.
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	Nevada	
Label	Estimate	Margin of Error
Total:	2,895,988	±1,339
Speak only English	1,991,718	±16,570
Spanish:	625,174	±12,451
Speak English "very well"	375,373	±11,829
Speak English less than "very well"	249,801	±10,674
French (incl. Cajun):	8,713	±2,368
Speak English "very well"	6,969	±1,922
Speak English less than "very well"	1,744	±785
Haitian:	824	±723
Speak English "very well"	824	±723
Speak English less than "very well"	0	±216
Italian:	3,690	±1,224
Speak English "very well"	3,058	±1,135
Speak English less than "very well"	632	±373

Portuguese:	6,860	±2,402
Speak English "very well"	4,472	±1,332
Speak English less than "very well"	2,388	±1,818
German:	6,830	±1,157
Speak English "very well"	6,296	±1,055
Speak English less than "very well"	534	±305
Yiddish, Pennsylvania Dutch or other West Germanic languages:	2,202	±868
Speak English "very well"	1,970	±774
Speak English less than "very well"	232	±273
Greek:	1,643	±790
Speak English "very well"	1,463	±727
Speak English less than "very well"	180	±172
Russian:	5,902	±1,815
Speak English "very well"	3,591	±1,058
Speak English less than "very well"	2,311	±1,488
Polish:	2,143	±961
Speak English "very well"	1,658	±727
Speak English less than "very well"	485	±483
Serbo-Croatian:	3,108	±1,549
Speak English "very well"	1,964	±1,060
Speak English less than "very well"	1,144	±728
Ukrainian or other Slavic languages:	2,880	±1,085
Speak English "very well"	2,137	±906
Speak English less than "very well"	743	±480
Armenian:	3,572	±1,833
Speak English "very well"	2,423	±1,618
Speak English less than "very well"	1,149	±893
Persian (incl. Farsi, Dari):	4,976	±1,690
Speak English "very well"	3,478	±1,469
Speak English less than "very well"	1,498	±646
Gujarati:	1,312	±824
Speak English "very well"	865	±556
Speak English less than "very well"	447	±361
Hindi:	3,277	±1,774
Speak English "very well"	2,980	±1,723
Speak English less than "very well"	297	±291
Urdu:	1,744	±1,777
Speak English "very well"	1,526	±1,758
Speak English less than "very well"	218	±169

Punjabi:	2,395	±1,494
Speak English "very well"	1,239	±1,082
Speak English less than "very well"	1,156	±745
Bengali:	3,473	±3,384
Speak English "very well"	787	±705
Speak English less than "very well"	2,686	±2,874
Nepali, Marathi, or other Indic languages:	2,006	±1,396
Speak English "very well"	1,694	±1,192
Speak English less than "very well"	312	±294
Other Indo-European languages:	5,521	±2,314
Speak English "very well"	4,447	±1,736
Speak English less than "very well"	1,074	±771
Telugu:	150	±245
Speak English "very well"	150	±245
Speak English less than "very well"	0	±216
Tamil:	540	±695
Speak English "very well"	465	±690
Speak English less than "very well"	75	±124
Malayalam, Kannada, or other Dravidian languages:	1,085	±843
Speak English "very well"	979	±755
Speak English less than "very well"	106	±129
Chinese (incl. Mandarin, Cantonese):	34,421	±5,373
Speak English "very well"	14,559	±2,728
Speak English less than "very well"	19,862	±3,982
Japanese:	7,794	±2,000
Speak English "very well"	5,163	±1,532
Speak English less than "very well"	2,631	±939
Korean:	9,885	±1,971
Speak English "very well"	5,588	±1,498
Speak English less than "very well"	4,297	±1,068
Hmong:	790	±732
Speak English "very well"	455	±380
Speak English less than "very well"	335	±395
Vietnamese:	11,514	±3,278
Speak English "very well"	5,851	±1,877
Speak English less than "very well"	5,663	±2,274
Khmer:	923	±663
Speak English "very well"	292	±263
Speak English less than "very well"	631	±534
Thai, Lao, or other Tai-Kadai languages:	6,743	±2,000

Speak English "very well"	3,097	±960
Speak English less than "very well"	3,646	±1,408
Other languages of Asia:	2,224	±1,489
Speak English "very well"	1,447	±1,262
Speak English less than "very well"	777	±665
Tagalog (incl. Filipino):	84,584	±6,130
Speak English "very well"	60,528	±5,586
Speak English less than "very well"	24,056	±2,573
Ilocano, Samoan, Hawaiian, or other Austronesian languages:	12,798	±2,946
Speak English "very well"	8,872	±2,282
Speak English less than "very well"	3,926	±1,611
Arabic:	4,182	±1,944
Speak English "very well"	2,665	±1,273
Speak English less than "very well"	1,517	±879
Hebrew:	3,379	±1,360
Speak English "very well"	2,969	±1,330
Speak English less than "very well"	410	±299
Amharic, Somali, or other Afro-Asiatic languages:	15,942	±4,627
Speak English "very well"	9,921	±3,291
Speak English less than "very well"	6,021	±2,143
Yoruba, Twi, Igbo, or other languages of Western Africa:	2,430	±1,943
Speak English "very well"	2,071	±1,921
Speak English less than "very well"	359	±207
Swahili or other languages of Central, Eastern, and Southern Africa:	1,721	±1,363
Speak English "very well"	1,286	±1,012
Speak English less than "very well"	435	±437
Navajo:	108	±176
Speak English "very well"	108	±176
Speak English less than "very well"	0	±216
Other Native languages of North America:	2,456	±836
Speak English "very well"	2,345	±823
Speak English less than "very well"	111	±82
Other and unspecified languages:	2,356	±780
Speak English "very well"	1,996	±715
Speak English less than "very well"	360	±301

	Nevada	
Label	Estimate	Margin of Error
Total:	2,895,988	±1,339
Speak only English	1,991,718	±16,570
Spanish:	625,174	±12,451
Speak English "very well"	375,373	±11,829
Speak English less than "very well"	249,801	±10,674
French (incl. Cajun):	8,713	±2,368
Speak English "very well"	6,969	±1,922
Speak English less than "very well"	1,744	±785
Haitian:	824	±723
Speak English "very well"	824	±723
Speak English less than "very well"	0	±216
Italian:	3,690	±1,224
Speak English "very well"	3,058	±1,135
Speak English less than "very well"	632	±373
Portuguese:	6,860	±2,402
Speak English "very well"	4,472	±1,332
Speak English less than "very well"	2,388	±1,818
German:	6,830	±1,157
Speak English "very well"	6,296	±1,055
Speak English less than "very well"	534	±305
Yiddish, Pennsylvania Dutch or other West Germanic languages:	2,202	±868
Speak English "very well"	1,970	±774
Speak English less than "very well"	232	±273
Greek:	1,643	±790
Speak English "very well"	1,463	±727
Speak English less than "very well"	180	±172
Russian:	5,902	±1,815
Speak English "very well"	3,591	±1,058
Speak English less than "very well"	2,311	±1,488
Polish:	2,143	±961
Speak English "very well"	1,658	±727
Speak English less than "very well"	485	±483
Serbo-Croatian:	3,108	±1,549
Speak English "very well"	1,964	±1,060
Speak English less than "very well"	1,144	±728

Ukrainian or other Slavic languages:	2,880	±1,085
Speak English "very well"	2,137	±906
Speak English less than "very well"	743	±480
Armenian:	3,572	±1,833
Speak English "very well"	2,423	±1,618
Speak English less than "very well"	1,149	±893
Persian (incl. Farsi, Dari):	4,976	±1,690
Speak English "very well"	3,478	±1,469
Speak English less than "very well"	1,498	±646
Gujarati:	1,312	±824
Speak English "very well"	865	±556
Speak English less than "very well"	447	±361
Hindi:	3,277	±1,774
Speak English "very well"	2,980	±1,723
Speak English less than "very well"	297	±291
Urdu:	1,744	±1,777
Speak English "very well"	1,526	±1,758
Speak English less than "very well"	218	±169
Punjabi:	2,395	±1,494
Speak English "very well"	1,239	±1,082
Speak English less than "very well"	1,156	±745
Bengali:	3,473	±3,384
Speak English "very well"	787	±705
Speak English less than "very well"	2,686	±2,874
Nepali, Marathi, or other Indic languages:	2,006	±1,396
Speak English "very well"	1,694	±1,192
Speak English less than "very well"	312	±294
Other Indo-European languages:	5,521	±2,314
Speak English "very well"	4,447	±1,736
Speak English less than "very well"	1,074	±771
Telugu:	150	±245
Speak English "very well"	150	±245
Speak English less than "very well"	0	±216
Tamil:	540	±695
Speak English "very well"	465	±690
Speak English less than "very well"	75	±124
Malayalam, Kannada, or other Dravidian languages:	1,085	±843
Speak English "very well"	979	±755
Speak English less than "very well"	106	±129
Chinese (incl. Mandarin, Cantonese):	34,421	±5,373

Speak English "very well"	14,559	±2,728
Speak English less than "very well"	19,862	±3,982
Japanese:	7,794	±2,000
Speak English "very well"	5,163	±1,532
Speak English less than "very well"	2,631	±939
Korean:	9,885	±1,971
Speak English "very well"	5,588	±1,498
Speak English less than "very well"	4,297	±1,068
Hmong:	790	±732
Speak English "very well"	455	±380
Speak English less than "very well"	335	±395
Vietnamese:	11,514	±3,278
Speak English "very well"	5,851	±1,877
Speak English less than "very well"	5,663	±2,274
Khmer:	923	±663
Speak English "very well"	292	±263
Speak English less than "very well"	631	±534
Thai, Lao, or other Tai-Kadai languages:	6,743	±2,000
Speak English "very well"	3,097	±960
Speak English less than "very well"	3,646	±1,408
Other languages of Asia:	2,224	±1,489
Speak English "very well"	1,447	±1,262
Speak English less than "very well"	777	±665
Tagalog (incl. Filipino):	84,584	±6,130
Speak English "very well"	60,528	±5,586
Speak English less than "very well"	24,056	±2,573
Ilocano, Samoan, Hawaiian, or other Austronesian languages:	12,798	±2,946
Speak English "very well"	8,872	±2,282
Speak English less than "very well"	3,926	±1,611
Arabic:	4,182	±1,944
Speak English "very well"	2,665	±1,273
Speak English less than "very well"	1,517	±879
Hebrew:	3,379	±1,360
Speak English "very well"	2,969	±1,330
Speak English less than "very well"	410	±299
Amharic, Somali, or other Afro-Asiatic languages:	15,942	±4,627
Speak English "very well"	9,921	±3,291
Speak English less than "very well"	6,021	±2,143

Yoruba, Twi, Igbo, or other languages of Western Africa:	2,430	±1,943
Speak English "very well"	2,071	±1,921
Speak English less than "very well"	359	±207
Swahili or other languages of Central, Eastern, and Southern Africa:	1,721	±1,363
Speak English "very well"	1,286	±1,012
Speak English less than "very well"	435	±437
Navajo:	108	±176
Speak English "very well"	108	±176
Speak English less than "very well"	0	±216
Other Native languages of North America:	2,456	±836
Speak English "very well"	2,345	±823
Speak English less than "very well"	111	±82
Other and unspecified languages:	2,356	±780
Speak English "very well"	1,996	±715
Speak English less than "very well"	360	±301

Data Organized by Language Most Spoken

	A	B	C	D
1				
2				
3	Languages	Total	Speak English "very well"	Speak English less than "very well"
4	Spanish:	625,174	375,373	249,801
5	Tagalog (incl. Filipino):	84,584	60,528	24,056
6	Chinese (incl. Mandarin, Cantonese):	34,421	14,559	19,862
7	Amharic, Somali, or other Afro-Asiatic languages:	15,942	9,921	6,021
8	Ilocano, Samoan, Hawaiian, or other Austronesian languages:	12,798	8,872	3,926
9	Vietnamese:	11,514	5,851	5,663
10	Korean:	9,885	5,588	4,297
11	French (incl. Cajun):	8,713	6,969	1,744
12	Japanese:	7,794	5,163	2,631
13	Portuguese:	6,860	4,472	2,388
14	German:	6,830	6,296	534
15	Thai, Lao, or other Tai-Kadai languages:	6,743	3,097	3,646
16	Russian:	5,902	3,591	2,311
17	Other Indo-European languages:	5,521	4,447	1,074
18	Persian (incl. Farsi, Dari):	4,976	3,478	1,498
19	Arabic:	4,182	2,665	1,517
20	Italian:	3,690	3,058	632
21	Armenian:	3,572	2,423	1,149
22	Bengali:	3,473	787	2,686
23	Hebrew:	3,379	2,969	410
24	Hindi:	3,277	2,980	297
25	Serbo-Croatian:	3,108	1,964	1,144
26	Ukrainian or other Slavic languages:	2,880	2,137	743
27	Other Native languages of North America:	2,456	2,345	111
28	Yoruba, Twi, Igbo, or other languages of Western Africa:	2,430	2,071	359
29	Punjabi:	2,395	1,239	1,156
30	Other and unspecified languages:	2,356	1,996	360
31	Other languages of Asia:	2,224	1,447	777
32	Yiddish, Pennsylvania Dutch or other West Germanic languages:	2,202	1,970	232
33	Polish:	2,143	1,658	485
34	Nepali, Marathi, or other Indic languages:	2,006	1,694	312
35	Urdu:	1,744	1,526	218
36	Swahili or other languages of Central, Eastern, and Southern Africa:	1,721	1,286	435
37	Greek:	1,643	1,463	180
38	Gujarati:	1,312	865	447
39	Malayalam, Kannada, or other Dravidian languages:	1,085	979	106
40	Khmer:	923	292	631
41	Haitian:	824	824	0
42	Hmong:	790	455	335
43	Tamil:	540	465	75
44	Telugu:	150	150	0
45	Navajo:	108	108	0

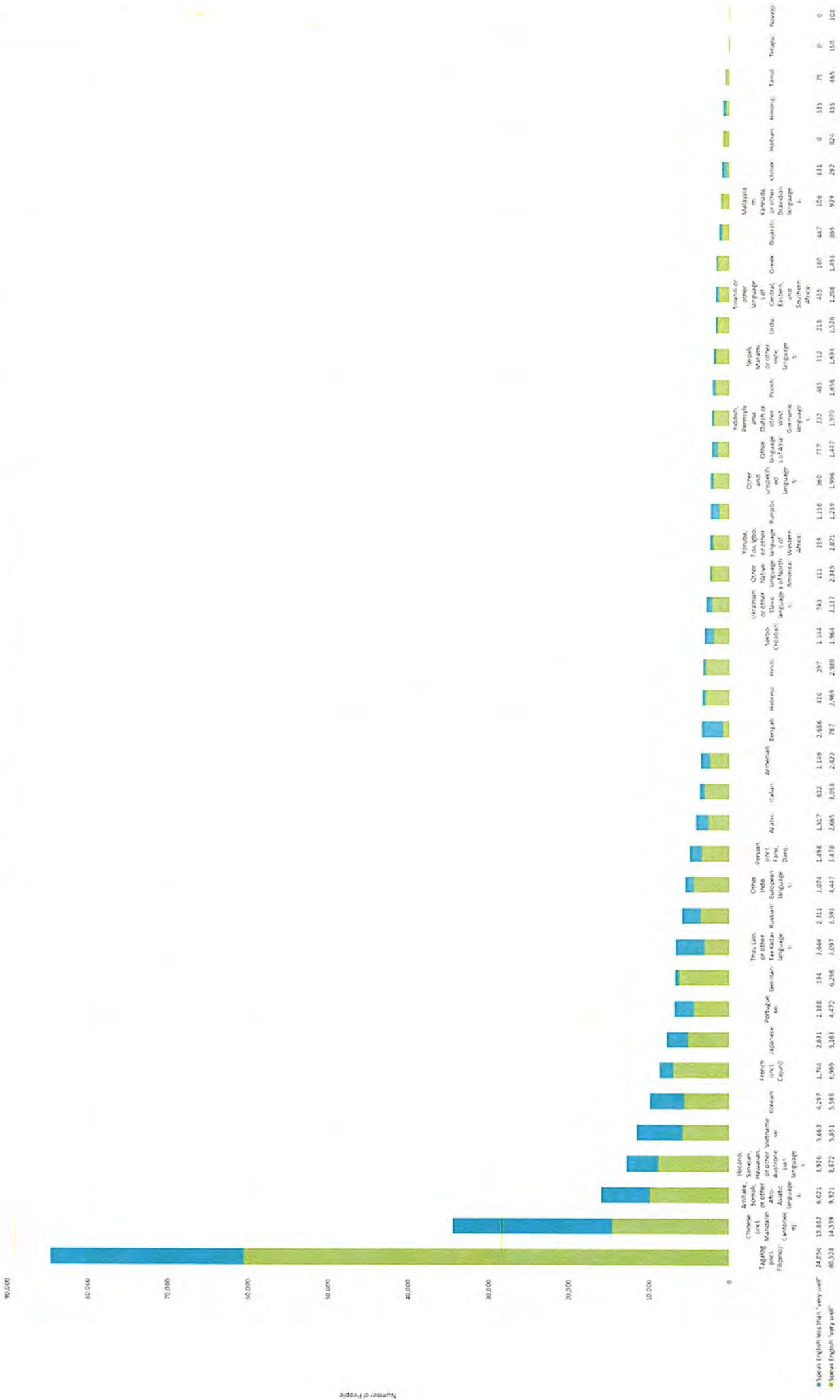
Data Organized by Speak English less than "Very Well.

	A	B	C	D
1				
2				
3	Languages	Total	Speak English "very well"	Speak English less than "very well"
4	Spanish:	625,174	375,373	249,801
5	Tagalog (incl. Filipino):	84,584	60,528	24,056
6	Chinese (incl. Mandarin, Cantonese):	34,421	14,559	19,862
7	Amharic, Somali, or other Afro-Asiatic languages:	15,942	9,921	6,021
8	Vietnamese:	11,514	5,851	5,663
9	Korean:	9,885	5,588	4,297
10	Ilocano, Samoan, Hawaiian, or other Austronesian languages:	12,798	8,872	3,926
11	Thai, Lao, or other Tai-Kadai languages:	6,743	3,097	3,646
12	Bengali:	3,473	787	2,686
13	Japanese:	7,794	5,163	2,631
14	Portuguese:	6,860	4,472	2,388
15	Russian:	5,902	3,591	2,311
16	French (incl. Cajun):	8,713	6,969	1,744
17	Arabic:	4,182	2,665	1,517
18	Persian (incl. Farsi, Dari):	4,976	3,478	1,498
19	Punjabi:	2,395	1,239	1,156
20	Armenian:	3,572	2,423	1,149
21	Serbo-Croatian:	3,108	1,964	1,144
22	Other Indo-European languages:	5,521	4,447	1,074
23	Other languages of Asia:	2,224	1,447	777
24	Ukrainian or other Slavic languages:	2,880	2,137	743
25	Italian:	3,690	3,058	632
26	Khmer:	923	292	631
27	German:	6,830	6,296	534
28	Polish:	2,143	1,658	485
29	Gujarati:	1,312	865	447
30	Swahili or other languages of Central, Eastern, and Southern Africa:	1,721	1,286	435
31	Hebrew:	3,379	2,969	410
32	Other and unspecified languages:	2,356	1,996	360
33	Yoruba, Twi, Igbo, or other languages of Western Africa:	2,430	2,071	359
34	Hmong:	790	455	335
35	Nepali, Marathi, or other Indic languages:	2,006	1,694	312
36	Hindi:	3,277	2,980	297
37	Yiddish, Pennsylvania Dutch or other West Germanic languages:	2,202	1,970	232
38	Urdu:	1,744	1,526	218
39	Greek:	1,643	1,463	180
40	Other Native languages of North America:	2,456	2,345	111
41	Malayalam, Kannada, or other Dravidian languages:	1,085	979	106
42	Tamil:	540	465	75
43	Haitian:	824	824	0
44	Telugu:	150	150	0
45	Navajo:	108	108	0



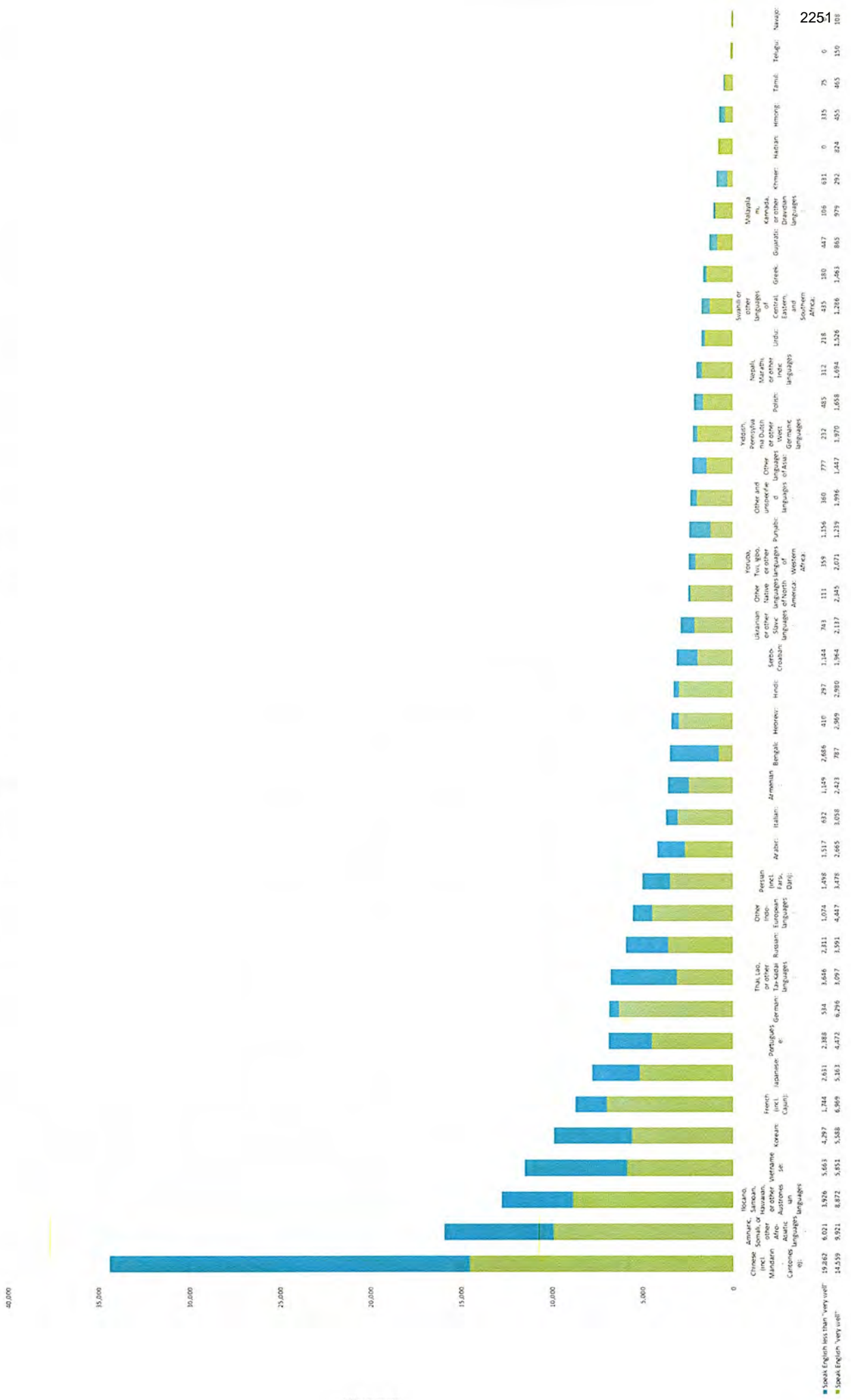
This Chart does not include information regarding Spanish Spoken at Home by Ability to Speak English

LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER



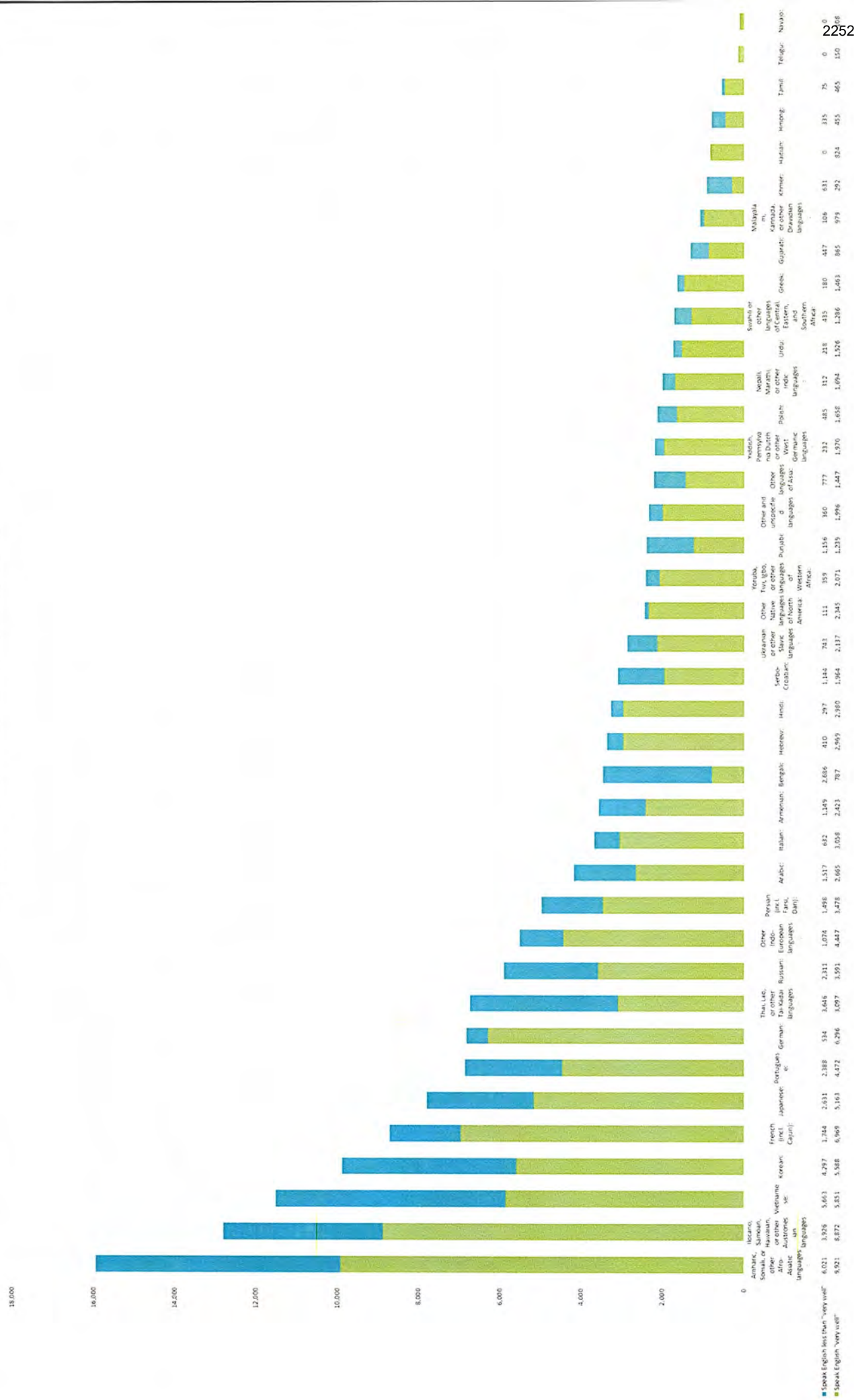
This Chart does not include information regarding Spanish or Tagalog Spoken at Home by Ability to Speak English

LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER



This Chart does not include information regarding Spanish, Tagalog or Chinese Languages Spoken at Home by Ability to Speak English

LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER



22B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – December 2, 2021

Explanation – Language in *blue italics* is new; language in *red text* ~~[omitted material]~~ is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070.

A REGULATION relating to the deemed approval of continuing education credits offered by an accredited pharmacy school in Nevada.

Section. 1. NAC Chapter 639 of NAC is hereby amended as follows:

~~*NAC 639.310 “Accredited material” defined. (NRS 639.070, 639.2176) “Accredited material” means material for continuing education which has been endorsed by the Board after review by the Board, by its advisory committee on continuing education, by the Accreditation Council for Pharmacy Education or by a board of pharmacy of another state.*~~

Board approved Accredited Programs in Pharmacy Continuing Education include courses:

- 1. Provided by the University of Nevada Reno School of Medicine, University of Nevada Las Vegas School of Medicine, Touro University Nevada, or Roseman University of Health Sciences, the Department of Health and Human Services and the Nevada State Board of Pharmacy; or*
- 2. Endorsed by the Accreditation Council for Pharmacy Education.*

NAC 639.330 Registration and reregistration: Continuing education required; submission of proof. (NRS 639.070, 639.2176)

1. Except as otherwise provided in [NAC 639.335](#), the Board will not issue a certificate as a registered pharmacist to any person pursuant to [NRS 639.133](#), or renew the certificate of any registered pharmacist, until the applicant submits proof to the Board of receipt of 30 continuing education units within the biennium immediately preceding the current renewal period. The continuing education units must include not less than:

~~*(a) Fifteen continuing education units in accredited programs; and*~~

(ab) One continuing education unit earned:

(1) In a jurisprudence program approved or presented by the Board relating to the practice of pharmacy or the law relating to pharmacy in this State; or

(2) By attending an entire day of any meeting of the Board if:

(I) The Board meets for not less than 4 hours on that day; and

(II) The registered pharmacist attends the entire day of the meeting regardless of the length of time that the Board meets on that day.

2. A registered pharmacist who attends a meeting of the Board as set forth in subsection 1 is entitled to receive credit for four continuing education units.

3. No applicant may carry over any excess continuing education units earned in a previous biennium for purposes of compliance with the requirements of this section.

4. Work-related experience acquired in fields other than the practice of pharmacy is not acceptable as credit toward the requirements of continuing education established by [NRS 639.2171](#) to [639.2176](#), inclusive, and [NAC 639.300](#) to [639.390](#), inclusive.

~~NAC 639.340—Providers of continuing education: Request for recognition; grant, denial or withdrawal of recognition. (NRS 639.070, 639.2176) Any person seeking recognition as a provider must notify the Board of his or her intent to provide material or programs for continuing education and request recognition by the Board. The request will be granted if the Board finds that the person applying for recognition is competent to provide material or programs for continuing education, and the Board will communicate its recognition by mail. Recognition may be denied or withdrawn if the Board finds that the person has:~~

- ~~—1. Failed to furnish material as advertised;~~
- ~~—2. Engaged in any misleading or deceptive practice;~~
- ~~—3. Failed to furnish material as required by law or NAC 639.300 to 639.390, inclusive;~~
- ~~—4. Failed to comply with the laws or regulations governing continuing professional education in this State; or~~
- ~~—5. If the material or programs are not accredited by the Accreditation Council for Pharmacy Education, failed to submit the material or programs to the Board at least 60 days before providing the material or programs.~~

NAC 639.345 Providers of continuing education: Records required; issuance of certificates of completion. (NRS 639.070, 639.2176) Each provider shall:

1. Keep records sufficient to document:
 - (a) The participation of each pharmacist;
 - (b) The course or program in which the pharmacist participated;
 - (c) Whether the pharmacist completed the program or course; and
 - (d) The number of continuing education units awarded to the pharmacist.
- Ê Such records must be maintained for a period of 4 years after completion of the course or program.
2. Furnish to each participant who completes a course or program a certificate of completion which contains the following information:
 - (a) The name of the participant.
 - (b) The name of the provider of the course or program.
 - (c) A description of the course or program.
 - (d) The number of continuing education units completed.
 - (e) The date of completion.
 - ~~—(f) The course designation, either accredited or acceptable.~~

~~NAC 639.350—Providers of continuing education: List of participants; reference to accreditation; information to be transmitted to Board. (NRS 639.070, 639.2176)~~

- ~~—1. Each provider of material:~~
 - ~~—(a) Shall maintain a list of all participants in the program for 4 years; and~~
 - ~~—(b) May use only the wording authorized in NAC 639.365 with reference to the provider's accreditation in this State.~~
- ~~—2. In the case of any material, course or program intended to be presented at a specific time and place, the provider shall, within 60 days after completion of the course or program, transmit to the Board the following information:~~
 - ~~—(a) The names and the number of participants in the program or course.~~
 - ~~—(b) Any material changes in the program or course made since notice of accreditation was issued by the Board.~~
 - ~~—(c) The date, time and location of the presentation.~~
 - ~~—(d) The number of hours awarded for continuing education units.~~
 - ~~—(e) A brief description of the program, including the principal objective of the presentation.~~

~~NAC 639.360—Accreditation of material, course or program. (NRS 639.070, 639.2176)~~

~~—1. A provider who seeks accreditation for any material, course or program must submit it to the Board or its designee for review. The Board will notify the provider of the accreditation or denial thereof within 60 days after the submission of a completed application. In a notice of accreditation, the Board will designate the number of units of continuing education for which the course or program is accredited. Accreditation expires 2 years after issuance, unless sooner renewed.~~

~~—2. In determining whether or not any submitted material, course or program should be accredited, the Board must be satisfied that:~~

~~—(a) The material, course or program is presented by a provider;~~

~~—(b) A certificate of completion will be issued to each participant who completes the course or program;~~

~~—(c) The program includes some mechanism whereby each participant is allowed to evaluate the course with respect to the comprehensibility of the material;~~

~~—(d) A complete syllabus is included;~~

~~—(e) The material, course or program is accurate, applicable to pharmacy and of adequate technical quality; and~~

~~—(f) If the material, course or program is not accredited by the Accreditation Council for Pharmacy Education, the material, course or program is submitted to the Board at least 60 days before the material, course or program is provided.~~

NAC 639.365 Advertising, announcements and other promotional material. ([NRS 639.070](#), [639.2176](#))

1. A provider may hold himself or herself out as a provider of the material, course or program for continuing education under [NRS 639.2171](#) to [639.2176](#), inclusive.

2. A provider of any accredited material, course or program may state in advertising, announcements or other promotional materials:

This course (or program) has been designated ACCREDITED by the State Board of Pharmacy for continuing education units. This designation expires on (date)

3. A provider of any acceptable material, course or program may state in announcements, advertising or other promotional materials:

This course (or program) has been designated as ACCEPTABLE under the guidelines for continuing education of the State Board of Pharmacy and has been assigned units of credit toward continuing education.

~~NAC 639.370—Materials for continuing education: Formats of programs; subject matter. (NRS 639.070, 639.2176)~~

~~—1. Approved programs for continuing education may consist of lectures, seminars, classes or correspondence courses. Presentations may be live or be given by audiotape or videotape. Material may be studied privately or in groups.~~

~~—2. A provider of material for continuing education has primary responsibility for the format and presentation of the material and may designate or restrict the manner in which the material is presented.~~

~~—3. Material for continuing education may cover any subject pertinent to the socioeconomic and legal aspects of health care, the properties and actions of drugs and dosage forms, and the etiology, characteristics and therapeutics of the disease state and may include:~~

~~—(a) Pharmacology.~~

~~—(b) Biochemistry.~~

~~—(c) Physiology.~~

~~—(d) Pharmaceutical chemistry.~~

- ~~—(e) Pharmacy administration.~~
- ~~—(f) Pharmacy jurisprudence.~~
- ~~—(g) Public health and communicable diseases.~~
- ~~—(h) Management of a professional practice.~~
- ~~—(i) Anatomy.~~
- ~~—(j) Histology.~~
- ~~—(k) Other subject matter in the curricula of the accredited colleges and schools of pharmacy.~~
- ~~Ê Matter outside of these areas is subject to acceptance or rejection by the Board.~~

~~NAC 639.380 Advisory Committee on Continuing Education: Creation; number of members. (NRS 639.070, 639.2176) The Advisory Committee on Continuing Education is hereby created. The Committee consists of five members.~~

~~NAC 639.385 Advisory Committee on Continuing Education: Composition; powers and duties; quorum; review of materials for continuing education. (NRS 639.070, 639.2176)~~

- ~~1. The composition of the Committee is as follows:~~
 - ~~—(a) A member of the Board, who is Chair of the Committee.~~
 - ~~—(b) The Executive Secretary, who is Vice Chair of the Committee.~~
 - ~~—(c) Three members appointed by the Chair of the Committee and approved by the Board.~~
- ~~2. The Committee:~~
 - ~~—(a) May adopt internal administrative policies and procedures.~~
 - ~~—(b) With the approval of the Board, shall establish criteria for accrediting and evaluating any material, course or program for continuing education which is not already accredited by the Accreditation Council for Pharmacy Education.~~
 - ~~—(c) May select a panel of reviewers to assist in the evaluation of various categories of materials, courses and programs for continuing education.~~
 - ~~—(d) Shall evaluate the material, course or program based on the Committee's own criteria, together with any reports from reviewers, and recommend to the Board for its final decision the accreditation of programs and the number of units of continuing education to be awarded to the programs.~~
 - ~~—(e) May adopt such rules as are necessary for its operation.~~
 - ~~—(f) Shall advise the Board on all matters relating to continuing education.~~
 - ~~—(g) May collect from each provider of continuing education a fee sufficient to allow this function of the Board to be self-supporting.~~
- ~~3. A quorum of the Committee is three members, at least one of whom must be the Chair or Vice Chair.~~
- ~~4. A provider wishing to have any material, course or program accredited must submit to the Committee:~~
 - ~~—(a) All the printed or recorded material intended to be distributed to participants;~~
 - ~~—(b) Biographical information on the persons who are responsible for the content of the course;~~
 - ~~—(c) Outlines of specifications for and the overall objectives of the presentations, if a major portion of the course or program consists of oral presentations;~~
 - ~~—(d) A copy of the provider's statement of evaluation; and~~
 - ~~—(e) An estimate of the appropriate number of units of continuing education to be awarded for completing the course or program.~~
- ~~5. The material so submitted may be evaluated by the Committee or, where appropriate, may be transmitted to members of a panel for its evaluation.~~

NAC 639.390 Certificate of completion: Retention by pharmacist; copy to be submitted to Board upon request. (NRS 639.070, 639.2176) A certificate of completion awarded to a participating pharmacist must be retained by the participating pharmacist for 4 years following his or her completion of

the course or program of continuing education, but a copy of the certificate must be submitted to the Board upon its request for the purpose of verifying his or her completion of the course or program.

DRAFT

23

23A

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R023-21

September 28, 2021

EXPLANATION – Matter in *italics* is new; matter in brackets ~~(omitted material)~~ is material to be omitted.

AUTHORITY: § 1, NRS 453.146 and 639.070.

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 adopt regulations to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act. (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:

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LCB Draft of Proposed Regulation R023-21

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Acryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide) (some trade or other names: acryloylfentanyl);

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-piperidinyl]-N-phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxythiofentanyl (trade or other names: N-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Butyryl fentanyl (trade or other names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Cyclopentyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide);

Cyclopropyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide);

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etixeridine;

Eutylone (bk-EBDB, 1-(1,3-Benzodioxol-5-yl)-2-(ethylamino)butan-1-one, b-keto-ethylbenzodioxolylbutanamine);

Fentanyl carbamate (Ethyl-(1-phenethylpiperidin-4-yl)(phenyl)carbamate);

Fluoro furanyl fentanyl;

Fluoroacryl fentanyl;

Fluorobutyryl fentanyl;

Fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

~~{4-Fluoroisobutyryl}~~ *Fluoroisobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide) ;* ~~{(some trade or other names: para-fluoroisobutyryl fentanyl);}~~

Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide);

Furethidine;

Hydroxypethidine;

Isobutyryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide);

Ketobemidone;

Levomoramide;

Levophenacylmorphane;

~~{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);}~~

Methoxyacetyl fentanyl ; ~~{(2-methoxy-N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide);}~~

Methyl acetyl fentanyl;

Methyl methoxyacetyl fentanyl (some trade or other names: 2-methoxy-N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide (ortho-methyl methoxyacetylfentanyl; 2-methyl methoxyacetyl fentanyl));

Methylfentanyl;

Methylthiofentanyl;

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)propionamide (2'-fluoro ortho-fluorofentanyl; 2'-fluro 2'-fluorofentanyl);

Norpipanone;

Ocfentanil (N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide;

Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Para-fluorobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

~~{Para-fluorofentanyl (N-(4-fluorophenyl)-N-1-(2-phenethyl)-4-piperidinylpropanamide);}~~

Para-methoxybutyryl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphane;

Phenoperidine;

Phenyl fentanyl (some trade or other names: benzoyl fentanyl);

Phenylpropanoyl fentanyl;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Tetrahydrofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide);

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Thiofuranyl fentanyl (some trade or other names: thiophene fentanyl);

Tilidine;

Trimeperidine; or

Valeryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide).

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;

Acetyl fentanyl;

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;

Myrophine;

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:

Adinazolam (some trade or other names: 8-chloro-1-((dimethylamino)methyl)-6-phenyl-4H-s-triazolo(4,3-a)(1,4)benzodiazepine; adinazolamum; Deracyn);

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

Bromazolam (some trade or other names: 8-bromo-1-methyl-6-phenyl-4H[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; XLI-268);

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);

4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno[3,2-f][1,2,4]triazolo[4,3-a][1,4]diazepine (some trade or other names: Etizolam);

Clonazolam (some trade or other names: 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; clonitrazolam);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18;
BTM-8; RCS-8);

Diclazepam (some trade or other names: 7-chloro-5-(2-chlorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepine-2-one; 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo[e][1,4]diazepin-2-one; 2'-chlorodiazepam; Chlorodiazepam; Ro 5-3448);

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-(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);

Ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some
trade or other names: 5F-EDMB-PINACA);

4-ethyl-naphthalen-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);

Flualprazolam (some trade or other names: 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-chloro-6-(2-fluoro-phenyl)-1-methyl-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; 2'-fluoro alprazolam; ortho-fluoro alprazolam);

Flubromazepam (some trade or other names: 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-Bromo-5-(2-fluorophenyl)-1H-benzo[e][1,4]diazepin-2(3H)-one; 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one);

Flubromazolam (some trade or other names: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine);

Flunitrazolam (some trade or other names: 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine);

(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: FUB-144);

2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (Some trade or other names: FUB-AMB; MMB-FUBINACA);

[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-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (some trade or other names: 5F-CUMYL-PINACA; SGT-25);

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);

Flutoprazepam (some trade or other names: 7-chloro-1-(cyclopropylmethyl)-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one);

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);

Meclonazepam (some trade or other names: (3S)-5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one; Ro 11-3128);

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 (some trade or other names: MDMA);

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);

Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-ADB; 5F-MDMB-PINACA);

Methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-MDMB-PICA);

Methylenedioxyamphetamine (some trade or other names: MDA);

Methylenedioxymethamphetamine (MDMA);

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-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: FUB-AKB48; FUB-APINACA; AKB48 N-(4-fluorobenzyl);

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-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other names: ADB-CHMINACA; MAB-CHMINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (trade or other name: ADB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: AB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (trade or other name: AB-FUBINACA);

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other name: AB-CHMINACA);

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);

Nifoxipam (some trade or other names: 5-(2-fluorophenyl)-1,3-dihydro-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 1,3-Dihydro-5-(2-fluorophenyl)-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 3-hydroxydesmethylflunitrazepam; DP 370);

Nitrazolam (some trade or other names: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine);

Norflurazepam (some trade or other names: 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; nor-Flurazepam; N-Desalkylflurazepam; Desalkylflurazepam; Ro 5-3367);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-chloro-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);

Phenazepam (some trade or other names: 7-bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-bromo-5-(2-chlorophenyl)-1,2-dihydro-3H-1,4-benzodiazepin-2-one; BD 98; Fenazepam; Elzepam; Phezepam; Phenorelaxan; Phenzitat);

Pyrazolam (some trade or other names: 8-bromo-1-methyl-6-(2-pyridinyl)-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine; 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; Pirazolam);

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; N,N-DMT; N,N-Dimethyltryptamine);

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;

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-benzofisochromene-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-PBP (some trade or other names: 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one, alpha-pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Alpha-pyrrolidinoheptaphenone (some trade or other names: PV8);

Alpha-pyrrolidinohexanophenone (some trade or other names: alpha-PHP);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one, β -keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

4-chloro-alpha-pyrrolidinovalerophenone (some trade or other names: 4-chloro-a-PVP);

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);

N-ethylhexedrone;

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);

N-ethylpentylone (1-(1,3-benzodioxol-5-yl)-2-ethylamino)-pentan-1-one) (some trade or other names: ephylone);

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-Fluoro-N-methylcathinone, 1-(4-fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4-FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-(methylamino)propan-1-one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)-2-(methylamino)propan-1-one, 2-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);

4-methyl-alpha-ethylaminopentiophenone (some trade or other names: 4-MEAP);

4'-methyl-alpha-pyrrolidinohexiophenone (some trade or other names: MPHP);

4-methyl-alpha-pyrrolidinopropiophenone (some trade or other names: 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one, 4-MePPP);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazamine);

Methylenedioxypropylone (some trade or other names: 3,4-Methylenedioxypropylone, 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-trimethylbenzeneethanamine; N,N-alpha-trimethylphenethylamine);

N-ethylamphetamine;

Naphyrone (some trade or other names: 1-(naphthalen-2-yl)-2-(pyrrolidin-1-yl)pentan-1-one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482);

Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α-methylaminovalerophenone); or

Pentylone (trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one; beta-keto-methylbenzodioxolypentanamine; bk-MBDP; bk-methyl-K).

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).

10. Unless specifically listed in another schedule and except as otherwise provided in subsection 11, any material, compound, mixture or preparation which contains any quantity of CBD (natural or 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).

11. A drug product which:

- (a) Has been approved by the United States Food and Drug Administration;
 - (b) Contains CBD derived from any plant in the genus Cannabis or the resinous extractives thereof; and
 - (c) Contains not more than 0.1 percent residual THC by weight,
- ↪ is not a controlled substance.

23B

**REVISED PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R002-21

September 1, 2021

EXPLANATION – Matter in *italics* is new; matter in brackets ~~(omitted material)~~ is material to be omitted.

AUTHORITY: §§ 1 and 2, NRS 639.070 and 639.100, as amended by section 4 of Senate Bill No. 408, chapter 218, Statutes of Nevada 2021, at page 1017.

A REGULATION relating to pharmacy; imposing limitations concerning the dispensing, selling, supplying, furnishing and administration of certain compounded drugs; requiring an outsourcing facility to establish certain procedures; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law prohibits a person who does not hold the proper certificate, license or permit from compounding a drug. (NRS 639.100, as amended by section 4 of Senate Bill No. 408, chapter 218, Statutes of Nevada 2021, at page 1017) Existing regulations define “outsourcing facility” to mean a facility that: (1) is engaged in the compounding of sterile drugs; and (2) is registered with the federal government as an outsourcing facility. (NAC 639.6912) **Section 1** of this regulation prohibits the dispensing, reselling, supplying or furnishing of a drug compounded by a pharmacy, dispensing practitioner or outsourcing facility by any entity other than the pharmacy, dispensing practitioner or outsourcing facility, as applicable, that compounded the drug. **Section 2** of this regulation: (1) requires an outsourcing facility to establish procedures to ensure compliance with **section 1**; and (2) provides that a drug compounded by an outsourcing facility may be administered pursuant to the order of a practitioner.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. A drug compounded by a pharmacy, a dispensing practitioner or an outsourcing facility must not be dispensed, resold, supplied or furnished by any person or entity other than the pharmacy, dispensing practitioner or outsourcing facility, as applicable, that compounded the drug.

2. *As used in this section, "outsourcing facility" has the meaning ascribed to it in NAC 639.6912.*

Sec. 2. NAC 639.6915 is hereby amended to read as follows:

639.6915 1. An outsourcing facility that is engaged in the compounding of sterile drugs in this State or for shipment into this State shall:

~~1-1~~ (a) Obtain a license from the Board as a manufacturer in accordance with NRS 639.100 and 639.233;

~~1-1~~ (b) Comply with the provisions of NAC 639.609 to 639.619, inclusive; ~~and~~

~~3-1~~ (c) Comply with all the requirements of 21 U.S.C. § 353b ~~1-1~~; and

(d) *Establish and implement procedures to prohibit other persons and entities from dispensing, reselling, supplying or furnishing drugs compounded by the outsourcing facility in violation of section 1 of this regulation.*

2. *A drug compounded by an outsourcing facility may be administered pursuant to the order of a practitioner.*

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