NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

May 29 - 30, 2024

HILTON GARDEN INN
7830 S LAS VEGAS BLVD
LAS VEGAS, NV

Zoom
https://zoom.us/j/5886256671
Meeting ID: 5886256671

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Email: Pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

Date Posted: May 14, 2024

AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, May 29, 2024, at 9:00 am. The meeting will continue Thursday, May 30, 2024, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Hilton Garden Inn
7830 S Las Vegas Blvd
Las Vegas, NV

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.

Please note that items on this agenda may be taken out of order, two or more agenda items may be combined for consideration, and/or items may be removed from the agenda or delayed for discussion at any time.

The Board may convene in closed session pursuant to NRS 241.030 to consider the character, alleged misconduct, professional competence or physical or mental health of any person named on this agenda.

The Board will take public comment on any matters within their jurisdiction, control, or advisory power. Public comments may be limited to three minutes per person. Public comment may also be submitted to the Board at pharmacy@pharmacy.nv.gov.

The Board may refuse to consider public comment related to a contested case pursuant to NRS 233B.126 until the Board has rendered a decision in the contested case.

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 April 17-18, 2024, Board 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. AppliedVR, Inc – Van Nuys, CA
   B. Asure Wound Solutions, LLC – Miami, FL
   C. Luna Medical, Inc – Chicago, IL
   D. Synergy DMEPOS – Fremont, CA

   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 Publicly Traded (NAC 639.593(6)(a))

   E. Agiliti Health, Inc – Kent, WA
   F. CVS Pharmacy, Inc – Woonsocket, RI
   G. Henry Schein MSO, LLC – Lenexa, KS
   H. Henry Schein Inc – Lenexa, KS
   I. Infusystems, Inc. – Canton, MA
   J. Infusystems, Inc. – Lenexa, KS
   K. Infusystems, Inc. – Santa Fe Springs, CA
   L. Owens & Minor Distribution, Inc – Franklin, MA

   4.2.2 Publicly Traded and VAWD-Accredited (NAC 639.593(6)(a) and (c))

   4.2.3 Publicly Traded and Manufacturer (NAC 639.593(6)(a) and (d))

   M. Abbott Laboratories, Inc – Santa Clara, CA
   N. TG Therapeutics, Inc – Morrisville, NC

   4.2.4 Publicly Traded, VAWD-Accredited, and Manufacturer (NAC 639.593(6)(a), (c), and (d))

4.2.5 VAWD-Accredited (NAC 639.593(6)(c))

O. Teleflex, LLC – Olive Branch, MS
P. Top Rx, LLC – Bethlehem, PA

4.2.6 Manufacturer (NAC 639.593(6)(d))

Q. Durvet, Inc – Blue Springs, MO
R. Kulzer LLC – South Bend, IN
S. LiteCure, LLC – Forth Worth, TX
T. QuVa Pharma, Inc. – Sugar Land, TX
U. ReCor Medical, Inc. – Palo Alto, CA
V. Validus Pharmaceuticals, LLC – Parsippany, NJ

4.2.7 VAWD-Accredited and Manufacturer (NAC 639.593(6)(c) and (d))

W. NuCare Pharmaceuticals, Inc. – Orange, CA
X. OptumServe Health Services, Inc – La Crosse, WI

4.2.8 Distributor for Single Manufacturer (NAC 639.593(6)(e))

4.2.9 <u>Background checks completed in compliance with NRS 639.500.</u>

Y. DBWS, LLC – Boston, MA
Z. Iterative Scopes, Inc – Cambridge, MA
AA. Philip Reclamation Services Houston, LLC – Houston, TX
BB. Preferred MedSurg, Inc – Columbia, SC
CC. Sedation Resource, Inc – Lone Oak, TX

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

DD. NNAMHS Outpatient Pharmacy – Sparks, NV
EE. Lake's Crossing Center – Sparks, NV
FF. West Henderson Hospital – Henderson, NV

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

4.6 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-Appearance – **(FOR POSSIBLE ACTION)**

GG. Bayvrio Pharmacy – Tampa, FL
HH. Covetrus North America, LLC – Elizabethtown, PA
II. Cura Pharmacy – Tustin, CA
JJ. Divyo Health Solutions, Inc. – Rome, GA
KK. Ezcare Pharmacy – West Covina, CA

LL. Genoa Health LLC – Bullhead City, AZ
MM. Integrity Rx Specialty Pharmacy – Scottsdale, AZ
NN. UCLA West Medical Pharmacy – Los Angeles,CA
OO. White Label Pharmacy – Denton, TX

4.7 Application for Out-of-State Ambulatory Surgery Center License (NAC 639.4992) – Non- Appearance **(FOR POSSIBLE ACTION)**

4.8 Application for Nevada Warehouse (NAC 639.622) – Non- Appearance **(FOR POSSIBLE ACTION)**

PP. AnazaoHealth Corporation – Las Vegas, NV

4.9 Request to Engage in The Practice of Pharmacy at A Site Other Than a Licensed Pharmacy – Non-Appearance **(FOR POSSIBLE ACTION)**

QQ. Jaime Dennison
RR. Kinga Faulkner

4.10 Recommended Denial of Registration/Licensure Due to Material Omissions on Application – Non-Appearance **(FOR POSSIBLE ACTION)**

◈ REGULAR AGENDA ◈

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

A. ASP Cares	(19-011-PH-S)
B. Festus Ebonka	(19-012-CS-S)
C. Jay Selznick	(19-043-CS-S)
D. Michael Mall	(19-086-CS-S)
E. Brenda Vaknin	(19-134-RPH-S)
F. William Alvear	(20-162-CS-S)
G. CVS Pharmacy #8789	(22-345-PH-N)
H. Omid Mahkhatam	(22-345-RPH-A-N)
I. Kayla Friesz	(22-345-RPH-B-N)
J. Kevin Petersen	(22-510-CS-S)
K. Erika Kimble	(23-256-CS-S)
L. Harrison Clayton	(23-297-PT-S)
M. Elihu Wyatt	(23-427-CS-A-S)
N. Matthew Okeke	(19-013-CS-S)
O. CVS Pharmacy #6717	(20-133-PH-S)
P. Negar Safavi	(20-133-RPH-S)
Q. Ravi Ramanathan	(20-076-CS-S)
R. George James Maiorano	(21-207-PT-S)
S. Marissa Crain	(22-053-PT-S)
T. Maurice Vargas	(21-086-CS-N)
U. Michael Stellmacher	(23-260-CS-N)
V. Joshua Hamilton	(23-335-CS-S)

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

    A. Keiasha Johnson

7. Discussion and possible action to vacate Findings of Fact, Conclusions of Law and Order entered December 1, 2022, and grant a rehearing in Nevada State Board of Pharmacy v. Susan M. Bell, APRN, Case No. 21-084-CS-S. **(FOR POSSIBLE ACTION)**

8. Discussion and possible action to approve Amended Findings of Fact, Conclusions of Law and Order in Case No. 19-144-CS-N, in settlement of *James W. Forsythe, M.D. HMD, Appellant v. Nevada State Board of Pharmacy, and Helen Park, Pharm.D., President. Respondents*, Nevada Supreme Court Case No. 87285. **(FOR POSSIBLE ACTION)**

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

    A. H-Blu Medical Supply, LLC – Reno, NV
    B. Z-O Medical Supplies, LLC – Las Vegas, NV

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

    A. Southwest Specialty Pharmacy – Las Vegas, NV
    B. Southwest Pharmacy – Las Vegas, NV
    C. The Center Community Pharmacy – Las Vegas, NV

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

    A. Vital Care of Summerlin – Las Vegas, NV

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

    A. TelyRx LLC – Clearwater, FL

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

    A. Fagron Sterile Services – Canton, MA
    B. Preckshot Professional Pharmacy – Peoria, IL
    C. Seven Hills Pharmacy – Sharronville, OH

14. Application for Nevada Wholesaler License (NRS 639.233) – Appearance **(FOR POSSIBLLE ACTION)**

    A. Noble Supply & Logistics, LLC – Las Vegas, NV – Background Check Not Required in compliance with NAC 639.593(6)(d)

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

    A. BPS Wholesale – Jennerstown, PA – Background Check Not Required in compliance with NAC 639.593(6)(d)

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

    A. Amber Houghland
    B. Bryan Hoang

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

    A. Tammy Dessieux

18. Application for Pharmacist Registration Reinstatement – Appearance (**FOR POSSIBLE ACTION**

    A. Daniel Hayes

19. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

    A. Carrie Lynn Carda
    B. Charlsie Duffy-Wilcox
    C. James Michael Murphy
    D. Sean Darmal

◈ WORKSHOP ◈

Wednesday, May 29, 2024 – 9:00 am

20. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION)**:

    A. Amendment to Nevada Administrative Code (NAC). The proposed amendments establishes the minimum staffing standards in a pharmacy and modifies the number of pharmaceutical technicians and pharmaceutical technicians in training a pharmacist may supervise. **(FOR POSSIBLE ACTION)**

◈ PUBLIC HEARING ◈

Thursday, May 30, 2024 – 9:00 am

21. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(3) **(FOR POSSIBLE ACTION)**

A. **REGULATION relating to pressurized stocking.** Allowing pressurized stocking to be provided without a prescription in certain circumstances. **(LCB File No. R052-24)**

B. **Amendment to Nevada Administrative Code (NAC) 639.** The proposed amendments relate to controlled substances adding tianeptine, hallucinogenic substances and fentanyl related substances to the controlled substances listed in Schedule I. **(LCB File No. R054-24)**

C. **REGULATIONS relating to Governor Lombardo's Executive Order 003-2023. Changes in these Regulations streamline and clarify licensing requirements while ensuring public safety; and providing other matters properly relating thereto. (LCB File No. R100-23)**

Executive Order 003-2023

SECTION 1:
Every executive branch department, agency, board and commission shall undertake a comprehensive review of the regulations subject to its enforcement. On or before, May 1, 2023 each department, agency, board and commission shall provide a report to the Governor's office detailing how the regulation subject to its enforcement can be streamlined, clarified, reduced or otherwise improved to ensure those regulations provide for the general welfare of the State without unnecessarily inhibiting economic growth.

SECTION 2:
As part of its report, every executive branch department, agency, board and commission shall provide a list of not less than ten (10) regulations recommended for removal, ranking them in descending order of priority.

D. **Amendment to Nevada Administrative Code (NAC) 639.** The proposed amendment ensures proper and adequate safeguards for registered nurses who participate in certain public health programs or certain mental health services. **(LCB File No. R013-24)**

E. **Amendment to Nevada Administrative Code (NAC).** The proposed amendments establishes the registration requirements for certified registered nurse anesthetist, under the supervision of a physician licensed pursuant to chapter 630 or 633 or NRS, to order, prescribe, possess, and administer controlled substances, poisons, dangerous drugs and devices to treat a patient

under the care of a licensed physician in a critical access hospital in preparation for surgery or childbirth, during surgery or childbirth and while a patient recovers from surgery or childbirth. **(LCB File No. R051-24)**

22. 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).

23. 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. Licensing Activities Report
    F. Citations & Fines issued pursuant to NRS 632.2895

24. Date and Location of Next Scheduled Board Meeting:

    July 17-18, 2024 – Reno, 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 Darlene Nases at (775) 850-1440, as soon as possible.

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

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance pursuant to NAC 639.330(1)(b)(2). You are required to attend the board meeting for a full day to receive CE credit including the law credit.

This notice has been posted at www.notice.nv.gov and www.bop.nv.gov pursuant to NRS 241.020 (4).

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

MINUTES

April 17-18, 2024

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, April 17, 2024, at 9:00 am. The meeting will continue Thursday, April 18, 2024, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Hyatt Place
1790 E Plumb Ln
Reno, NV

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	Krystal Freitas	Wayne Mitchell	Richard Tomasso
Adam Porath	Gener Tejero	Jade Jacobo	

Board Staff Present:

David Wuest	Yenh Long	Gregory Zunino	Gustaf Vanderdonck
Brett Kandt	Darlene Nases	Erin Miller	Jessette Phaynarikone
Mui Lee	Joe Dodge	Todd Weiss	

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.

David Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Open Meeting Laws for Nevada.

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

President Park performed the roll call. Board members were present, and a quorum was established.

2. Public Comment April 17, 2024, 9:00 AM

David Wuest commented that written public comments were submitted to the Board and copies are available for the public.

◈ 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 March 6-7, 2024, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

Board Action:

Motion: Wayne Mitchell moved to approve March 6-7, 2024, Board Meeting minutes with the amendments to Agenda Item 5K, 5L, 5M and 5N that Krystal Freitas recused herself from voting on items relating to DVH Hospital Alliance and those involved due to her employment.

Second: Krystal Freitas

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. Mark Drug Medical Supply – Wheeling, IL

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 Publicly Traded (NAC 639.593(6)(a))

B. Cardinal Health 200, LLC – Montgomery, NY

DRAFT

4.2.2 Publicly Traded and VAWD-Accredited (NAC 639.593(6)(a) and (c))

4.2.3 Publicly Traded and Manufacturer (NAC 639.593(6)(a) and (d))

C. Acer Therapeutics, Inc – Newton, MA
D. Boston Scientific Corporation – Alpharetta, GA
E. CymaBay Therapeutics, Inc – Fremont, CA
F. MicroAire Surgical Instruments, LLC – Charlottesville, VA

4.2.4 Publicly Traded, VAWD-Accredited, and Manufacturer (NAC 639.593(6)(a), (c), and (d))

4.2.5 VAWD-Accredited (NAC 639.593(6)(c))

G. Medline Industries, LP – Lacey, WA
H. Medline Industries, LP – Wilmer, TX
I. Pharma Logistics LLC – Libertyville, IL

4.2.6 Manufacturer (NAC 639.593(6)(d))

J. Advanced Rx Pharmacy of Tennessee, LLC – Nashville, TN
K. Alcon Research, LLC – Fort Worth, TX
L. Almac Clinical Services, LLC – Durham, NC
M. Almac Clinical Services, LLC – Souderton, NC
N. Avyxa Pharma, LLC – Parsippany, NJ
O. Carnegie Pharmaceuticals LLC – Delran, NJ
P. Coloplast Corp. – Brookshire, TX
Q. CTI Biopharma Corp – Seattle, WA
R. Dechra Veterinary Products, LLC – Overland Park, KS
S. Diamond Animal Health, Inc – Des Moines, IA
T. Genentech, Inc – Hillsboro, OR
U. Intercept Pharmaceuticals, Inc – Morristown, NJ
V. Jazz Pharmaceuticals, Inc – Palo Alto, CA
W. Novartis Manufacturing LLC – Indianapolis, IN
X. Pilnova Pharma, Inc – Hillsborough, NJ
Y. Shield Therapeutics, Inc – Wellesley Hills, MA
Z. Tonix Medicines, Inc – Chatham, NJ
AA. Volley Pharmaceuticals, LLC – Chester, NJ

4.2.7 VAWD-Accredited and Manufacturer (NAC 639.593(6)(c) and (d))

BB. A-S Medication Solutions, LLC – Fremont, NE

4.2.8 Distributor for Single Manufacturer (NAC 639.593(6)(e))

4.2.9 <u>Background checks completed in compliance with NRS 639.500.</u>

DRAFT

CC. 21st Century Environmental Management of NV, LLC – Fernley, NV
DD. Addovis Therapeutics – Scottsdale, AZ
EE. Presa Solutions, Inc. – Irvine, TX
FF. Return Solutions, Inc – Knoxville, TN

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

GG. Douglas County Sheriff's Office – Minden, NV
HH. Douglas County Sheriff's Office – Stateline, NV
II. ER at Boulder's Edge – Henderson, NV

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

JJ. Heartland Pharmacy – Boise, ID

4.6 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-Appearance – **(FOR POSSIBLE ACTION)**

KK. ASPN Pharmacies 2, LLC – Trevose, PA
LL. ASPN Pharmacies 3, LLC – Scottsdale, AZ
MM. BioPlus Specialty Pharmacy Services, LLC – Indianapolis, IN
NN. Birdi, Inc – North Canton, OH
OO. FedRx Pharmacy – Chicago, IL
PP. Lightning Rx – Delray Beach, FL
QQ. MedMinder Pharmacy – Norwood, MA
RR. Paragon Healthcare Specialty – Plano, TX
SS. Petcare Rx Inc. – Lynbrook, NY
TT. Tampa Pharmacy 13 LLC – Tampa, FL
UU. Vetsource Home Delivery – Harrisburg, PA

4.7 Application for Out-of-State Ambulatory Surgery Center License (NAC 639.4992) – Non-Appearance **(FOR POSSIBLE ACTION)**

4.8 Request to Engage in The Practice of Pharmacy at A Site Other Than a Licensed Pharmacy – Non-Appearance **(FOR POSSIBLE ACTION)**

VV. Colby Meier
WW. Quynh Nhu Doan

4.9 Recommended Denial of Registration/Licensure Due to Material Omissions on Application – Non-Appearance **(FOR POSSIBLE ACTION)**

DRAFT

XX. Amber La'Marnae Boult – Pharmaceutical Technician
YY. Brenda Corpuz – Pharmaceutical Technician
ZZ. Patrica Lynn Manning – Pharmaceutical Technician
AAA. Shelah Marie O'Neal – Pharmaceutical Technician
BBB. Weslee Bryan Nesheim – Pharmaceutical Technician

President Park disclosed that she is familiar with two pharmacists listed under Agenda Item 4.8 but can participate in this matter fairly and without bias.

Board Action:

Motion: Krystal Freitas moved to approve the Consent Agenda.

Second: Wayne Mitchell

Action: Passed unanimously.

18. Review of the results of the Nevada Pharmacists Workplace and Patient Safety Survey **(FOR POSSIBLE ACTION)**

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, presented background on the Nevada Pharmacists Workplace and Patient Safety Survey and the results of the survey.

President Park opened the floor to public comment.

Ken Kunke from the Nevada Pharmacy Alliance submitted written public comments from the organization which highlighted actions taken by other states to address pharmacy working conditions and studies done by APHA and NASPA for the Board's review.

Kelsey Maxim, Director of Retail Pharmacy for the Community Health Alliance – Nevada, commented on the workplace conditions for Nevada pharmacists and recommends more pharmacist staffing to improve workplace safety conditions and decrease pharmacist burnout.

Liz MacMenamin from the Retail Association of Nevada commented that the Board considers an affordable path to assist with the workplace safety conditions and must consider the business model for Nevada retail pharmacies. She suggests adding more pharmaceutical technicians in the workplace to assist pharmacists.

David Vasenden, Owner of Sierra Family Pharmacies, commented that the pharmaceutical technician ratio should not be limited to a 3:1 ratio but should depend on the pharmacy's practice setting and what the pharmacist can handle.

DRAFT

Andrew Jackson, Pharmacist, and representative of an institutional pharmacy commented that the Board considers the institutional pharmacy perspective due to the differences in the workload and job duties compared to the retail pharmacy setting.

President Park closed public comment.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve the Board staff to draft up fair and proper regulations to address and correct what the pharmacists have stated in the survey and bring it before the Board in a workshop.

Second: President Park

Board discussion ensued.

Aye: Park, Porath, Freitas, Tomasso, Mitchell, Jacobo
Nay: Tejero

Action: Motion carries.

Jade Jacobo was excused from the Board Meeting at 10:04AM.

◈ REGULAR AGENDA ◈

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

A. Lincare, Inc (22-552-MP-N)
B. Lincare, Inc (23-467-MP-N)

Jay Devoy appeared as counsel on behalf of Lincare, Inc.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the cases alleging Lincare locations in Sparks and Yerington operated for a period of time without an Administrator approved by the Board.

Mr. Kandt presented the Stipulation and Order for Case Nos. 22-552-MP and 23-467-MP-N for the Board's consideration.

The proposed stipulated penalties for Lincare, Inc. License No. MP00012 are the following: 1) Respondent pay a fine of $1,000 for the violations; and 2) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

The proposed stipulated penalties for Lincare, Inc, License No. MP00122, are the following: 1) Respondent pay a fine of $5,500 for the violations; and 2) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Mr. Devoy agrees with the Stipulations on behalf of Lincare, Inc.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Orders for Lincare, Inc. for Case Nos. 22-552-MP-N and 23-467-MP-N as presented by Mr. Kandt.

Second: Adam Porath

Action: Passed unanimously.

E. Ngan Tan (23-365-RPH-N)

Amanda Rosenthal appeared as counsel on behalf of Mr. Tan.

Ngan Tan appeared and was sworn in by President Park prior to answering questions and offering testimony.

Gregory Zunino, Senior General Counsel for the Nevada State Board of Pharmacy, prosecuted the case against Ngan Tan alleging that Mr. Tan filled a prescription with an adult dose of amoxicillin instead of a pediatric dose for a 16-month-old child.

Mr. Zunino presented a proposed Stipulation and Order for the Board's consideration.

The proposed stipulated penalties for Ngan Tan, Certificate of Registration No. 23478, are the following: 1) pay a fine of $1,000 for the violations; 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Ms. Rosenthal agrees with the Stipulation on behalf of Mr. Tan.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Ngan Tan as presented by Mr. Zunino.

Second: Krystal Freitas

Action: Passed unanimously.

F. Walgreens Pharmacy #12540 (23-408-PH-N)

William Stilling appeared as counsel on behalf of Walgreens Pharmacy #12540.

Gregory Zunino, Senior General Counsel for the Nevada State Board of Pharmacy, prosecuted the case against Walgreens #12540 alleging that the pharmacy operated for a period of time without a managing pharmacist and failed to notify the Board of a change to its managing pharmacist.

Mr. Zunino presented a proposed Stipulation and Orders for the Board's consideration.

The proposed stipulated penalties for Walgreens Pharmacy #12540 are the following: 1) pay a fine of $2,000 for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Mr. Stilling agreed with the Stipulation on behalf of Walgreens' #12540.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Walgreens Pharmacy #12540 as presented by Mr. Zunino.

Second: Krystal Freitas

Action: Passed unanimously.

I. Heliodoro Magana (20-070-PR-N)

No representative was present on behalf of Heliodoro Magana.

Gustaf Vanderdonck, Assistant General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Heliodoro Magana alleging that he wrote controlled substance prescriptions without having a controlled substance registration.

Mr. Vanderdonck called Erin Miller as a witness.

Erin Miller, Administrative Assistant - Board Coordinator II for the Nevada Board of Pharmacy, appeared and was sworn in by President Park prior to answering questions and offering testimony.

DRAFT

Ms. Miller testified on the service of the Notice of Intended Action and Accusation and the 21-Day Letter on Mr. Magana.

Mr. Vanderdonck requested that Exhibits 1 and 2 be entered into the record, documenting service of the Notice of Intended Action and Accusation and 21-Day Notice of Hearing on Mr. Magana.

President Park admitted Exhibits 1 and 2 into the record.

Mr. Vanderdonck commented that he emailed Mr. Magana at his last known email address on file with the Board and requested that it be entered into record as Exhibit 3.

President Park admitted Exhibit 3 into the record.

Mr. Vanderdonck requested that the Board make a Findings of Fact that Mr. Magana was properly served and noticed for the hearing.

Board Action:

Motion: President Park moved to make a Finding of Fact that Heliodoro Magana was properly served and noticed for the hearing.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Vanderdonck requested that the Board make a Findings of Fact consistent with paragraphs 1-15 of the Notice of Intended Action and Accusation to be true.

Board Action:

Motion: President Park moved to make Findings of Fact consistent with paragraphs 1-15 of the Notice of Intended Action and Accusation to be true.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Vanderdonck requested that the Board make Conclusions of Law consistent with paragraphs 16-34 of the Notice of Intended Action and Accusation.

Board Action:

DRAFT

Motion: Krystal Freitas moved to make conclusion of law consistent with paragraphs 16-34 of the Notice of Intended Action and Accusation.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Vanderdonck requested that the Board find Mr. Magana guilty of Counts One, Two and Three of the Notice of Intended Action and Accusation.

Board Action:

Motion: Wayne Mitchell moved to find Respondent Magana guilty of Counts One, Two and Three of the Notice of Intended Action and Accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Vanderdonck recommended the following discipline for Mr. Magana's Certificate of Registration No. PR14531: 1) Respondent pay a fine of $10,000 for the violations; 2) pay $544.55 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 3) Mr. Magana's Certificate of Registration No. PR14531 is revoked and cannot petition for reinstatement for a period of one year.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve the following discipline for Heliodoro Magana's Certificate of Registration No. PR14531: 1) Respondent pay a fine of $10,000 for the violations; 2) pay $544.55 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 3) Mr. Magana's Certificate of Registration No. PR14531 is revoked, and he cannot petition for reinstatement for a period of one year.

Second: Wayne Mitchell

Action: Passed unanimously.

17. Approval of Pharmacist Controlled Substance Registration Application **(FOR POSSIBLE ACTION)**

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, presented the background on the Pharmacist Controlled Substance Registration Application to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Pharmacist Controlled Substance Registration Application as presented by Ms. Long.

Second: Wayne Mitchell

Action: Passed unanimously.

23. 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. Licensing Activities Report
F. Citations & Fines issued pursuant to NRS 632.2895
G. Legislative update

David Wuest presented the Executive Secretary Report to the Board's Satisfaction.

19. Discussion and possible action to amend, revise and/or approve proposed FY25 budget **(FOR POSSIBLE ACTION)**

David Wuest presented the proposed FY25 Budget to the Board's Satisfaction.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the pay increase for eligible employees.

Second: President Park

Action: Passed unanimously.

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

A. Pharmapronto – Las Vegas, NV

No representative was present on behalf of Pharmapronto.

President Park will return to this agenda item.

C. Xenith Pharmaceuticals – Las Vegas, NV

Samantha Koegel and Eric Sparks appeared were sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she is familiar with Eric Sparks from her time at Roseman University but can participate in this matter fairly and without bias.

Joe Dodge, Nevada Board of Pharmacy Inspector, presented background on the application and questioned Mr. Sparks on his pharmacist experience, Mr. Spark's experience with sterile compounding, the type of products they plan to produce, and their business plan.

The Board questioned their business model.

Mr. Dodge commented that Xenith Pharmaceuticals needs a licensure with the FDA which is a requirement of licensure with the Nevada Board of Pharmacy.
Ms. Koegel and Mr. Sparks answered the questions to the Board's satisfaction.
Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Nevada Compounding Pharmacy License application for Xenith Pharmaceuticals pending the registration with the FDA and favorable Board inspection.

Second: Adam Porath

Action: Passed unanimously.

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

B. Liberty Drug, LLC – Murray, UT

Jessica Merchant and Jennifer Merchant appeared and were sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed to the Board that she may know Jessica Merchant from her time at Roseman University but can participate in this matter fairly and without bias.

Joe Dodge, Nevada Board of Pharmacy Inspector, presented background on the application and questioned Ms. Jessica Merchant on her pharmacist background and experience, their business model, and the results of their last Utah Board of Pharmacy inspection.

Ms. Jennifer Merchant and Ms. Jessica Merchant answered questions to the Board's satisfaction.

President Park commented that Jennifer Merchant's personal history application needs to be updated as the work history provided showed her as a Managing Pharmacist.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Out-of-State Compounding Pharmacy License application for Liberty Drug, LLC, pending Jennifer Merchant's updated personal history application

Second: President Park

Action: Passed unanimously.

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

A. Pharmapronto – Las Vegas, NV

Leandro Seto, Owner, and Kimberly Astorino, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge, Nevada Board of Pharmacy Inspector, presented background on the application for a new compounding pharmacy and questioned on the new location change, Ms. Astorino's experience as a pharmacist and her non-sterile experience, and the business model.

Ms. Seto and Ms. Astorino answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the Nevada Compounding Pharmacy License application for Pharmapronto.

Second: Krystal Freitas

Action: Passed unanimously.

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

C. Nazanin Kazeminy (23-140-RPH-N)

President Park disclosed that she is familiar with Nazanin Kazeminy from her time at Roseman University but can participate in this matter fairly and without bias.

Lyn Beggs appeared as counsel on behalf of Ms. Kazeminy.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Ms. Kazeminy alleging that she created false COVID vaccination cards for her former boyfriend.

Ms. Beggs requested to invoke the exclusionary rule, thus requiring each witness to wait outside the hearing room until called to testify.

President Park reminded all witnesses that they are not to discuss the case with each other as it is an on-going hearing.

Mr. Zunino and Ms. Beggs have stipulated and requested that Exhibits 1, 2, 4, 5, and 6 be entered into the record.

President Park admitted Exhibits 1, 2, 4, 5, and 6.

Mr. Zunino and Ms. Beggs gave their opening statements to the Board.

Mr. Zunino called Samantha Folk-Pruitt as a witness.

Samantha Folk-Pruitt appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Zunino questioned Ms. Folk-Pruitt on her current and former jobs, her relationship with Ms. Kazeminy, and the details of the case regarding Ms. Kazeminy.

Mr. Zunino questioned Ms. Folk-Pruitt on the contents of Exhibits 1-3.

Mr. Zunino requested that Exhibit 3 be entered into the record.

President Park admitted Exhibit 3.

Ms. Beggs objected to the witness testimony on Exhibit 3 when Ms. Folk-Pruitt gave an interpretation of the text messages that she received which were included in the exhibit.

DRAFT

Ms. Beggs cross-examined Ms. Folk-Pruitt.

Mr. Zunino questioned Ms. Folk-Pruitt on Exhibit 6.

The Board questioned Ms. Folk-Pruitt.

Mr. Zunino called James Biggs as a witness.

James Biggs appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Zunino questioned Mr. Biggs about where he resides, his profession, his relationship with Ms. Kazeminy, and the details of the case regarding Ms. Kazeminy.

Mr. Zunino questioned Mr. Biggs about the contents of Exhibits 7-8.

Mr. Zunino requested that Exhibits 7-8 be entered into the record.

President Park admitted Exhibits 7-8 into the record.

Ms. Beggs cross-examined Mr. Biggs.

The Board questioned Mr. Biggs.

Mr. Zunino called Amanda Harris, Immunization Information System Integration Manager for WebIZ, as a witness.

Ms. Harris appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Zunino questioned Ms. Harris on her job responsibilities, how WebIZ functions, and how a practitioner uses the program, and questioned Ms. Harris on the admitted Exhibits.

Ms. Beggs cross-examined Ms. Harris.

The Board questioned Ms. Harris.

Mr. Zunino called Monica Segedy, Investigator for the Nevada State Board of Pharmacy, as a witness.

Ms. Segedy appeared and was sworn in by President Park prior to answering questions and offering testimony.

DRAFT

Mr. Zunino questioned Ms. Segedy about her job responsibilities, her past job experience, how the allegations against Ms. Kazeminy came to her attention, and questioned Ms. Segedy on the admitted Exhibits.

Ms. Beggs objected to Ms. Segedy's testimony regarding distance between the two different pharmacies.

President Park sustained the objection by Ms. Beggs and asked Mr. Zunino to clarify his question to the witness.

Ms. Beggs cross-examined Ms. Segedy.

The Board questioned Ms. Segedy.

President Park concluded the case and commented that it will be continued until the next day, April 18, 2024.

Public Comment April 17, 2024, at 5:30PM

There was no public comment.

President Park recessed the meeting for the night and reconvened the meeting the next morning at 9:00 AM.

Board Members Present:

Helen Park	Krystal Freitas	Wayne Mitchell	Adam Porath
Richard Tomasso	Gener Tejero		

Board Members Not Present:

Jade Jacobo

Board Staff Present:

David Wuest	Yenh Long	Gregory Zunino	Gustaf Vanderdonck
Brett Kandt	Darlene Nases	Erin Miller	Jessette Phaynarikone
Joe Dodge	Mui Lee	Darla Zarley	Todd Weiss

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.

David Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Open Meeting Laws for Nevada.

DRAFT

Call to Order and Roll Call – Establishment of Quorum

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

Public Comment April 18, 2024, 9:00 AM

There was no public comment.

◈ REGULAR AGENDA ◈

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

C. Nazanin Kazeminy (23-140-RPH-N)

President Park commented that this is a continued hearing for Nazanin Kazeminy.

Lyn Beggs appeared as counsel on behalf of Nazanin Kazeminy.

Nazanin Kazeminy appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Beggs called Chang Suh as a witness.

Mr. Suh appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Beggs questioned Mr. Suh about his relationship with Ms. Kazeminy and the admitted Exhibits.

Mr. Zunino cross-examined Mr. Suh.

The Board questioned Mr. Suh.

Ms. Beggs re-crossed Mr. Suh.

Mr. Zunino re-crossed Mr. Suh.

The Board re-questioned Mr. Suh based on testimony provided.

Richard Tomasso was excused from the Board Meeting at 9:31AM.

Ms. Beggs called Angela Summers as a witness.

Angela Summers appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Beggs questioned Ms. Summers about how she knew Ms. Kazeminy and the communications that she had with Mr. Biggs.

Richard Tomasso returned to the Board Meeting at 9:38AM.

Mr. Zunino objected to Ms. Beggs' question as speculation when the witness was asked to interpret Mr. Biggs' intent when he began communications with her.

Mr. Zunino objected to Ms. Summers' testimony as it seems like an attempt to smear Mr. Biggs and asked the Board to disregard her testimony.

President Park overruled the objections.

Ms. Beggs called Nazanin Kazeminy as a witness.

President Park reminded Ms. Kazeminy that she is still sworn in from previously.

Ms. Beggs questioned Ms. Kazeminy about her employment history, her vaccination efforts that she provided as a pharmacist, what her vaccination processes in the pharmacy are, and questioned her on the admitted Exhibits.

Richard Tomasso was excused from the Board Meeting at 10:33AM and returned at 10:38AM.

Mr. Zunino cross-examined Ms. Kazeminy.

Ms. Beggs re-crossed Ms. Kazeminy.

The Board questioned Ms. Kazeminy.

Mr. Tomasso made a statement regarding the similarities in the handwriting on the COVID vaccine cards admitted into evidence.

Ms. Beggs objected to Mr. Tomasso's testimony regarding the handwriting on the COVID cards and stated that he was not a handwriting expert.

President Park sustained the objection and asked Mr. Tomasso to refrain his questioning.

Richard Tomasso was excused from the Board Meeting at 11:05AM.

Ms. Beggs re-crossed Ms. Kazeminy.

Mr. Zunino re-crossed Ms. Kazeminy.

DRAFT

Ms. Beggs called Jessica Kunzi, a Pharmaceutical Techician at Safeway, as a witness.

Ms. Kunzi appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Beggs questioned Ms. Kunzi about her current employment, her professional relationship with Ms. Kazeminy, her experiences with Mr. Biggs, and the admitted Exhibits.

Mr. Zunino cross-examined Ms. Kunzi.

The Board questioned Ms. Kunzi.

Mr. Zunino and Ms. Beggs gave their closing argument.

Board discussion ensued.

Todd Weiss, Deputy Attorney General for the Attorney General's Office, commented that before the Board's deliberation, they should not consider the testimony provided by Richard Tomasso as he is not a handwriting expert. Mr. Weiss commented that due to the quorum of the Board being only four members, if an action ends with a tie vote, it does not pass since they would need the majority. He recommends the Board motion each Count individually.

Adam Porath was excused from the meeting at 12:08PM, but a quorum was still established.

Board Action:

Motion: President Park moved to find Ms. Kazeminy guilty of Count One.

Second: Krystal Freitas

Aye: Mitchell, Freitas, Park
Nay: Tejero

Action: Motion carries.

Board Action:

Motion: President Park moved to find Ms. Kazeminy guilty of Count Two.

Second: None

Action: Motion fails.

DRAFT

Board Action:

Motion: President Park moved to find Ms. Kazeminy guilty of Count Three.

Second: Krystal Freitas

Board discussion ensued.

Aye: Freitas, Park
Nay: Tejero, Mitchell

Action: Motion fails.

Board Action:

Motion: President Park moved to make the Findings of Fact consistent with paragraphs 3-14 in the Notice of Intended Action and Accusation.

Second: Wayne Mitchell

Aye: Mitchell, Freitas, Park
Nay: Tejero

Action: Motion carries.

Board Action:

Motion: President Park moved to make the Conclusions of Law consistent with paragraph 29-32 in the Notice of Intended Action and Accusation.

Second: Krystal Freitas

Aye: Mitchell, Freitas, Park
Nay: Tejero

Action: Motion carries.

Mr. Zunino recommends the following discipline for Ms. Kazeminy: 1) revocation with the number of years at the Board's discretion; 2) pay a $10,000 fine for the violations; and 3) pay attorney's fees and cost.

Ms. Beggs commented that revocation is not appropriate and recommends probation with any conditions on her registration.

Board discussion ensued.

DRAFT

Board Action:

Motion: President Park moved to make the following discipline for Nazanin Kazeminy Certificate of Registration No. 20034: 1) revoked and cannot petition for reinstatement for a period of two years, effective immediately; and 2) pay a fine of $10,000 for the violations.

Second: Wayne Mitchell

Aye: Park, Mitchell, Freitas
Nay: Tejero

Action: Motion carries.

Mr. Zunino presented the Memorandum of Costs and Fees to the Board.

Ms. Beggs objected to the Memorandum of Costs and Fees and commented that since the Board has taken away Ms. Kazeminy's way of making a living to not impose any attorney's fees and cost.

Board Action:

Motion: President Park moved to award the attorney's fees and costs of $8,406.29 on the basis that they were reasonable, necessary, and actually incurred.

Second: Mitchell

Action: Passed unanimously.

14. Petition for Removal of Restrictions on Controlled Substance Registration issued pursuant to NAC 639.7423 – Appearance. **(FOR POSSIBLE ACTION)**

A. Victor Bruce

John Hunt appeared as counsel on behalf of Victor Bruce.

Victor Bruce appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, commented that Dr. Bruce is petitioning the Board for an unrestricted controlled substance Certificate of Registration No. CS33714 by removal of the restrictions placed on his registration by the Order entered January 13, 2022, in in Case No. 19-242-D-S.

President Park questioned Dr. Bruce if all the terms and conditions on his registration have been met and whether he is prepared to have an unrestricted registration.

Dr. Bruce and Mr. Hunt answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve an unrestricted Controlled Substance Registration No. CS33714 for Dr. Victor Bruce.

Second: Adam Porath

Action: Passed unanimously.

◈ WORKSHOP ◈

Thursday, April 18, 2024 – 9:00 am

20. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION)**:

    A. **Amendment to Nevada Administrative Code (NAC) 639.708.** The proposed amendments clarify record keeping requirements of counseling by a pharmacy.

Gustaf Vanderdonck, Assistant General Counsel for the Nevada Board of Pharmacy, presented background on the workshop item.

President Park opened the floor to public comment.

Liz MacMenamin from the Retail Association stated that members of the association are not in favor of the workshop item. After looking at workplace issues, the Board will be putting a heavier requirement on counseling. She stated that it is another administrative burden on pharmacists that could be used on the "investigative process" for the Board to collect more fines and fees.

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, commented that the workshop clarifies existing laws and ensures the pharmacies maintain accurate, readily retrievable counseling records as Board staff have been unable to receive readily retrievable and accurate pharmacy counseling records from pharmacies during investigations.

President Park closed public comment.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve workshop item 20A as presented by Mr. Vanderdonck.

Second: President Park

Aye: Park, Mitchell
Nay: Freitas, Porath, Tejero

Action: Motion failed.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve workshop item 20A with amendment to removing the time element from the proposed language

Second: Adam Porath

Action: Passed unanimously.

◈ PUBLIC HEARING ◈

Thursday, April 18, 2024 – 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) 453.510: Schedule I.** The proposed amendments relate to controlled substances adding synthetic cannabinoids to the controlled substances listed in Schedule I. (LCB File No. R101-23)

Darla Zarley, PMP administrator for the Nevada Board of Pharmacy, presented background on the public hearing item.

President Park opened the floor to public comment.

There was no public comment.

President Park closed public comment.

Board discussion ensued.

DRAFT

Board Action:

Motion: Adam Porath moved to adopt public hearing item (LCB File No. R101-23).

Second: Krystal Freitas

Action: Passed unanimously.

16. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

A. Luke Travis Babcock

Luke Babcock appeared and was sworn in by President Park prior to answering questions and offering testimony.

Gustaf Vanderdonck, Assistant General Counsel for the Nevada Board of Pharmacy, presented background on the application for the Board and questioned Dr. Babcock on what his practice is and his disclosure relating to a substance abuse disorder.

Dr. Babcock provided clarification to the Board on his disclosure and commented that he does not have any current conditions on his license.

President Park questioned applicant on when his five-year period on his monitoring contract with the PRN program ends.

Board discussion ensued.

Yenh Long, Deputy for the Nevada Board of Pharmacy, questioned Mr. Babcock and requested quarterly reports from his PRN program in Florida to make sure that he is compliant.

Mr. Babcock agreed.

Board Action:

Motion: Krystal Freitas moved to approve the Controlled Substance Registration for Dr. Babcock with the condition that he is compliant with his PRN program for the remainder of the five years and provides quarterly reports to the Board.

Second: President Park

Action: Passed unanimously.

B. Japa Volchok

Japa Volchok appeared and was sworn in by President Park prior to answering questions and offering testimony.

Gustaf Vanderdonck, Assistant General Counsel for the Nevada Board of Pharmacy, presented background on the application and questioned Dr. Volchok about his practice, why he was applying for this application, and his disclosures.

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

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Controlled Substance Registration for Dr. Japa Volchok.

Second: Adam Porath

Action: Passed unanimously.

C. Scott Matthew Martin

Scott Martin appeared and was sworn in by President Park prior to answering questions and offering testimony.

Gustaf Vanderdonck, Assistant General Counsel for the Nevada Board of Pharmacy, presented background on the application and questioned Dr. Martin on his practice, why he was submitting a controlled substance registration, and his disclosure with the California Medical Board.

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

Board discussion ensued.

The Board clarified with Dr. Martin that if he only planned to prescribe antibiotics. He already has that ability under his medical license and was questioned if he wants to go forward with his application.

Dr. Martin asked the Board to approve the application for Schedule III, IV, and V Controlled Substances.

Board Action:

Motion: Adam Porath moved to approve the Controlled Substance Registration for Dr. Martin for Controlled Substances Schedule III, IV, and V

Second: Gener Tejero

Action: Passed unanimously.

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

A. Corey Rodas

Corey Rodas appeared and was sworn in by President Park prior to answering questions and offering testimony.

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, presented background on the application and questioned Dr. Rodas on his disclosures, why he is applying for Nevada registration, and if he has issues with any other controlled substances.

President Park questioned Mr. Rodas on if he has any current restrictions on his Florida license and whether the PRN program was a requirement of licensure.

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

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Pharmacist Registration by Reciprocation application for Dr. Corey Rodas.

Second: Wayne Mitchell

Action: Passed unanimously.

13. Request for Approval of Change of Managing Pharmacist pursuant to NRS 639.220(3) – Appearance **(FOR POSSIBLE ACTION)**

A. Martin Chibueze - QHR Pharmacy

Martin Chibueze appeared and was sworn in by President Park prior to answering questions and offering testimony.

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, presented background on the application and questioned Dr. Chibueze about his pharmacist experience and the disclosures listed in his change in managing pharmacist application.

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

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Change of Managing Pharmacist application for Dr. Martin Chibueze.

Second: Adam Porath

Action: Passed unanimously.

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

    A. Rhythm Healthcare, LLC – Corona, CA - Background Check completed in compliance with NRS 639.500
    B. Rhythm Healthcare, LLC –Memphis, TN – Background Check completed in compliance with NRS 639.500

Douglas Francis (Chief Executive Officer), Gary Colbert (Chief Financial Officer), and Mitchell Yoel (Chief Operating Officer) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Gustaf Vanderdonck, Assistant General Counsel for the Nevada Board of Pharmacy, presented background on the application and questioned the applicants about the business model and their disclosures from the Nevada and Arizona Board of Pharmacy.

Mr. Francis, Mr. Colbert, and Mr. Yoel answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the Out-of-State Wholesaler License application for Rhythm Healthcare facility located in Corona, CA and Rhythm Healthcare facility located in Memphis, TN.

Second: Krystal Freitas

Action: Passed unanimously.

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

    A. ASPN Pharmacies 4, LLC – Las Vegas, NV

Krystal Freitas and President Park disclosed that they are familiar with the designated representative, Desiree Roth, but can participate in this matter fairly and without bias.

Desiree Roth (Pharmacist), Ed McGinley (Pharmacy Management Consultant), Ami Patel (Vice President of Operations), Div Patel (Director of Operations), and Robert Anderson (Chief Financial Officer), appeared and were sworn in by President Park prior to answering questions and offering testimony.

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, presented background on the application and questioned their business model.

The Board questioned applicants job duties, their business model, and the business processes.

The applicants answered the Board's questions.

Board discussion ensued.

President Park asked ASPN Pharmacies 4, LLC, if they would like to table their application to a future meeting so they can work with Board staff and discuss their business model.

ASPN Pharmacies 4, LLC, agreed to table the application to a future Board meeting.

15. Application for Dispensing Practitioner Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

A. David Lanzkowsky

The application was withdrawn.

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

D. Raley's Drug Center #105 (23-365-PH-N)

This matter was continued to a future Board meeting.

G. Karri Burgner (22-247-CS-A-N)

This matter was continued to a future Board meeting.

H. Ricardo Gonzalez (22-247-CS-B-N)

This matter was continued to a future Board meeting.

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

A. Jasmine Wells

This matter was continued to a future Board meeting.

7. Application for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Appearance (**FOR POSSIBLE ACTION)**

A. H-Blue Medical Supply, LLC – Reno, NV

This matter was continued to a future Board meeting.

B. Z-O Medical Supplies, LLC – Las Vegas, NV

This matter was continued to a future Board meeting.

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

B. Vital Care of Summerlin – Las Vegas, NV

This matter was continued to a future Board meeting.

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

A. Fagron Sterile Services – Canton, MA

This matter was continued to a future Board meeting.

C. Seven Hills Pharmacy – Sharronville, OH

This matter was continued to a future Board meeting.

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

Gregory Zunino presented the General Counsel's Report to the Board.

24. Date and Location of Next Scheduled Board Meeting:

May 29-30, 2024 – Las Vegas, NV

25. Public Comment

DRAFT

There was no public comment.

26. Adjournment

DRAFT

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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 (05/12/2022)

Where is the facility located?	☐ Nevada	☒ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☒ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

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: AppliedVR, Inc.

MDEG Physical Address: 16760 Stagg St Unit 216

City: Van Nuys State: CA Zip: 91406

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: +1 (844) 857-0010 Website: https://www.appliedvr.io/

Email: info@appliedvr.io

Name of MDEG Administrator (NAC 639.694): Jesse Donini

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
☒ Patients by prescriptions ☐ Pharmacies[a] ☐ Practitioners[a] ☐ Hospitals/Clinics[a] ☐ Clinics[a] ☐ Wholesalers[a] ☐ Other business entities (specify)[a]: This application is ONLY required if MDEG products will be sold to patients by prescription. [a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment** ☐ Assistive Equipment ☐ Diabetic Supplies ☐ Orthotics and Prosthetics ☒ Others: VR Headset with CBT HCPCS E1905 **These products require you 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: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 6am-2:30pm	☑ Tue: 6am-2:30pm	☑ Wed: 6am-2:30pm	☑ Thurs: 6am-2:30pm	☑ Fri: 6am-2:30pm
☐ Sat: Closed	☐ Sun: Closed	☐ Holidays: Closed		

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))
N/A

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:	Charisse Sparks	Credentials:	C 55983	%:	0.48%
Name:	Raymond Raven Benjamin III	Credentials:	A 66365	%:	0.10%
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: Delaware

Parent Company (if any): N/A

Corporation/Organization Name: AppliedVR Inc.

Mailing Address: 16760 Stagg St Unit 216

City: Van Nuys State: CA Zip: 91406

Telephone: info@appliedvr.io Email: info@appliedvr.io

Contact Person Name: Jesse Donini

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	Partner-ship	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/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application 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.

Brianna Ladd

Print Name of Authorized Person Submitting Application

Brianna Ladd

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

1/12/24

Date

Board Use Only	Date Received: 1/15/24	Amount: $500.00

AppliedVR

16760 Stagg St Unit 216
Van Nuys, CA 91406

Dear Members of the Nevada State Board of Pharmacy,

I hope this letter finds you in good health.

Enclosed, you will find the necessary information as per the requirements outlined in the MDEG application process. This documentation provides a comprehensive list of AppliedVR's Board of Directors and Corporate Officers.

The submission includes a detailed roster of our esteemed leaders, offering valuable insights into the organizational structure. We are confident that this submission adheres to the Board's stipulations and enhances the thorough evaluation of our application.

It is important to note that AppliedVR is a Delaware corporation, and its majority ownership is held by Limited Partnership investment funds, corporations, or trusts, constituting over 85% of ownership. Due to this structure, there is no Personal History Record applicable.

Should you need any further information or clarification, please feel free to reach out to us. We appreciate your attention to this matter and eagerly anticipate the opportunity to make a positive contribution to the healthcare landscape in Nevada.

Thank you for your time and consideration.

Best regards,

AppliedVR
info@appliedvr.io
Phone number: (844) 857-0010

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

APPLIEDVR, INC
16760 Stagg St, Suite 216
Van Nuys , CA 91406

LICENSE NUMBER: 115907
EXPIRATION DATE: 3/22/2024

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

OSP 07 102308

Printed: 4/6/2022

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

Home Medical Device Retail Exemptee License

Donini, Jesse Ferrell
AppliedVR In
16760 Stagg St Unit # 216
Van Nuys, CA 91406

LICENSE NUMBER: 116611
FIRM LICENSE NUMBER: 115907

EXPIRATION DATE: 5/18/2024

The person named herein is licensed as a Home Medical Device Retail Facility Exemptee from the issue date to and including the expiration date. This license is issued in accordance with the California Health and Safety Code, and is not transferable to any other person.

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

OSP 07 102308

Secretary of State
Certificate of Status

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

Entity Name:	APPLIEDVR, INC.
Entity No.:	3917812
Registration Date:	06/20/2016
Entity Type:	Stock Corporation - Out of State - Stock
Formed In:	DELAWARE
Status:	Active

The above referenced entity is active on the Secretary of State's records and 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 date of this certificate and does not reflect documents that are pending review or other events that may impact 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 November 13, 2023.

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

Certificate No.: 158805624

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/25/2023

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	CONTACT NAME: Robert Romar	
Montage Insurance Solutions 24005 Ventura Blvd. Calabasas CA 91302	PHONE (A/C, No, Ext): (818) 676-0044	FAX (A/C, No): (818) 676-0009
	E-MAIL ADDRESS: robert@montageinsurance.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
AppliedVR, Inc. Attn: Accounting 16760 Stagg St # 216 Van Nuys CA 91406	INSURER A: Atlantic Specialty Insurance Company	27154
	INSURER B: Property & Casualty Ins. Co. of Hartford	34690
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2023/2024 Master **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			711-01-82-92-0000	09/01/2023	09/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Employee Benefits	$ 1,000,000 $ 1,000,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ EXCLUDED $ 1,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			711-01-82-92-0000	09/01/2023	09/01/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			711-01-82-92-0000	09/01/2023	09/01/2024	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		72WECAC7WLU	02/19/2023	02/19/2024	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Products & Completed Operations			750-00-03-86-0001	09/01/2022	09/01/2024	Each Occurrence Aggregate	5,000,000 5,000,000

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

*30 days notice of cancellation, per policy form, except 10 day notice for non-payment of premium. Policy terms & conditions apply.

CERTIFICATE HOLDER

Proof of Insurance

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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The ACORD name and logo are registered marks of ACORD

Board of Directors

- David Sackman, Executive Chairperson and Chief Visionary Officer, [redacted]
- Matthew Stoudt, Chief Executive Officer, [redacted]
- Joshua Sackman, President and Secretary, [redacted]
- Jon Lim, Board member, [redacted], PHONE # [redacted]
- Zack Lynch, Board member, [redacted], PHONE # [redacted]
- Brian Nugent, Board member, [redacted], PHONE # [redacted]

Corporate Officers

- David Sackman - same as above
- Arnold Fishman - Non-Executive Chairperson, [redacted], PHONE # [redacted]
- Matthew Stoudt - same as above
- Joshua Sackman - same as above

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG AppliedVR MDEG License # (if applicable) _____

Physical Address 16760 Stagg St. Unit 216

City Van Nuys State CA Zip 91406

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 1-844-857-0010 Website www.appliedvr.io

Licensing Company Email support@appliedvr.io

Section 2: Personal Information

First Jesse Middle Ferrell Last Donini

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] 83rd St.

City Los Angeles State CA Zip 90045

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.)		✔

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		From - To (MM/YY – MM/YY)	
Wheaton Warrenville South High School		08/96 - 06/00	
Address	**City**	**State**	**Zip**
1993 Tiger Trail	Wheaton	IL	60189
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
DeVry University		07/00 - 06-03	
Address	**City**	**State**	**Zip**
3880 Kilroy Airport Way	Long Beach	CA	90806
Diploma/Degree obtained, if any			
Bachelors of Science Electronic Engineering Technology			

School Name		From - To (MM/YY – MM/YY)	
Keller Graduate School		06/04 - 10/06	
Address	**City**	**State**	**Zip**
3880 Kilroy Airport Way	Long Beach	CA	90806
Diploma/Degree obtained, if any			
Master of 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			

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
09/12 - current	[redacted] 83rd St	Los Angeles	CA	90045
From - To (MM/YY – MM/YY)	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 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			From - To (MM/YY – MM/YY)	
AppliedVR Inc.			03/19 - current	
Business Address		**City**	**State**	**Zip**
16760 Stagg St. Unit 216		Van Nuys	CA	91406
Phone	**Title**		**Number of Employed Hours**	
1-844-857-0010	VP Operations		8500	
Description of Duties				
Oversee Medical Device Manufacturing and Distribution				

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?		✔
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. <u>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.</u>

This is in response to Question # _____. **Provide all the following *<u>where applicable</u>*:**

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:

Jesse Donini

Original Signature (electronic, copies or stamps not accepted)

12/14/2023

Date

I, Jesse Donini, **certify that as the MDEG Administrator for**

AppliedVR Inc,

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

1. JD Have a high school diploma or its equivalent;
2. JD Have
   a. At least 1,500 hours of verifiable 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. JD 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. JD 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.

Jesse Donini
Print Name (First, Last)

Jesse Donini
Original Signature (electronic, copies or stamps not accepted)

12/14/2023
Date

Board Use Only	Date Received: 1/18/24

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) Applic

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

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

Section 1: General Information

Facility Name: ASURE WOUND SOLUTIONS LLC

MDEG Physical Address: 290 NW 165TH STREET SUITE P250

City: MIAMI State: FL Zip: 33169

Mailing Address (if different from physical address): SAME AS PHYSICAL

City: _____ State: _____ Zip: _____

Telephone: 888-615-6156 Website: www.asurewoundsolutions.com

Email: ben@asurewounds.com

Name of MDEG Administrator (NAC 639.694): BINYOMIN LEHRER

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	■ Others: Surgical, Ostomy, Urological, and Tracheostomy
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you 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):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Fin the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
▣ Mon: 9:30-4:30	▣ Tue: 9:30-4:30	▣ Wed: 9:30-4:30	▣ Thurs: 9:30-4:30	▣ Fri: 9:30-12:30
☐ Sat:	☐ Sun:	☐ 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, 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)(l))

NPI 1336750801 PTAN 786609001

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) 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	Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FLORIDA

Parent Company (if any): N/A

Corporation/Organization Name: ASURE WOUND SOLUTIONS LLC

Mailing Address: 290 NW 165TH STREET SUITE P250

City: MIAMI State: FL Zip: 33169

Telephone: 888-615-6156 EXT 100 Email: BEN@ASUREWOUNDS.COM

Contact Person Name: BEN LEHRER

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: _____

6

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 Trad	Non-publicly Traded	Partner-ship	Sole Own
• 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/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application 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.

Binyomin Lehrer

Print Name of Authorized Person Submitting Application

B. Lehrer

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

02/22/24

Date

Board Use Only	Date Received: 3/13/24	Amount: $500-Check 1059

aSURE
WOUND SOLUTIONS

LIST OF OFFICERS

1. Binyomin Lehrer – President / Chief Executive Officer - Member
2. Howard Neuman – Member
3. Shimon Jacobovits - Member

290 NW 165th STREET --- SUITE P250 --- MIAMI, FL 33169 P: 888-615-6156 F: 305-675-7644

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000206929

Entity Name: ASURE WOUND SOLUTIONS LLC

Current Principal Place of Business:

290 NW 165TH STREET
SUITE P-250
MIAMI, FL 33169

Current Mailing Address:

290 NW 165TH STREET
SUITE P-250
MIAMI, FL 33169 US

FEI Number: 85-2276627

FILED
Feb 01, 2024
Secretary of State
9673411565CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEHRER, BINYOMIN
[redacted]NE 176TH TERRACE
NORTH MIAMI BEACH, FL 33162 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR
Name	LEHRER, BINYOMIN
Address	[redacted]NE 176TH TERRACE
City-State-Zip	NORTH MIAMI BEACH FL 33162

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BINYOMIN LEHRER AMBR 02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date

Certificate of Accreditation

Exemplary Provider® Award

Granted To

Asure Wound Solutions LLC

290 NW 165th St Ste P250 Miami, FL 33169

for demonstrating
Outstanding Healthcare Delivery Practices
and
Compliance to

Safety • Honesty • Caring®

Accreditation Quality Standards

DMEPOS

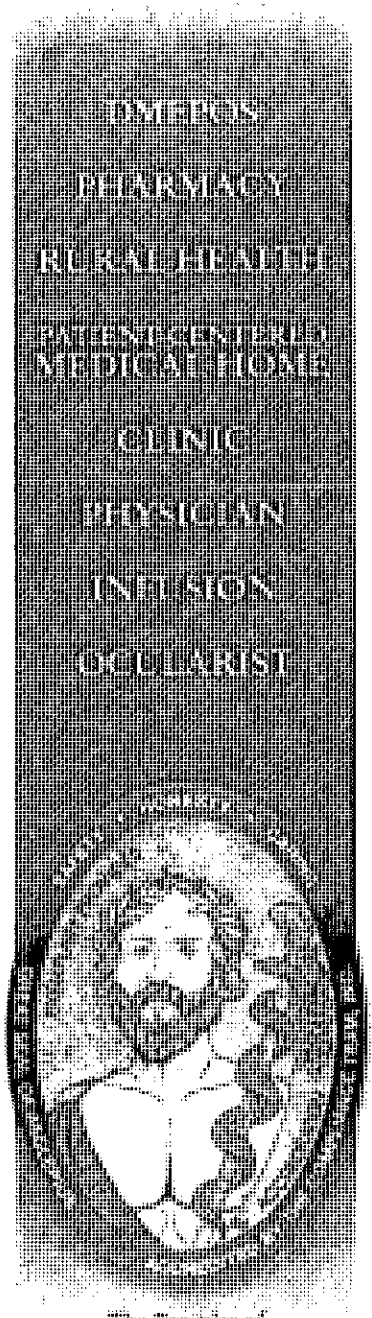
EXPIRATION DATE: DECEMBER 12, 2026

Founder & CEO, The Compliance Team, Inc.

034782

December 12, 2023

Date



The Premier of
HEALTHCARE
EXCELLENCE

0068

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/26/2024

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 SPR Insurance Group, LLC 18305 Biscayne Blvd Suite 218 Aventura FL 33160	CONTACT NAME: Lisa Lawrence PHONE (A/C, No, Ext): (305) 397-0500 FAX (A/C, No): (305) 760-2908 E-MAIL ADDRESS: llawrence@sprinsgroup.com
INSURED Asure Wound Solutions, LLC 290 NW 165th St. Ste P-250 Miami FL 33169	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Hanover Insurance Co — 22292 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 24-25 Master **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		RHAJ34495601	01/17/2024	01/17/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Professional Liability	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						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 [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	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

Novitas Solutions-NPEAST
PO Box 3704
Mechanicsburg PA 17055-1863

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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ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Hired Non-Owned			

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,000,000					

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

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Ref #	Description	Coverage Code	Form No.	Edition Date

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Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

OFADTLCV

Copyright 2001, AMS Services, Inc.

59A-25.002 Licensure Requirements.

(1) Home medical equipment locations requiring a license are any locations that sell, rent, or distribute, or offer to sell or rent to or for a consumer any home medical equipment that requires services. These locations can be identified as follows:

(a) Any location providing or distributing home medical equipment requiring services to consumers in Florida;

(b) Any location where an intake person takes calls from consumers in Florida and offers to sell or rent home medical equipment requiring services;

(c) Any location where a consumer in Florida may call in response to a provider advertising to sell or rent home medical equipment requiring services, e.g., television advertisements, toll-free telephone numbers, phone books, newspapers, flyers or any other forms of public advertisement;

(d) Any location out of state that offers to sell or rent home medical equipment requiring services to consumers in Florida;

(e) Any location in state or out of state, with sales representatives working in Florida, that offers to sell or rent home medical equipment requiring services to consumers in Florida, i.e., the sales representatives themselves do not need to be licensed; and,

(f) Any buildings, that are not located at the licensed central service center address, called shops, warehouses, distribution centers, or called by any other name, are required to have a license if that site location provides selection (via telephone, showroom or sales representative), delivery, set up, consumer instruction or maintenance of equipment to consumers in Florida.

1. A central service center must provide the names and locations of all of its designated distribution centers on the licensure application.

2. A distribution center must submit a separate licensure application and must specify the name of its central service center on the application.

3. Each licensed distribution center is required to meet all standards for licensure but may be determined to meet the standards through the activities of its designated central service center as referenced in paragraph 59A-25.005(1)(b), F.A.C.

(2) Home medical equipment locations that do not require a license: Diabetic monitors and disposable supplies, e.g., diabetic, ostomy, urological and wound care supplies have been identified as equipment and supplies that do not require services as defined in Section 400.925(9), F.S.; therefore, locations that supply these items only will not require a HME license.

(3) Licensing application and fees:

An application for initial, change of ownership and renewal licensure must be made on the Health Care Licensing Application, Home Medical Equipment Provider, AHCA Form 3110-1005, October 2014, incorporated by reference and available at https://www.flrules.org/Gateway/reference.asp?No=Ref-05267, and the Health Care Licensing Application Addendum prescribed in subsection 59A-35.060(1), F.A.C. These forms are available online at http://ahca.myflorida.com/HQAlicensureforms. An application for initial, change of ownership and renewal licensure must be accompanied by a non-refundable $304.50 biennial licensing fee and, if required, a $400 inspection fee per location. Businesses with a central service center having distribution centers are required to submit an application and a $304.50 biennial licensing fee for each location, but shall submit only one $400 inspection fee with the application of the central service center.

(4) Initial and change of ownership applicants must submit proof of financial ability to operate pursuant to Sections 408.8065(1) and 408.810(8), F.S., and Rule 59A-35.062, F.A.C. for each location to be licensed

(5) Each licensed HME provider location must obtain and maintain professional and commercial liability insurance as referenced in Sections 400.931(3) and 408.810(7), F.S. A corporation can provide a blanket policy, which indicates that each of its licensed locations is insured under one policy, verifying not less than $250,000 per claim for each location.

(6) Initial applicants and providers requesting to change the address of record must provide proof of compliance with local zoning requirements. Physical location cannot be a post office box. The licensee must have all county licenses and permits that are applicable.

(7) If a change of name and/or address of record is to occur, the provider must submit Home Medical Equipment Provider, Request to Amend License for Change of Name and/or Address, AHCA Form 3110-1020, October 2014, https://www.flrules.org/Gateway/reference.asp?No=Ref-05268, incorporated by reference, and available online at http://ahca.myflorida.com/HQAlicensureforms, according to the timeframes as required in subsection 59A-35.040(2), F.A.C., and accompanied by a fee as required in subsection 59A-35.050(4), F.A.C.

Rulemaking Authority 400.935, 408.805, 408.810(8), 408.819 FS. Law Implemented 400.925, 400.93, 400.931, 400.933, 400.935, 400.953, 408.803, 408.806, 408.8065, 408.807, 408.809, 408.810, 408.815 FS. History–New 6-4-00, Amended 10-6-02, 4-13-03, 3-13-07, 5-4-15.

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Asure Wound Solutions LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 290 NW 165th Street Suite P250

City: Miami State: FL Zip: 33169

Mailing Address (if different from physical address): SAME AS PHYSICAL

City: State: Zip:

Telephone: 888-615-6156 Website: www.asurewoundsolutions.com

Licensing Company Email: ben@asurewounds.com

Section 2: Personal Information

First: HOWARD Middle: Last: NEWMAN

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Miller Road

City: Lakewood State: NJ Zip: 08701

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.)		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			From - To (MM/YY – MM/YY)	
MTA			9/90 – 6/94	
Address		**City**	**State**	**Zip**
2540 Amsterdam Ave		NY	NY	10033
Diploma/Degree obtained, if any				
Regents Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
Yeshiva University			9/94 – 6/98	
Address		**City**	**State**	**Zip**
2495 Amsterdam Ave		NY	NY	10033
Diploma/Degree obtained, if any				
BA in 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)	Address	City	State	Zip
2/05 – 8/23	[redacted] 69th Road	Flushing	NY	11367
8/23 – Current	[redacted] Miller Road	Lakewood	NJ	08701

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)	
Asure Wound Solutions		1/19 – Current	
Business Address	**City**	**State**	**Zip**
290 NW 165th St	Miami	FL	33169
Phone	**Title**		
887 615 6156	Partner		
Description of Duties			
Partner in business			

Business Name		From - To (MM/YY – MM/YY)	
OPTIMA CORE		4/18 – Current	
Business Address	**City**	**State**	**Zip**
7 NY-25A	Smithtown	NY	11787
Phone	**Title**		
631-724-2200	COO		
Description of Duties			
COO for All day to day operations			

Business Name		From - To (MM/YY – MM/YY)	
Centers Health Care		5/13 – 4/18	
Business Address	**City**	**State**	**Zip**
4770 White Plains Road	Bronx	NY	10473
Phone	**Title**		
718 931 9700	Corp Director Admissions & Marketing		
Description of Duties			
Oversaw Admissions & Marketing			

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			

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.)		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

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

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.

Howard Newman

Print Name (~~First, Last~~)

Original Signature (electronic, copies or stamps not accepted)

2/29/24

Date

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

State of New York, ss. County of Westchester

I, Howard Newman, 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

2/29/24

Date

Subscribed and Sworn to before me this 29 day of February 2024

Notary Public Signature

LINDA A. LOFFREDO
Notary Public, State of New York
Qualified in Westchester County
No. 01LO4691678
Commission Expires ~~Aug 4~~/3020 27

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Asure Wound Solutions LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 290 NW 165th Street Suite P250

City: Miami State: FL Zip: 33169

Mailing Address (if different from physical address): SAME AS PHYSICAL

City: State: Zip:

Telephone: 888-615-6156 Website: www.asurewoundsolutions.com

Licensing Company Email: ben@asurewounds.com

Section 2: Personal Information

First: Shimon Middle: E Last: Jacobovits

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Chase Ave [redacted]

City: Lakewood State: NJ Zip: 08701

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.)		✔

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		From - To (MM/YY – MM/YY)	
Beth Medrash Govoha		2010-2012	
Address	**City**	**State**	**Zip**
617 Sixth Street	Lakewood	NJ	08701
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Mesivta of Long Beach		09/99-06/06	
Address	**City**	**State**	**Zip**
205 W Beech St	Long Beach	NY	11561
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
03/20 - 03/24	[redacted]West End Ave	New York	NY	10023
2016-2020	[redacted]44th Street	New York	NY	10017
2010-2016	[redacted]t 11th Street	Lakewood	NJ	08701

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)
Censible Marketing, LLC			05/16-03/24
Business Address	**City**	**State**	**Zip**
101 Chase Ave Suite 105	Lakewood	NJ	08701
Phone	**Title**		
732.567.4726	Principal		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Wound Equities, LLC			01/22-03/24
Business Address	**City**	**State**	**Zip**
101 Chase Ave Suite 105	Lakewood	NJ	08701
Phone	**Title**		
732.567.4726	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Ditmas Park Nursing and Rehab			2014-2016
Business Address	**City**	**State**	**Zip**
2107 Ditmas Avenue	Brooklyn	NY	11226
Phone	**Title**		
732.567.4726	Director of Marketing		
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			

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) 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.

Shimon Jacobovits

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/29/24

Date

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

State of New Jersey, ss. County of Ocean

I, Shimon Jacobovits, 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

2.29.24

Date

Subscribed and Sworn to before me this 29 day of Feb.

Notary Public Signature

AYALA GRAMA
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES 12/15/26
COMMISSION # 50172521

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Asure Wound Solutions LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 290 NW 165th Street Suite P250

City Miami State FL Zip 33169

Mailing Address (if different from physical address) SAME AS PHYSICAL

City _____ State _____ Zip _____

Telephone 888-615-6156 Website www.asurewoundsolutions.com

Licensing Company Email ben@asurewounds.com

Section 2: Personal Information

First Binyomin Middle _____ Last Lehrer

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] N or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] 76th Terrace

City North Miami Beach State FL Zip 33162

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.)		✔

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		From - To (MM/YY – MM/YY)	
Queens College		09/00-06/23	
Address	**City**	**State**	**Zip**
65-30 Kissena Blvd.	Queens	NY	11367
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Yeshiva of Far Rockaway		09/96 - 06/98	
Address	**City**	**State**	**Zip**
802 Hicksville Rd	Far Rockaway	NY	11691
Diploma/Degree obtained, if any			
High School Diploma / Some College			

School Name		From - To (MM/YY – MM/YY)	
Yeshiva Shaar HaTorah		09/94 - 06/96	
Address	**City**	**State**	**Zip**
117-06 84th Ave	Richmond Hill	NY	11418
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
08/16 - Current	[redacted]176th Terrace	North Miami Beach	FL	33162
08/15-08/16	[redacted] Lord Ave	Inwood	NY	11096
08/07-08/15	[redacted] 179th Street	North Miami Beach	FL	33162

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)
Asure Wound Solutions			11/20 - Current
Business Address	**City**	**State**	**Zip**
290 NW 165th Street Suite P250	Miami	FL	33169
Phone	**Title**		
888-615-6156	CEO		
Description of Duties			
Responsible for oversight of entire organization			

Business Name			From - To (MM/YY – MM/YY)
H&R Healthcare			05/16 - 11/20
Business Address	**City**	**State**	**Zip**
1750 Oak Street	Lakewood	NJ	08701
Phone	**Title**		
(732) 367-5533	Director of Southern Operations		
Description of Duties			
Responsible for oversight of Florida operations as well as building national presence			

Business Name			From - To (MM/YY – MM/YY)
The Grand Healthcare			05/14 - 05/16
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
	CFO		
Description of Duties			
Responsible for oversight of all financial operations			

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.

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)

02/22/24
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.

Binyomin Lehrer

Print Name (First, Last)

02/22/24

Original Signature (electronic, copies or stamps not accep

Please have this section completed in the presenc Notary Public.

State of Florida, ss. County of Miami-Dade

I, Binyomin Lehrer, 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 denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

2/22/24

Original Signature **Date**

Subscribed and Sworn to before me this 22 day of Feb.

Notary Public Signat

TATIANA E. FRANCE
Notary Public
State of Florida
Comm# HH298582
Expires 11/28/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG ASURE WOUND SOLUTIONS MDEG License # (if applicable) _____

Physical Address 290 NW 165STH STREET SUITE P250

City MIAMI State FL Zip 33169

Mailing Address (if different from physical address) SAME AS PHYSICAL

City _____ State _____ Zip _____

Telephone 888-615-6156 Website www.asurewoundsolutions.com

Licensing Company Email ben@asurewounds.com

Section 2: Personal Information

First BINYOMIN Middle _____ Last LEHRER

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

Date of Birth [redacted] S N or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] 176 TERRACE

City North MIAMI BEACH State FL Zip 33162

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.)		✔

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		From - To (MM/YY – MM/YY)	
Queens College		09/00-06/23	
Address	**City**	**State**	**Zip**
65-30 Kissena Blvd	Queens	NY	11367
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Yeshiva of Far Rockaway		09/96 - 06/98	
Address	**City**	**State**	**Zip**
802 Hicksville Rd	Far Rockaway	NY	11691
Diploma/Degree obtained, if any			
High School Diploma / Some College			

School Name		From - To (MM/YY – MM/YY)	
Yeshiva Shaar HaTorah		09/94 - 06/96	
Address	**City**	**State**	**Zip**
117-06 84th Ave	Richmond Hill	NY	11418
Diploma/Degree obtained, if any			
N/A			

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
08/16 - Current	[redacted] NE 176th Terrace	North Miami Beach	FL	33162
08/15 - 08/16	[redacted] Lord Ave	Inwood	NY	11096
08/07 - 08/15	[redacted] NE 179th Street	North Miami Beach	FL	33162
From - To (MM/YY – MM/YY)	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 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			From - To (MM/YY – MM/YY)
Asure Wound Solutions			11/20 - Current
Business Address	**City**	**State**	**Zip**
290 NW 165th Street Suite P250	Miami	FL	33169
Phone	**Title**		**Number of Employed Hours**
888-615-6156	CEO		Approx. 7,000
Description of Duties			
Responsible for oversight of entire organizaton			

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.

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 any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any 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 a 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)

02/22/24
Date

I, BINYOMIN LEHRER, **certify that as the MDEG Administrator for**

ASURE WOUND SOLUTIONS,

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

1. BL Have a high school diploma or its equivalent;
2. BL Have
   a. At least 1,500 hours of verifiable 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. BL 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. BL 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.

BINYOMIN LEHRER
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/22/2024
Date

Board Use Only	Date Received: 3/13/24

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 (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

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

Section 1: General Information

Facility Name: Luna Medical, Inc.

MDEG Physical Address: 1057 W. Grand Avenue, Suite 1

City: Chicago State: IL Zip: 60642

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (800) 380-4339 Website: www.lunamedical.com

Email: info@lunamedical.com

Name of MDEG Administrator (NAC 639.694): Curtis Bumgarner

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	■ Others: medical compression elastic & non-elastic support
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you 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):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8-5 CST	■ Tue: 8-5CST	■ Wed:8-5CST	■ Thurs:8-5CST	■ Fri:8-5CST
☐ Sat:	☐ Sun:	☐ 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 number registered to the business or its owner. (NAC 639.6942(4)(j))
Medicare #1144980002
NPI #1083769202

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 639.6933)

Name: _____ Credentials: _____ %: _____

Name: N/A 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: Florida

Parent Company (if any): _____

Corporation/Organization Name: Luna Medical, Inc.

Mailing Address: 1057 W. Grand Avenue, Suite 1

City: Chicago State: IL Zip: 28226

Telephone: (800) 380-4339 Email: info@lunamedical.com

Contact Person Name: Marianne Luh

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: Marianne Luh

Business Name: Luna Medical, Inc.

Business Address: 1057 W. Grand Avenue, Suite 1

City: Chicago State: IL Zip: 60642

Telephone: (704) 621-9166 Email: mluh@lunamedical.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	Partner-ship	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/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application 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.

Marianne Luh

Print Name of Authorized Person Submitting Application

Marianne Luh

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

3/5/24

Date

Board Use Only	Date Received: 3/6/24	Amount: $200-cc

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Luna Medical, inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 1057 W. Grand Avenue, Suite 1

City Chicago State IL Zip 60642

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Marianne Middle Helen Last Luh

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

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

Mailing Address [redacted] Providence Rd.

City Charlotte State NC Zip 28226

Telephone [redacted] Email mluh@lunamedical.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		From - To (MM/YY – MM/YY)	
Kings Park High School		08/81 - 06/85	
Address	**City**	**State**	**Zip**
200 Rte 25A	Kings Park	NY	11754
Diploma/Degree obtained, if any			
High School Degree			

School Name		From - To (MM/YY – MM/YY)	
University of Tampa		08/85-06/89	
Address	**City**	**State**	**Zip**
401 W. Kennedy Blvd.	Tampa	FL	33606
Diploma/Degree obtained, if any			
Bachelor of Science - Business Administration/Corporate Fitness Minor - Marketing			

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
08/13 - current	[redacted]Providence Rd.	Charlotte	NC	28226
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
Luna Medical, Inc.			1996 - current	
Business Address	**City**		**State**	**Zip**
1057 W. Grand Avenue, Suite 1	Chicago		IL	60642
Phone	**Title**			
(800) 380-4339	CEO/Director of Insurance Contracting			
Description of Duties				
Insurance Contracting, Marketing, Education				

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.

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.

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)

3/5/24
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.

Marianne Luh

Print Name (First, Last)

Marianne Luh

Original Signature (electronic, copies or stamps not accepted)

3/5/24

Date

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

State of NC, ss. County of Mecklenburg

I, Marianne Luh, 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.

Marianne Luh

Original Signature

3/5/24

Date

Subscribed and Sworn to before me this 5th day of Feb, 2024

Samantha S Hayner

Notary Public Signature

SAMANTHA S HAYNER
Notary Public - North Carolina
Mecklenburg County
My Commission Expires Sep 13, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG LUNA MEDICAL, INC. MDEG License # (if applicable) _____

Physical Address 1057 W GRAND AVE, SUITE 1

City CHICAGO State IL Zip 60642

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 800-380-4339 Website www.lunamedical.com

Licensing Company Email cbumgarner@lunamedical.com

Section 2: Personal Information

First CURTIS Middle SCOTT Last BUMGARNER

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

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

Mailing Address [redacted] LAWNDALE AVE

City CHICAGO State IL Zip 60625

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.)		✓

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		From - To (MM/YY – MM/YY)	
THE ART INSTITUTE OF CHARLOTTE		04/03-06/05	
Address	**City**	**State**	**Zip**
2110 WATER RIDGE PARKWAY	CHARLOTTE	NC	28217
Diploma/Degree obtained, if any			
NONE/SOME COLLEGE			

School Name		From - To (MM/YY – MM/YY)	
CATAWBA VALLEY COMMUNITY COLLEGE		06/00 - 06/00	
Address	**City**	**State**	**Zip**
2550 US HWY 70 SE	HICKORY	NC	28602
Diploma/Degree obtained, if any			
GED			

School Name		From - To (MM/YY – MM/YY)	
MAIDEN HIGH SCHOOL		08/96 - 05/00	
Address	**City**	**State**	**Zip**
600 W MAIN ST	MAIDEN	NC	28650
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
08/18 - Present	[redacted] LAWNDALE AVE.	CHICAGO	IL	60625
10/17-08/18	[redacted] WELLS ST [redacted]	CHICAGO	IL	60654
06/15 - 10/17	[redacted] HALSTED ST	CHICAGO	IL	60613
From - To (MM/YY – MM/YY)	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 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: LUNA MEDICAL, INC.			From - To (MM/YY – MM/YY): 08/2009 - PRESENT
Business Address: 1057 W GRAND AVE , SUITE 1	City: CHICAGO	State: IL	Zip: 60642
Phone: 800-380-4339	Title: PRESIDENT		Number of Employed Hours: 30,400
Description of Duties: Supervise/Control Day to Day Operations			

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.

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 any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any 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)

03/04/2024
Date

I, CURTIS BUMGARNER, **certify that as the MDEG Administrator for** LUNA MEDICAL, INC., **that I (initial that you have read and meet the following requirements):**

1. CB Have a high school diploma or its equivalent;
2. CB Have
   a. At least 1,500 hours of verifiable 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. CB 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. CB 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.

CURTIS BUMGARNER
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/04/2024
Date

Board Use Only	Date Received: 3/6/24

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
203.000472

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
03/31/2027

HOME MEDICAL EQUIPMENT AND SERVICES PROVIDER

LUNA MEDICAL INC
1057 W GRAND AVE STE 1
CHICAGO, IL 60642-6600

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
ACTING DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

18647218

Cut on Dotted Line

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: 196303

CORPORATE NAME

Luna Medical, Inc.

STATE OF INCORPORATION

Florida

OWNER (100%)

Marianne Luh

OFFICERS

Curtis Bumgarner – President

Marianne Luh - Director

File Number 6221-126-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

LUNA MEDICAL, INC., INCORPORATED IN FLORIDA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MAY 02, 2002, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 10TH *day of* JANUARY *A.D.* 2024 ..

SEAL OF THE STATE OF ILLINOIS AUG. 26TH 1818

Authentication #: 2401001924 verifiable until 01/10/2025
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/25/2024

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	CONTACT NAME: David R. Mettler	
Integrated Insurance Services, Inc 1639 Cape Coral Parkway E., Suite 203 Cape Coral, FL 33904	PHONE (A/C, No, Ext): 239-549-5420	FAX (A/C, No): 239-549-7905
	E-MAIL ADDRESS: dave@integratedinsfl.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Massachusetts Bay Ins. Co./Hanover Ins. Group	
INSURED Luna Medical, Inc. 1057 W. Grand Avenue, Suite 1 Chicago, IL 60642	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER [X] POLICY [ ] PRO-JECT [ ] LOC	X		ZHJ 8898962 13	09/29/2023	09/29/2024	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 [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Commercial Property Insurance			ZHJ 8898962 13	09/29/2023	09/29/2024	Contents Business Inc. & Exp	$106,121 Total 12 mos Actual

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

Policy includes Crime/Employee Dishonesty in the amount of $50,000.

Below is added as additional insured as their interest may appear, but only as respects to work/operations of the named insured.

Location 1: 1057 W. Grand Ave, Chicago, IL 60642 - Property Contents Coverage - $106,121

Location 2: 4397 N. Elston Avenue, Chicago, IL 60641

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 <DRM> David R. Mettler

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Luna Medical, Inc.

Chicago, IL

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Home Care Accreditation Program

April 1, 2023

Accreditation is customarily valid for up to 36 months.

Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #394721
Print/Reprint Date: 05/23/2023

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

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 (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

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

Section 1: General Information

Facility Name: Synergy DMEPOS

MDEG Physical Address: 48521 Warm Springs Boulevard, Suite 317

City: Fremont State: CA Zip: 94539-7792

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 866-203-9810 Website: www.synergydmepos.com

Email: contracting@synergydmepos.com

Name of MDEG Administrator (NAC 639.694): Robert Cilenti

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	■ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	■ Orthotics and Prosthetics
	■ Others: IPCD, TENS, NMES, Bracing, Other DME supplies Blood Glucose Monitors
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you 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):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

PST

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8am - 5pm	■ Tue: 8am - 5pm	■ Wed: 8am - 5pm	■ Thurs: 8am - 5pm	■ Fri: 8am - 5pm
☐ Sat: closed	☐ Sun: closed	☐ Holidays: closed		

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: 0194020002; Medicaid: 1679976393
Medicare PTAN: 0194020004

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:	N/A	%:	N/A
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: California

Parent Company (if any): _____

Corporation/Organization Name: Synergy DMEPOS

Mailing Address: 48521 Warm Springs Boulevard, Suite 317

City: Fremont State: CA Zip: 94539-7792

Telephone: 866-203-9810 Email: contracting@synergydmepos.com

Contact Person Name: Peyton Thwaite

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	Partner-ship	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/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application 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.

Peyton Thwaite

Print Name of Authorized Person Submitting Application

P. C. Thwaite

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

01/03/2024

Date

Board Use Only	Date Received: 1/25/24	Amount: $500-Check 50155

NEVADA STATE BOARD OF PHARMACY

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

4

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Synergy DMEPOS MDEG License # (if applicable) _____

Physical Address 48521 Warm Springs Boulevard Suite 317

City Fremont State CA Zip 94539-7792

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 866-203-9810 Website www.synergydmepos.com

Licensing Company Email contracting@synergydmepos.com

Section 2: Personal Information

First Robert Middle Matthew Last Cilenti

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Canyon Woods Drive [redacted]

City San Ramon State CA Zip [redacted]

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.)		✓

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		From - To (MM/YY – MM/YY)	
California State University Dominguez Hills		08/12-05/14	
Address	**City**	**State**	**Zip**
1000 E. Victoria Street	Carson	CA	90747
Diploma/Degree obtained, if any			
M.S. Health Sciences with Orthotic and Prosthetic Emphasis			

School Name		From - To (MM/YY – MM/YY)	
San Diego State University		08/03-05/07	
Address	**City**	**State**	**Zip**
5500 Campanile Drive	San Diego	CA	92182
Diploma/Degree obtained, if any			
B.S. Kinesiology with Pre-Physical Therapy Emphasis. Cum Laude			

School Name		From - To (MM/YY – MM/YY)	
California High School		08/99-05/03	
Address	**City**	**State**	**Zip**
9870 Broadmoor Drive	San Ramon	CA	94583
Diploma/Degree obtained, if any			
H.S. 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
11/19-Present	[redacted] Promontory Circle	San Ramon	CA	94582
11/17-11/19	[redacted] Collett Ave [redacted]	Riverside	CA	92505
2/16-11/17	[redacted] Laguna St [redacted]	Concord	CA	94520
3/14-2/16	[redacted] Canyon Woods Drive [redacted]	San Ramon	CA	94582
8/12-3/14	[redacted] Appleton St [redacted]	Long Beach	CA	90802
From - To (MM/YY – MM/YY)	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 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		From - To (MM/YY – MM/YY)	
Synergy DMEPOS (was Norell Prosthetics Orthotics dba Synergy Prosthetics)		12/19-Present	
Business Address	**City**	**State**	**Zip**
48521 Warm Springs Boulevard, Suite 317	Fremont	CA	94539
Phone	**Title**	**Number of Employed Hours**	
(866)203-9810	Certified Prosthetist and Orthotist	3 years 10 months	
Description of Duties			
A CPO is in charge of managing orthotic and prosthetic patient care including patient assessment development and implementation of treatment plan, follow-up, and practice management			

Business Name		From - To (MM/YY – MM/YY)	
Inland Artificial Limb and Brace		11/17-11/19	
Business Address	**City**	**State**	**Zip**
680 Parkridge Ave	Norco	CA	92860
Phone	**Title**	**Number of Employed Hours**	
(951)734-1835	Certified Prosthetist and Orthotist	2 years	
Description of Duties			
A CPO is in charge of managing orthotic and prosthetic patient care including patient assessment development and implementation of treatment plan, follow-up, and practice management			

Business Name		From - To (MM/YY – MM/YY)	
Pacific Medical		2/17-8/17	
Business Address	**City**	**State**	**Zip**
190 N. Wigel Ln	Walnut Creek	CA	94598
Phone	**Title**	**Number of Employed Hours**	
(925)935-9194	Certified Prosthetist and Orthotist	6 months	
Description of Duties			
A CPO is in charge of managing orthotic and prosthetic patient care, including patient assessment development and implementation of treatment plan, follow-up, and practice management			

Business Name		From - To (MM/YY – MM/YY)	
Howard Orthopedics		7/14-12/16	
Business Address	**City**	**State**	**Zip**
3065 Richmond Pkwy #112	Richmond	CA	94806
Phone	**Title**	**Number of Employed Hours**	
(510)222-1282	Orthotic and Prosthetic Resident	2 years 5 months	
Description of Duties			
A CPO is in charge of managing orthotic and prosthetic patient care including patient assessment development and implementation of treatment plan, follow-up, and practice management			

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?		✔
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? 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 # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01/14	05/14	CA	San Ramon	Contra Costa

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
010016789/8	Contra Costa County Superior Court

Reason/Charge
D U I (Misdemeanor)

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Robert Childs — 10/30/23

Original Signature (electronic, copies or stamps not accepted) — Date

I, Robert Cilenti, certify that as the MDEG Administrator for

Synergy DMEPOS,

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

1. RC Have a high school diploma or its equivalent;
2. RC Have
   a. At least 1,500 hours of verifiable 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. RC 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. RC 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.

Robert Cilenti

Print Name (First, Last)

Robert Cilenti

Original Signature (electronic, copies or stamps not accepted)

10/30/2023

Date

Board Use Only	Date Received: 1/25/24

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Synergy DMEPOS

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 48521 Warm Springs Boulevard, Suite 317

City: Fremont State: CA Zip: 94539-7792

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 866-203-9810 Website: www.synergydmepos.com

Licensing Company Email: contracting@synergydmepos.com

Section 2: Personal Information

First: Robert Middle: Romeo Last: Fagnani

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Binns Road

City: Mooresville State: NC Zip: 28117

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.)		✔

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		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

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)	
Synergy DMEPOS (was Norell Prosthetics Orthotics dba Synergy Prosthetics)		07/14 - Present	
Business Address	**City**	**State**	**Zip**
48521 Warm Springs Boulevard, Suite 317	Fremont	CA	94539
Phone	**Title**		
866-203-9810	Owner / CEO		
Description of Duties			
Owner & CEO of company.			

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.

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.

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

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 Fagnani

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 North Carolina, ss. County of Iredell

I, Lauren D. Williams, 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.

Robert Fagnani

Original Signature

1.18.24

Date

Subscribed and Sworn to before me this 18 day of January 2024.

Lauren D. Williams

Notary Public Signature

LAUREN D. WILLIAMS NOTARY PUBLIC MECKLENBURG COUNTY, NC My Commission Expires 10-11-26

(Seal)

California Secretary of State

Business Programs Division
1500 11th Street, Sacramento, CA 95814

SYNERGY DMEPOS
48521 WARM SPRINGS BLVD.
STE. 317
FREMONT, CA 94539

Business Amendment Filing Approved

August 30, 2023

Entity Name: SYNERGY DMEPOS
Entity Type: Stock Corporation - CA - General
Entity No.: 1368364
Document Type: Amendment
Document No.: BA20231361196
File Date: 08/25/2023

The above referenced document has been approved and filed with the California Secretary of State. To access free copies of filed documents, go to **biz**fileOnline.sos.ca.gov and enter the entity name or entity number in the Search module.

What's Next?

The most up to date records may be obtained by searching for the Entity Name or Entity Number in the Search module at **biz**fileOnline.sos.ca.gov.

For further assistance, contact us at (916) 657-5448 or visit **biz**fileOnline.sos.ca.gov.

bizfile CALIFORNIA

Thank you for using **biz**file California, the California Secretary of State's business portal for online filings, searches, business records, and additional resources.

B2041-2397 08/25/2023 5:00 PM Received by California Secretary of State

For Office Use Only
-FILED-
File No.: BA20231361196
Date Filed: 8/25/2023

P

CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION OF NORELL PROSTHETICS ORTHOTICS, INC. (Entity No. 1368364)

The undersigned certifies that:

1. He is the President and Secretary, of Norell Prosthetics Orthotics, Inc. (Entity No. 1368364).

2. Article One of the Articles of Incorporation shall be amended in its entirety to read as follows:

"ONE: The name of this corporation is SYNERGY DMEPOS."

3. The foregoing amendment of the Articles of Incorporation has been duly approved by the board of directors of this corporation.

4. The foregoing amendment of the Articles of Incorporation has been duly approved by the required vote of shareholders in accordance with Section 902 of the California Corporations Code. The total number of outstanding shares of the corporation is seven thousand eight hundred eighty-four (7,884). The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote required was more than fifty percent (50%).

I further declare under penalty of perjury under the laws of the State of California that the matters set forth in this Certificate are true and correct of my own knowledge.

Dated this 24 day of August, 2023.

By: Robert Fagnani
Robert Fagnani
President and Secretary

SYNERGY DMEPOS®

Ownership List

Robert Romeo Fagnani (100% Ownership)

- SS #: [redacted]
- DOB: [redacted]
- Address: [redacted] Mooresville, NC 28117
- Title: Owner / CEO

48521 Warm Springs Blvd, Ste. 317, Fremont, CA 94539
Office: (866) 203-9810 Fax: (855) 230-1468 www.SynergyDMEPOS.com

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/16/2023

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	CONTACT NAME: Greg Buck
National Risk Experts, LLC 8295 N. Military Trail Ste K Palm Beach Gard FL 33410	PHONE (A/C, No, Ext): (561) 775-2588 FAX (A/C, No): E-MAIL ADDRESS: gregb@nationalriskexperts.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Synergy DMEPOS Inc 48521 Warm Springs Blvd Ste 317 Freemont CA 94539	INSURER A :	
	INSURER B : CONTINENTAL CAS CO	20443
	INSURER C : COLUMBIA CAS CO	31127
	INSURER D :	
	INSURER E :	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	0658730762	10/15/2023	10/15/2024	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
							GENERAL AGGREGATE	$ 4,000,000
							PRODUCTS - COMP/OP AGG	$ 4,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	Y	Y				COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000	Y		6024982984	10/15/2023	10/15/2024	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Professional Liability	Y		6024982967	10/15/2023	10/15/2024	Each Occurrence	2,000,000
							General Aggregate	4,000,000

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

Property Replacement Cost: Each Locations deductible is $1000.00
$250,000 LOC#1 48521 Warm Springs Blvd #317 Freemont, CA 94539 $50,000 each

CERTIFICATE HOLDER

For Informational Purposes

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

Gregory Buck

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STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Synergy DMEPOS
48521 Warm Springs Blvd
Suite # 317
Fremont, CA 94539-7792

LICENSE NUMBER: 121399
EXPIRATION DATE: 11/27/2024

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 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

BUSINESS TAX CERTIFICATE

The business named below has registered with the City of Fremont for Business Tax. The acceptance of the tax and the issuance of this Business Tax Certificate entitles the holder to operate a business in the City of Fremont. Acceptance of the tax and issuance of this Business Tax Ceritificate does not constitute evidence that such business is in compliance with zoning or other applicable regulations or laws.

Business Name: SYNERGY DMEPOS

Business Location: 48521 WARM SPRINGS BLVD 317 FREMONT, CA 94539-7792

Business Owner(s): BOB FAGNANI

SYNERGY DMEPOS
48521 WARM SPRINGS BLVD STE 317
FREMONT, CA 94539-7792

TO BE POSTED IN A CONSPICUOUS PLACE - NON TRANSFERABLE

CITY OF FREMONT

Revenue Division
39550 Liberty Street
Fremont, California 94538
(510) 494-4790

BUSINESS TAX ACCOUNT #: 079668

Taxpayer I.D. #: 77-0109551

Expiration Date: September 30, 2024

Description: DURABLE MEDICAL EQUIPMENT (DME) &

American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.

hereby accredits that

Synergy DMEPOS
48521 Warm Springs Blvd Ste 317 ,Fremont California 94539-7792

having successfully met the facility accreditation requirements of this Board, which establishes and advocates for the highest patient care standards in the provision of orthotic, prosthetic and pedorthic services, is hereby declared to be a facility accredited in

Orthotics, Prosthetics

Accreditation expiration date
October 31, 2024

Richard A. Babcock, CO
President

4E

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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)

Section 1: General Information

Facility Name: Agiliti Health, Inc.

Physical Address: 20021 87th Ave S.

City: Kent State: WA Zip: 98031

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 206-244-1615 Website: www.agilitihealth.com

Name of Designated Representative (DR): Scott Peterson

Licensing Company Email: licensing@agilitihealth.com DR Email: scott.peterson@agilitihealth.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Clinics and other Agiliti Service Centers		■ Others: Third Party Logistics Provid

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)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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

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: N/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: Delaware

Parent Company (if any): Agiliti HoldCo, Inc.

Corporation Name: Agiliti Health, Inc.

Mailing Address: 11095 Viking Drive, Suite 300

City: Eden Prairie State: MN Zip: 55344

Telephone: 952-893-3200 Email: licensing@agilitihealth.com

Contact Person Name: Alicia Jachetta

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

Section 5: 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 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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Agiliti Health, Inc.

Facility Name

Lee Neumann

Print Name of Authorized Person Submitting Application

Lee Neumann

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

4/15/24

Date

Board Use Only	Date Received: 4/18/24	Amount: $1000 check 7882605

NEVADA STATE BOARD OF PHARMACY

SECTION 9

PUBLICLY TRADED

- List of all Officers and Directors

Directors	Officers
Darren Friedman - Director	Thomas Leonard - CEO
Gary Gottlieb - Director	James Pekarek - CFO
Joshua Nelson - Director	Lee Neumann - Secretary
Megan Preiner - Director	Matthew McCabe – Treasurer
Scott Sperling - Director	Scott Christensen – Controller
Martin Harris – Director	
Diane Patrick – Director	
John Workman – Chairman, BOD	
Michael Bell - Director	

- List of top four corporation shareholders and their percentage of ownership
  - Agiliti HoldCo, Inc. 100%
- Certificate of Good Standing
  - Attached
- Copy of DEA Certificate
  - Not applicable - Agiliti does not handle any controlled substances
- Copy of current SEC 10K
  - Attached
- A list of employees
  - Attached
- A list containing lender or holder of indebtedness of the applicant
  - On January 4, 2019 Agiliti Health, Inc. entered into a credit agreement with JPMorgan Chase Bank, N.A. as administrative agent, collateral agent, and letter of credit issuer, Agiliti HoldCo, In., certain subsidiaries of Agiliti Health, Inc.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGILITI HEALTH, 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 MARCH, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGILITI HEALTH, INC." WAS INCORPORATED ON THE TWELFTH DAY OF OCTOBER, A.D. 2001.

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

Jeffrey W. Bullock, Secretary of State

3445269 8300

SR# 20241072644

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

Authentication: 203063793

Date: 03-19-24

Alicia Jachetta

From: Peaks, Taifa L (DOH) <Taifa.Peaks@doh.wa.gov>
Sent: Tuesday, January 2, 2024 2:48 PM
To: Alicia Jachetta
Subject: regarding 3PL licensure

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. If you believe an email is a phishing attempt, click on the small envelope icon in the upper right corner of the email and select the "phishing" option.

To: Agiliti Health
c/o Alicia Jachetta

Please see the letter below.

Dear Agiliti Health,

In 2018, the Washington State Pharmacy Quality Assurance Commission (Commission) decided it would no longer license third-party logistics providers, as defined in 21 U.S.C. § 360eee(22), as a wholesaler under the state's current licensing scheme. As a result of this decision, if your activities in this state ***exclusively*** fall within the definition of third-party logistics provider, as defined in 21 U.S.C. § 360eee(22), you are not required to obtain a state wholesaler license. It is incumbent upon your staff to ensure they are aware of and incompliance with any changes that impact this decision.

Sincerely,

Pharmacy Quality Assurance Commission (PQAC)

T. Nomi Peaks, PharmD, MS
Pharmacist Consultant
Pharmacy Quality Assurance Commission
Health Systems Quality Assurance
Washington State Department of Health
taifa.peaks@doh.wa.gov
doh.wa.gov | [redacted]

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/01/2023

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
MARSH USA LLC.
333 South 7th Street, Suite 1400
Minneapolis, MN 55402-2400

CN102274027--GLPP-23-24

CONTACT NAME: Marsh | U.S. Operations
PHONE (A/C, No, Ext): 866-966-4664 **FAX (A/C, No):** 212-948-5382
E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Phoenix Insurance Company	25623
INSURER B : Travelers Property Casualty Insurance of America	25674
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Agiliti Health, Inc.
11095 Viking Drive, Suite 300
Eden Prairie, MN 55344

COVERAGES **CERTIFICATE NUMBER:** CHI-010375324-01 **REVISION NUMBER:** 0

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	X COMMERCIAL GENERAL LIABILITY			H-660-0R206923-PHX-23	06/01/2023	06/01/2024	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	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)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Product Liability &			ZPP-41N27410	06/01/2023	06/01/2024	Each Occurrence	11,000,000
	Professional Liability/E&O			Ded Value - $250,000			Aggregate Limit	11,000,000

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

CERTIFICATE HOLDER

Agiliti Health, Inc.
11095 Viking Drive, Ste, 300
Eden Prairie, MN 55344

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

Marsh USA LLC

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NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Agiliti Health, Inc. MDEG License # (if applicable): N/A

Physical Address: 20021 87th Ave S

City: Kent State: WA Zip: 98031

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 206-244-1615 Website: www.agilitihealth.com

Licensing Company Email: licensing@agilitihealth.com

Section 2: Personal Information

First: Scott Middle: D Last: Peterson

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Kent State: WA Zip: 98031

Telephon[redacted] Email: scott.peterson@agilitihealth.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		From - To (MM/YY – MM/YY)	
Seattle Pacific University		09/05-06/09	
Address	**City**	**State**	**Zip**
3307 3rd Ave W	Seattle	WA	98119
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
Kentwood High School		09/02 - 06/05	
Address	**City**	**State**	**Zip**
25800 164th Ave SE	Covington	WA	98042
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)	Address	City	State	Zip
11/19 - Current	[redacted]	Seattle	WA	98117
From - To (MM/YY – MM/YY)		City	State	Zip
3/16 - 11/19		Seattle	WA	98103
From - To (MM/YY – MM/YY)		City	State	Zip
06/08 - 3/16		Seattle	WA	98115
From - To (MM/YY – MM/YY)		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 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			From - To (MM/YY – MM/YY)	
Agiliti Health, Inc.			06/17/2015 - Present	
Business Address		**City**	**State**	**Zip**
20021 87th Ave S		Kent	WA	98031
Phone	**Title**		**Number of Employed Hours**	
206-244-1615	Operations Manager		1,500+	
Description of Duties				
OVERSEE ALL ASPECTS OF LOGISTICS & WAREHOUSE OPERATIONS				

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?		✔
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? 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)

4/10/24
Date

I, Scott Peterson, **certify that as the MDEG Administrator for**

Agiliti Health, Inc.,

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

1. SP Have a high school diploma or its equivalent;
2. SP Have
   a. At least 1,500 hours of verifiable 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. SP 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. SP 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.

Scott Peterson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/10/24
Date

Board Use Only	Date Received: 4/18/24

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Agiliti Health, Inc.

Pharmacy/Wholesaler License # (if applicable): Pending

Physical Address: 20021 87th Ave S

City: Kent State: WA Zip: 98031

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 206-244-1615 Website: www.agilitihealth.com

Licensing Company Email: licensing@agilitihealth.com

Section 2: Personal Information

First: Scott Middle: David Last: Peterson

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Kent State: WA Zip: 98031

Telephone: [redacted] Email: scott.peterson@agilitihealth.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		From - To (MM/YY – MM/YY)	
Seattle Pacific University		09/05-06/09	
Address	City	State	Zip
3307 3rd Ave. W	Seattle	WA	98119
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
Kentwood High School			
Address	City	State	Zip
25800 164th Ave SE	Covington	WA	98042
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)	Address	City	State	Zip
11/19-Current	[redacted]	Seattle	WA	98117
From - To (MM/YY – MM/YY)		City	State	Zip
11/16 - 11/19		Seattle	WA	98103
From - To (MM/YY – MM/YY)		City	State	Zip
06/08 - 11/16		Seattle	WA	98115
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
Agiliti Health, Inc.			06/17/2015 - Present	
Business Address		**City**	**State**	**Zip**
20021 87th Ave S		Kent	WA	98031
Phone	**Title**		**Number of Employed Hours**	
206-244-1615	Operations Manager		6,000+	
Description of Duties				
OVERSEE ALL ASPECTS OF LOGISTICS & WAREHOUSE OPERATIONS				

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)

4/10/24
Date

I, Scott Peterson, **certify that as the designated representative for**

Agiliti Health, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SP I am at least 21 years of age;
3. SP 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. SP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SP 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. SP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Scott Peterson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/10/24

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.

Scott Peterson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/10/24

Date

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

State of WASHINGTON, ss. County of KING

I, SCOTT PETERSON, 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

4/10/24

Date

Subscribed and Sworn to before me this 10 day of APRIL 2024.

Notary Public Signature

KOMALPREET SEKHON
MY COMM. EXP. 10/07/2027
NOTARY PUBLIC
COMM. #23029804
STATE OF WASHINGTON

(Seal)

NEVADA

Employee list for 20021 87th Ave S., Kent, WA 98031.

Employee Name	*Job Title*
Aboubacar Timite	Customer Service Technician I
Angel Palacios	Customer Service Technician I
Ariana Taylor	Medical Equipment Technician I
Aundrey Tuiolemotu	Customer Service Technician I
Bradley Burby	Customer Service Technician I
Brandi Davis	Customer Service Technician I
Cody Jackson	Operations Supervisor - District
Cory Noriega	Laser Technician I
David Melnik	Field Service Technician II
Denys Chumak	Operations Supervisor - District
D Nmah	Customer Service Technician I
Ian Wamba	Customer Service Technician I
James Galta	Customer Service Technician I
Jared Kendrick	Operations Manager - Surgical
Jeffrey Pride	Equipment Processor I
Jeremy Massa	Clinical Engineering Supervisor
Jon Monte	Laser Technician III
Marciano Cagatan	Biomedical Technician I
Mason Jacobs	Laser Technician I
Matthew Church	Laser Technician III
Michael Fay Lucas	Customer Service Technician I
Nicole Bermudes	Divisional Operations Manager II - Surgical
Nico Pareja	Laser Technician I
Rand McKellar	Territory Executive
Robert Purviance	Operations Manager - District I
Robert Williams	Customer Service Technician II
Ronald Velasco	Laser Technician IV
Ron Sinson	Customer Service Technician I
Russell Mitchell	Biomedical Technician II
Salavatia Faavae	Customer Service Technician I
Scott Peterson	Operations Manager - District III
Taylor Smith	Laser Technician I
Tyler David	Laser Technician VI
Victor Taylor	Laser Technician II
Wesley Rettig	Biomedical Technician I
Will Wiechert	Laser Service Engineer II

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 December 31, 2023

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: 001-40361

AGILITI, INC.

(Exact name of registrant as specified in its charter)

Delaware	**11095 Viking Drive,**	**83-1608463**
(State or other jurisdiction of incorporation or organization)	**Eden Prairie, Minnesota 55344** (Address of principal executive offices, including zip code)	(I.R.S. Employer Identification No.)

(952) 893-3200

(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 Stock, par value $0.0001	AGTI	The 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, 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	☒	Emerging growth company	☐
Non-accelerated filer	☐	Smaller reporting 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 financing 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.☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

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 and non-voting common equity held by non-affiliates of the registrant as of June 30, 2023, the last business day of the registrant's most recently completed second fiscal quarter, was approximately $582,763,154 based upon the closing price reported for such date on the New York Stock Exchange.

The number of shares of common stock, $0.0001 par value, outstanding as of February 29, 2024 was 135,652,249.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Definitive Proxy Statement relating to the Annual Meeting of Stockholders are incorporated by reference into Part III of this Annual Report on Form 10-K where indicated. Such Definitive Proxy Statement will be filed with the Securities and Exchange Commission within 120 days after the end of the registrant's fiscal year ended December 31, 2023.

AGILITI, INC.
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NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical fact included in this Form 10-K are forward-looking statements. Forward-looking statements give our current expectations and projections relating to our financial condition, results of operations, plans, objectives, future performance and business. You can identify forward-looking statements by the fact that they do not relate strictly to historical or current facts. These statements may include words such as "anticipate", "estimate", "expect", "project", "plan", "intend", "believe", "may", "will", "should", "can have", "likely" and other words and terms of similar meaning in connection with any discussion of the timing or nature of future operating or financial performance or other events. All forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those that we expected, including:

- negative reaction of our investors, our suppliers, our customers or our employees to our leadership transition;
- market volatility of our common stock as a result of our leadership transition;
- the risk that the leadership transition may not provide the results that the company expects;
- imbalances in our selling mix;
- effects from political and policy changes that could limit our growth opportunities;
- our ability to maintain existing contracts or contract terms with, or enter into new contracts with customers;
- cancellations by or disputes with customers;
- our ability to maintain our reputation, including by protecting intellectual property;
- effects of a global economic downturn on our customers and suppliers;
- competitive practices by our competitors that could cause us to lose market share, reduce our prices or increase our expenditures;
- the bundling of products and services by our competitors, some of which we do not offer;
- consolidation in the healthcare industry;
- adverse developments with supplier relationships;
- our potential inability to attract and retain key personnel;
- our potential inability to make attractive acquisitions or successfully integrate acquire businesses;
- our need for substantial cash to operate and expand our business as planned;
- our substantial outstanding debt and debt service obligations;
- restrictions imposed by the terms of our debt;
- a decrease in the number of patients our customers are serving;
- our ability to effect change in the manner in which health care providers traditionally procure medical equipment;
- the absence of long-term commitments with customers;
- our ability to renew contracts with group purchasing organizations and integrated delivery networks;
- changes in reimbursement rates and policies by third-party payors;
- the impact of health care reform initiatives;
- the impact of significant regulation of the health care industry and the need to comply with those regulations;
- difficulties or delays in our continued expansion into certain of our businesses/geographic markets and developments of new businesses/geographic markets;
- additional credit risks in increasing business with home care providers and nursing homes, impacts of equipment product recalls or obsolescence;
- impairment charges for goodwill or other long-lived assets;
- an increase in expenses related to our pension plan;
- potential claims related to the medical equipment that we outsource and service;
- incurrence of costs that we cannot pass through to our customers;
- a failure of our management information systems;
- limitations inherent in all internal controls systems over financial reporting;
- our failure to keep up with technological changes;
- our failure to coordinate the management of our equipment;
- challenges to our tax positions or changes in taxation laws;
- litigation that may be costly to defend;
- federal privacy laws that may subject us to more stringent penalties;
- our contracts with the federal government that subject us to additional oversight;
- effects of high interest rates; and
- potential recall or obsolescence of our large fleet of medical equipment.

We derive many of our forward-looking statements from our operating budgets and forecasts, which are based on many detailed assumptions. While we believe that our assumptions are reasonable, we caution that it is very difficult to predict the impact of known factors, and it is impossible for us to anticipate all factors that could affect our actual results. Important factors that could cause actual results to differ materially from our expectations, or cautionary statements, are disclosed under "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" in this Form 10-K and elsewhere in our filings with the SEC. All written and oral forward-looking statements attributable to us, or persons acting on our behalf, are expressly qualified in their entirety by these cautionary statements as well as other cautionary statements that are made from time to time in our other SEC filings and public communications. You should evaluate all forward-looking statements made in this Form 10-K in the context of these risks and uncertainties.

We caution you that the important factors referenced above may not contain all of the factors that are important to you. In addition, we cannot assure you that we will realize the results or developments we expect or anticipate or, even if substantially realized, that they will result in the consequences or affect us or our operations in the way we expect. The forward-looking statements included in this Form 10-K are made only as of the date hereof. We undertake no obligation to update or revise any forward-looking statement as a result of new information, future events or otherwise, except as otherwise required by law.

PART I

ITEM 1. Business

Unless otherwise specified, the terms "we", "our", "us" and the "Company" refer to Agiliti, Inc. and, where appropriate, its consolidated subsidiaries. The term "THL" refers to Thomas H. Lee Partners, L.P., our principal stockholder, and the term "THL Stockholder" refers to THL Agiliti LLC, an affiliate of Thomas H. Lee Partners, L.P.

Our Mission

Agiliti, Inc. is an essential service provider to the U.S. healthcare industry with solutions that help support a more efficient, safe and sustainable healthcare delivery system. We ensure healthcare providers have the critical medical equipment they need to care for patients—wherever and whenever it's needed—with a service model that helps lower costs, reduce waste, and maintain the highest quality standard of medical device management in the industry. We are motivated by a belief that ***every interaction has the power to change a life***, which forms the cornerstone of how we approach our work and frames the lens through which we view our responsibility to make a difference for the customers, patients, and communities we serve.

Overview

We believe we are one of the leading experts in the manufacturing, management, maintenance, and mobilization of mission-critical, regulated, reusable medical devices. We offer healthcare providers a comprehensive suite of medical equipment management and service solutions that help reduce capital and operating expenses, optimize medical equipment utilization, reduce waste, enhance staff productivity, and bolster patient safety.

We commenced operations in 1939, originally incorporated in Minnesota in 1954 and reincorporated in Delaware in 2001.

In our more than 85 years of experience ensuring healthcare providers have high-quality, expertly maintained equipment to serve their patients, we've established a nationwide operating footprint that supports our offering. This at-scale, local market service and logistics infrastructure positions us to reach customers across the entire healthcare continuum—from individual facilities to the largest and most complex healthcare systems.

Our diverse customer base includes more than 10,000 national, regional, and local acute care hospitals, health systems and integrated delivery networks ("IDN"), and alternate site providers (such as surgery centers, specialty hospitals, home care providers, long-term acute care hospitals, and skilled nursing facilities). We serve the federal government as well as a number of city and state governments providing management and maintenance of emergency equipment stockpiles, and we are an outsourced service provider to medical device manufacturers supporting critical device remediation and repair services. We deliver our solutions through our nationwide network of more than 150 service centers and Centers of Excellence, a majority of which are certified to ISO 13485:2016. At our facilities, we employ a team of more than 800 specialized biomed repair technicians, more than 4,000 field-based service operators who work onsite within customer facilities or in our local service centers, and over 200 field sales and account managers. Our fees are primarily paid directly by our customers rather than by direct reimbursement from third-party payors, such as private insurers, Medicare, or Medicaid.

Industry Challenges

The U.S. healthcare industry continues to face transformative pressure that affects how provider organizations conduct business and serve their patients. Across the healthcare system, providers face compounding financial and operational challenges, including cost pressure from payors, nursing and clinical staff shortages, rising costs of drugs and supplies, increasing regulatory oversight, and advances in medical technology that generally result in higher prices for newer equipment and a higher cost of managing that equipment over its lifecycle. Given there is little that providers can do to change external dynamics, there is increased focus on areas within their enterprise that they can control. In our experience, one area that most hospitals and health systems identify for operational and cost improvement is the management and maintenance of medical equipment.

Healthcare facilities have been shown to own large quantities of reusable capital equipment ranging from multi-million dollar highly technical devices (e.g. MRIs) to lower cost, high volume devices (e.g. infusion pumps) required for patient care, treatment, and diagnosis. In our experience, providers often face challenges in managing their medical equipment

inventory effectively. For example, hospitals typically utilize roughly 42% of their owned medical equipment inventory at any given time, yet caregivers report that they routinely lack access to readily available patient-ready equipment. Nurses report spending an average of 20 minutes per shift searching for equipment, and often less than 37% of their time on direct patient care. Operational silos that naturally occur among hospital departments create inadvertent breakdowns within equipment management workflows, from the administrators who order equipment, to the support staff who clean/reprocess and deliver the equipment, to the nurses and doctors who use the equipment.

Further, the repair and maintenance of this highly technical equipment continues to increase in complexity and cost. Over a period of 15 years from 1995 to 2010 there was a 62% increase in the number of medical devices per hospital bed and a 90% increase in costs related to maintaining this equipment. Given the increasingly complex nature of these devices and stringent regulatory mandates guiding their upkeep, specialized technical knowledge is required to repair and maintain them. Most healthcare facilities struggle to employ the in-house capabilities and resources needed to ensure timely, routine maintenance and rapid testing, repair, and turnaround of their medical inventory which may impact time-to-therapy and patient safety, while driving up capital replacement costs on equipment that could have otherwise been kept operational with proper maintenance.

Finally, the healthcare system experiences seasonality in patient volumes, resulting in peak-need demand for specialized medical equipment (e.g. ventilators, specialty beds, infusion pumps). Given the common breakdowns in managing and maintaining their inventory during times of normal operation, hospitals face additional burden on equipment availability during times of peak need and will procure supplemental equipment through additional acquisition channels to fill this gap.

These challenges drive up significant costs and time delays within individual hospital facilities, but when multiplied across several hospitals and alternate site facilities within an integrated delivery network, the losses increase significantly. An average 2,500 bed IDN has been shown to waste more than $11 million annually on inefficient equipment maintenance and unnecessary capital purchases, while clinicians lose valuable patient time and productivity hours managing equipment needs.

These dynamics, supported by the following trends, further support the essential nature of our work:

Focus on reducing costs and increasing operational efficiency. Hospitals and other healthcare facilities continue to experience substantial pressure to conserve capital, reduce operating expenses, and become more operationally efficient. We expect these pressures to continue in the future and believe that we will always be on the right side of healthcare reform. Our comprehensive, end-to-end solutions offer customers a way to realize costs savings while enhancing operational improvements for medical equipment access and availability, thereby improving their organizational efficiency and financial viability.

Demand for better patient safety and outcomes. Hospitals across the U.S. are focused on improving patient safety and outcomes, which includes efforts to minimize hospital-acquired conditions (e.g. infections, patient falls, and pressure injuries) and increase nursing time at the patient bedside. Hospitals turn to us to assist them in managing their equipment in ways that have been shown to help minimize these incidents and ensure necessary equipment is available when and where it is needed, thereby improving patient safety and time to therapy and supporting optimal patient outcomes.

Caregiver retention and satisfaction. Hospitals continue to experience pressure and risk related to nursing and other caregiver retention and job satisfaction pressures. According to McKinsey & Company, the United States is expected to face a nurse shortage of between 200,000 and 450,000 nurses by 2025. Adding non-patient care duties, such as searching for, cleaning, and managing equipment, adds to nurse workload and contributes to clinician dissatisfaction and turnover. We expect that with these internal pressures, hospitals will increasingly turn to our programs to outsource healthcare technology management duties and related management processes to allow nurses more time to spend on patient care, resulting in improved job satisfaction.

Increased capital and operating expense pressures and regulatory compliance. Hospitals continue to experience restricted capital and operating budgets, while the cost and complexity of medical equipment increases. Furthermore, the increasing complexity and sophistication of medical equipment brings with it more recordkeeping requirements and regulatory scrutiny in its use and maintenance. We expect that hospitals will increasingly look to us to support the management and maintenance of their capital equipment inventory to achieve capital and operating expense savings, operating efficiencies and regulatory compliance.

Our Value Proposition

As a critical outsource partner to more than 10,000 U.S. healthcare customers, including most leading providers nationwide, we've tailored our solution offering and service model to address the unique challenges and opportunities we witness among our customers related to the effective management of medical equipment.

Our services help eliminate significant capital and operating costs associated with the ownership and lifecycle management of mission-critical medical equipment. In addition to optimizing use of providers' owned equipment, we provide ready access and increase the on-patient utilization of supplemental medical equipment to address fluctuations in patient census and patient acuity. By partnering with Agiliti, providers have the benefits of:

Cost savings and lower total costs of equipment ownership

- Increased utilization of both customer-owned and supplemental equipment
- Lower overall total cost of equipment ownership by combining our solutions to solve challenges across the end-to-end equipment management process
- Optimized management and logistics of provider-owned equipment through tracking, monitoring, reprocessing, maintaining, and ensuring equipment is safety-tested and redeployed for use
- Reduced maintenance and repair costs through the use of our proprietary technology, flexible staffing models, parts pool, equipment capabilities, diverse skill mix of knowledgeable equipment technicians, and our commitment to quality
- Benefits of specialized technician labor to augment clinical biomed staff, having been shown to help reduce service costs and provide required technical proficiency to address more complex equipment types
- Access to our extensive data and expertise on the cost, performance, features, and functions of all major items of medical equipment
- Assistance with capital planning, vendor management, and regulatory compliance

More time to spend with patients and confidence in the availability of patient-ready medical equipment

- Increased productivity and satisfaction among nursing staff achieved by eliminating certain non-clinical work tasks and saving an average 300-bed hospital over 28,000 caregiver hours annually, allowing more time to focus on patient care responsibilities
- Improved time-to-therapy for patients at risk for falls, skin breakdown, and bariatric safety by expediting delivery of therapeutic equipment direct to the patient room
- Access to supplemental moveable medical equipment, surgical equipment, and next generation technology without the expense of acquisition on a pay-per-procedure basis

Improved regulatory compliance, risk management and extended use life

- Optimal maintenance intervals and parts replacement to extend equipment use life, reduce waste, and lower obsolescence risk
- Compliance with regulatory and recordkeeping requirements and adherence to manufacturers' specifications on the reprocessing and maintenance of medical equipment
- Equipment quality assurance through the use of our comprehensive quality management system ("QMS") based on the quality standards recognized worldwide for medical devices: 21 CFR 820 and ISO 13485:2016
- Risk mitigation and lower costs associated with product recalls or device modifications

Technical expertise and supplemental staffing to sustain optimal equipment workflow

- Reduced administrative and time burdens on clinical staff related to managing and locating available equipment and coordinating among multiple vendors
- Specialized technical and clinical specialists that directly interact with and work alongside customers to optimize equipment outsourcing solutions

Our Market Opportunities

We participate in the U.S. medical equipment services market comprised of the services we offer through our onsite managed services, clinical engineering services, and equipment solutions service lines.

According to the Centers for Medicare and Medicaid Services ("CMS"), as of 2022, healthcare spending reached $4.5 trillion, or $13,493 per person, and accounted for 17.3% of the U.S. GDP. Spending is expected to grow at an average annual rate of 5.4% from 2022-2031, due to secular tailwinds including an aging population, rising acuity, and prevalence of chronic conditions.

There is a fundamental shift in the needs of health systems, hospitals, and alternate site providers to move from supplemental and peak need sourcing of medical equipment toward more comprehensive onsite inventory management and maintenance solutions. As healthcare facilities look to balance the challenge of providing better care at lower costs, they are more open to third party partnerships that outsource critical but non-core support functions. The move toward full outsourcing is not unlike trends in similar services at hospitals including food service, laundry, professional staffing, and technology.

We believe there are several key macro trends that will drive increased demand for our products and services:

Favorable demographic trends. According to the U.S. Census Bureau, individuals aged 65 and older in the United States comprise the fastest growing segment of the population. This segment is expected to grow to approximately 95 million individuals by 2060. This represents a 93.9% increase in the 65-and-older segment of the population as compared to 2016. As a result, over time, the number of patients and the volume of hospital admissions are expected to grow. The aging population and increasing life expectancy are driving demand for healthcare services.

Increase in chronic disease and obesity. According to the Center for Disease Control and Prevention ("CDC"), six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer, or diabetes. These conditions often require specialty equipment to support therapeutic intervention in inpatient and outpatient care settings. In addition, obesity in the U.S. increased to 41.9% of the population between 2017-2020, up from 30.5% between 1999-2000 (CDC). This population demands greater access to specialty bariatric equipment to support care and minimize the incidence of injury during a hospital stay.

Increased mergers & acquisitions. We have seen that hospitals and healthcare systems continue to expand their covered network and acquire alternate care delivery settings in order to care for patient populations in the most cost-effective way. In our experience, providers are increasingly seeking partners that provide comprehensive services and that can quickly adapt to changing health system infrastructure and growth. Working with one vendor that can operate at a nationwide and system-wide scale is attractive to cities, states, and IDNs who operate, manage, and maintain equipment inventories across multiple locations.

Centralizing shared services across the IDN. Health systems with duplicative services across multiple facilities in close proximity have an increased risk of unnecessary variation, greater costs, and suboptimal outcomes. Many health systems have centralized and consolidated non-clinical services as a shared service, including billing, reimbursement, supply chain, human resources, IT, etc. We have witnessed a growing trend among IDNs to centralize and consolidate equipment maintenance and logistics among member facilities. In our experience, because most health systems do not currently have the storage, technical, or transportation resources for managing a shared equipment management function, they will seek third party support to optimize equipment utilization, redeploy equipment where needed, and reduce overall equipment costs.

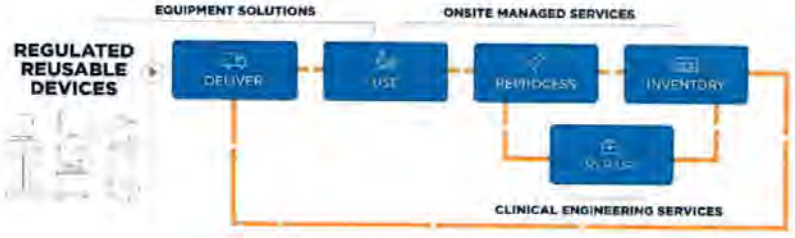
Increase in infection control risks. Infection control remains an essential priority for hospitals and health systems as a way to limit the spread of hospital-acquired infections and broad transmission of infectious diseases during a pandemic. Most focus in this area is around hand hygiene, the proper use of personal protective equipment ("PPE"), and the reprocessing and sterilization of critical and semi-critical medical devices (e.g. surgical instruments, endoscopes). Often overlooked is the reprocessing of non-critical medical devices, such as infusion pumps and ventilators, that are commonly touched by caregivers and patients. If not properly cleaned and sanitized between patient use, these devices can pose increased infection control risks. We expect an increase in demand of onsite equipment management programs to address proper reprocessing of these types of devices and help lower infection risks and allow clinicians to spend more time at the patient bedside and less time cleaning equipment.

Our Solutions

We provide a comprehensive offering for the manufacturing, management, maintenance, and mobilization of critical medical devices, built on an integrated service platform. Our solutions help reduce the cost and complexity of acquiring, managing, and maintaining medical equipment inventories. The integrated nature of our offerings within our end-to-end

service framework ensures we maximize value to over 10,000 customers nationwide as we address more aspects of the equipment lifecycle continuum.

While customers may initially engage with us across one aspect of our service lines within this framework, we employ a variety of land-and-expand tactics to grow our relationships and customer share-of-wallet over time. These tactics include:



- ***Gateway solutions*** which offer an entry point to the economic buyer and include peak need equipment, surgical lasers and equipment, specialty beds and surfaces, and supplemental clinical engineering services;
- ***Vertical solutions*** which provide a deeper level of service with clinical offerings tailored to specific patient needs (e.g. bariatrics, wound management, falls management) and clinical engineering programs for broad equipment categories (general biomedical devices, diagnostic imaging equipment, surgical instruments);
- ***Comprehensive, connected solutions*** through onsite managed services and outsourced clinical engineering services that connect previously fragmented customer workflow processes to drive operational efficiencies, realize improved clinician and equipment productivity, lower total cost of ownership, ensure regulatory compliance, reduce waste, improve time to therapy, and allow customers to effectively lower costs; and
- ***Comprehensive logistics, management and clinical engineering solutions*** that allow IDNs to manage equipment inventories across multiple locations, and supports city, state, and federal government agencies in managing and maintaining equipment stockpiles.

We deploy our solution offering across three primary service lines:

On-Site Managed Services: Onsite Managed Services are comprehensive programs that assume full responsibility for the management, reprocessing, and logistics of medical equipment at individual facilities and IDNs, with the added benefit of enhancing equipment utilization and freeing more clinician time for patient care. This solution monitors and adjusts equipment quantities and availability to address fluctuations in patient census and acuity. Our more than 1,300 onsite employees work 24/7 in customer facilities, augmenting clinical support by integrating proven equipment management processes, utilizing our proprietary management software and conducting daily rounds, and unit-based training to ensure equipment is being used and managed properly, overall helping to optimize day-to-day operations and care outcomes. We assume full responsibility for ensuring equipment is available when and where it is needed, removing equipment when no longer in use, and decontaminating, testing, and servicing equipment as needed between each patient use. Revenue attributable to such customers for the years ended December 31, 2023 and 2022 represented 22% and 23% of our total revenue, respectively.

Clinical Engineering Services: Clinical Engineering Services provides maintenance, repair, and remediation solutions for all types of medical equipment, including general biomedical equipment, diagnostic imaging equipment, and surgical equipment through supplemental and outsourced offerings. Our supplemental offering helps customers manage their equipment repair and maintenance backlog, assist with remediation and regulatory reporting, and temporarily fill open biotechnical positions. With our outsourced offering, we assume full management, staffing, and clinical engineering service responsibilities for individual or system-wide customer sites. The outsourced model deploys a dedicated, on-site team to coordinate the management of customer-owned equipment utilizing our proprietary information systems, third party vendors of services and parts, and a broad range of professional services for capital equipment planning and regulatory compliance. We employ more than 800 technicians across our more than 150 local market service centers and Centers of Excellence who can flex in and out of customer facilities on an as-needed basis, ensuring customers pay only for time spent directly servicing their equipment by an appropriately qualified technician. We use flex staffing for our supplemental clinical engineering solution and to augment support when additional technicians are needed to supplement our outsourced services during peak workload. We contract our Clinical Engineering Services with acute care and alternate site facilities across the U.S., as well as with the federal government and any medical device manufacturers that require a broad logistical

footprint to support their large-scale service needs. Revenue attributable to such customers for the years ended December 31, 2023 and 2022 represented 39% and 38% of our total revenue, respectively.

Equipment Solutions: Equipment Solutions primarily provides supplemental, peak need, and per-case rental of general biomedical, specialty, and surgical equipment to acute care hospitals and alternate site providers in the U.S., including some of the nation's premier healthcare institutions and integrated delivery networks. We contract for Equipment Solutions services directly with customers or through our contractual arrangements with hospital systems and alternate site providers. We consistently achieve high customer satisfaction ratings, as evidenced by our Net Promoter Score ("NPS") of 40 for the year ended December 31, 2023. For these customers we deliver patient-ready equipment within our contracted equipment delivery times and provide technical support and educational in-servicing for equipment as-needed in clinical departments, including the emergency room, operating room, intensive care, rehabilitation, and general patient care areas. We are committed to providing the highest quality of equipment to our customers, and we do so through the use of our comprehensive QMS which is based on the quality standards recognized worldwide for medical devices: 21 CFR 820 and ISO 13485:2016. This commitment ensures that customers have access to patient-ready equipment with the confidence of knowing it has been prepared and maintained to the highest industry standard for optimal patient safety and outcomes. Revenue attributable to such customers for both years ended December 31, 2023 and 2022 represented 39% of our total revenue.

Many of our customers have multiple contracts with Agiliti with revenue reported across multiple service lines. Our contracts vary based upon service offering, including with respect to term (with most being multi-year contracts), pricing (daily, monthly, and fixed fee arrangements) and termination (termination for convenience to termination for cause only). Many of our contracts contain customer commitment guarantees and annual price increases tied to the consumer price index. Standard contract terms include payment terms, limitation of liability, force majeure provisions, and choice of law/venue.

Because we work closely with customers to provide a long-term, value-based solution versus a product-based, transactional approach, they are motivated to expand their relationships with us over time. We have demonstrated an ability to grow revenue up to 5-6x with existing customers as they move toward our full suite of highly complementary services. Among our top 50 customers by revenue growth from 2015 to 2023, total revenue rose from an aggregate of approximately $23.1 million for the year ended December 31, 2015, to approximately $164.6 million for the year ended December 31, 2023. Within each of those customers, revenue growth ranged from $1.4 million to $16.7 million across all three primary service lines, with an average increase of $2.8 million per customer.

Further, the infrastructure and capabilities required to provide connected, responsive equipment lifecycle management is typically cost-prohibitive, even for large IDNs. Our nationwide network of clinical engineers, storage and repair facilities, vehicles, and analytics tools gives us scale to provide cost-effective services for individual facilities, systems, regional IDNs, governments, and device manufacturers.

Competitive Strengths

We believe our business model presents an attractive value proposition to our customers and that our comprehensive medical device management solutions and ability to work in partnership with and across Original Equipment Manufacturers ("OEMs") as a device-agnostic service provider have contributed to our growth in recent years. Our unique framework for end-to-end medical equipment management, delivered through our nationwide service and logistics infrastructure, differentiates us in the marketplace and is without comparable peers. We believe our more than 85 years of experience, extensive employee base of trained technicians, and our reputation for service excellence has earned us a leading position in our industry. We attribute our historical success to our:

Strong value proposition. With our focus and expertise in connected, end-to-end medical equipment management and service solutions, we offer a compelling customer value proposition. We believe that many of our customers have come to rely on our ability to respond quickly to their needs with reliable, high quality products and service expertise. We believe our ability to provide this level of service distinguishes us from our competitors. It also requires us to maintain inventories and infrastructure that we do not believe our competitors currently maintain. Our comprehensive solutions focus on helping customers:

- lower total cost of device ownership by reducing capital and operating costs related to owning and managing medical equipment;

- enhance operational productivity and staff satisfaction by ensuring equipment is available when and where needed; and
- maintain high standards of quality and regulatory compliance related to medical equipment use, maintenance and end-of-life disposal.

Large, nationwide infrastructure. We have a broad and specialized nationwide staff, facility, and vehicle service network coupled with focused and customized operations at the local level. Our extensive network of service centers and Centers of Excellence and our 24-hours-a-day, 365 days-a-year service capabilities enable us to compete effectively for large, national contracts as well as drive growth regionally and locally.

We employ a number of technical, clinical, and surgical specialists that engage directly with our customers to drive improved cost, efficiency, and clinical outcomes. These include over 800 biomedical repair technicians, more than 4,000 field-based service operators, and over 200 field sales and account managers. Our specialized teams, large equipment fleet, and quality assurance programs have been built over 85 years serving provider customers and represent a significant investment in infrastructure over time. This places us in a unique and hard-to-replicate position with the scale to serve the most complex acute care hospitals, such as teaching, research or specialty institutions, that demand access to current and preferred technologies to meet the complex needs of their patients.

Proprietary software and asset management tools. We have used our 85 years of experience and our extensive database of equipment management information to develop sophisticated software technology and management tools. These tools enable us to meet unique customer demands by supporting sophisticated onsite managed services that help drive cost efficiencies and equipment productivity for caregivers. We believe that our ongoing investment in new tools and technology will help continue to distinguish our offerings to the healthcare industry.

Commitment to quality. Class I and II medical devices are designed, manufactured, and distributed from our Sizewise manufacturing facilities. Each of the United States-based facilities that produce finished goods is registered with the United States Food and Drug Administration ("FDA") and follows strict quality guidelines in accordance with 21 CFR 820 and ISO 13485:2016.

Agiliti also services and repairs medical devices manufactured by other OEMs. Third-party service providers like Agiliti are not required to register their sites with the FDA; therefore, there are no regulations that specifically apply to our maintenance of medical devices. We've made a commitment, however, to do the right thing for our customers and their patients by staffing a dedicated Quality team and implementing a QMS based on the quality standards recognized worldwide for medical devices: 21 CFR 820 and ISO 13485:2016. This commitment to quality ensures that patient safety and risk management are at the center of every product decision, and that our equipment is serviced to the highest standards in the industry. We have elected to have independent accredited registrars certify our QMS at over 110 of our local market service centers, government service centers, and Centers of Excellence to ISO 13485:2015. British Standards Institute ("BSI") has certified over 90 of our local market service centers, government service centers, manufacturing sites, and Centers of Excellence to ISO 13485:2016. The Surgical Equipment Repair and Imaging Centers of Excellence are certified by Deutscher Kraftfahrzeug-Überwachungs-Verein e.V. ("Dekra") and National Quality Assurance ("NQA"). Our manufacturing facilities are certified by Intertek. We believe that ISO 13485:2016 provides the stringent guidelines specific to medical devices to ensure that our fleet of equipment, as well as the equipment we service, is maintained to the highest quality standards. Our commitment to quality extends to our exclusive use of OEM parts to repair FDA 510(k) registered medical devices that we own, whenever available. Implementing optimal maintenance intervals and parts replacement extends equipment use life, thereby reducing waste and lowering risk of obsolescence. We believe that our robust QMS policies set us apart in our industry from those who may use less stringent quality practices on the equipment they own or maintain.

Superior customer service. We believe we have a long-standing reputation among our customers for outstanding service and quality. This reputation is largely attributable to our strong customer service culture, which is continuously reinforced by management's commitment to, and significant investment in, hiring and training resources. We strive to seamlessly integrate our employees and solutions into the operations of our customers. We believe that our aggressive focus on the overall customer experience has helped us achieve high customer satisfaction ratings. Our customer satisfaction survey returned an NPS of 40 for the year ended December 31, 2023.

Low direct third-party payor reimbursement risk. Many healthcare providers rely on direct payment from patients or reimbursement from third-party payors. Our fees are primarily paid directly by our customers, rather than by third-party payors, such as Medicare, Medicaid, managed care organizations, or indemnity insurers. Accordingly, our exposure to

uncollectible patient or reimbursement receivables or Medicare or Medicaid reimbursement changes is reduced, as evidenced by our bad debt expense of approximately 0.2%, 0.3%, and 0.2% of total revenue for the years ended December 31, 2023, 2022, and 2021, respectively.

Values driven culture centered on doing the right thing for our many stakeholders. Our team operates on a set of shared aspirations that reflect the manner in which we approach our work and serve the needs of our customers, team members, shareholders, and local communities. We believe these aspirations that underpin our culture, strategy, and service model help contribute to a safer and more sustainable healthcare system and frame the cornerstone of our success:

WE ARE BUILDING THE PREMIER CLINICAL EQUIPMENT SERVICES COMPANY. We ensure clinicians have the equipment they need, when they need it, with the confidence it is maintained to the highest industry standards. We never waver from doing what is right for our customers, our team members, and our shareholders.

WE ARE ESSENTIAL TO CUSTOMERS. We are dependable, trusted advisors—steadfast in our commitments and ready to serve. We deliver a unique and valuable offering that helps customers improve their business and prioritize patient care.

WE ARE EMPOWERED AND ENGAGED. We lead by example, inspiring one another to be at our best, to be accountable, and to develop with purpose. We value our diversity, knowing different perspectives lead to better outcomes. We share a common drive to make a difference and take pride in being part of something bigger than ourselves.

WE ARE OPERATIONALLY EXCELLENT. We demonstrate a tireless commitment to quality, reliability, and continuous improvement. We demand of ourselves the highest degree of accuracy, efficiency, and integrity in order to deliver exceptional service to our customers and their patients.

WE ARE CREATING A CATEGORY OF ONE. Together, we are building a highly differentiated service company that is the vendor of choice for customers and an employer of choice nationwide.

Highly engaged team. We believe a strong and sustainable company begins with an engaged and empowered team. We are committed to investing in our team's development and to fostering a culture of diversity, inclusion, trust, and transparency. Approximately 43% of our total work force is comprised of minorities and approximately 29% of our team members are female. We offer competitive compensation and benefits programs, and we ensure our team members share in the success of our business with a company wide annual bonus program and an Employee Stock Purchase Plan. We strive to ensure Agiliti is a place where our people are proud to work, and we achieve that by listening to feedback and taking active steps to improve. In 2023, we achieved a 60 employee engagement score rating.

Proven management team. Our diverse and industry leading management team brings decades of executive-level healthcare expertise from across the sector and has successfully supervised the development of our competitive strategy, continually enhanced and expanded our service and product offerings, reinforced our nationwide operating footprint, and furthered our reputation as an industry leader in our category.

Key Elements of our Growth Strategy

Retain and expand existing customer relationships. While our overall market opportunity is large, there is also significant expansion opportunity within our existing customers. We have demonstrated the ability to grow our wallet share among existing customers by expanding the services we provide to them over time. Looking at our top 50 customers by revenue growth between 2015 and 2023, total revenue rose from an aggregate of approximately $23.1 million for the year ended December 31, 2015, to approximately $164.6 million for the year ended December 31, 2023. Within each of those customers, revenue growth ranged from $1.4 million to $16.7 million across all three primary service lines, with an average increase of $2.8 million per customer.

Grow our customer base among customers that outsource. We believe there is a significant opportunity to further grow our business by winning new customer contracts for medical equipment management services in the U.S. Due to increasing pressures that providers are facing, we expect outsourcing to significantly accelerate. As a leader in our industry, we believe we are poised to take advantage of this continued shift.

Grow our serviceable market by contracting with those that insource today. We believe that as we reach additional potential customers with demonstrated value both in improved patient care and reduced costs, we can grow our total addressable market by contracting with new clients that were not previously outsourcing device management services. Further, this market is also experiencing tailwinds that make the total addressable market, the total contracted market, and our own contracts with ongoing customers poised to continue to expand. Examples of these tailwinds include increasing overall provider volumes, increasing use and complexity of medical devices and increased outsourcing by hospitals.

Invest in complementary offerings that enhance customer relationships. As the medical device field becomes increasingly complex and the number of devices used per patient on average increases over time, we routinely evaluate additional services and methods of approaching service delivery that increase value for our clients. As an example, this has recently taken the form of expanding our work with federal, state, and local governments to help them maintain and mobilize strategic stockpiles of ventilators and other critical medical equipment.

Opportunistically pursue accretive M&A. Due to our high and sustained value creation for customers and significant white space within existing customer relationships, we believe that pursuing opportunistic M&A will drive increasing returns through embedded customer relationships. From 2016-2023, we successfully integrated 11 acquisitions and will continue to pursue opportunistic M&A as part of our long-term growth strategy.

Business Operations

Service Centers

As of December 31, 2023, we operated more than 150 local market service centers which allow us to provide our end-to-end healthcare technology management and service solutions to customers in virtually all markets throughout the United States. Each service center is responsible for supporting the equipment management needs of its local healthcare market across all sites of care. Each service center maintains an inventory of locally demanded equipment, parts, supplies, and other items tailored to accommodate the needs of individual customers within its geographical area. Should additional or unusual equipment be required by one of our customers, a local service center can draw upon the resources of our other service centers. With access to more than one million owned or managed units of medical equipment (over 300,000 owned) available for customer use as of December 31, 2023, we believe we can most often obtain the necessary equipment within 24 hours.

Depending on market size and demands, our service centers are staffed by multi-disciplined teams of sales professionals, service representatives, customer service technicians, clinical engineering (biomedical) equipment technicians, and surgical services technologists trained to deliver on our complete portfolio of customer solutions. Employees providing resident-based services through our on-site managed programs are supported by local site managers and/or the service centers in the markets where those customers are located.

Centers of Excellence

Our local market service center network is supported by strategically located Centers of Excellence. These centers focus on providing highly specialized clinical engineering service and support. The Centers of Excellence also provide overflow support, technical expertise, training programs, and specialized service functions for our local service centers. All specialized depot work required by our manufacturer customers resides within these Centers of Excellence. Our Centers of Excellence are certified to ISO 13485:2016 by BSI, DEKRA, NQA, and Intertek as a quality commitment to our customers.

Centralized Functions

Our corporate office is located in Eden Prairie, Minnesota. We have centralized many of the key elements of our equipment and service offerings in order to create standardization and to maximize our operating efficiencies and uniformity of service. Some of the critical aspects of our business centralized within our corporate office include contract administration, marketing, purchasing, pricing, logistics, accounting, quality, and information technology.

Medical Equipment Fleet

We acquire, manufacture, or manage medical equipment to meet our customers' needs in some of the following product areas: respiratory therapy, infusion therapy, newborn care, critical care, patient monitors, specialty beds and therapy

surfaces (which includes fall management equipment, bariatrics equipment, pressure area management and wound therapy equipment, stretchers, and wheelchairs), and surgical equipment. We believe we maintain one of the most technologically advanced and comprehensive equipment fleets in the industry and routinely acquire new and certified pre-owned equipment to enhance our fleet. Our specialized equipment portfolio managers evaluate new products each year to keep abreast of current market technology and to determine whether to add new products to our equipment fleet. In making equipment purchases, we consider a variety of factors, including manufacturer credibility, repair and maintenance costs, anticipated user demand, equipment mobility, and anticipated obsolescence. We generally do not enter into long-term fixed price contracts with suppliers of our equipment. As of December 31, 2023, we owned or managed more than one million units of medical equipment available for use by our customers of which more than 300,000 were owned by Agiliti.

In 2023, our ten largest manufacturers of medical equipment supplied approximately 65% (measured in dollars spent) of our direct medical equipment purchases. In 2023, three of our largest medical equipment suppliers accounted for approximately 41% of our medical equipment purchases (measured in dollars spent).

Corporate Citizenship Matters

Our approach to corporate citizenship is guided by a detailed understanding of those matters most material to Agiliti, its customers, team members, shareholders and other stakeholders across the communities we serve. Our differentiated product and service offerings provide powerful benefits to the nation's healthcare industry and align with several United Nations Sustainable Development Goals ("UN SDGs"), including Optimizing Clinical Outcomes (UN SDG 3), Improving Economic Outcomes (UN SDG 8), and Reducing Waste (UN SDG 12). We intend to partner with our customers, suppliers, and other stakeholders to maximize those benefits as we continue to evolve our business offerings. In that spirit, we seek to demonstrate our commitments to corporate citizenship through purposeful actions and meaningful results and by thoughtfully managing the risks and opportunities that shape the long-term sustainability of our business.

In 2023, we continued to make progress on our priority focus areas, which are detailed in our corporate citizenship reporting, and include our commitments to product quality standards; investments in our teams to prioritize safety and engagement; and, monitoring the energy and emissions intensity of our operations. Our strategic focus in 2023 also included careful tracking of emerging sustainability regulations and preparation for future reporting requirements.

We maintain a formal governance structure to oversee our corporate citizenship efforts, including oversight from the Nominating and Corporate Governance Committee of the Board of Directors and a cross-functional steering committee comprised of senior leaders that supports the execution of strategy and reporting. These groups meet regularly to assess performance, guide strategy, and review disclosures for quality and accuracy. For more information about our corporate citizenship efforts please see our investor relations website.

Human Capital

We believe a strong and sustainable company begins with an engaged and empowered team. We are committed to investing in our team's training and development, and to open, two-way communication. Our culture is underpinned by our core belief, our Code of Conduct and our strong commitment to diversity, equity, and inclusion.

As of December 31, 2023, we employed more than 5,800 employees throughout the United States. We believe we generally have good relations with our employees.

Talent Acquisition

Diversity and Inclusion: We foster a diverse company culture where all backgrounds and perspectives are welcomed, valued, and respected equally. As of 2023, ethnically diverse talent represents more than 43% of our workforce. We have adopted an Equal Employment Opportunity & Affirmative Action policy to further our commitment to providing equal employment opportunities to all Agiliti employees and applicants for employment.

Talent Development: We offer to our team members role-based and career development training covering a broad curriculum each year—from leadership development courses, to role-based skills development and high-touch onboarding experiences, we strive to offer the tools and resources our team members need to perform at their best and grow their careers. More than 22% of our positions are filled internally year-over-year, and roughly 57% of our leadership roles were filled internally in 2023. We enjoyed a 77% employee retention rate in 2023. In addition, we offer dynamic online training

through our Quality Management System covering all dimensions of operations, safety, quality, and compliance across the company.

Engagement: We believe a strong and sustainable company begins with an engaged and empowered team. We are committed to investing in our team's training and development and to fostering a culture of trust and transparency. We constantly strive to make Agiliti a place where people are proud to work, and we achieve that by listening to feedback and taking active steps to improve. In our most recent survey (2023), we achieved a 60 employee engagement score rating.

Health & Safety: We ensure Agiliti is a safe place to work where team members feel supported and protected. We offer comprehensive health and wellness benefits and our team members are trained annually on safe work practices and procedures. Find more information in our policies on PTO and PTO for illness.

Intellectual Property

We have registrations with the United States Patent and Trademark Office ("PTO") for the following marks: "Asset360®" and "BioMed360®"; "Universal Hospital Services, Inc.," "UHS®" and the UHS logo; "OnCare," "Harmony," "Quartet," "Agiliti" and the Agiliti logo. We have applications pending with the United States Patent and Trademark Office for the following marks: "Vityl." United States service mark registrations are generally for a term of 10 years, renewable every 10 years if the mark is used in the regular course of business. Sizewise maintains 45 issued patents in the United States and other countries, is prosecuting ten pending patent applications in the United States and other countries. No decisions have been made regarding foreign patent protection, but new foreign patent applications are likely. Sizewise maintains 46 registered trademarks in the United States and in other countries. Sizewise maintains five applications for registration of trademarks in the United States and one in Canada. Sizewise also has many common law trademarks. Sizewise owns copyrights on original works of authorship and provides appropriate notice of copyright on its original works of authorship. There is currently no pending litigation pertaining to seven Sizewise's intellectual property.

We have a domain name registration for agilitihealth.com, which serves as our main website. In 2011, we registered the domain name OnCareMedical.com featuring our OnCare™ sub-brand for patient handling products. In 2012, we registered UHSSurgicalServices.com. In 2016, we acquired resxray.com. In 2021, we acquired Sizewise.com. In 2023, we acquired dabir-surfaces.com.

We have developed a number of proprietary software programs to directly service or support our customers including "inCare™" which is a medical equipment inventory management system that allows us to track the location and usage of equipment we are managing at a customer's location in our 360 Solutions. "MyAgiliti™" is our online ordering and reporting site which accesses our proprietary programs specifically designed to help customers meet medical equipment documentation and reporting needs under applicable regulations and standards, such as those promulgated by the FDA and The Joint Commission. Additionally, this tool provides detailed reporting on utilization, compliance, and analytics for management. "Vityl™" is our equipment maintenance and planning system which houses our work order system and assists in our customers regulatory compliance recordkeeping. "Scheduler™" is our web-based scheduling, tracking, reporting and physician preference system for Agiliti Surgical solutions. "inCommand™" encompasses the proprietary software tools that allow our employees to manage and maintain our extensive equipment fleet and serve our customers more effectively and efficiently. We primarily rely on trade secret, copyright and other similar laws for the protection of our proprietary software. Our employees who access such proprietary software sign confidentiality agreements and receive training on protecting the security of our data systems, and any independent contractors who assist with development of our proprietary software are required to sign non-disclosure and work product assignment agreements.

Marketing

We market our programs primarily through our direct sales force, which consisted of more than 200 sales representatives as of December 31, 2023. We support our direct sales force with technical, clinical, surgical, and financial specialists, who lead new business selling efforts to deliver comprehensive solutions for our customers. Our national accounts team also supports our direct sales force through its focus on securing national and regional contracts.

Our sales force uses a structured and consistent process to target customers where we can deliver significant financial and operational value over time. Each sales team member is responsible for identifying and prioritizing customer opportunities in their territory through the use of segmentation tools and market intelligence, leading to short- and long-term sales pipelines balanced across our comprehensive solutions. The sales force then engages customers directly with insights and tailored solutions that address specific customer challenges while using tools to demonstrate financial and operational

savings. Our goal with this approach is to help customers with their most pressing challenges first and measure their return on value for each solution. We then work to connect additional solutions that add incremental and synergistic value for our customers, leading to an end-to-end approach to medical equipment management. Each activity our sales force initiates is aligned to our customer's buying process and is designed to move the opportunity quickly through the sales process. Every step in the process is documented in a customer relationship management ("CRM") system, where we continually monitor and manage sales pipelines, opportunity mix, and sales forecasts.

The members of the sales force are compensated with a combination of base pay and variable incentive pay. The percentage of each individual's overall compensation that is comprised of base pay versus variable incentive pay is dependent on the individual's position. Sales force members whose primary responsibility is account management receive a higher percentage of base pay, while sales force members whose primary responsibility is the generation of new business receive a higher percentage of variable incentive pay. The actual variable incentive pay received by an individual is based on achievement of certain performance metrics, including revenue, earnings, and/or new business milestones.

We also market our end-to-end solutions through our website at www.agilitihealth.com and various social media and digital marketing channels, including a variety of trade publications and organizations with subscribers and members who are key decision makers for our solutions. In addition, we participate in numerous national and regional conventions where we interact with industry groups and opinion leaders. Information presented on our website is not incorporated by reference and should not be considered a part of this Reporting Statement.

In our marketing efforts, we primarily target key decision makers such as administrators, chief executive officers, chief financial officers, chief technology officers, chief medical officers and chief nursing officers, as well as physicians, directors and managers of functional departments, such as supply chain, materials management, surgery, purchasing, pharmacy, biomedical services, and clinical engineering. We also promote comprehensive solutions to IDNs, hospitals, surgery centers, manufacturers, alternate site provider groups, and associations.

Seasonality and Business Interruption

Quarterly operating results are typically affected by seasonal factors. Historically, our first and fourth quarters are the strongest, reflecting increased hospital census and patient acuity during the fall and winter months. However, the COVID-19 pandemic impacted the seasonality of our business and we would expect any future pandemics to have a similar effect on seasonality. Our business can also be impacted by natural disasters, such as hurricanes and earthquakes, which may affect our ability to transfer equipment to and from our customers, and by equipment recalls, which can cause equipment to be removed from market use. We may also see variability in our business during down economic cycles with high levels of unemployment at which times our customers typically experience weaker census and higher levels of indigent patients.

Regulatory Matters

Regulation of Medical Equipment

Our customers are subject to documentation and safety reporting regulations and standards with respect to the medical equipment they use, including those established by the FDA, CMS and the National Fire Protection Association ("NFPA"). Various states and municipalities may also have similar regulations.

We monitor changes in regulations and standards to accommodate the needs of customers by providing specific product and manufacturer information upon request. Manufacturers of medical equipment are subject to regulation by agencies and organizations such as the FDA, Underwriters Laboratories, and the NFPA. We believe that all medical equipment we outsource conforms to these regulations.

The Safe Medical Devices Act of 1990 ("SMDA"), which amended the Food, Drug and Cosmetic Act ("FDCA"), requires manufacturers, user facilities, and importers of medical devices to report whenever they believe there is a probability that a medical device has caused or contributed to a death, illness, or injury. In addition, the SMDA requires the establishment and maintenance of adverse safety and effectiveness data and various other FDA reports. Manufacturers and importers are also required to report certain device malfunctions. We diligently evaluate all complaints for devices we manufacture and report to the FDA as required.

4F

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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)

Section 1: General Information

Facility Name: CVS PHARMACY, INC

Physical Address: ONE CVS DRIVE (VIRTUAL)

City: WOONSOCKET State: RI Zip: 02895

Mailing Address (if different from physical address): ONE CVS DRIVE MC#1160

City: WOONSOCKET State: RI Zip: 02895

Telephone: 401-770-5149 Website: _____

Name of Designated Representative (DR): KEVIN M. DEHNER

Licensing Company Email: Eufemia.Bryden@cvshealth.com DR Email: Kevin.Dehner@cvshealth.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others: VIRTUAL OPERATION, INVENTORY HANDLED BY 3PL	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☒ Others: VIRTUAL

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	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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 # 3 & 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:

#3 EXHIBIT 1 ATTACHED
#5 LIST OF VOLUNTARILY SURRENDERED LICENSES NO LONGER NEEDED

Original Signature (electronic, copies or stamps not accepted)

4/10/24
Date

Exhibit 1

From time to time, despite our best efforts, certain CVS store locations across the country have been cited for disciplinary action. Following any disciplinary action, we diligently work with local jurisdictions to prevent such disciplinary action in future and have instituted new measures and retrained our staff where necessary. We believe the number of disciplinary actions CVS has had is low considering the number of licenses we hold.

Kimberley DeSousa, Assistant Secretary

Sworn to and subscribed before me on this 10th day, of April, 2024.

Notary Public

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: MYLAN PHARMACEUTICALS, INC
Address: 3711 COLLINS FERRY ROAD City: MORGANTOWN State: WV Zip: 26505

Name: TEVA PHARMACEUTICALS ISA, INC
Address: 1090 HORSHAM RD City: NORTH WALES State: PA Zip: 19454

Name: AUROBINDO PHARMA USA INC
Address: 6 WHEELING ROAD City: DAYTON State: NJ Zip: 08810

Name: CIPLA USA, INC
Address: 10 INDEPENDENCE BLVD SUITE 300 City: WARREN State: NJ Zip: 07059

Section 4: Publicly Traded Corporation

State of Incorporation: RHODE ISLAND
Parent Company (if any): CVS HEALTH CORPORATION
Corporation Name: CVS PHARMACY, INC
Mailing Address: ONE CVS DRIVE, MC#1160
City: WOONSOCKET State: RI Zip: 02895
Telephone: 401-770-5149 Email: Eufemia.Bryden@cvshealth.com
Contact Person Name: EUFEMIA T. BRYDEN

Date of SEC Registration: 11/07/196 | SEC Registration Number: 0000064803 | Stock Exchange Symbol: CVS

Section 5: 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 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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

CVS PHARMACY, INC (VIRTUAL)

Facility Name

KIMBERLEY M. DESOUSA-ASSISTANT SECRETARY

Print Name of Authorized Person Submitting Application

Kimberley M. DeSousa

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

4/10/24

Date

Board Use Only	Date Received: 4/15/24	Amount: $1000 - Check 513120149

ENTITY NAME: CVS Health Corporation

Name	Title
Farah, Roger N.	Director and Chairman of the Board
Aguirre, Fernando	Director
Balser, Jeffrey R.	Director
Brown, II C. David	Director
DeCoudreaux, Alecia A.	Director
DeParle, Nancy-Ann M.	Director
Finucane, Anne M.	Director
Ludwig, Edward J.	Director
Lynch, Karen S.	Director
Millon, Jean-Pierre	Director
Schapiro, Mary L.	Director
Lynch, Karen S.	President and CEO
Pykosz, Michael	President, Health Services
Chaguturu, Sreekanth K.	Executive Vice President and Chief Medical Officer
Falkowski, David A.	Executive Vice President and Chief Compliance Officer
Finke, Daniel P.	Executive Vice President and President - Health Care Benefits
Havanec, Laurie P.	Executive Vice President and Chief People Officer
Peluso, Michelle A.	Executive Vice President, Chief Customer Officer and Co-President - CVS Pharmacy
Ostafin, Violetta	EVP and Chief Strategy Officer
Joyner, J. David	EVP/President, CVS Caremark
Khichi, Samrat S.	EVP, Chief Policy Officer and General Counsel
Mandadi, Tilak	EVP and Chief Data, Digital and Technology Officer
Shah, Prem S.	Executive Vice President, Chief Pharmacy Officer and Co-President - CVS Pharmacy
Guerraz, Katerina	Executive Vice President, Chief Strategy and Enterprise Affairs Officer
Clark, James D.	Senior Vice President, Controller and Chief Accounting Officer
Cowhey, Thomas F.	Senior Vice President, Interim Chief Financial Officer
McGrath, Laurence F.	SVP, Business Development and Investor Relations
Slate, Shari M.	Senior Vice President and Chief Diversity, Equity and Inclusion Officer
DeNale, Carol A.	Senior Vice President and Treasurer
McIntosh, Colleen M.	Senior Vice President, Corporate Secretary, Chief Governance Officer and Asst. General Counsel
Zhang, Yimin	Vice President, Tax
Moffatt, Thomas S.	Vice President, Asst. Corporate Secretary and Sr Legal Counsel

State of Rhode Island
Department of State | Office of the Secretary of State
***Gregg M. Amore,** Secretary of State*

CERTIFICATE OF GOOD STANDING

I, Gregg M. Amore, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

CVS Pharmacy, Inc.

is a Rhode Island Business Corporation organized on **November 07, 1969.** I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

February 14, 2024

Secretary of State

Certificate Number: 24020059420
Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx
Processed by: dantonelli

Bryden, Eufemia T

From: Scott, SonjaRose (RIDOH-Temp) <SonjaRose.Scott.TMP@health.ri.gov>
Sent: Monday, April 1, 2024 10:45 AM
To: Bryden, Eufemia T
Subject: [EXTERNAL] Re: re: Virtual Wholesale Distributor

****** External Email - Use Caution ******

Good morning,

RI BOP does not license virtual wholesaler/distributors.

Sonja-Rose Scott

Implementation Aide

[redacted]

RIDOH Professional Licensing

3 Capitol Hill, Room 104

CVS/pharmacy

CVS PHARMACY, INC.

OFFICER'S CERTIFICATE

Melanie K. St Angelo, Assistant Secretary of CVS Pharmacy, Inc., a Rhode Island corporation (the "Corporation") hereby certifies that the Corporation is wholly owned 100% by CVS Health Corporation, a Delaware corporation publicly traded on the New York Stock Exchange.

CVS Pharmacy, Inc.

By: _____
Melanie K. St Angelo
Assistant Secretary

Date: April 11th, 2024

Section 9

List of Employees

- **Moshe Berman – Managing Senior Counsel Legal Licensing**
- **Kimberley M. Desousa – Lead Director, Licensing**
- **Kevin M. Dehner – RPH/MBA Senior Manager, Corporate Services Legal Licensing**
- **Eufemia (MIA) T. Bryden Analyst Corporate Services**

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 December 31, 2023

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: 001-01011

CVSHealth

CVS HEALTH CORPORATION

(Exact name of registrant as specified in its charter)

Delaware	**05-0494040**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
One CVS Drive, Woonsocket, Rhode Island	**02895**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: **(401) 765-1500**

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	CVS	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, 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.	☒
If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements	☐
Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to § 240.10D-1(b).	☐
Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).	☐ Yes ☒ No

The aggregate market value of the registrant's common stock held by non-affiliates was approximately $88,547,881,979 as of June 30, 2023, based on the closing price of the common stock on the New York Stock Exchange. For purposes of this calculation, only executive officers and directors are deemed to be affiliates of the registrant.
As of January 31, 2024, the registrant had 1,258,449,553 shares of common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

The following materials are incorporated by reference into this Form 10-K:

Information contained in the definitive proxy statement for CVS Health Corporation's 2024 Annual Meeting of Stockholders, to be filed with the Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2023 (the "Proxy Statement"), is incorporated by reference in Parts III and IV to the extent described therein.

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Unless the context otherwise requires, references to the terms "we," "our" or "us" used throughout this Annual Report on Form 10-K (this "10-K") refer to CVS Health Corporation (a Delaware corporation), together with its subsidiaries (collectively, "CVS Health" or the "Company"). References to competitors and other companies throughout this 10-K, including the information incorporated herein by reference, are for illustrative or comparison purposes only and are not identifying that these companies are the only competitors or closest competitors of the Company or any of the Company's businesses, products, or services.

CAUTIONARY STATEMENT CONCERNING FORWARD-LOOKING STATEMENTS

The Private Securities Litigation Reform Act of 1995 (the "Reform Act") provides a "safe harbor" for forward-looking statements, so long as (1) those statements are identified as forward-looking, and (2) the statements are accompanied by meaningful cautionary statements that identify important factors that could cause actual results to differ materially from those discussed in the statement. We want to take advantage of these safe harbor provisions.

Certain information contained in this 10-K is forward-looking within the meaning of the Reform Act or Securities and Exchange Commission ("SEC") rules. This information includes, but is not limited to: "Outlook for 2024" of Management's Discussion and Analysis of Financial Condition and Results of Operations ("MD&A") included in Item 7, "Quantitative and Qualitative Disclosures About Market Risk" included in Item 7A, "Government Regulation" included in Item 1, and "Risk Factors" included in Item 1A. In addition, throughout this 10-K and our other reports and communications, we use the following words or variations or negatives of these words and similar expressions when we intend to identify forward-looking statements:

· *Anticipates*	· *Believes*	· *Can*	· *Continue*	· *Could*
· *Estimates*	· *Evaluate*	· *Expects*	· *Explore*	· *Forecast*
· *Guidance*	· *Intends*	· *Likely*	· *May*	· *Might*
· *Outlook*	· *Plans*	· *Potential*	· *Predict*	· *Probable*
· *Projects*	· *Seeks*	· *Should*	· *View*	· *Will*

All statements addressing the future operating performance of CVS Health or any segment or any subsidiary and/or future events or developments, including, but not limited to, statements relating to the Company's investment portfolio, operating results, cash flows and/or financial condition, statements relating to corporate strategy, statements relating to future revenue, operating income or adjusted operating income, earnings per share or adjusted earnings per share, Health Care Benefits segment business, sales results and/or trends, medical cost trends, medical membership, Medicare Part D membership, medical benefit ratios and/or operations, Health Services segment business, sales results and/or trends and/or operations, Pharmacy & Consumer Wellness segment business, sales results and/or trends and/or operations, incremental investment spending, interest expense, effective tax rate, weighted-average share count, cash flow from operations, net capital expenditures, cash available for debt repayment, statements related to possible, proposed, pending or completed acquisitions, joint ventures, investments or combinations that involve, among other things, the timing or likelihood of receipt of regulatory approvals, the timing of completion, integration synergies, net synergies and integration risks and other costs, including those related to CVS Health's acquisitions of Oak Street Health, Inc. ("Oak Street Health") and Signify Health, Inc. ("Signify Health"), enterprise modernization, transformation, leverage ratio, cash available for enhancing shareholder value, inventory reduction, turn rate and/or loss rate, debt ratings, the Company's ability to attract or retain customers and clients, store development and/or relocations, new product development, and the impact of industry and regulatory developments, as well as statements expressing optimism or pessimism about future operating results or events, are forward-looking statements within the meaning of the Reform Act.

Forward-looking statements rely on a number of estimates, assumptions and projections concerning future events, and are subject to a number of significant risks and uncertainties and other factors that could cause actual results to differ materially from those statements. Many of these risks and uncertainties and other factors are outside our control.

Certain additional risks and uncertainties and other factors are described under "Risk Factors" included in Item 1A of this 10-K; these are not the only risks and uncertainties we face. There can be no assurance that the Company has identified all the risks that may affect it. Additional risks and uncertainties not presently known to the Company or that the Company currently believes to be immaterial also may adversely affect the Company's businesses. If any of those risks or uncertainties develops into actual events, those events or circumstances could have a material adverse effect on the Company's businesses, operating results, cash flows, financial condition and/or stock price, among other effects.

You should not put undue reliance on forward-looking statements. Any forward-looking statement speaks only as of the date of this 10-K, and we disclaim any intention or obligation to update or revise forward-looking statements, whether as a result of new information, future events, uncertainties or otherwise.

PART I

Item 1. Business.

Overview

CVS Health Corporation, together with its subsidiaries (collectively, "CVS Health," the "Company," "we," "our" or "us"), is a leading health solutions company building a world of health around every consumer it serves and connecting care so that it works for people wherever they are. As of December 31, 2023, we had more than 9,000 retail locations, more than 1,000 walk-in medical clinics, 204 primary care medical clinics, a leading pharmacy benefits manager with approximately 108 million plan members and expanding specialty pharmacy solutions, and a dedicated senior pharmacy care business serving more than one million patients per year. We serve an estimated more than 35 million people through traditional, voluntary and consumer-directed health insurance products and related services, including expanding Medicare Advantage offerings and a leading standalone Medicare Part D prescription drug plan ("PDP"). We are creating new sources of value through our integrated model allowing us to expand into personalized, technology driven care delivery and health services, increasing access to quality care, delivering better health outcomes and lowering overall health care costs.

During the year ended December 31, 2023, the Company completed the acquisition of two key health care delivery assets to enhance its ability to execute on its care delivery strategy by advancing its primary care, home-based care and provider enablement capabilities. On March 29, 2023, the Company acquired Signify Health, Inc. ("Signify Health"), a leader in health risk assessments, value-based care and provider enablement services. On May 2, 2023, the Company also acquired Oak Street Health, Inc. ("Oak Street Health"), a leading multi-payor operator of value-based primary care centers serving Medicare eligible patients. Both Signify Health and Oak Street Health are included within the Health Services segment.

In connection with its new operating model adopted in the first quarter of 2023, the Company realigned the composition of its segments to reflect how its Chief Operating Decision Maker (the "CODM") reviews information and manages the business. The Company's CODM is the Chief Executive Officer. As a result of this realignment, the Company formed a new Health Services segment, which in addition to providing a full range of pharmacy benefit management ("PBM") solutions, also delivers health care services in the Company's medical clinics, virtually, and in the home, as well as provider enablement solutions. In addition, the Company created a new Pharmacy & Consumer Wellness segment, which includes its retail and long-term care pharmacy operations and related pharmacy services, as well as its retail front store operations. This segment will also provide pharmacy fulfillment services to support the Health Services segment's specialty and mail order pharmacy offerings. Prior period segment financial information has been recast to conform with the current period presentation. See Note 19 "Segment Reporting" included in Item 8 of this 10-K for segment financial information.

The Company has four reportable segments: Health Care Benefits, Health Services, Pharmacy & Consumer Wellness and Corporate/Other.

Business Strategy

We are building a world of health around every consumer we serve, seeking to make it easier and more affordable to live a healthier life. This means delivering solutions that are more personalized, simpler to use and increasingly digital so consumers can receive care when, where and how they desire. We address holistic health – physical, emotional, social and economic – and we are creating new sources of value through our integrated care model which allows us to expand into personalized, technology driven care delivery and health services, increasing access to quality care, delivering better health outcomes and lowering overall health care costs. We believe our consumer-centric strategy will drive sustainable long-term growth and deliver value for all stakeholders.

Health Care Benefits Segment

The Health Care Benefits segment operates as one of the nation's leading diversified health care benefits providers, serving an estimated more than 35 million people as of December 31, 2023. The Health Care Benefits segment has the information and resources to help members, in consultation with their health care professionals, make more informed decisions about their health care. The Health Care Benefits segment offers a broad range of traditional, voluntary and consumer-directed health insurance products and related services, including medical, pharmacy, dental and behavioral health plans, medical management capabilities, Medicare Advantage and Medicare Supplement plans, PDPs and Medicaid health care management services. The Health Care Benefits segment's customers include employer groups, individuals, college students, part-time and hourly

workers, health plans, health care providers ("providers"), governmental units, government-sponsored plans, labor groups and expatriates.

Health Care Benefits Products and Services

The Company refers to insurance products (where it assumes all or a majority of the risk for medical and dental care costs) as "Insured" and administrative services contract products (where the plan sponsor assumes all or a majority of the risk of medical and dental care costs) as "ASC." Health Care Benefits products and services consist of the following:

- *Commercial Medical*: The Health Care Benefits segment offers point-of-service ("POS"), preferred provider organization ("PPO"), health maintenance organization ("HMO") and indemnity benefit ("Indemnity") plans. Commercial medical products also include health savings accounts ("HSAs") and consumer-directed health plans that combine traditional POS or PPO and/or dental coverage, subject to a deductible, with an accumulating benefit account (which may be funded by the plan sponsor and/or the member in the case of HSAs). Principal products and services are targeted specifically to large multi-site national, mid-sized and small employers, individual insureds and expatriates. The Company offers medical stop loss insurance coverage for certain employers who elect to self-insure their health benefits. Under medical stop loss insurance products, the Company assumes risk for costs associated with large individual claims and/or aggregate loss experience within an employer's plan above a pre-set annual threshold. The segment also has a portfolio of additional health products and services that complement its medical products such as dental plans, behavioral health and employee assistance products, provider network access and vision products.
- *Government Medical*: In select geographies, the Health Care Benefits segment offers Medicare Advantage plans, Medicare Supplement plans and prescription drug coverage for Medicare beneficiaries; participates in Medicaid and subsidized Children's Health Insurance Programs ("CHIP"); and participates in demonstration projects for members who are eligible for both Medicare and Medicaid ("Duals"). These Government Medical products are further described below:
    - *Medicare Advantage:* Through annual contracts with the U.S. Centers for Medicare & Medicaid Services ("CMS"), the Company offers HMO and PPO products for eligible individuals in certain geographic areas through the Medicare Advantage program. Members typically receive enhanced benefits over traditional fee-for-service Medicare coverage ("Original Medicare"), including reduced cost-sharing for preventive care, vision and other services. The Company offered network-based HMO and/or PPO plans in 46 states and Washington, D.C. in 2023. For certain qualifying employer groups, the Company offers Medicare PPO products nationally. When combined with the Company's PDP product, these national PPO plans form an integrated national Insured Medicare product for employers that provides medical and pharmacy benefits.
    - *Medicare PDP:* The Company is a national provider of drug benefits under the Medicare Part D prescription drug program. All Medicare eligible individuals are eligible to participate in this voluntary prescription drug plan. Members typically receive coverage for certain prescription drugs, usually subject to a deductible, co-insurance and/or co-payment. The Company offered PDP plans in all 50 states and Washington, D.C. in 2023.
    - *Medicare Supplement:* For certain Medicare eligible members, the Company offers supplemental coverage for certain health care costs not covered by Original Medicare. The products included in the Medicare Supplement portfolio help to cover some of the gaps in Original Medicare, and include coverage for Medicare deductibles and coinsurance amounts. The Company offered a wide selection of Medicare Supplement products in 49 states and Washington, D.C. in 2023.
    - *Medicaid and CHIP:* The Company offers health care management services to individuals eligible for Medicaid and CHIP under multi-year contracts with government agencies in various states that are subject to annual appropriations. CHIP are state-subsidized insurance programs that provide benefits for families with uninsured children. The Company offered these services on an Insured or ASC basis in 16 states in 2023.
    - *Duals:* The Company provides health coverage to beneficiaries who are dually eligible for both Medicare and Medicaid coverage. These members must meet certain income and resource requirements in order to qualify for this coverage. The Company coordinates 100% of the care for these members and may provide them with additional services in order to manage their health care costs.

The Company also has a portfolio of transformative products and services aimed at creating a holistic and integrated approach to individual health and wellness. These products and services complement the Commercial Medical and Government Medical products and aim to provide innovative solutions, create integrated experience offerings and enable enhanced care delivery to customers.

Health Care Benefits Provider Networks

The Company contracts with physicians, hospitals and other providers for services they provide to the Company's members. The Company uses a variety of techniques designed to help encourage appropriate utilization of medical services ("utilization") and maintain affordability of quality coverage. In addition to contracts with providers for negotiated rates of reimbursement, these techniques include creating risk sharing arrangements that align economic incentives with providers, the development and implementation of guidelines for the appropriate utilization and the provision of data to providers to enable them to improve health care quality. At December 31, 2023, the Company's underlying nationwide provider network had approximately 1.7 million participating providers. Other providers in the Company's provider networks also include laboratory, imaging, urgent care and other freestanding health facilities.

Health Care Benefits Quality Assessment

CMS uses a 5-star rating system to monitor Medicare health care and drug plans and ensure that they meet CMS's quality standards. CMS uses this rating system to provide Medicare beneficiaries with a tool that they can use to compare the overall quality of care and level of customer service of companies that provide Medicare health care and drug plans. The rating system considers a variety of measures adopted by CMS, including quality of preventative services, chronic illness management and overall customer satisfaction. See "Health Care Benefits Pricing" below in this Item 1 for further discussion of star ratings. The Company seeks Health Plan accreditation for Aetna Inc. ("Aetna") HMO plans from the National Committee for Quality Assurance ("NCQA"), a private, not-for-profit organization that evaluates, accredits and certifies a wide range of health care organizations. Health care plans seeking accreditation must pass a rigorous, comprehensive review and must annually report on their performance.

Aetna Life Insurance Company ("ALIC"), a wholly-owned subsidiary of the Company, has received nationwide NCQA PPO Health Plan accreditation. As of December 31, 2023, all of the Company's Commercial HMO and all of ALIC's PPO members who were eligible participated in HMOs or PPOs that are accredited by the NCQA.

The Company's provider selection and credentialing/re-credentialing policies and procedures are consistent with NCQA and URAC, a health care accrediting organization that establishes quality standards for the health care industry, as well as state and federal, requirements. In addition, the Company is certified under the NCQA Credentials Verification Organization ("CVO") certification program for all certification options and has URAC CVO accreditation.

Quality assessment programs for contracted providers who participate in the Company's networks begin with the initial review of health care practitioners. Practitioners' licenses and education are verified, and their work history is collected by the Company or in some cases by the practitioner's affiliated group or organization. The Company generally requires participating hospitals to be certified by CMS or accredited by The Joint Commission, the American Osteopathic Association, or Det Norske Veritas Healthcare.

The Company also offers quality and outcome measurement programs, quality improvement programs, and health care data analysis systems to providers and purchasers of health care services.

Health Care Benefits Information Systems

The Health Care Benefits segment currently operates and supports an end-to-end suite of information technology platforms to support member engagement, enrollment, health benefit administration, care management, service operations, financial reporting and analytics. The multiple platforms are supported by an integration layer to facilitate the transfer of real-time data. There is continued focus and investment in enterprise data platforms, cloud capabilities, digital products to offer innovative solutions and a seamless experience to the Company's members through mobile and web channels. The Company is making concerted investments in emerging technology capabilities such as voice, artificial intelligence and robotics to further automate, reduce cost and improve the experience for all of its constituents. The Health Care Benefits segment is utilizing the full breadth of the Company's assets to build enterprise technology that will help guide our members through their health care journey, provide them a high level of service, enable healthier outcomes and encourage them to take next best actions to lead healthier lives.

Health Care Benefits Customers

Medical membership is dispersed throughout the U.S., and the Company also serves medical members in certain countries outside the U.S. The Company offers a broad range of traditional, voluntary and consumer-directed health insurance products

and related services, many of which are available nationwide. Depending on the product, the Company markets to a range of customers, including employer groups, individuals, college students, part-time and hourly workers, health plans, providers, governmental units, government-sponsored plans, labor groups and expatriates. For additional information on medical membership, see "Health Care Benefits Segment" in the Management's Discussion and Analysis of Financial Condition and Results of Operations (the "MD&A") included in Item 7 of this 10-K.

The Company markets both Commercial Insured and ASC products and services primarily to employers that sponsor the Company's products for the benefit of their employees and their employees' dependents. Frequently, larger employers offer employees a choice among coverage options from which the employee makes his or her selection during a designated annual open enrollment period. Typically, employers pay all of the monthly premiums to the Company and, through payroll deductions, obtain reimbursement from employees for a percentage of the premiums that is determined by each employer. Some Health Care Benefits products are sold directly to employees of employer groups on a fully employee-funded basis. In some cases, the Company bills the covered individual directly. The Company sold Insured plans directly to individual consumers through the individual public health insurance exchanges ("Public Exchanges") in 12 states as of December 31, 2023. The Company entered Public Exchanges in five additional states effective January 2024.

The Company offers Insured Medicare coverage on an individual basis as well as through employer groups to their retirees. Medicaid and CHIP members are enrolled on an individual basis. The Company also offers Insured health care coverage to members who are dually-eligible for both Medicare and Medicaid.

Health Care Benefits products are sold through: the Company's sales personnel; independent brokers, agents and consultants who assist in the production and servicing of business; as well as private health insurance exchanges ("Private Exchanges") and Public Exchanges (together with Private Exchanges, "Insurance Exchanges"). For large employers or other entities that sponsor the Company's products ("plan sponsors"), independent consultants and brokers are frequently involved in employer health plan selection decisions and sales. In some instances, the Company may pay commissions, fees and other amounts to brokers, agents, consultants and sales representatives who place business with the Company. In certain cases, the customer pays the broker for services rendered, and the Company may facilitate that arrangement by collecting the funds from the customer and transmitting them to the broker. The Company supports marketing and sales efforts with an advertising program that may include television, radio, billboards, print media and social media, supplemented by market research and direct marketing efforts.

The U.S. federal government is a significant customer of the Health Care Benefits segment through contracts with CMS for coverage of Medicare-eligible individuals and federal employee-related benefit programs. Other than the contracts with CMS, the Health Care Benefits segment is not dependent upon a single customer or a few customers the loss of which would have a significant effect on the earnings of the segment. The loss of business from any one or a few independent brokers or agents would not have a material adverse effect on the earnings of the Health Care Benefits segment. Health Care Benefits segment revenues from the federal government accounted for 14% of the Company's consolidated total revenues in 2023, 2022 and 2021. Contracts with CMS for coverage of Medicare-eligible individuals in the Health Care Benefits segment accounted for approximately 73%, 74% and 79%, respectively, of the Company's consolidated revenues from the federal government in 2023, 2022 and 2021.

Health Care Benefits Pricing

For Commercial Insured plans, contracts containing the pricing and other terms of the relationship are generally established in advance of the policy period and typically have a duration of one year. Fees under ASC plans are generally fixed for a period of one year.

Generally, a fixed premium rate is determined at the beginning of the policy period for Commercial Insured plans. The Company typically cannot recover unanticipated increases in health care and other benefit costs in the current policy period; however, it may consider prior experience for a product in the aggregate or for a specific customer, among other factors, in determining premium rates for future policy periods. Where required by state laws, premium rates are filed and approved by state regulators prior to contract inception. Future operating results could be adversely affected if the premium rates requested are not approved or are adjusted downward or their approval is delayed by state or federal regulators.

The Company has Medicare Advantage and PDP contracts with CMS to provide HMO, PPO and prescription drug coverage to Medicare beneficiaries in certain geographic areas. Under these annual contracts, CMS pays the Company a fixed per member (or "capitation") payment and/or a portion of the premium, both of which are based on membership and adjusted for demographic and health risk factors. CMS also considers inflation, changes in utilization patterns and average per capita fee-

for-service Medicare costs in the calculation of the fixed capitation payment or premium. PDP contracts also provide a risk-sharing arrangement with CMS to limit the Company's exposure to unfavorable expenses or benefit from favorable expenses. Amounts payable to the Company under the Medicare arrangements are subject to annual revision by CMS, and the Company elects to participate in each Medicare service area or region on an annual basis. Premiums paid to the Company for Medicare products are subject to federal government reviews and audits, which can result, and have resulted, in retroactive and prospective premium adjustments and refunds to the government and/or members. In addition to payments received from CMS, some Medicare Advantage products and all PDP products require a supplemental premium to be paid by the member or sponsoring employer. In some cases, these supplemental premiums are adjusted based on the member's income and asset levels. Compared to Commercial Medical products, Medicare contracts generate higher per member per month revenues and higher health care and other benefit costs.

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (collectively, the "ACA") ties a portion of each Medicare Advantage plan's reimbursement to the plan's "star ratings." Plans must have a star rating of 4 or higher (out of 5) to qualify for bonus payments. CMS released the Company's 2024 star ratings in October 2023. The Company's 2024 star ratings will be used to determine which of the Company's Medicare Advantage plans have ratings of four stars or higher and qualify for bonus payments in 2025. Based on the Company's membership at December 31, 2023, 87% of the Company's Medicare Advantage members were in plans with 2024 star ratings of at least 4.0 stars, compared to the unmitigated 21% of the Company's Medicare Advantage members being in plans with 2023 star ratings of at least 4.0 stars based on the Company's membership at December 31, 2022. Refer to "Medicare Star Ratings" within the "Government Regulation" section of this Item 1 for further discussion of the decrease in the Company's star ratings.

Rates for Medicare Supplement products are regulated at the state level and vary by state and plan.

Under Insured Medicaid contracts, state government agencies pay the Company fixed monthly rates per member that vary by state, line of business and demographics; and the Company arranges, pays for and manages the health care services provided to Medicaid beneficiaries. These rates are subject to change by each state, and, in some instances, provide for adjustment for health risk factors. CMS requires these rates to be actuarially sound. The Company also receives fees from customers where it provides services under ASC Medicaid contracts. ASC Medicaid contracts generally are for periods of more than one year, and certain of them contain performance incentives and limited financial risk sharing with respect to certain medical, financial and operational metrics. Under these arrangements, performance is evaluated annually, with associated financial incentive opportunities, and financial risk share obligations are typically limited to a percentage of the fees otherwise payable to the Company. Payments to the Company under Medicaid contracts are subject to the annual appropriation process in the applicable state.

Under Duals contracts, the rate setting process is generally established by CMS in partnership with the state government agency participating in the demonstration project. Both CMS and the state government agency may seek premium and other refunds under certain circumstances, including if the Company fails to comply with CMS regulations or other contractual requirements.

The Company offers HMO and consumer-directed medical and dental plans to federal employees under the Federal Employees Health Benefits ("FEHB") Program and the Federal Employees Dental and Vision Insurance Program. Premium rates and fees for those plans are subject to federal government review and audit, which can result, and have resulted, in retroactive and prospective premium and fee adjustments and refunds to the government and/or members.

Health Care Benefits Seasonality

The Health Care Benefits segment's quarterly operating income progression is impacted by (i) the seasonality of benefit costs which generally increase during the year as Insured members progress through their annual deductibles and out-of-pocket expense limits, (ii) continued changes in product mix between Commercial and Government medical membership and (iii) the seasonality of operating expenses, which are generally the highest during the fourth quarter due primarily to spending to support readiness for the start of the upcoming plan year and marketing associated with Medicare annual enrollment.

During the year ended December 31, 2023, overall medical costs continued to progress toward normalized utilization in the first quarter. Beginning in the second quarter of 2023, the segment experienced higher than previously expected medical cost trend in Medicare Advantage driven by increased outpatient and supplemental benefit utilization when compared with pandemic influenced utilization levels in the prior year. This elevated utilization continued through year end, which resulted in elevated medical costs throughout the remainder of 2023.

During the year ended December 31, 2022, the impact of COVID-19 within the Health Care Benefits segment generally stabilized as a result of the Company's ability to capture COVID-19 related medical costs in pricing, and the segment experienced a return to a more normal seasonality pattern, as described above.

During the year ended December 31, 2021, the customary quarterly operating income progression was impacted by COVID-19. While overall medical costs in the first quarter were generally consistent with historical baseline levels in the aggregate, the segment experienced increased COVID-19 testing and treatment costs and lower Medicare risk-adjusted revenue. During the second quarter, COVID-19 testing and treatment costs persisted, however at levels significantly lower than those observed during the first quarter. Beginning in the third quarter, medical costs once again increased primarily driven by the spread of the emerging new variants of COVID-19, which resulted in increased testing and treatment costs that continued throughout the fourth quarter.

Health Care Benefits Competition

The health care benefits industry is highly competitive, primarily due to a large number of for-profit and not-for-profit competitors, competitors' marketing and pricing and a proliferation of competing products, including new products that are continually being introduced into the marketplace. New entrants into the marketplace, as well as consolidation within the industry, have contributed to and are expected to intensify the competitive environment. In addition, the rapid pace of change as the industry evolves towards a consumer-focused retail marketplace, including Insurance Exchanges, and the increased use of technology to interact with members, providers and customers, increase the risks the Company faces from new entrants and disruptive actions by existing competitors compared to prior periods.

The Company believes that the significant factors that distinguish competing health plans include the perceived overall quality (including accreditation status), quality of service, comprehensiveness of coverage, cost (including premium rates, provider discounts and member out-of-pocket costs), product design, financial stability and ratings, breadth and quality of provider networks, ability to offer different provider network options, providers available in such networks, and quality of member support and care management programs. The Company believes that it is competitive on each of these factors. The Company's ability to increase the number of persons covered by its health plans or to increase Health Care Benefits segment revenues is affected by its ability to differentiate itself from its competitors on these factors. Competition may also affect the availability of services from providers, including primary care physicians, specialists and hospitals.

Insured products compete with local and regional health care benefits plans, health care benefits and other plans sponsored by other large commercial health care benefit insurance companies, health system owned health plans, new entrants into the marketplace and numerous for-profit and not-for-profit organizations operating under licenses from the Blue Cross and Blue Shield Association. The largest competitor in Medicare products is Original Medicare. Additional Health Care Benefits segment competitors include other types of medical and dental provider organizations, various specialty service providers (including PBM services providers), health care consultants, financial services companies, integrated health care delivery organizations (networks of providers who also coordinate administrative services for and assume insurance risk of their members), third party administrators ("TPAs") and, for certain plans, programs sponsored by the federal or state governments. Emerging competitors include start up health care benefits plans, provider-owned health plans, new joint ventures (including not-for-profit joint ventures among firms from multiple industries), financial services firms that are distributing competing products on their proprietary Private Exchanges, and consulting firms that are distributing competing products on their proprietary Private Exchanges, as well as non-traditional distributors such as retail companies. The Company's ability to increase the number of persons enrolled in Insured Commercial Medical products also is affected by the desire and ability of employers to self-fund their health coverage.

The Health Care Benefits segment's ASC plans compete primarily with other large commercial health care benefit companies, numerous for-profit and not-for-profit organizations operating under licenses from the Blue Cross and Blue Shield Association and TPAs.

In addition to competitive pressures affecting the Company's ability to obtain new customers or retain existing customers, the Health Care Benefits segment's medical membership has been and may continue to be adversely affected by adverse and/or uncertain economic conditions and reductions in workforce by existing customers due to adverse and/or uncertain general economic conditions, especially in the U.S. and industries where such membership is concentrated.

Health Care Benefits Reinsurance

The Company currently has several reinsurance agreements with non-affiliated insurers that relate to Health Care Benefits insurance policies. The Company entered into these contracts to reduce the risk of catastrophic losses which in turn reduces capital and surplus requirements. The Company frequently evaluates reinsurance opportunities and refines its reinsurance and risk management strategies on a regular basis.

Health Services Segment

The Health Services segment provides a full range of PBM solutions, delivers health care services in its medical clinics, virtually, and in the home, and offers provider enablement solutions. PBM solutions include plan design offerings and administration, formulary management, retail pharmacy network management services, and specialty and mail order pharmacy services. In addition, the Company provides clinical services, disease management services, medical spend management and pharmacy and/or other administrative services for providers and federal 340B drug pricing program covered entities ("Covered Entities"). The Company operates a group purchasing organization that negotiates pricing for the purchase of pharmaceuticals and rebates with pharmaceutical manufacturers on behalf of its participants and provides various administrative, management and reporting services to pharmaceutical manufacturers. During 2023, the Company completed the acquisition of two key health care delivery assets – Signify Health, a leader in health risk assessments, value-based care and provider enablement services, and Oak Street Health, a leading multi-payor operator of value-based primary care centers serving Medicare eligible patients. The Company also announced the launch of Cordavis™, a wholly owned subsidiary that will work directly with pharmaceutical manufacturers to commercialize and/or co-produce high quality biosimilar products. The Health Services segment's clients and customers are primarily employers, insurance companies, unions, government employee groups, health plans, PDPs, Medicaid managed care ("Managed Medicaid") plans, CMS, plans offered on Insurance Exchanges and other sponsors of health benefit plans throughout the U.S., patients who receive care in the Health Services segment's medical clinics, virtually or in the home, as well as Covered Entities. During the year ended December 31, 2023, the Company's PBM filled or managed 2.3 billion prescriptions on a 30-day equivalent basis.

Health Services Products and Services

PBM Solutions
The Health Services segment manages prescription drug distribution directly through the Company's specialty and mail order pharmacies and through pharmacies in its retail network. All prescriptions processed by the Company are analyzed, processed and documented by the Company's proprietary prescription management systems. These systems provide essential features and functionality to allow plan members to utilize their prescription drug benefits. These systems also streamline the process by which prescriptions are processed by staff and network pharmacists by enhancing review of various items through automation, including plan eligibility, early refills, duplicate dispensing, appropriateness of dosage, drug interactions or allergies, over-utilization and potential fraud.

Plan Design Offerings and Administration
The Company assists its PBM clients in designing pharmacy benefit plans that help improve health outcomes while minimizing the costs to the client. The Company also assists PBM clients in monitoring the effectiveness of their plans through frequent, informal communications, the use of proprietary software, as well as through formal annual, quarterly and sometimes monthly performance reviews. The Company administers pharmacy benefit plans for clients who contract with it to facilitate prescription drug coverage and claims processing for their eligible plan members. The Company also provides administrative services for Covered Entities.

The Company makes recommendations to help PBM clients design benefit plans that promote the use of lower cost, clinically appropriate drugs and helps its PBM clients control costs by recommending plan designs that encourage the use of generic equivalents of brand name drugs when such equivalents are available. Clients also have the option, through plan design, to further lower their pharmacy benefit plan costs by setting different member payment levels for different products on their drug lists or "formularies," which helps guide members to choose lower cost alternatives through appropriate financial incentives.

Formulary Management
The Company utilizes an independent panel of doctors, pharmacists and other medical experts, referred to as the CVS Caremark National Pharmacy and Therapeutics Committee, to review and approve the selection of drugs that meet the Company's standards of safety and efficacy for inclusion on one of the Company's template formularies. The Company's formularies provide recommended products in numerous drug classes to help ensure member access to clinically appropriate drugs with alternatives within a class under the client's pharmacy benefit plan, while helping to drive the lowest net cost for clients that

select one of the Company's formularies. To help improve clinical outcomes for members and clients, the Company conducts ongoing, independent reviews of all drugs, including those appearing on the formularies and generic equivalent products. Many of the Company's clients choose to adopt a template formulary offering as part of their plan design. PBM clients are given capabilities to offer real time benefits information for a member's specific plan design, provided electronically in the Electronic Health Record at the point of prescribing, at the CVS pharmacy and directly to members.

Retail Pharmacy Network Management Services
The Company maintains a national network of approximately 66,000 retail pharmacies, consisting of approximately 38,000 chain pharmacies (which include CVS pharmacy locations) and approximately 28,000 independent pharmacies, in the U.S., including Puerto Rico, the District of Columbia, Guam and the U.S. Virgin Islands. When a customer fills a prescription in a retail pharmacy, the pharmacy sends prescription data electronically to the Company from the point-of-sale. This data interfaces with the Company's proprietary prescription management systems, which verify relevant plan member data and eligibility, while also performing a drug utilization review to help evaluate clinical appropriateness and safety and confirming that the pharmacy will receive payment for the prescription.

Specialty and Mail Order Pharmacy Services
The Company operates mail order pharmacies, specialty mail order pharmacies and retail specialty pharmacy stores in the U.S. The mail order pharmacies are used primarily for maintenance medications, while the specialty mail order pharmacies and retail specialty pharmacy stores are used for the delivery of advanced medications to individuals with chronic or genetic diseases and disorders. The Health Services segment's plan members or their prescribers submit prescriptions or refill requests to these pharmacies, and staff pharmacists review these prescriptions and refill requests with the assistance of the Company's prescription management systems. This review may involve communications with the prescriber and, with the prescriber's approval when required, can result in generic substitution, therapeutic interchange or other actions designed to help reduce cost and/or improve quality of treatment.

The Company's mail order pharmacies and specialty mail order pharmacies have been awarded Mail Service Pharmacy and Specialty Pharmacy accreditation, respectively, from URAC. Substantially all of the Company's specialty mail order pharmacies also have been accredited by The Joint Commission and the Accreditation Commission for Health Care ("ACHC"), which are independent, not-for-profit organizations that accredit and certify health care programs and organizations in the U.S. The ACHC accreditation includes an additional accreditation by the Pharmacy Compounding Accreditation Board, which certifies compliance with the highest level of pharmacy compounding standards.

In connection with its new operating model adopted in the first quarter of 2023, the Company consolidated its specialty and mail order pharmacy fulfillment operations, which were previously included in the former Pharmacy Services segment, with its retail and long-term care pharmacy fulfillment operations in the newly formed Pharmacy & Consumer Wellness segment. Under this new operating model, the Health Services segment pays an administrative service fee to the Pharmacy & Consumer Wellness segment, in exchange for which the Pharmacy & Consumer Wellness segment provides pharmacy fulfillment services to support the Health Services segment's specialty and mail order pharmacy offerings.

Clinical Services
The Company offers multiple clinical programs and services to help clients manage overall pharmacy and health care costs in a clinically appropriate manner. These programs are primarily designed to promote better health outcomes and to help target inappropriate medication utilization and non-adherence to medication, each of which may result in adverse medical events that negatively affect member health and client pharmacy and medical spend. These programs include utilization management ("UM"), medication management, quality assurance, adherence and counseling programs to complement the client's plan design and clinical strategies. To help address prescription opioid abuse and misuse, the Company introduced an industry-leading UM approach that limits to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to therapy, limits the daily dosage of opioids dispensed based on the strength of the opioid and requires the use of immediate-release formulations of opioids before extended-release opioids are dispensed. The Company's Pharmacy Advisor® program facilitates pharmacist counseling, both face-to-face and over the telephone, to help participating plan members with certain chronic diseases, such as diabetes and cardiovascular conditions, to identify gaps in care, adhere to their prescribed medications and manage their health conditions. The Company also has digital connectivity that helps to lower drug costs for patients by providing expanded visibility to lower cost alternatives through enhanced analytics and data sharing.

Disease Management Programs
The Company's clinical programs and services utilize advanced protocols and offer clients convenience in working with providers and other third parties. The Company's care management program covers diseases such as rheumatoid arthritis,

Parkinson's disease, epilepsy and multiple sclerosis and is accredited by the NCQA. The Company's UM program covers similar diseases and is accredited by the NCQA and URAC.

Medical Benefit Management
The Company's NovoLogix® online preauthorization tool helps identify and capture cost savings opportunities for specialty drugs billed under the medical benefit by identifying outliers to appropriate dosages and costs, and helps to ensure clinically appropriate use of specialty drugs.

Group Purchasing Organization Services
The Company operates a group purchasing organization that negotiates pricing for the purchase of pharmaceuticals and rebates with pharmaceutical manufacturers on behalf of its participants. The Company also provides various administrative, management and reporting services to pharmaceutical manufacturers.

Value-Based Care
In response to rising healthcare spending in the U.S., commercial, government and other payors are shifting away from fee-for-service payment models towards value-based models, including risk-based payment models that tie financial incentives to quality, efficiency and coordination of care. Value-based care ("VBC") refers to the goal of incentivizing healthcare providers to simultaneously increase quality while lowering the cost of care for patients. More specifically, providers in a VBC model are incentivized to focus on more preventative care, higher quality of care and better coordination of care to create better health outcomes and avoid potentially expensive complications from illnesses that could be managed more conveniently and cost effectively.

The Company is committed to expanding value-based care in the U.S. and delivering higher quality care to patients at a lower overall cost to the industry. The Company operates in value-based care through two primary means: providing comprehensive primary care through its Oak Street Health primary care centers and enabling independent health systems transition to value-based care through contracting and care management services. The Company's value-based care assets typically contract with payors, primarily Medicare Advantage plans, and/or CMS.

The Company's Oak Street Health business operates retail-like, community-based centers that provide medical primary care services and support Medicare eligible patients in the management of chronic illnesses and the prevention of unnecessary acute events. Through its centers and management services organization, the Company combines an innovative health care model and its proprietary Canopy technology with superior patient experience and quality care. The Company engages its patients through the use of an innovative community outreach approach. Once engaged, the Company integrates population health analytics, social support services and primary care into the care model to drive improved patient outcomes. The Company contracts with health plans and CMS to generate medical costs savings, assume full financial risk of its patients and realize a return on its investment in primary care.

The Company's clinics implement a branded and consumer-focused design to create a welcoming environment that engages patients. While traditional healthcare facilities are often located in medical office buildings that are removed from where patients spend a majority of their time, the Company targets locations in highly accessible, convenient locations close to where patients live, work and shop. Each of the Company's centers has a consistent look and feel, which contributes to the success in acquiring patients. Subsequent to the Company's acquisition of Oak Street Health, the Company has opened 31 locations. As of December 31, 2023, the Company operated 204 centers across 25 states, which provided care for approximately 270,000 patients.

In addition to its primary care centers, the Company provides enablement services to independent health systems, assisting these groups with their transition to value-based care. The Company's customers practice value-based care primarily through two programs administered by CMS, the Accountable Care Organization ("ACO") Realizing Equity, Access, and Community Health ("REACH") Model (collectively, "ACO REACH") and the Medicare Shared Savings Program ("MSSP"), under which the Company served approximately 793,000 covered lives as of December 31, 2023.

ACOs are networks of healthcare providers and suppliers that work together to invest in infrastructure and redesign delivery processes to attempt to achieve high quality and efficient delivery of services. ACOs that achieve performance standards established by the U.S. Department of Health and Human Services ("HHS") are eligible to share in a portion of the amounts saved by the Medicare program. ACOs employ a retrospective payment system in which Medicare reimburses providers in accordance with their usual fee-for-service payment schedule, while also tracking the total fee-for-service costs for all billable services rendered for attributed Medicare beneficiaries over the course of a year. CMS periodically compares the total amount of all fee-for-service payments for a beneficiary against a benchmark price for the annual cost of such beneficiary's medical

care. If the total fee-for-service costs exceed the benchmark price, then typically the ACO owes a portion of the difference to CMS and, likewise, if total fee-for-service costs are lower than the benchmark price, then CMS pays a portion of the difference, representing the shared savings achieved, to the ACO.

The Company's ACO REACH contracts are global risk arrangements and the ACO assumes full risk for the total cost of care for aligned beneficiaries and, accordingly, the ACO is subject to 100% of shared savings and shared losses. The final shared savings due from CMS or shared losses due to CMS for each performance period is reconciled in the year following the performance year.

As part of the MSSP, the Company helps unrelated providers join together to form a "collaborative ACO." The collaborative ACO has a large attributed patient population, consisting of the beneficiaries attributed to all of the participating providers. Risks are therefore spread across a much larger beneficiary population, helping to stabilize performance and reduce downside risk for participating providers. The Company offers providers a suite of tools and services that are designed to enhance their ability to effectively manage and coordinate the care of attributed patients in order to improve patient outcomes, reduce costs and generate savings. The Company assumes a portion of the collaborative ACO's financial risk and also receives a portion of any shared savings received by the collaborative ACO.

In-Home Health Evaluations

As a complement to its value-based care delivery, the Company operates a large mobile network of credentialed providers in the U.S. through its Signify Health business. These credentialed providers are deployed into the home primarily to conduct in-home health evaluations ("IHEs") and perform select diagnostic services. IHEs may also be performed virtually or at a healthcare provider facility. From the date of the Signify Health acquisition through December 31, 2023, the Company performed nearly 2 million IHEs. While in the home, providers perform IHEs with the assistance of the Company's longitudinal patient records and proprietary clinical workflow software with its integrated device hub. The Company's software guides clinical workflows as well as in-home diagnostic screenings, yielding a rich patient report of hundreds of data points. The Company also offers diagnostic and preventive services and provides comprehensive medication review services while in the home. Through its IHEs, the Company creates a comprehensive, documented record of the clinical, social and behavioral needs of its health plan customers' medically complex populations and seek to further engage them with the healthcare system.

The evaluation results of IHEs are provided to individuals' primary care physicians. The Company believes sharing these results helps to fill gaps in care, while encouraging individuals who have not regularly visited their PCP to schedule a visit. The IHEs also provide health plans with insights into member health without taking members out of the home, the reports IHEs produce form a basis of the Medicare Risk Adjustment Factor ("RAF") scores, which contribute to health plans' ability to effectively participate in value-based and risk-adjusted government programs such as Medicare Advantage, and affect the premiums health plans receive for Medicare Advantage beneficiaries. The data gathered during an IHE is also a resource that can be used by health plans to improve their Healthcare Effectiveness Data and Information Set ("HEDIS") scores and Medicare Advantage star ratings.

MinuteClinic

As of December 31, 2023, the Company operated more than 1,000 MinuteClinic locations in the U.S. The clinics are staffed by nurse practitioners and physician assistants who utilize nationally established guidelines to deliver a variety of health care services. Payors value these clinics because they provide convenient, high-quality, cost-effective care, in many cases offering an attractive alternative to more expensive sites of care. MinuteClinic also offers virtual care services to connect customers with licensed providers to provide access to health services remotely. MinuteClinic is collaborating with the Company's medical and pharmacy members to help meet the needs of the Company's health plan and client plan members by offering programs that can improve member health and lower costs. MinuteClinic also maintains relationships with leading hospitals, clinics and physicians in the communities we serve to support and enhance quality, access and continuity of care.

Health Services Information Systems

The Health Services segment's claim adjudication platform incorporates architecture that centralizes the data generated from adjudicating retail pharmacy, specialty and mail order claims and delivering other solutions to PBM clients. The Health Engagement Engine® technology and proprietary clinical algorithms help connect various parts of the enterprise and serve an essential role in cost management and health improvement, leveraging cloud-native technologies and practices. This capability transforms pharmacy data into actionable interventions at key points of care, including in retail, mail and specialty pharmacies as well as in customer care call center operations, leveraging our enterprise data platform to improve the quality of care. The technology leverages assisted artificial intelligence to deliver insights to the business and bring automation to otherwise manual tasks. Specialty services also connects with our claim adjudication platform and various health plan adjudication platforms with

a centralized architecture servicing many clients and members. Operating services, such as Specialty Expedite®, provide an interconnected onboarding solution for specialty medications and branding solutions ranging from fulfillment to total patient management. These services are managed through our new innovative specialty workflow and web platform.

The Health Services segment's custom-built proprietary Canopy technology is a key driver of the success of its value-based care model and foundation for patients receiving a consistent, high-quality level of care. Canopy underlies every aspect of the Company's day-to-day clinical and operational workflows, allowing care teams to tailor care plans to the needs of both the patient and the business. Canopy integrates an immense amount of data about patients from a broad set of sources, including payor claims data, pharmacy data and medical records from hospitals and specialists and provides actionable insights and workflows to accelerate effective clinical management and oversight. Canopy leverages artificial intelligence and machine learning capabilities to create and refine a clinical rules engine (predictive models and prescriptive algorithms) that informs care delivery and addresses hospital admissions and readmissions, medical costs and patient retention.

Through the collaboration of its digital and technical teams, the Company has established critical tools which enable patients to schedule appointments through MinuteClinic.com. Key elements of the offerings include landing pages which highlight services and answer common questions, screening capabilities to determine patient eligibility, service location locator and appointment selection tools to efficiently identify the requested service on a specified date, time, and location and registration pages to collect required patient information, accelerating check-in once at the MinuteClinic. Once scheduled, the tools provide the user with instructions and notifications including SMS text message and email reminders, and also provide digital results and records, enabling patients to view and save their medical records for convenient access at a later point.

Health Services Clients & Customers

The Company's Health Services clients and customers are primarily employers, insurance companies, unions, government employee groups, health plans, PDPs, Managed Medicaid plans, CMS, plans offered on Insurance Exchanges, other sponsors of health benefit plans throughout the U.S., patients who receive care in the Health Services segment's medical clinics, virtually or in the home, as well as Covered Entities. The Health Services segment's revenues are primarily generated from the sale and managing of prescription drugs to eligible members in benefit plans maintained by clients. Pharmaceuticals are provided to eligible members in benefit plans maintained by clients and utilize the Company's information systems, among other things, to help perform safety checks, drug interaction screening and identify opportunities for generic substitution.

The Company's primary care operations rely on its value-based capitated partnerships with payors and CMS which manage and market Medicare Advantage plans across the U.S. The Company has strategic value-based relationships with over 30 different payors as of December 31, 2023, including each of the top 5 national payors by number of Medicare Advantage patients. These existing contracts and relationships and their understanding of the value of the Company's model reduces the risk of entering into new markets as the Company typically has payor contracts before entering a new market. Maintaining, supporting and growing these relationships, particularly as the Company enters new geographies, is critical to its long-term success.

The Company's value-based care arrangements are primarily directed at independent health systems, including community hospitals, physician practices and clinics, participating in, or seeking to participate in, ACOs or contract with Medicare Advantage plans.

The Company's IHE operations customers are primarily Medicare Advantage health plans and Managed Medicaid organizations. In 2023, the Company had IHE contracts with 52 health plans in the U.S., including 25 of the 50 largest Medicare Advantage plans.

Health Services Seasonality

The majority of the Health Services segment revenues, including revenues generated from its PBM services, are not seasonal in nature.

The Company's primary care operations experience some variability depending upon the time of year in which they are measured. Typically, a significant portion of the Company's at-risk patient growth is experienced during the first quarter, when plan enrollment selections made during the prior annual enrollment period from October 15th through December 7th of the prior year take effect. Per-patient revenue will generally decline over the course of the year as new patients typically join with less complete or accurate documentation (and therefore lower risk-adjustment scores), and patient attrition skews towards higher-risk (and therefore greater revenue) patients. Finally, medical costs will vary seasonally depending on a number of factors including the weather, which can be a driver of certain illnesses such as the influenza virus.

DR-Exempt

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler CVS PHARMACY, INC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address ONE CVS DRIVE

City WOONSOCKET State RI Zip 02895

Mailing Address (if different from physical address) ONE CVS DRIVE, MC#1160

City WOONSOCKET State RI Zip 02895

Telephone 401-770-5149 Website _____

Licensing Company Email Eufemia.Bryden@cvshealth.com

Section 2: Personal Information

First KEVIN Middle MICHAEL Last DEHNER

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

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

Mailing Address ONE CVS DRIVE, MC#1160

City WOONSOCKET State RI Zip 02895

Telephone [redacted] Email Kevin.Dehner@cvshealth.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

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?		X

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)	
UNIVERSITY OF RHODE ISLAND			2000-2001	
Address		**City**	**State**	**Zip**
45 UPPER COLLEGE RD		KINGSTON	RI	02881
Diploma/Degree obtained, if any				
MBA				

School Name			From - To (MM/YY – MM/YY)	
UNIVERSITY OF RHODE ISLAND			1995-2000	
Address		**City**	**State**	**Zip**
45 UPPER COLLEGE RD		KINGSTON	RI	02881
Diploma/Degree obtained, if any				
BS PHARMACY				

School Name			From - To (MM/YY – MM/YY)	
SHENENDEHOWA HIGH SCHOOL			1991-1995	
Address		**City**	**State**	**Zip**
970 NY - 146		CLIFTON PARK	NY	12065
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
2023-PRESENT	[redacted]	SAUNDERSTOWN	RI	02874
2016-2023		WEST GREENWICH	RI	02817
2006-2016		NORTH KINGSTOWN	RI	02852
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
CVS HEALTH CORPORATION			8/4/2023-PRESENT	
Business Address		**City**	**State**	**Zip**
ONE CVS DRIVE		WOONSOCKET	RI	02895
Phone	**Title**		**Number of Employed Hours**	
401-765-1500	SR. MGR. CORP SVCS		1200	
Description of Duties	MANAGE A TEAM RESPONSIBLE FOR THE LICENSURE OF A WIDE VARIETY OF NEW SITES, BUSINESSES AND PROJECTS ACROSS THE ENTERPRISE AS WELL AS THE SURRENDER OF LICENSURE FOR THOSE THAT ARE CLOSING			

Business Name			From - To (MM/YY – MM/YY)	
CVS HEALTH CORPORATION			1/5/2023-8/4/2023	
Business Address		**City**	**State**	**Zip**
ONE CVS DRIVE		WOONSOCKET	RI	02895
Phone	**Title**		**Number of Employed Hours**	
401-765-1500	DIST SUPPORT RPH		1360	
Description of Duties	CONTRIBUTED TO THE DEVELOPMENT AND MAINTENANCE OF VARIOUS PROGRAMS INVOLVING PATIENT AFFORDABILITY AND LOYALTY AS WELL AS CLINICAL OUTCOME-BASED HEALTH PLAN PRODUCTS			

Business Name			From - To (MM/YY – MM/YY)	
CVS HEALTH CORPORATION			3/5/2017 - 1/15/2023	
Business Address		**City**	**State**	**Zip**
6495 POST RD		NORTH KINGSTOWN	RI	02852
Phone	**Title**		**Number of Employed Hours**	
401-885-4920	PHARMACY MANAGER		14672	
Description of Duties	MANAGED ALL ASPECTS OF OPERATIONS OF A HIGH VOLUME COMMUNITY PHARMACY INCLUDING CLINICAL PRESCRIPTION REVIEW AND PROCESSING, PERSONNEL MANAGEMENT, PHYSICAL OPERATIONS, REGULATORY COMPLIANCE AMONG OTHERS			

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.)		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?		N/A
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

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 4/3/2024

I, KEVIN M. DEHNER, certify that as the designated representative for

CVS PHARMACY, INC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KM I am at least 21 years of age;
3. KM 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. KM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
*6. KM 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. KM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

*THIS ADDRESS IS CVS CORPORATE HEADQUARTERS. THERE ARE NOT DRUGS WAREHOUSED AT THIS LOCATION. CVS CORPORATE WORK POLICY IS A HYBRID ONE REQUIRING IN OFFICE WORK THREE DAYS PER WEEK. MR. DEHNER WILL BE PHYSICALLY PRESENT AT THE SITE THREE DAYS PER WEEK AS REQUIRED BY CVS CORPORATE POLICY.

KEVIN DEHNER

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/10/24

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.

KEVIN DEHNER
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/3/24
Date

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

State of RHODE ISLAND, ss. County of PROVIDENCE

I, KEVIN DEHNER, 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

4/3/24
Date

Subscribed and Sworn to before me this 3RD day of APRIL.

Notary Public Signature

Eufemia T. Bryden
Notary Public
State of Rhode Island
My Comm Ex. 11-02-2027

Eufemia T. Bryden Notary Public State of Rhode Island

(Seal)

4G

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located? 15600 w. 99th street Lenexa Kansas	☐ Nevada ■ x Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ x New Wholesaler	* If making a change, provide current license number:	■ x 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)	WH NA_____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Henry Schein MSO LLC

Physical Address: 15600 w 99th street

City: Lenexa State: Kansas Zip: 66219

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Matthew Nellis

Licensing Company Email: _____ DR Email: Matt.Nellis@hayeshandpeice.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: 3PL

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)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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 # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case # See attached		**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 attached

Original Signature (electronic, copies or stamps not accepted)

01-05-2024

Date

HENRY SCHEIN MSO, LLC APPLICATION
NEVADA STATE BOARD OF PHARMACY
EXPLANATION FOR HISTORY OF COMPANY QUESTION NO. 3:

Question No.3:

Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?

Response:

Based on currently available records/information, and although not necessarily responsive or applicable to the question, Henry Schein MSO, LLC, discloses the following information:

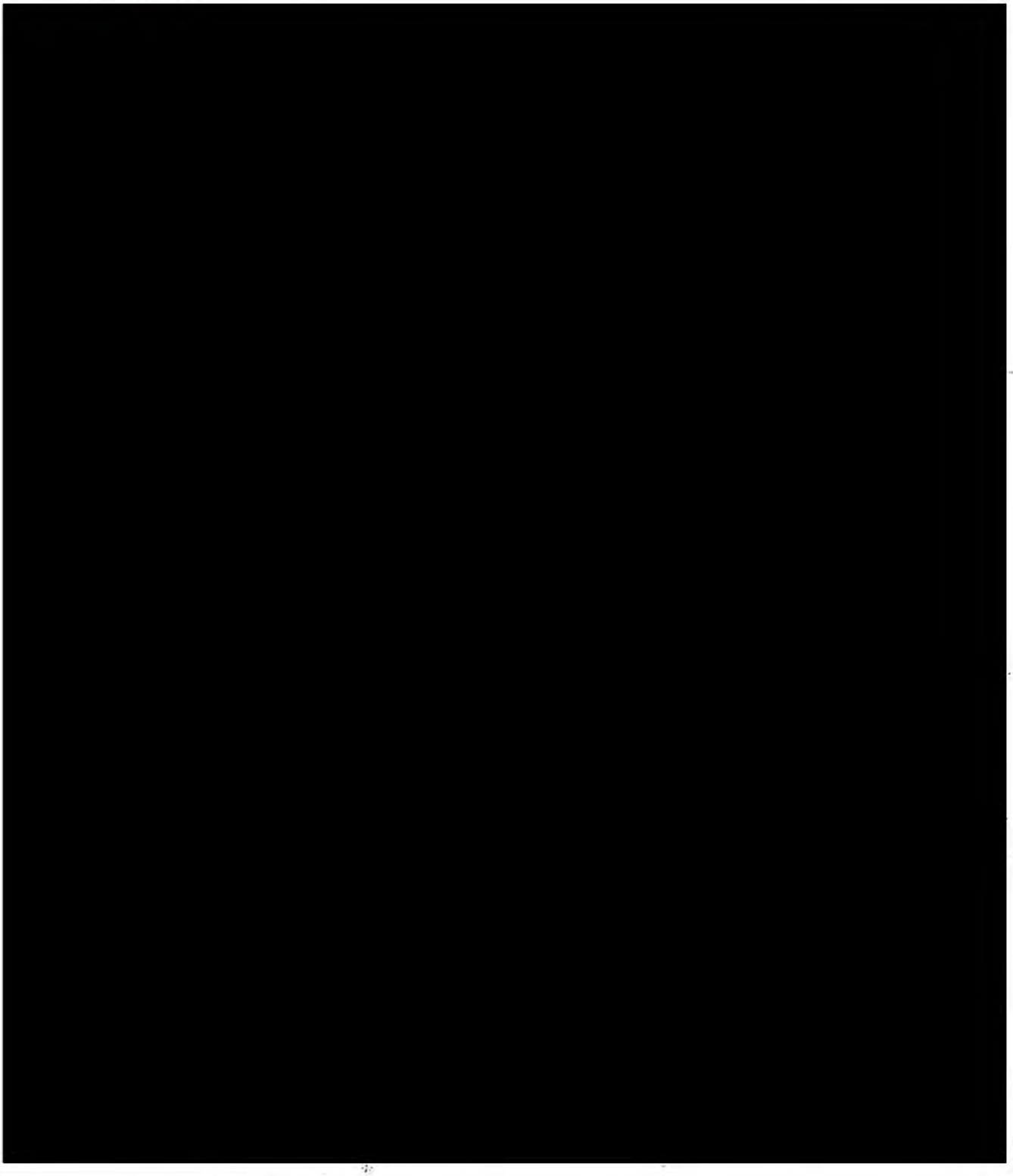
Matters Relating to Henry Schein MSO, LLC's parent company, Henry Schein, Inc.:

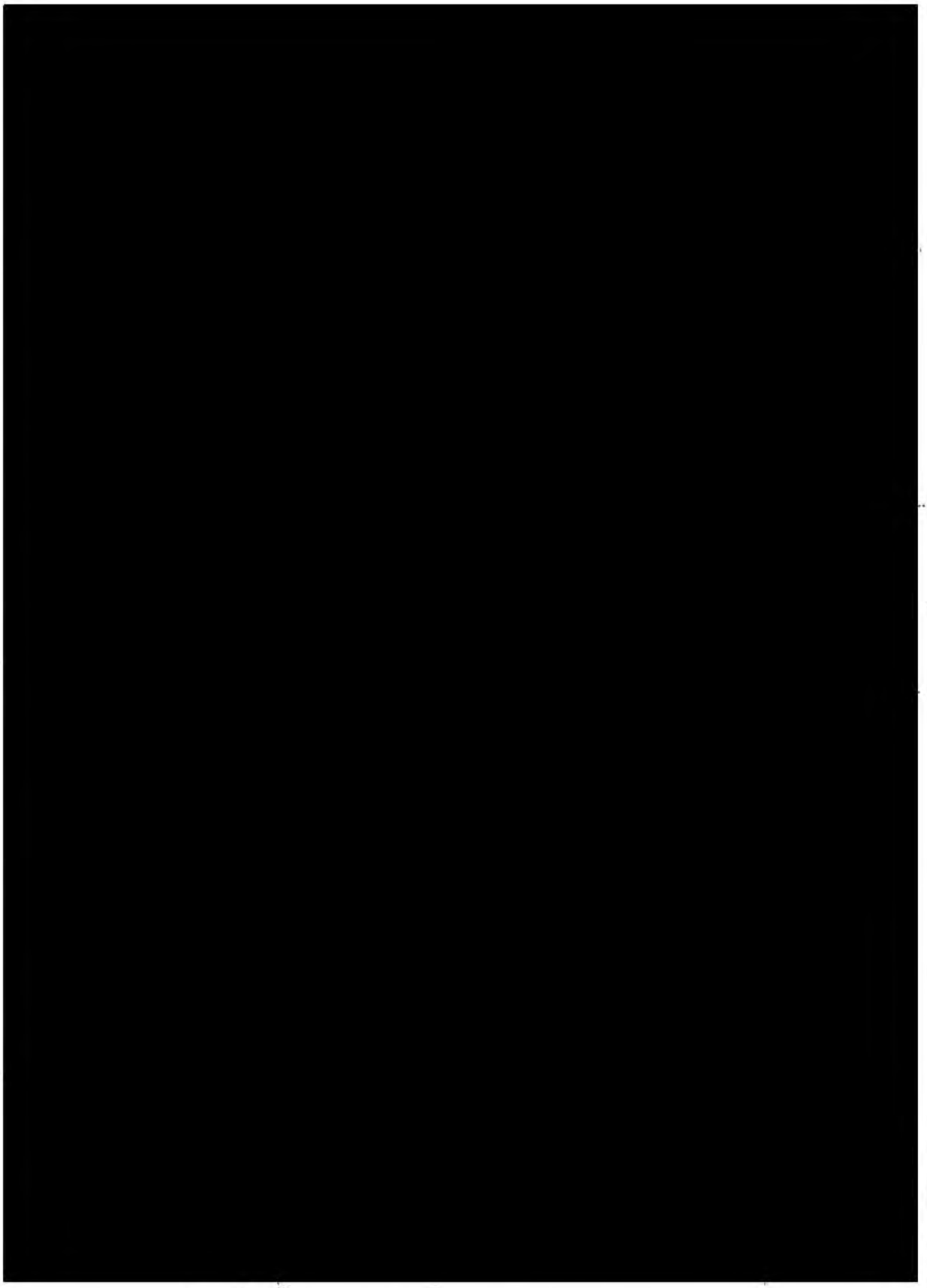
In May 2008, Henry Schein, Inc. resolved a matter with the Florida Department of Health ("DOH") (Case No. 2008-08770; prescription drug wholesaler permit # 22:1315) in connection with a Notice of Violation, alleging that Henry Schein, Inc. sold and/or shipped prescription drugs to an unauthorized recipient, in violation of Chapter 499, Florida Statutes. Henry Schein, Inc. entered into a settlement agreement which resolved the matter without any admission of liability and agreed to make a payment of $5,000. The matter was closed by order dated May 15, 2008.

In July 2011, Henry Schein, Inc. resolved a matter with the Colorado Board of Pharmacy ("BOP") which alleged that Henry Schein, Inc. violated Colorado state statutes and BOP rules by not timely submitting an application for a change of designated representative (Case No. 2011-1806; non-resident prescription drug wholesaler registration # WHO 7115). Henry Schein, Inc. made a payment of $5,500 to resolve the matter.

In November 2011, the Iowa Board of Pharmacy alleged that Henry Schein, Inc. violated Iowa state statutes and regulations in connection with the sale of controlled substances to Des Moines University, whose Iowa Controlled Substances Registration had expired at the time of shipment. (Case No. 2010-35; Wholesale Drug License No. 5328) Henry Schein, Inc. denied the allegations. Henry Schein, Inc. agreed to a Citation and Warning, resolving the matter in April 2012 without any admission of liability and agreed to make a payment of $5,000.

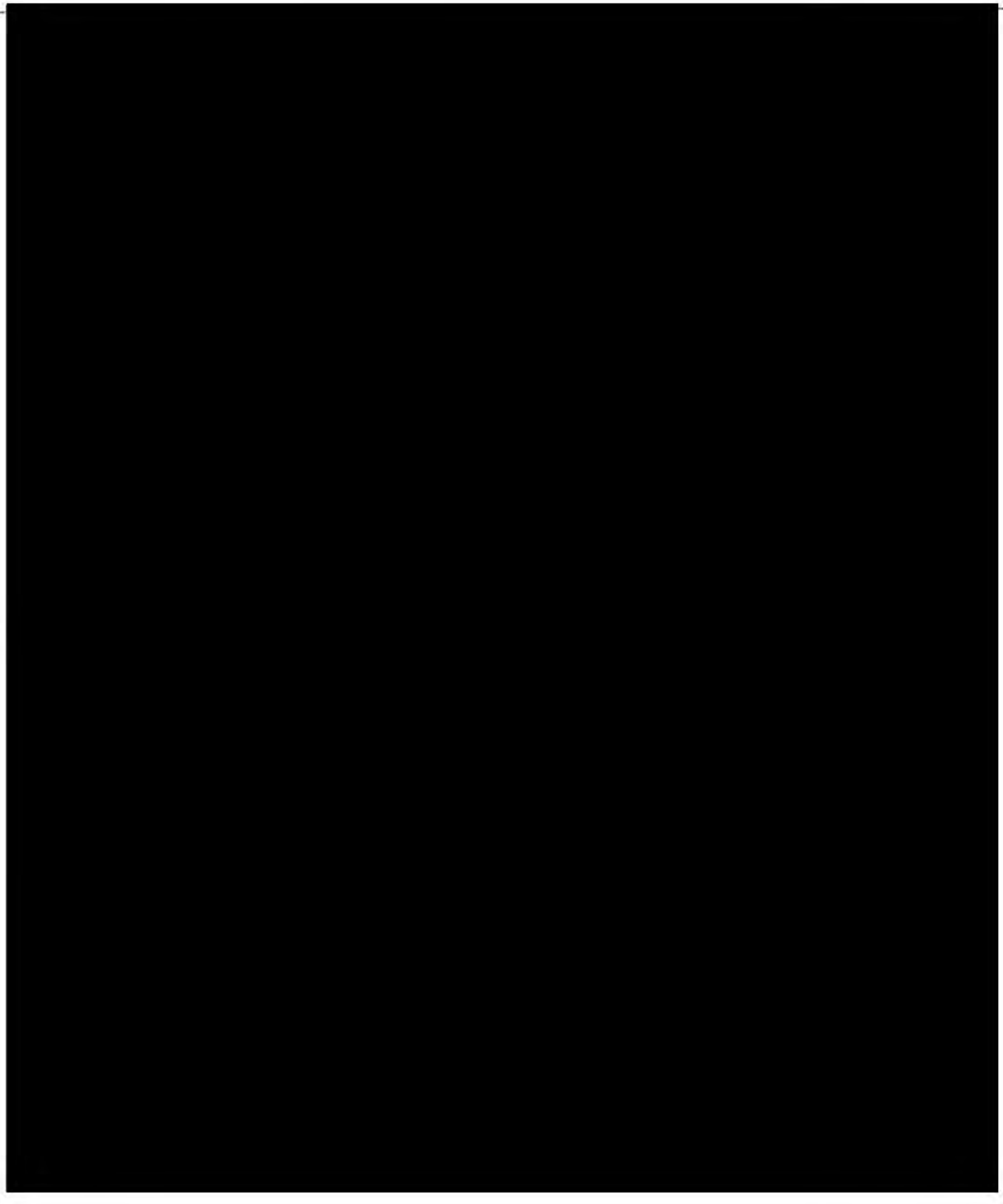
HSI EXHIBIT A

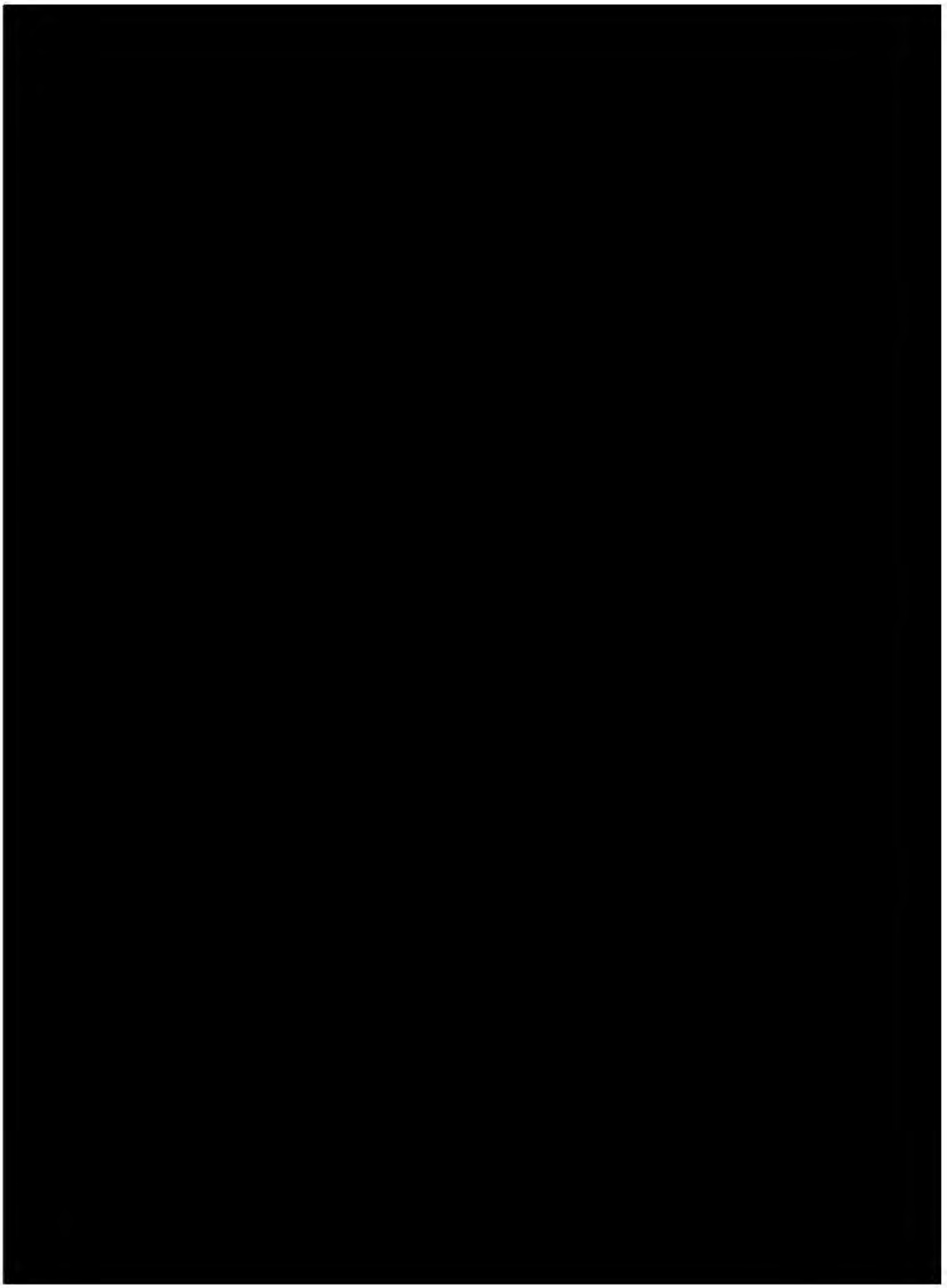


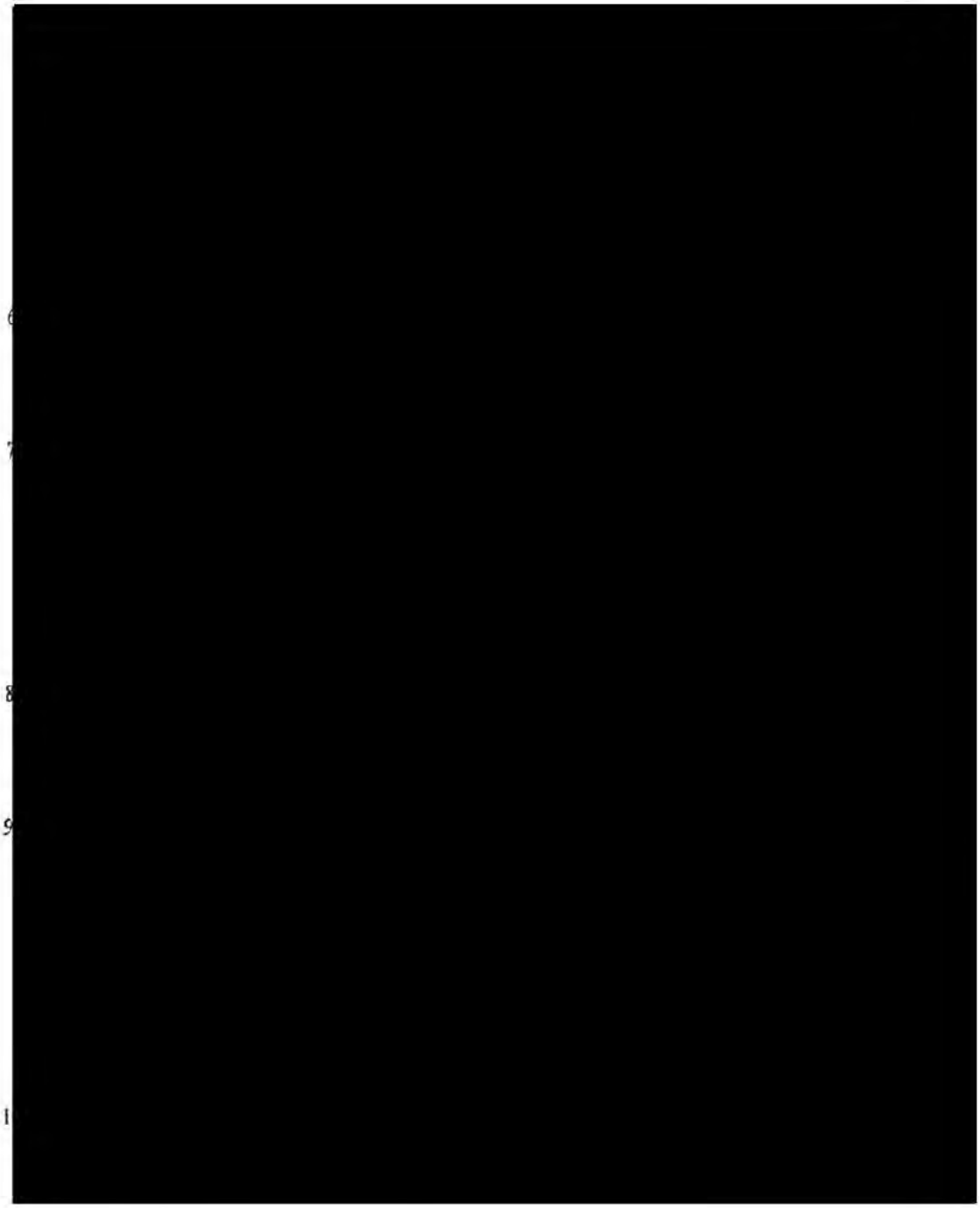


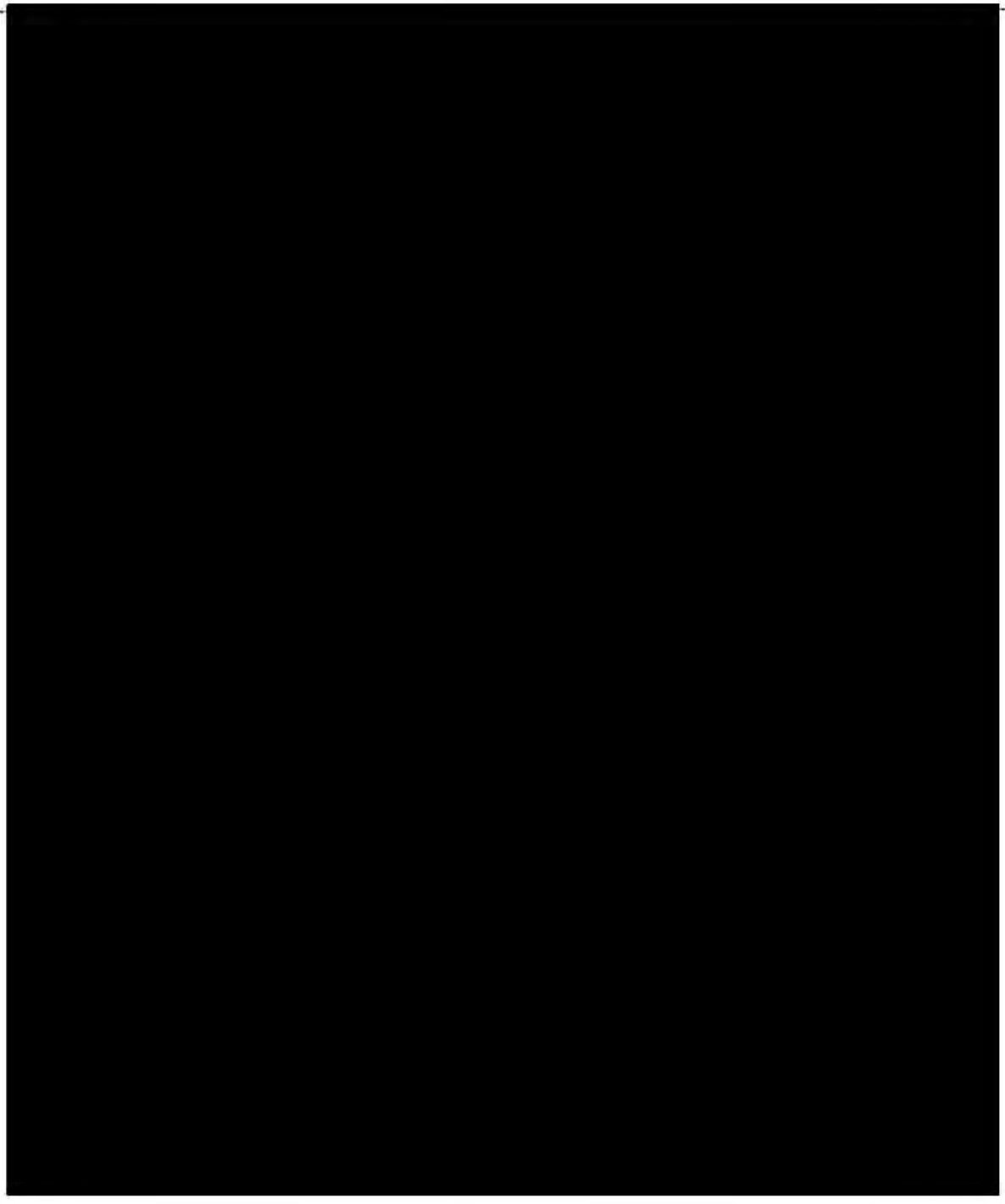
TOTAL P.05

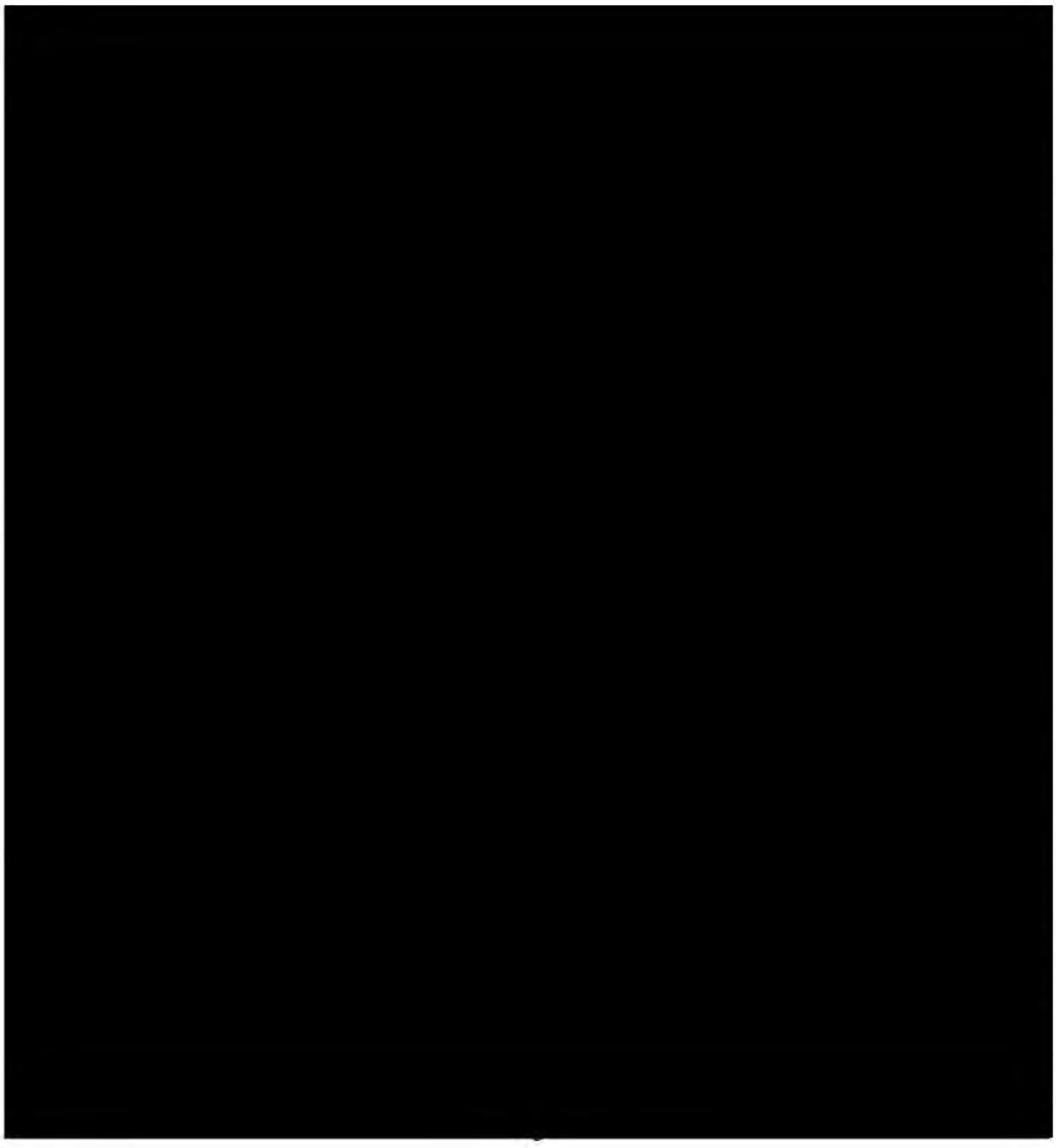
HSI EXHIBIT B

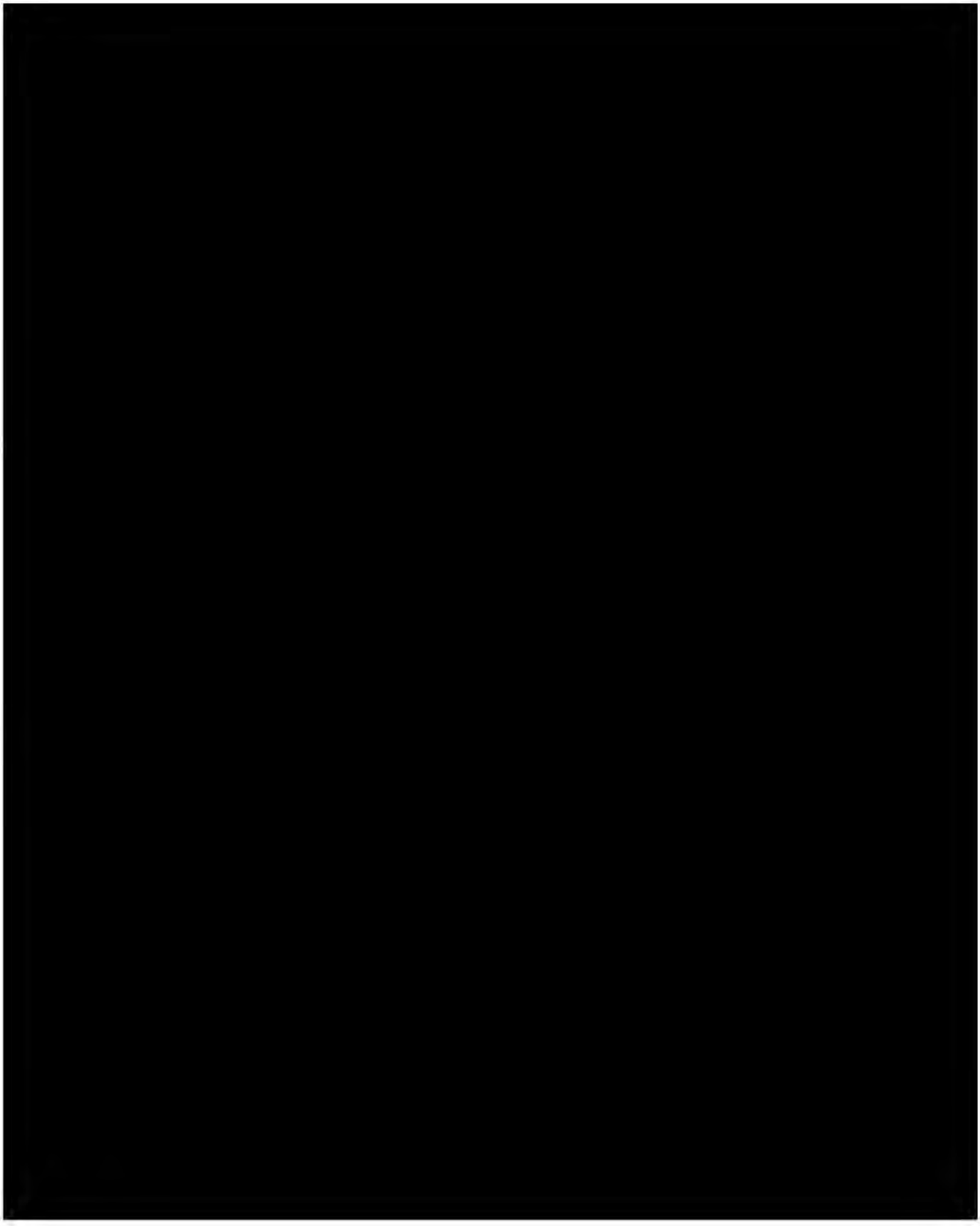


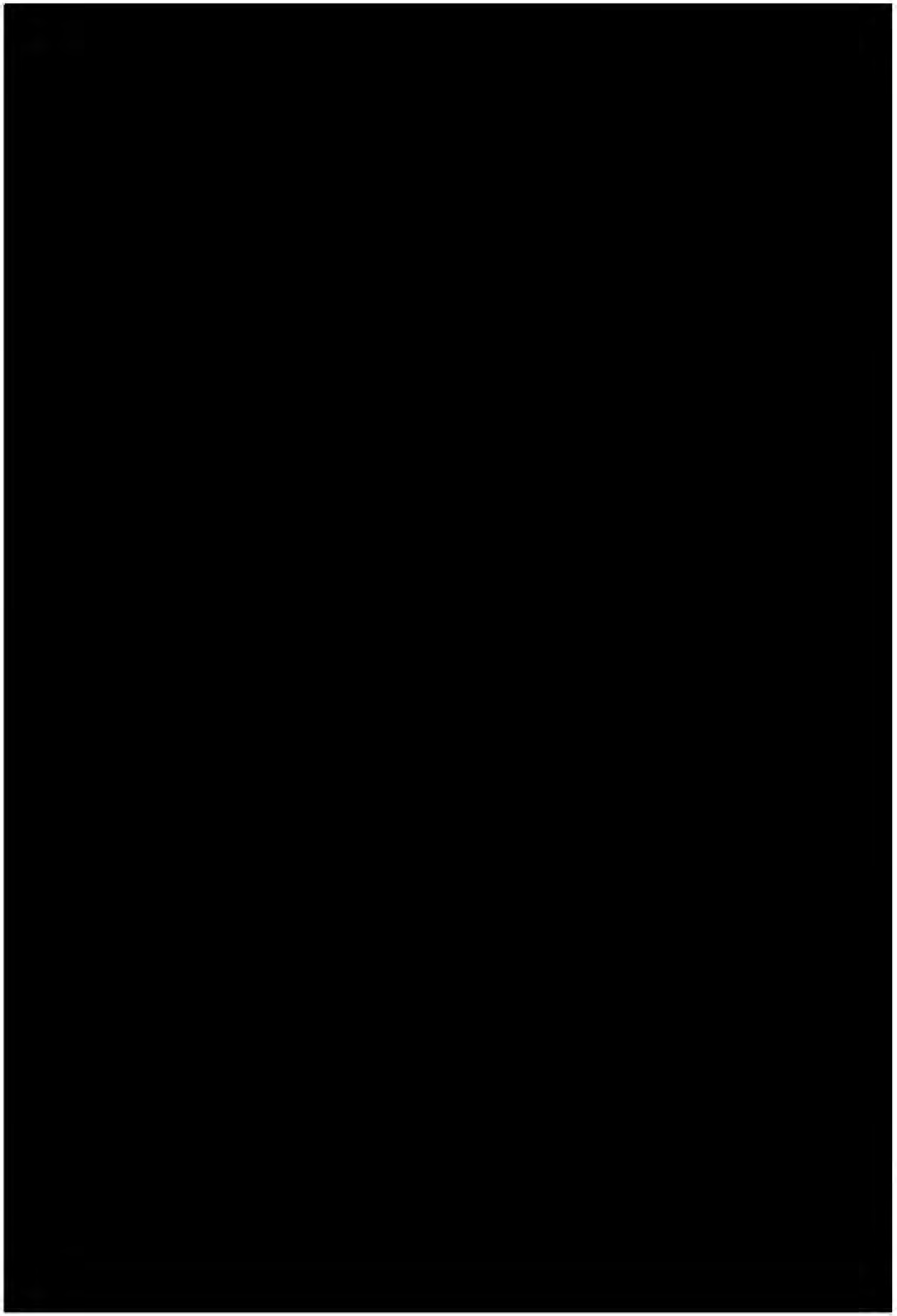


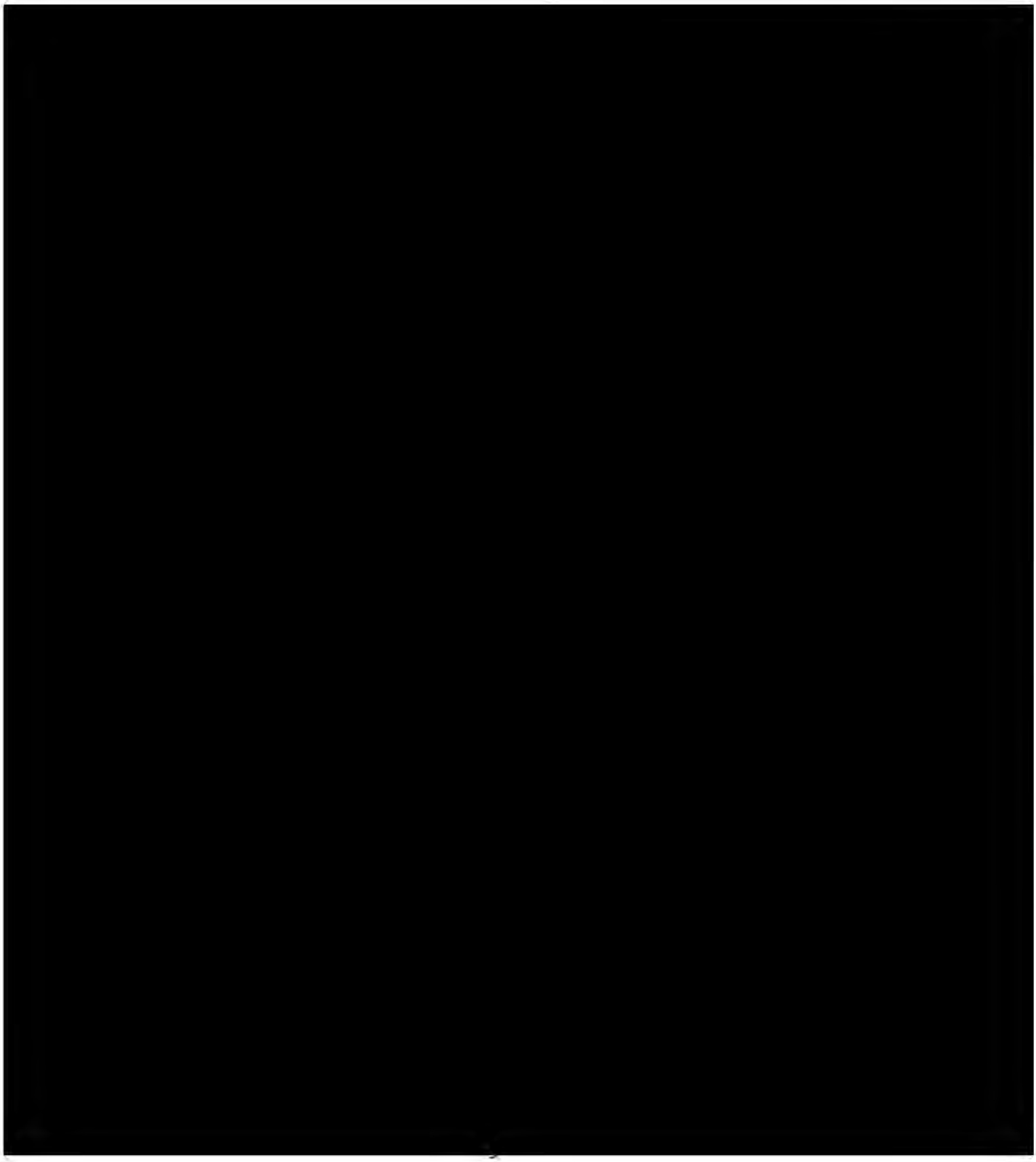












Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: please see attached list of potential device manufacturers/suppliers

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): Henry Schein Inc

Corporation Name: _____

Mailing Address: 135 Duryea Road

City: Melville State: NY Zip: 11747

Telephone: 1-631-843-5500 Email: Brendan.Mcelhatton@henryschein.com

Contact Person Name: Brendan Mcelhatton

Date of SEC Registration: May 13, 1996 | SEC Registration Number: 333-36081 | Stock Exchange Symbol: HSIC

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization 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: _____

N/A

01-05-2024

Henry Schein MSO, LLC

List of Potential Device Manufacturers/Suppliers

Kansas City, KS

Supplier	Address	Supplier	Address
3M Healthcare	Saint Paul MN	Maverick	1615 Golden Mile Hwy, Monroeville, PA 15146
Abco Dealers	348 Trane Dr. Knoxville, TN 37919	Medicom	434 Fayetteville St Ste 1650, Raleigh, North Carolina, 2760
Acteon	Mount Laurel, NJ	Microtech	8330 Boone BLVD #600 Vienna, VA 22182
Adec	2601 Crestview Drive Newberg, Oregon 97132	Midmark	160 Industrial Park Way, Versailles, OH 45380
Air Techniques	1295 Waltwhitman RD, Melville, NY 11747	Miltex	589 Davies Dr, York, PA 17402
American Eagle Instruments	6575 Butler Creek Rd, Missoula, MT 59808	Monitex	5F, 70, Sec. 1, Guangfu Road., Sanchong Dist.,New Taipei 241, Taiwan
Anodia System	109 Larrimore Ln, Danville, KY	MTI	Coatesville, PA 19320 U.S.A.
Arkray USA	5198 W 76th St, Edina, MN 55439	Nakamura	59-2 Minamicho, Itabashiku, Tokyo 173-0027, Japan
Aseptico	8333 216th St SE, Woodinville, Washington, 98072	Nonin Medical	13700 1st Ave N, Plymouth, Minnesota, 55441
Athena Champion	13705 Shoreline Ct. East Earth City, MO 63045	Nordent	610 Bonnie Ln, Elk Grove Village, IL 60007
Becton Dickinson	18-02 NJ-208, Franklin Lakes, NJ 07417	NSK	1800 Global Parkway Hofman Estates, IL 60192
Belmont Medical Technologies	780 Boston Rd, Billerica, MA 01821	PacDent	670 Endeavor Cir, Brea, CA 92821
Benco Dental	295 CenterPoint Blvd Pittston, PA 18640	Pacific Abrasives Inc.	16824 198th Ave NE, Woodinville, WA 98077
Bien Air	8861 Research Drive Irvine, CA 92618, USA	Planmeca	2600 Forbs Ave, Hoffman Estates, IL 60192
Brandmax Inc	2200 McFarland 400 Blvd, Alpharetta, GA 30004	Porter Instruments	245 E Township Line Rd, Hatfield, PA 19440
Brewer Company	13901 Main ST, Menomonee Falls, WI 53051	Saeshin	52, Secheon-ro 1-gil, Dasa-eup, Dalseong-gun, Daegu, Korea
Changzhou Hongtai Paper Film Co., LTD	Qianyang Industrial Park, China 213000	SciCan/Coltene	235 Ascot Pkwy, Cuyahoga Falls, OH 44223
Cone Instruments	6850 Southbelt DR, Caldonia, MI 49316	Star/Dental EZ	301 Lindenwood Drive, Suite 100, Malvern, PA 19355
Crosstex	09 Inverness Drive East, Unit F Englewood, Colorado 80112-5105	Sterisil	835 CO-105, Palmer Lake, CO 80133
DCI International	305 N. Spingbrook RD Newberg, OR 77132	TPC	851 S. Lawson St City of Industry, CA 91748
Dental Imaging Technologies	2800 Crystal Drive Hatfield, PA 19440	TTBIO	Handpiece & Small Equipment (Handpiece, Ultrasonic scalers, Consumables)
Dentsply/Sirona	570 West College Ave York, PA 174050872	Vaniman	25799 Jefferson AVE Murrieta, CA 92562
Dexis	450 Commerce Dr, Quakertown, PA 18951	Vector R&D Inc	Vector R & D Inc. 2810 69th Ave. West University Place, WA 98466
Edan Diagnostics Inc.	9918 Via Pasar San Diego, CA 92126	W&H	6490 Hawthorne DR Windsor, ON 133001354
Enbio	150 E Olive Ave UNIT 114, Burbank, CA 91502	Welch Allyn	4341 State Street RD Skaneateles Falls, New York 13153
Handpiece Headquarters Inc.	620 S Placentia Ave, Placentia, CA 92870	Guilin Woodpecker Medical Instruments	Industrial Park, Guilin National High Tech Zone, Guilin, Guangxi, 541004 P.R. China
HU-Friedy/EMS	3232 N Rockwell ST Chicago, IL 60618		
Huntleigh Technology	2349 W. Lake ST, Suite 250 Addison, IL		
J Morita	9 Mason Irvine, California 92618		
Kavo	11727 Fruehauf Drive, Charlotte, NC 28227		
L&R	577 Elm ST Kearny, New Jersey 07032		

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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Henry Schin MSO, LLC

Facility Name

Brendan Mcelhatton

Print Name of Authorized Person Submitting Application

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

01-04-2024

Date

Board Use Only	Date Received: 1/8/24	Amount: $1000-cc

Henry Schein MSO, LLC

Henry Schein MSO, LLC

F.E.I.N 93-3722827

Officers:

Tom Popeck	President
Yvonne Smith	Vice President, Global Manufacturing
Jennifer Ferraro	Vice President, Secretary
Michael Amodio	Vice President, Treasurer
Robert Ponzo	Vice President, Global Tax

Incorporated Delaware 10/03/2023

Henry Schein MSO, LLC, 15600-15618 W. 99th Street, Lenexa, KS STE A

Henry Schein Inc.

Top Institutional Holders

Holder	Shares	Date Reported	% Out	Value
Vanguard Group Inc	15,009,573	Sep 29, 2023	11.55%	1,112,959,860
Generation Investment Management LLP	12,167,929	Sep 29, 2023	9.36%	902,251,953
Blackrock Inc.	10,053,860	Sep 29, 2023	7.74%	745,493,734
State Street Corporation	6,446,308	Sep 29, 2023	4.96%	477,993,748

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HENRY SCHEIN MSO, 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 SECOND DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HENRY SCHEIN MSO, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2424658 8300

SR# 20240003089

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

Authentication: 202510501

Date: 01-02-24

Kansas State Board of Pharmacy

800 SW Jackson St. Suite 1414
Topeka, Kansas 66612-1244
Phone (785) 296-4056
Fax (785) 296-8420

email pharmacy@ks.gov
www.pharmacy.ks.gov

23-122095
MATTHEW NELLIS
Henry Schein MSO, LLC
15600-15618 W. 99th Street, STE A
Lenexa, KS 66219

Schedules

STATE OF KANSAS
STATE BOARD OF PHARMACY

No 23-122095

CERTIFIES

This registration Must Be Renewed Annually by **June 30th.**

That **Henry Schein MSO, LLC**

has complied with the Pharmacy Act of the State of Kansas providing for the registration as a ***Third-party Logistics Provider within the State*** *of Kansas, and is hereby granted a PERMIT as defined in K.S.A. 65-1643 of the State of Kansas under the name of*

Henry Schein MSO, LLC

at **15600-15618 W. 99TH STREET, STE A** **LENEXA** **KANSAS**

from this date until **6/30/2024** *, unless this registration is surrendered, or revoked or suspended by the Kansas State Board of Pharmacy.*

This registration issued **December 15, 2023.**

KANSAS STATE BOARD OF PHARMACY

By _____ Executive Secretary

THIS REGISTRATION MUST BE POSTED IN A CONSIPICUOUS PLACE - NOT TRANSFERABLE
DO NOT DESTROY - Return to Secretary for change in ownership, location or pharmacist in charge

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/04/2024

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
Aon Risk Services Northeast, Inc.
New York NY Office
One Liberty Plaza
165 Broadway, Suite 3201
New York NY 10006 USA

CONTACT NAME:
PHONE (A/C, No, Ext): (866) 283-7122
FAX (A/C, No): (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Liberty Mutual Fire Ins Co	23035
INSURER B:	ProAssurance Specialty Insurance Company	17400
INSURER C:	Liberty Insurance Corporation	42404
INSURER D:	Berkshire Hathaway Specialty Ins Company	22276
INSURER E:	QBE Specialty Insurance Company	11515
INSURER F:		

INSURED
Henry Schein, Inc.,
Subsidiaries & Affiliates
135 Duryea Road
Melville NY 11747 USA

COVERAGES **CERTIFICATE NUMBER:** 570103499575 **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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT X LOC OTHER			TB2621093363033	06/01/2023	06/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $5,000,000 Excluded
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			AS2-621-093363-043	06/01/2023	06/01/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$2,000,000
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION			TH7621093363073	06/01/2023	06/01/2024	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
C C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WA762D093363013 AOS WC7621093363023 WI	06/01/2023 06/01/2023	06/01/2024 06/01/2024	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000
B	Products Liability			N23NY380024 Claims Made	06/01/2023	06/01/2024	Each Occurrence Aggregate	$10,000,000 $10,000,000

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

CERTIFICATE HOLDER

Henry Schein, Inc.
and its Subsidiary and Affiliated
Companies
135 Duryea Road
Melville NY 11747 USA

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

Aon Risk Services Northeast, Inc.

Holder Identifier : EQC

Certificate No : 570103499575

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AGENCY CUSTOMER ID: 570000025511

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Henry Schein, Inc.,
POLICY NUMBER: See Certificate Number: 570103499575	
CARRIER: See Certificate Number: 570103499575 / NAIC CODE	EFFECTIVE DATE

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
E	E&O - Miscellaneous Professional-Primary			130003732 Cyber Liab/Tech& E&O SIR applies per policy terms & conditions	12/01/2023	12/01/2024	Limit of Liability	$10,000,000
D	Fiduciary Liability - Primary			47EPC31399303 Fiduciary Liability SIR applies per policy terms & conditions	11/01/2023	11/01/2024	Aggregate Limit	$10,000,000

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AGENCY CUSTOMER ID: 570000025511

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Henry Schein, Inc.,
POLICY NUMBER: See Certificate Number: 570103499575	
CARRIER: See Certificate Number: 570103499575 / NAIC CODE	EFFECTIVE DATE

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds

Henry Schein, Inc.
Ace Surgical Supply Company, Inc.
All Star Orthodontics
BIOHORIZONS IMPLANT SYSTEMS, INC.
Camlog
Dental Instrument Sales & Service, LLC
Dentrix Dental Systems
Exan Enterprises
G.I.V. Inc.
General Injectibles & Vaccines, Inc.
HF Acquisition Co. LLC
Hand Piece Parts & Repair, Inc.
Henry Schein and Schvadent
Henry Schein Dental, Inc.
Henry Schein Global Sourcing, Inc.
Henry Schein Medical
Henry Schein Practice Solutions
Henry Schein, Supply
HealthFirst
Henry Schein MSO, LLC
Impromed, LLC.
Insource, Inc.
Ortho Organizers, Inc.
Ortho Technology, Inc.
RXWORKS, INC.
Southern Anesthesia & Surgical Inc.
The Custom Milling Center, Inc.
Zahn Dental Company, Inc.
Zahn/Darby Lab
Edge Endo
North American Rescue LLC and NAR Medical Depot, LLC
NAR Training LLC
Lighthouse 360, Inc.
Hayes Handpiece Franchises, Inc.
Henry Schein One, LLC
US Endodontics
TDSC, Inc.
NAR Medical Depot LLC
Prism Medical Products - 12.31.20
Sesame Communications
eAssist Inc.
eAssist Publishing LLC
Midway Dental Supply LLC
Ace Southern Surgical Solutions
ORTHO2 LLC
Shield HealthCare - 10/2/23
Dental Practice Transitions

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NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Henry Schein MSO, LLC MDEG License # (if applicable): _____

Physical Address: 15600 West 99th Street

City: Lenexa State: KS Zip: 66219

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Licensing Company Email: _____

Section 2: Personal Information

First: Matthew Middle: David Last: Nellis

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Addre[redacted]

City: Blue Springs State: MO Zip: 64015

Telephon[redacted] Ema[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.)		✔

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		From - To (MM/YY – MM/YY)	
Fort Osage High School		09/99-05/03	
Address	**City**	**State**	**Zip**
2101 N Twyman Rd	Independance	MO	64058
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)	Address	City	State	Zip
10/2006 - Current	[redacted]	Blue Springs (30 minutes from [redacted])	MO	64015
From - To (MM/YY – MM/YY)	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 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			From - To (MM/YY – MM/YY)	
Henry Scheln MSO LLC			01/05- Present	
Business Address		**City**	**State**	**Zip**
15600 West 99th Street		Kansas City	KS	
Phone	**Title**		**Number of Employed Hours**	
	Manager		> 1500 hours	

Responsible for quality control, quality assurance, and inventory accuracy; Creates and maintains training documents. Lead accurate meetings with respect to management heads of core processes. Conducts staff training to ensure roles responsibilities and company policies are met. Takes necessary actions to ensure service, sales and orders are filled. Produces reports to measure facility performance, communicates with internal and external customers. Participates in projects and performs other duties as required.

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?		✔
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? 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, Matthew Nellis, **certify that as the MDEG Administrator for**

Henry Schein MSO, LLC,

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

1. MDN Have a high school diploma or its equivalent;
2. MDN Have
   a. At least 1,500 hours of verifiable 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. MDN 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. MDN 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.

Matthew Nellis
Print Name (First, Last)

Matthew Nellis
Original Signature (electronic, copies or stamps not accepted)

01/03/24
Date

Board Use Only	Date Received: 1/8/24

Henry Schein MSO, LLC

Lenexa, KS

A list containing each employee agent, consultant, guardian, personal representative, lender, or holder of indebtedness of the applicant.

Matthew Nellis- Operations Manager

Oscar Salguero- Supervisor

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 December 25, 2021

☐ 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 0-27078

HENRY SCHEIN, INC.

(Exact name of registrant as specified in its charter)

Delaware	**11-3136595**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**

135 Duryea Road

Melville, New York

(Address of principal executive offices)

11747

(Zip Code)

(631) 843-5500

(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 Stock, par value $.01 per share	HSIC	The 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: ☒ 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 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. YES: ☒ NO: ☐

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 registrant's voting stock held by non-affiliates of the registrant, computed by reference to the closing sales price as quoted on the Nasdaq Global Select Market on June 26, 2021, was approximately $10,405,142,000.

As of February 7, 2022, there were 137,172,800 shares of registrant's Common Stock, par value $.01 per share, outstanding.

Documents Incorporated by Reference:

Portions of the Registrant's definitive proxy statement to be filed pursuant to Regulation 14A not later than 120 days after the end of the fiscal year (December 25, 2021) are incorporated by reference in Part III hereof.

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PART I

ITEM 1. Business

General

Henry Schein, Inc. is a solutions company for health care professionals powered by a network of people and technology. We believe we are the world's largest provider of health care products and services primarily to office-based dental and medical practitioners, as well as alternate sites of care. Our philosophy is grounded in our commitment to help customers operate a more efficient and successful business so the practitioner can provide better clinical care.

With more than 89 years of experience distributing health care products, we have built a vast set of small, mid-sized and large customers in the dental and medical markets, serving more than one million customers worldwide across dental practices, laboratories, physician practices, and ambulatory surgery centers, as well as government, institutional health care clinics and other alternate care clinics.

We are headquartered in Melville, New York, employ more than 21,600 people (of which approximately 10,700 are based outside the United States) and have operations or affiliates in 32 countries and territories. Our broad global footprint has evolved over time through our organic success as well as through contribution from strategic acquisitions.

We offer a comprehensive selection of more than 120,000 branded products and Henry Schein private brand products in stock, as well as more than 180,000 additional products available as special-order items. Our infrastructure, including over 3.8 million square feet of space in 27 strategically located distribution centers around the world, enables us to historically provide rapid and accurate order fulfillment, better serve our customers and increase our operating efficiency. This infrastructure, together with broad product and service offerings at competitive prices, and a strong commitment to customer service, enables us to be a single source of supply for our customers' needs.

We conduct our business through two reportable segments: (i) health care distribution and (ii) technology and value-added services. These segments offer different products and services to the same customer base. Our dental businesses serve office-based dental practitioners, dental laboratories, schools, government and other institutions. Our medical businesses serve physician offices, urgent care centers, ambulatory care sites, emergency medical technicians, dialysis centers, home health, federal and state governments and large enterprises, such as group practices and integrated delivery networks, among other providers across a wide range of specialties.

The health care distribution reportable segment, combining our global dental and medical businesses, distributes consumable products, dental specialty products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products and vitamins. While our primary go-to-market strategy is in our capacity as a distributor, we also market and sell under our own private label portfolio of cost-effective, high-quality consumable merchandise products, and manufacture certain dental specialty products in the areas of implants, orthodontics and endodontics.

The technology and value-added services reportable segment provides software, technology and other value-added services to health care practitioners. Henry Schein One, the largest contributor of sales to this category, offers dental practice management solutions for dental and medical practitioners. In addition, we offer dentists and physicians a broad suite of electronic health records, integrated revenue cycle management, patient communication services including electronic marketing and web-site design, analytics and patient demand generation. Finally, our value-added practice solutions include practice consultancy, education, and the facilitation of financial service offerings (on a non-recourse basis) to help dentists and physicians operate and expand their business operations. We believe our hands-on consultative approach to provide solutions to support practice decision-making is a key differentiator for our business.

Recent Developments

See "Management's Discussion and Analysis of Financial Condition and Results of Operations – Recent Developments" herein for a discussion related to the COVID-19 pandemic and recent corporate transactions.

Industry

The global health care distribution industry, as it relates to office-based health care practitioners, is fragmented and diverse. The industry ranges from sole practitioners working out of relatively small offices to mid-sized and large group practices ranging in size from a few practitioners to several hundred practices owned or operated by dental support organizations (DSOs), medical group purchasing organizations (GPOs), hospital systems or integrated delivery networks (IDNs).

Due in part to the inability of office-based health care practitioners to store and manage large quantities of supplies in their offices, the distribution of health care supplies and small equipment to office-based health care practitioners has been characterized by frequent, small quantity orders, and a need for rapid, reliable and substantially complete order fulfillment. The purchasing decisions within an office-based health care practice are typically made by the practitioner, hygienist or office manager. Supplies and small equipment are generally purchased from more than one distributor, with one generally serving as the primary supplier.

The health care distribution industry continues to experience growth due to demand driven by the aging population, increased health care awareness and the importance of preventative care, an increasing understanding of the connection between good oral health and overall health, improved access to care globally, the proliferation of medical technology and testing, new pharmacology treatments and expanded third-party insurance coverage, partially offset by the effects of unemployment on insurance coverage and technological improvements, including the advancement of software and services, prosthetic solutions and telemedicine. In addition, the non-acute market continues to benefit from the shift of procedures and diagnostic testing from acute care settings to alternate-care sites, particularly physicians' offices and ambulatory surgery centers.

We believe that consolidation within the industry will continue to result in a number of distributors, particularly those with limited financial, operating and marketing resources, seeking to combine with larger companies that can provide growth opportunities. This consolidation also may continue to result in distributors seeking to acquire companies that can enhance their current product and service offerings or provide opportunities to serve a broader customer base.

In addition, customer consolidation will likely lead to multiple locations under common management and the movement of more procedures from the hospital setting to the physician or alternate care setting as the health care industry is increasingly focused on efficiency and cost containment. This trend has benefited distributors capable of providing a broad array of products and services at low prices. It also has accelerated the growth of health maintenance organizations ("HMOs"), group practices, other managed care accounts and collective buying groups, which, in addition to their emphasis on obtaining products at competitive prices, tend to favor distributors capable of providing specialized management information support. We believe that the trend towards cost containment has the potential to favorably affect demand for technology solutions, including software, which can enhance the efficiency and facilitation of practice management.

Competition

The distribution and manufacture of health care supplies and equipment is highly competitive. Many of the health care products we sell are available to our customers from a number of suppliers. In addition, our competitors could obtain exclusive rights from manufacturers to market particular products. Manufacturers also could seek to sell directly to end-users, and thereby eliminate or reduce our role and that of other distributors. In certain parts of the dental end market, such as those related to dental specialty products, and medical end market manufacturers already sell directly to end customers.

In North America, we compete with other distributors, as well as several manufacturers, of dental and medical products, primarily on the basis of price, breadth of product line, e-commerce capabilities, customer service and

value-added products and services. In the dental market, our primary competitors in the U.S. are the Patterson Dental division of Patterson Companies, Inc. and Benco Dental Supply Company. In addition, we compete against a number of other distributors that operate on a national, regional and local level. Our primary competitors in the U.S. medical market, which accounts for the large majority of our global medical sales, are McKesson Corporation and Medline Industries, Inc., which are national distributors. We also compete with a number of regional and local medical distributors, as well as a number of manufacturers that sell directly to physicians. With regard to our dental software, we compete against numerous companies, including the Patterson Dental division of Patterson Companies, Inc., Carestream Health, Inc., Open Dental Software, Inc., PlanetDDS LLC, Good Methods Global Inc. (d.b.a. CareStack) and Curve Dental, LLC. In other software end markets, including revenue cycle management, patient relationship management and patient demand generation, we compete with companies such as Vyne Therapeutics Inc., EDI-Health Group, Inc. (d.b.a. Dental X Change, Inc.), Weave Communications, Inc., Solutionreach, Inc., ZocDoc, Inc., LocalMed Inc. and Prosites Inc. The medical practice management and electronic medical records market is fragmented and we compete with numerous companies such as the NextGen division of Quality Systems, Inc., eClinicalWorks, Allscripts Healthcare Solutions, Inc. and Epic Systems Corporation.

Outside of the U.S., we believe we are the only global distributor of supplies and equipment to dental practices and our competitors are primarily local and regional companies. We also face significant competition internationally, where we compete on the basis of price and customer service against several large competitors, including the GACD Group, Proclinic SA, Lifco AB, Planmeca Oy and Billericay Dental Supply Co. Ltd., as well as a large number of other dental and medical product distributors and manufacturers in international countries and territories we serve.

Competitive Strengths

We have more than 89 years of experience in distributing products to health care practitioners resulting in strong awareness of the Henry Schein® brand. Our competitive strengths include:

A focus on meeting our customers' unique needs. We are committed to providing customized solutions to our customers that are driven by our understanding of the end markets we serve and reflect the technology-driven products and services best suited for their practice needs. We are committed to continuing to enhance these offerings through organic investment in our products and our teams, as well as through the acquisition of new products and services that may help us better serve our customers.

Direct sales and marketing expertise. Our sales and marketing efforts are designed to establish and solidify customer relationships through personal or virtual visits by field sales representatives, frequent direct marketing and telesales contact, emphasizing our broad product lines, including exclusive distribution agreements, competitive prices and ease of order placement, particularly through our e-commerce platforms. The key elements of our direct sales and marketing efforts are:

- *Field sales consultants.* We have over 3,450 field sales consultants, including equipment sales specialists, covering major North American, European and other international markets. These consultants complement our direct marketing and telesales efforts and enable us to better market, service and support the sale of more sophisticated products and equipment.

- *Marketing.* During 2021, we marketed to existing and prospective office-based health care providers through a combination of owned, earned and paid digital channels, as well as through catalogs, flyers, direct mail and other promotional materials. Our strategies included an emphasis on educational content through webinars and content marketing initiatives. We continue to enhance our marketing technology to improve our targeting capability and the relevance of messaging and offers.

- *Telesales.* We support our direct marketing effort with approximately 2,100 inbound and outbound telesales representatives, who facilitate order processing, generate new sales through direct and frequent contact with customers and stay abreast of market developments and the hundreds of new products, services and technologies introduced each year to educate practice personnel.

- *Electronic commerce solutions.* We provide our customers and sales teams with innovative and competitive e-commerce solutions. We continue to invest in our e-commerce platform to offer enhanced content management so customers can more easily find the products they need and to enable an engaging purchase experience, supported by excellent customer service.

- *Social media.* Our operating entities and employees engage our customers and supplier partners through various social media platforms, which are an important element of our communications and marketing efforts. We continue to expand our social media presence to raise awareness about issues, engage customers beyond a sale and deliver services and solutions to specialized audiences.

Broad product and service offerings at competitive prices. We offer a broad range of products and services to our customers, at competitive prices, in the following categories:

- *Consumable supplies and equipment.* We distribute consumable products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, dental specialty products, diagnostic tests, infection-control products and vitamins. We offer over 120,000 Stock Keeping Units, or SKUs, to our customers. We offer over 180,000 additional SKUs to our customers in the form of special order items. We also market and sell our own private label portfolio of cost-effective, high-quality consumable merchandise products and manufacture certain dental specialty products in the areas of implants, orthodontics and endodontics.

- *Technology and other value-added products and services.* We sell practice management, business analytics, patient engagement and patient demand creation software solutions to our dental customers. Our practice management solutions provide practitioners with electronic medical records, patient treatment history, analytics, billing, accounts receivable analyses and management, appointment calendars, electronic claims processing and word processing programs, network and hardware services, e-commerce and electronic marketing services, sourcing third party patient payment plans, transition services and training and education programs for practitioners. We also sell medical software for practice management, certified electronic health records ("EHR") and e-Prescribe medications and prescription solutions through MicroMD®. We have approximately 950 technical representatives supporting customers using our practice management solutions and services. As of December 25, 2021, we had an active user base of approximately 95,700 practices and 400,000 consumers, including users of AxiUm, Dentally®, Dentrix Ascend®, Dental Vision®, Dentrix® Dental Systems, Dentrix® Enterprise, Easy Dental®, EndoVision®, Evolution® and EXACT®, Gesden®, Jarvis Analytics™, Julie® Software, Oasis, OMSVision®, Orisline®, PBS Endo®, PerioVision®, Power Practice® Px, PowerDent, and Viive® and subscriptions for Demandforce®, Sesame, and Lighthouse360® for dental practices and DentalPlans.com® for dental patients; and MicroMD® for physician practices.

- *Repair services.* We have over 140 equipment sales and service centers worldwide that provide a variety of repair, installation and technical services for our health care customers. Our over 2,175 technicians provide installation and repair services for: dental handpieces; dental and medical small equipment; table-top sterilizers and large dental equipment.

- *Financial services.* We offer our customers solutions in operating their practices more efficiently by providing access to a number of financial services and products provided by third party suppliers (including non-recourse financing for equipment, technology and software products, non-recourse practice financing for leasehold improvements, business debt consolidation and commercial real estate, non-recourse patient financing and credit card processing) at rates that we believe are generally lower than what our customers would be able to secure independently. We also provide staffing services, dental practice valuation and brokerage services.

Commitment to superior customer service. We maintain a strong commitment to providing superior customer service. We frequently monitor our customer service through customer surveys, focus groups and statistical reports. Our customer service policy primarily focuses on:

- *Exceptional order fulfillment.* We ship an average of approximately 156,000 cartons daily. Historically, approximately 99% of items have been shipped without back ordering and were shipped on the same business day the order is received. Due to the significant increase in demand for personal protective equipment ("PPE"), as a result of COVID-19, during the year ended December 25, 2021, approximately 96% of items ordered were shipped without back ordering. As the demand for PPE stabilizes, we expect our percentage of items shipped without back-ordering and shipped on the same day to return to historical levels.

- *Comprehensive ordering process.* Customers may place orders 24 hours a day, 7 days a week via e-commerce solutions, telephone, fax, e-mail and mail.

Integrated management information systems. Our information systems generally allow for centralized management of key functions, including accounts receivable, inventory, accounts payable, payroll, purchasing, sales, order fulfillment and financial and operational reporting. These systems allow us to manage our growth, deliver superior customer service, properly target customers, manage financial performance and monitor daily operational statistics.

Cost-effective purchasing. We believe that cost-effective purchasing is a key element to maintaining and enhancing our position as a competitively priced provider of health care products. We continuously evaluate our purchase requirements and suppliers' offerings and prices in order to obtain products at the lowest possible cost. In 2021, our top 10 health care distribution suppliers and our single largest supplier accounted for approximately 30% and 4%, respectively, of our aggregate purchases.

Efficient distribution. We distribute our products from our strategically located distribution centers. We strive to maintain optimal inventory levels in order to satisfy customer demand for prompt delivery and complete order fulfillment. These inventory levels are managed on a daily basis with the aid of our management information systems. Once an order is entered, it is electronically transmitted to the distribution center nearest the customer's location for order fulfillment.

Products and Services

The following table sets forth the percentage of consolidated net sales by principal categories of products and services offered through our health care distribution and technology and value-added services reportable segments:

	December 25, 2021	December 26, 2020	December 28, 2019
Health care distribution:			
Dental products [1]	60.8%	58.4%	64.2%
Medical products [2]	34.0	35.8	29.8
Total health care distribution	94.8	94.2	94.0
Technology and value-added services:			
Software and related products and other value-added products [3]	5.2	5.1	5.2
Total excluding Corporate TSA revenues	100.0	99.3	99.2
Corporate TSA revenues [4]	-	0.7	0.8
Total	100.0	100.0	100.0

(1) Includes infection-control products, handpieces, preventatives, impression materials, composites, anesthetics, teeth, dental implants, gypsum, acrylics, articulators, abrasives, dental chairs, delivery units and lights, X-ray supplies and equipment, PPE, equipment repair and high-tech and digital restoration equipment.

(2) Includes branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products, X-ray products, equipment, PPE and vitamins.

(3) Consists of practice management software and other value-added products, which are distributed primarily to health care providers, and financial services on a non-recourse basis, e-services, continuing education services for practitioners, consulting and other services.

(4) Corporate TSA revenues represents sales of certain products to Covetrus under the transition services agreement entered into in connection with the Animal Health Spin-off, which ended in December 2020. See Note-23 Related Party Transactions for further information.

Business Strategy

Our objective is to continue to expand as a global value-added provider of health care products and services to office-based dental and medical practitioners by increasing their efficiency and success. To accomplish this, we apply our competitive strengths in executing the following strategies:

- *Increase penetration of our existing customer base.* We have over 1 million customers worldwide and we intend to increase sales to our existing customer base and enhance our position as their primary supplier. We believe our offering of a broad range of products, services and support, including software solutions that can help drive improved workflow efficiency and patient communications for practices, coupled with our full-service value proposition, helps us to retain and grow our customer base.

- *Increase the number of customers we serve.* This strategy includes increasing the productivity of our field sales consultants and telesales team, as well as using our customer database to focus our marketing efforts in all of our operating segments. In the dental business, we provide products and services to independent practices, mid-market groups, and large DSOs as well as community health centers and government sites of care. Leveraging our broad array of assets and capabilities, we offer solutions to address these new markets. In the medical business, we have expanded to serve customers located in settings outside of the traditional office, such as urgent care clinics, retail, occupational health and home health settings. As settings of health care shift, we remain committed to serving these practitioners and providing them with the products and services they need.

- *Leverage our value-added products and services.* We continue to increase cross-selling efforts for key product lines utilizing a consultative selling process. In the dental business, we have significant cross-selling opportunities between our dental software users and our dental distribution customers. In the medical business, we have opportunities to expand our vaccine, injectables and other pharmaceuticals sales to health care practitioners, as well as cross-selling EHR systems and software when we sell our core products. Our strategy extends to providing health systems, integrated delivery networks and other large group and multi-site health care organizations, including physician clinics, these same value added products and services. As physicians and health systems closely align, we have increased access to opportunities for cross-marketing and selling our product and service portfolios.

- *Pursue strategic acquisitions and joint ventures.* Our acquisition strategy is focused on investments in companies that add new customers and sales teams, increase our geographic footprint (whether entering a new country, such as emerging markets, or building scale where we have already invested in businesses), and finally, those that enable us to access new products and technologies.

Markets Served

Demographic trends indicate that our markets are growing, as an aging U.S. population is increasingly using health care services. According to the U.S. Census Bureau's International Database, between 2021 and 2031, the 45 and older population is expected to grow by approximately 11%. Between 2021 and 2041, this age group is expected to grow by approximately 22%. This compares with expected total U.S. population growth rates of approximately 7% between 2021 and 2031 and approximately 12% between 2021 and 2041.

In the dental industry, there is predicted to be a rise in oral health care expenditures as the 45-and-older segment of the population increases. There is increasing demand for new technologies that allow dentists to increase productivity, and this is being driven in the U.S. by lower insurance reimbursement rates. At the same time, there is an expected increase in dental insurance coverage.

In the medical market, there continues to be a migration of procedures from acute-care settings to physicians' offices and home health settings, a trend that we believe provides additional opportunities for us. There also is the continuing use of vaccines, injectables and other pharmaceuticals in alternate-care settings. We believe we have established a leading position as a vaccine supplier to the office-based physician practitioner.

We support our dental and medical professionals through the many SKUs that we offer, as well as through important value-added services, including practice management software, electronic claims processing, financial services and continuing education, all designed to help maximize a practitioner's efficiency.

Additionally, we seek to expand our dental full-service model and medical offerings in countries where opportunities exist. We do this through both direct sales and by partnering with local distribution companies.

For information on revenues and long-lived assets by geographic area, see Note 3 – Segment and Geographic Data of "Notes to Consolidated Financial Statements."

Seasonality and Other Factors Affecting Our Business and Quarterly Results

We experience fluctuations in quarterly earnings. As a result, we may fail to meet or exceed the expectations of securities analysts and investors, which could cause our stock price to decline.

Our business is subject to seasonal and other quarterly fluctuations. Sales and profitability generally have been higher in the third and fourth quarters due to the timing of sales of seasonal products (including influenza vaccine) purchasing patterns of office-based health care practitioners for certain products (including equipment and software) and year-end promotions. Sales and profitability may also be impacted by the timing of certain annual and biennial dental tradeshows where equipment promotions are offered. In addition, some dental practices delay equipment purchases in the U.S. until year-end due to tax incentives. We expect our historical seasonality of sales to continue in the foreseeable future.

Governmental Regulations

We strive to be compliant with the applicable laws, regulations and guidance described below, and believe we have effective compliance programs and other controls in place to ensure substantial compliance. However, compliance is not guaranteed either now or in the future, as certain laws, regulations and guidance may be subject to varying and evolving interpretations that could affect our ability to comply, as well as future changes, additions and enforcement approaches, including political changes. President Biden's administration (the "Biden Administration") has indicated that it will be more aggressive in its pursuit of alleged violations of law, and it has revoked certain guidance that would have limited governmental use of informal agency guidance to pursue potential violations, as well as that it was more prepared to pursue individuals for corporate law violations, including an aggressive approach to anti-corruption activities. Changes to applicable laws, regulations and guidance described below, as well as related administrative or judicial interpretations, may require us to update or revise our operations, services, marketing practices and compliance programs and controls, and may impose additional and unforeseen costs on us, pose new or previously immaterial risks to us, or may otherwise have a material adverse effect on our business.

Government

Certain of our businesses involve the distribution, importation, exportation, marketing and sale of, and third party payment for, pharmaceuticals and medical devices, and in this regard, we are subject to extensive local, state, federal and foreign governmental laws and regulations, including as applicable to our wholesale distribution of pharmaceuticals and medical devices, and as part of our specialty home medical supply business that distributes and sells medical equipment and supplies directly to patients. The federal government and state governments have also increased enforcement activity in the health care sector, particularly in areas of fraud and abuse, anti-bribery and corruption, controlled substances handling, medical device regulations and data privacy and security standards.

Government and private insurance programs fund a large portion of the total cost of medical care, and there have been efforts to limit such private and government insurance programs, including efforts, thus far unsuccessful, to seek repeal of the entire United States Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act, each enacted in March 2010, (as amended, the "ACA"). In addition, activities to control medical costs, including laws and regulations lowering reimbursement rates for pharmaceuticals, medical devices and/or medical treatments or services, are ongoing. Many of these laws and regulations are subject to change and their evolving implementation may impact our operations and our financial performance.

Our businesses are also generally subject to numerous other laws and regulations that could impact our financial performance, including securities, antitrust, consumer protection, anti-bribery and anti-kickback, customer interaction transparency, data privacy, data security, government contracting, price gouging and other laws and regulations.

Failure to comply with laws, rules or regulations could have a material adverse effect on our business.

Operating, Security and Licensure Standards

Certain of our businesses are subject to local, state and federal governmental laws and regulations relating to the distribution of pharmaceuticals and medical devices and supplies. Among the United States federal laws applicable to us are the Controlled Substances Act, the Federal Food, Drug, and Cosmetic Act, as amended ("FDC Act"), and Section 361 of the Public Health Service Act, as well as laws regulating the billing of and reimbursement from government programs, such as Medicare and Medicaid, and from commercial payers. We are also subject to comparable foreign regulations.

The FDC Act, the Controlled Substances Act, their implementing regulations, and similar foreign laws generally regulate the introduction, manufacture, advertising, marketing and promotion, sampling, pricing and reimbursement, labeling, packaging, storage, handling, returning or recalling, reporting, and distribution of, and record keeping for, pharmaceuticals and medical devices shipped in interstate commerce, and states may similarly regulate such activities within the state. Furthermore, Section 361 of the Public Health Service Act, which provides authority to prevent the introduction, transmission or spread of communicable diseases, serves as the legal basis for the United States Food and Drug Administration's ("FDA") regulation of human cells, tissues and cellular and tissue-based products, also known as "HCT/P products."

The Federal Drug Quality and Security Act of 2013 brought about significant changes with respect to pharmaceutical supply chain requirements. Title II of this measure, known as the Drug Supply Chain Security Act ("DSCSA"), is being phased in over a period of ten years, and is intended to build a national electronic, interoperable system by November 27, 2023, that will identify and trace certain prescription drugs as they are distributed in the United States. The law's track and trace requirements applicable to manufacturers, wholesalers, repackagers and dispensers (e.g., pharmacies) of prescription drugs took effect in January 2015, and continues to be implemented. The DSCSA product tracing requirements replace the former FDA drug pedigree requirements and pre-empt certain state requirements that are inconsistent with, more stringent than, or in addition to, the DSCSA requirements.

The DSCSA also establishes certain requirements for the licensing and operation of prescription drug wholesalers and third-party logistics providers ("3PLs"), and includes the eventual creation of national wholesaler and 3PL licenses in cases where states do not license such entities. The DSCSA requires that wholesalers and 3PLs distribute drugs in accordance with certain standards regarding the recordkeeping, storage and handling of prescription drugs. The DSCSA requires wholesalers and 3PLs to submit annual reports to the FDA, which include information regarding each state where the wholesaler or 3PL is licensed, the name and address of each facility and contact information. According to FDA guidance, states are pre-empted from imposing any licensing requirements that are inconsistent with, less stringent than, directly related to, or covered by the standards established by federal law in this area. Current state licensing requirements concerning wholesalers will remain in effect until the FDA issues new regulations as directed by the DSCSA. In addition, with respect to our specialty home medical supply business, we are subject to certain state licensure laws (including state pharmacy laws), and also certain accreditation standards, including to qualify for reimbursement from Medicare and other third-party payers.

The Food and Drug Administration Amendments Act of 2007 and the Food and Drug Administration Safety and Innovation Act of 2012 amended the FDC Act to require the FDA to promulgate regulations to implement a unique device identification ("UDI") system. The UDI rule phased in the implementation of the UDI regulations, generally beginning with the highest-risk devices (i.e., Class III medical devices) and ending with the lowest-risk devices. Most compliance dates were reached as of September 24, 2018, with a final set of requirements for low risk devices being reached on September 24, 2022, which will complete the phase in. However, in May 2021, the FDA issued an enforcement policy stating that it does not intend to object to the use of legacy identification

numbers on device labels and packages for finished devices manufactured and labeled prior to September 24, 2023. The UDI regulations require "labelers" to include unique device identifiers ("UDIs"), with a content and format prescribed by the FDA and issued under a system operated by an FDA-accredited issuing agency, on the labels and packages of medical devices (including, but not limited to, certain software that qualifies as a medical device under FDA rules), and to directly mark certain devices with UDIs. The UDI regulations also require labelers to submit certain information concerning UDI-labeled devices to the FDA, much of which information is publicly available on an FDA database, the Global Unique Device Identification Database. The UDI regulations and subsequent FDA guidance regarding the UDI requirements provide for certain exceptions, alternatives and time extensions. For example, the UDI regulations include a general exception for Class I devices exempt from the Quality System Regulation (other than record-keeping requirements and complaint files). Regulated labelers include entities such as device manufacturers, repackagers, reprocessors and relabelers that cause a device's label to be applied or modified, with the intent that the device will be commercially distributed without any subsequent replacement or modification of the label and include certain of our businesses.

Under the Controlled Substances Act, as a distributor of controlled substances, we are required to obtain and renew annually registrations for our facilities from the United States Drug Enforcement Administration ("DEA") permitting us to handle controlled substances. We are also subject to other statutory and regulatory requirements relating to the storage, sale, marketing, handling, reporting, record-keeping and distribution of such drugs, in accordance with the Controlled Substances Act and its implementing regulations, and these requirements have been subject to heightened enforcement activity in recent times. We are subject to inspection by the DEA. Certain of our businesses are also required to register for permits and/or licenses with, and comply with operating and security standards of, the DEA, the FDA, the United States Department of Health and Human Services ("HHS"), and various state boards of pharmacy, state health departments and/or comparable state agencies as well as comparable foreign agencies, and certain accrediting bodies, depending on the type of operations and location of product distribution, manufacturing or sale. These businesses include those that distribute, manufacture and/or repackage prescription pharmaceuticals and/or medical devices and/or HCT/P products, or own pharmacy operations, or install, maintain or repair equipment.

In addition, Section 301 of the National Organ Transplant Act, and a number of comparable state laws, impose civil and/or criminal penalties for the transfer of certain human tissue (for example, human bone products) for valuable consideration, while generally permitting payments for the reasonable costs incurred in procuring, processing, storing and distributing that tissue. We are also subject to foreign government regulation of such products. The DEA, the FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers, seize or order the recall of products and impose significant criminal, civil and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers.

EU Regulation of Medicinal and Dental Products

European Union ("EU") member states regulate their own healthcare systems, as does EU law. The latter regulates certain matters, most notably medicinal products and medical devices. Medicinal products are defined, broadly, as substances or combinations of substances having certain functionalities and may not include medical devices. EU "regulations" apply in all Member States, whereas "directives" are implemented by the individual laws of member states.

On medicines for humans, we are regulated under Directive No. 2001/83/EC of 6 November 2001, as amended by Directive 2003/63/EC of 25 June 2003, and EU Regulation (EC) No. 726/2004 of 31 March 2004. These rules provide for the authorization of products, and regulate their manufacture, importation, marketing and distribution. It implements requirements which may be implemented without warning, as well as a national pharmacovigilance system under which marketing authorizations may be withdrawn, and includes potential sanctions for breaches of the rules, and on other bases such as harmfulness or inefficiency.

EU Regulation No. 1223/2009 of 30 November 2009 *on cosmetic products* requires that cosmetic products (which includes dental products) be safe for human health when used under normal or reasonably foreseeable conditions of use and comply with certain obligations which apply to manufacturer, importer and distributor. It includes market surveillance, and non-compliance may result in the recall or withdrawal of products, along with other sanctions.

In the EU, the EU Medical Device Regulation No. 2017/745 of 5 April 2017 ("EU MDR") covers a wide scope of our activities, from dental material to X-ray machines, and certain software. It was meant to become applicable three years after publication (i.e., May 26, 2020). However, on April 23, 2020, to allow European Economic Area ("EEA") national authorities, notified bodies, manufacturers and other actors to focus fully on urgent priorities related to the COVID-19 pandemic, the European Council and Parliament adopted Regulation 2020/561, postponing the date of application of the EU MDR by one year (to May 26, 2021).

The EU MDR significantly modifies and intensifies the regulatory compliance requirements for the medical device industry as a whole. Among other things, the EU MDR:

- strengthens the rules on placing devices on the market and reinforces surveillance once they are available;
- establishes explicit provisions on manufacturers' responsibilities for the follow-up of the quality, performance and safety of devices placed on the market;
- improves the traceability of medical devices throughout the supply chain to the end-user or patient through a unique identification number;
- sets up a central database to provide patients, healthcare professionals and the public with comprehensive information on products available in the EU;
- strengthens rules for the assessment of certain high-risk devices, such as implants, which may have to undergo an additional check by experts before they are placed on the market; and
- identifies importers and distributors and medical device products through registration in a database (EUDAMED not due until May 26, 2022 and after).

In particular, the EU MDR imposes stricter requirements for the confirmation that a product meets the regulatory requirements, including regarding a product's clinical evaluation and a company's quality systems, and for the distribution, marketing and sale of medical devices, including post-market surveillance. Medical devices that have been assessed and/or certified under the EU Medical Device Directive may continue to be placed on the market until 2024 (or until the expiry of their certificates, if applicable and earlier); however, requirements regarding the distribution, marketing and sale including quality systems and post-market surveillance have to be observed by manufacturers, importers and distributors as of the application date.

Other EU regulations that may apply under appropriate circumstances include EU Regulation No. 1907/2006 of 18 December 2006 *concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals*, which requires importers to register substances or mixtures that they import in the EU beyond certain quantities, and the EU Regulation No. 1272/2008 of 16 December 2008 on classification, labelling and packaging of substances and mixtures, which sets various obligations with respect to the labelling and packaging of concerned substances and mixtures.

Furthermore, compliance with legal requirements has required and may in the future require us to delay product release, sale or distribution, or institute voluntary recalls of, or other corrective action with respect, to products we sell, each of which could result in regulatory and enforcement actions, financial losses and potential reputational harm. Our customers are also subject to significant federal, state, local and foreign governmental regulation, which may affect our interactions with customers, including the design and functionality of our products.

Certain of our businesses are subject to various additional federal, state, local and foreign laws and regulations, including with respect to the sale, transportation, storage, handling and disposal of hazardous or potentially hazardous substances, and safe working conditions. In addition, certain of our businesses must operate in compliance with a variety of burdensome and complex billing and record-keeping requirements in order to substantiate claims for payment under federal, state and commercial healthcare reimbursement programs. One of these businesses was recently suspended by CMS from receiving payments from Medicare, although it is permitted to continue to perform and bill for Medicare services. The amounts billed are being deposited in an escrow account pending resolution of an audit. The Company has not recognized revenue for these services and has currently deferred slightly over $4 million in revenue.

Certain of our businesses also maintain contracts with governmental agencies and are subject to certain regulatory requirements specific to government contractors.

Antitrust and Consumer Protection

The federal government of the United States, most U.S. states and many foreign countries have antitrust laws that prohibit certain types of conduct deemed to be anti-competitive, as well as consumer protection laws that seek to protect consumers from improper business practices. At the U.S. federal level, the Federal Trade Commission oversees enforcement of these types of laws, and states have similar government agencies. Violations of antitrust or consumer protection laws may result in various sanctions, including criminal and civil penalties. Private plaintiffs may also bring civil lawsuits against us in the United States for alleged antitrust law violations, including claims for treble damages. EU law also regulates competition and provides for detailed rules protecting consumers. The Biden Administration has indicated increased antitrust enforcement and has been more aggressive in enforcement activities.

Health Care Fraud

Certain of our businesses are subject to federal and state (and similar foreign) health care fraud and abuse, referral and reimbursement laws and regulations with respect to their operations. Some of these laws, referred to as "false claims laws," prohibit the submission or causing the submission of false or fraudulent claims for reimbursement to federal, state and other health care payers and programs. Other laws, referred to as "anti-kickback laws," prohibit soliciting, offering, receiving or paying remuneration in order to induce the referral of a patient or ordering, purchasing, leasing or arranging for, or recommending ordering, purchasing or leasing of, items or services that are paid for by federal, state and other health care payers and programs. Certain additional state and federal laws, such as the federal Physician Self-Referral Law, commonly known as the "Stark Law," prohibit physicians and other health professionals from referring a patient to an entity with which the physician (or family member) has a financial relationship, for the furnishing of certain designated health services (for example, durable medical equipment and medical supplies), unless an exception applies. Violations of Anti-Kickback Statutes or the Stark Law may be enforced as violations of the federal False Claims Act.

The fraud and abuse laws and regulations have been subject to heightened enforcement activity over the past few years, and significant enforcement activity has been the result of "relators" who serve as whistleblowers by filing complaints in the name of the United States (and if applicable, particular states) under applicable false claims laws, and who may receive up to 30% of total government recoveries. Penalties under fraud and abuse laws may be severe, including treble damages and substantial civil penalties under the federal False Claims Act, as well as potential loss of licenses and the ability to participate in federal and state health care programs, criminal penalties, or imposition of a corporate compliance monitor which could have a material adverse effect on our business. Also, these measures may be interpreted or applied by a prosecutorial, regulatory or judicial authority in a manner that could require us to make changes in our operations or incur substantial defense and settlement expenses. Even unsuccessful challenges by regulatory authorities or private relators could result in reputational harm and the incurring of substantial costs. Most states have adopted similar state false claims laws, and these state laws have their own penalties, which may be in addition to federal False Claims Act penalties, as well as other fraud and abuse laws.

With respect to measures of this type, the United States government (among others) has expressed concerns about financial relationships between suppliers on the one hand and physicians and dentists on the other. As a result, we regularly review and revise our marketing practices as necessary to facilitate compliance.

We also are subject to certain United States and foreign laws and regulations concerning the conduct of our foreign operations, including the U.S. Foreign Corrupt Practices Act, the U.K. Bribery Act, German anti-corruption laws and other anti-bribery laws and laws pertaining to the accuracy of our internal books and records, which have been the focus of increasing enforcement activity globally in recent years.

While we believe that we are substantially compliant with applicable fraud and abuse laws and regulations, and have adequate compliance programs and controls in place to ensure substantial compliance, we cannot predict whether changes in applicable law, or interpretation of laws, or changes in our services or marketing practices in response to changes in applicable law or interpretation of laws, or failure to comply with applicable law, could have a material adverse effect on our business.

Affordable Care Act and Other Insurance Reform

The ACA increased federal oversight of private health insurance plans and included a number of provisions designed to reduce Medicare expenditures and the cost of health care generally, to reduce fraud and abuse, and to provide access to increased health coverage. The ACA also materially expanded the number of individuals in the United States with health insurance.

The ACA has faced frequent legal challenges, including litigation seeking to invalidate and Congressional action seeking to repeal some of or all of the law or the manner in which it has been implemented. In 2012, the United States Supreme Court, in upholding the constitutionality of the ACA and its individual mandate provision requiring that people buy health insurance or else face a penalty, simultaneously limited ACA provisions requiring Medicaid expansion, making such expansion a state-by-state decision. In addition, one of the major political parties in the United States remains committed to seeking the ACA's legislative repeal, but legislative efforts to do so have previously failed to pass both chambers of Congress. Under President Trump's administration, a number of administrative actions were taken to materially weaken the ACA, including, without limitation, by permitting the use of less robust plans with lower coverage and eliminating "premium support" for insurers providing policies under the ACA. The Tax Cuts and Jobs Act enacted in 2017, which contains a broad range of tax reform provisions that impact the individual and corporate tax rates, international tax provisions, income tax add-back provisions and deductions, also effectively repealed the ACA's individual mandate by zeroing out the penalty for non-compliance. In the most recent ACA litigation, the federal Fifth Circuit Court of Appeals found the individual mandate to be unconstitutional, and returned the case to the District Court for the Northern District of Texas for consideration of whether the remainder of the ACA could survive the excision of the individual mandate. The Fifth Circuit's decision was appealed to the United States Supreme Court. The Supreme Court issued a decision on June 17, 2021. Without reaching the merits of the case, the Supreme Court held that the plaintiffs in the case did not have standing to challenge the ACA. Any outcomes of future cases that change the ACA, in addition to future legislation, regulation, guidance and/or Executive Orders that do the same, could have a significant impact on the U.S. healthcare industry. For instance, the American Rescue Plan Act of 2021 enhanced premium tax credits, which has resulted in an expansion of the number of people covered under the ACA. These changes are time-limited, with some enhancements in place for 2021 only and others available through the end of 2022.

An ACA provision, generally referred to as the Physician Payment Sunshine Act or Open Payments Program (the "Sunshine Act"), imposes annual reporting and disclosure requirements for drug and device manufacturers and distributors with regard to payments or other transfers of value made to certain covered recipients (including physicians, dentists, teaching hospitals, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthesiologist assistants, and certified nurse midwives), and for such manufacturers and distributors and for group purchasing organizations, with regard to certain ownership interests held by covered recipients in the reporting entity. The Centers for Medicare and Medicaid Services ("CMS") publishes information from these reports on a publicly available website, including amounts transferred and physician, dentist, teaching hospital, and non-physician practitioner identities. The Sunshine Act pre-empts similar state reporting laws, although we or our subsidiaries may be required to report under certain state transparency laws that address circumstances not covered by the Sunshine Act, and some of these state laws, as well as the federal law, can be unclear. We are also subject to foreign regulations requiring transparency of certain interactions between suppliers and their customers.

In the United States, government actions to seek to increase health-related price transparency may also affect our business.

Another notable Medicare health care reform initiative, the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA"), enacted on April 16, 2015, established a new payment framework, which modified certain Medicare payments to "eligible clinicians," including physicians, dentists and other practitioners. Under MACRA, certain eligible clinicians are required to participate in Medicare through the Merit-Based Incentive Payment System ("MIPS") or Advanced Alternative Payment Models, through which Medicare reimbursement to eligible clinicians includes both positive and negative payment adjustments that take into account quality, promoting interoperability, cost and improvement activities. Data collected in the first MIPS performance year (2017) determined payment adjustments that began January 1, 2019. MACRA standards and payment levels continue to

evolve, and reflect a fundamental change in physician reimbursement that is expected to provide substantial financial incentives for physicians to participate in risk contracts, and to increase physician information technology and reporting obligations. The implications of the implementation of MACRA are uncertain and will depend on future regulatory activity and physician activity in the marketplace. New state-level payment and delivery system reform programs, including those modeled after such federal programs, are also increasingly being rolled out through Medicaid administrators, as well as through the private sector, which may further alter the marketplace and impact our business.

Recently, in addition to other government efforts to control health care costs, there has been increased scrutiny on drug pricing and concurrent efforts to control or reduce drug costs by Congress, the President, executive branch agencies and various states. At the state level, several states have adopted laws that require drug manufacturers to provide advance notice of certain price increases and to report information relating to those price increases, while others have taken legislative or administrative action to establish prescription drug affordability boards or multi-payer purchasing pools to reduce the cost of prescription drugs. At the federal level, several related bills have been introduced and regulations proposed which, if enacted or finalized, respectively, would impact drug pricing and related costs.

As a result of political, economic and regulatory influences, the health care distribution industry in the United States is under intense scrutiny and subject to fundamental changes. We cannot predict what further reform proposals, if any, will be adopted, when they may be adopted, or what impact they may have on us.

EU Directive on the pricing and reimbursement of medicinal products

EU law provides for the regulation of the pricing of medicinal products which are implemented by EU member states (Directive No. 89/105/EC of 21 December 1988 *relating to the transparency of measures regulating the pricing of medicinal products for human use and their inclusion in the scope of national health insurance systems*). Member states may, subject notably to transparency conditions and to the statement of reasons based upon objective and verifiable criteria, regulate the price charged (or its increases) for authorized medicines and their level of reimbursement, or they may freeze prices, place controls on the profitability of persons responsible for placing medicinal products on the market, and include or exclude the medicine on the list of products covered by national health insurance systems.

EU law does not expressly include provisions like those of the Sunshine Act in the United States, but a growing number of EU member states (such as France since 2011) have enacted laws to increase the transparency of relationships in the healthcare sector. The scope of these laws varies from one member state to another and may, for example, include the relations between healthcare industry players and physicians or their associations, students preparing for medical professions or their associations, teachers, health establishments or publishers of prescription and dispensing assistance software.

Regulated Software; Electronic Health Records

The FDA has become increasingly active in addressing the regulation of computer software and digital health products intended for use in health care settings. The 21st Century Cures Act (the "Cures Act"), signed into law on December 13, 2016, among other things, amended the medical device definition to exclude certain software from FDA regulation, including clinical decision support software that meets certain criteria. On September 27, 2019, the FDA issued a suite of guidance documents on digital health products, which incorporated applicable Cures Act standards, including regarding the types of clinical decision support tools and other software that are exempt from regulation by the FDA as medical devices, and continues to issue new guidance in this area. Certain of our businesses involve the development and sale of software and related products to support physician and dental practice management, and it is possible that the FDA or foreign government authorities could determine that one or more of our products is a medical device, which could subject us or one or more of our businesses to substantial additional requirements with respect to these products.

In addition, our businesses that involve physician and dental practice management products, and our specialty home medical supply business, include electronic information technology systems that store and process personal health, clinical, financial and other sensitive information of individuals. These information technology systems may be

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NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located? 15600 w. 99th street Lenexa Kansas		☐ Nevada ■x Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ x New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH NA_____	■ x 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)

Section 1: General Information

Facility Name: Henry Schein Inc.

Physical Address: 15604 W. 99th street

City: Lenexa State: Kansas Zip: 66219

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 913-384-8900 Website: www.henryschein.com

Name of Designated Representative (DR): Oscar Salguero

Licensing Company Email: brendan.mcelhatton@henryschein.com DR Email: Oscar.Salguro@henryschein.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☒ Others: Virtual Wholesaler

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)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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 # 3 . **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:

Please see the attached explanation.

Original Signature (electronic, copies or stamps not accepted)

2/9/24
Date

HENRY SCHEIN, INC.'S APPLICATION
NEVADA STATE BOARD OF PHARMACY
EXPLANATION FOR HISTORY OF COMPANY QUESTION NO. 3:

Question No.3:

Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?

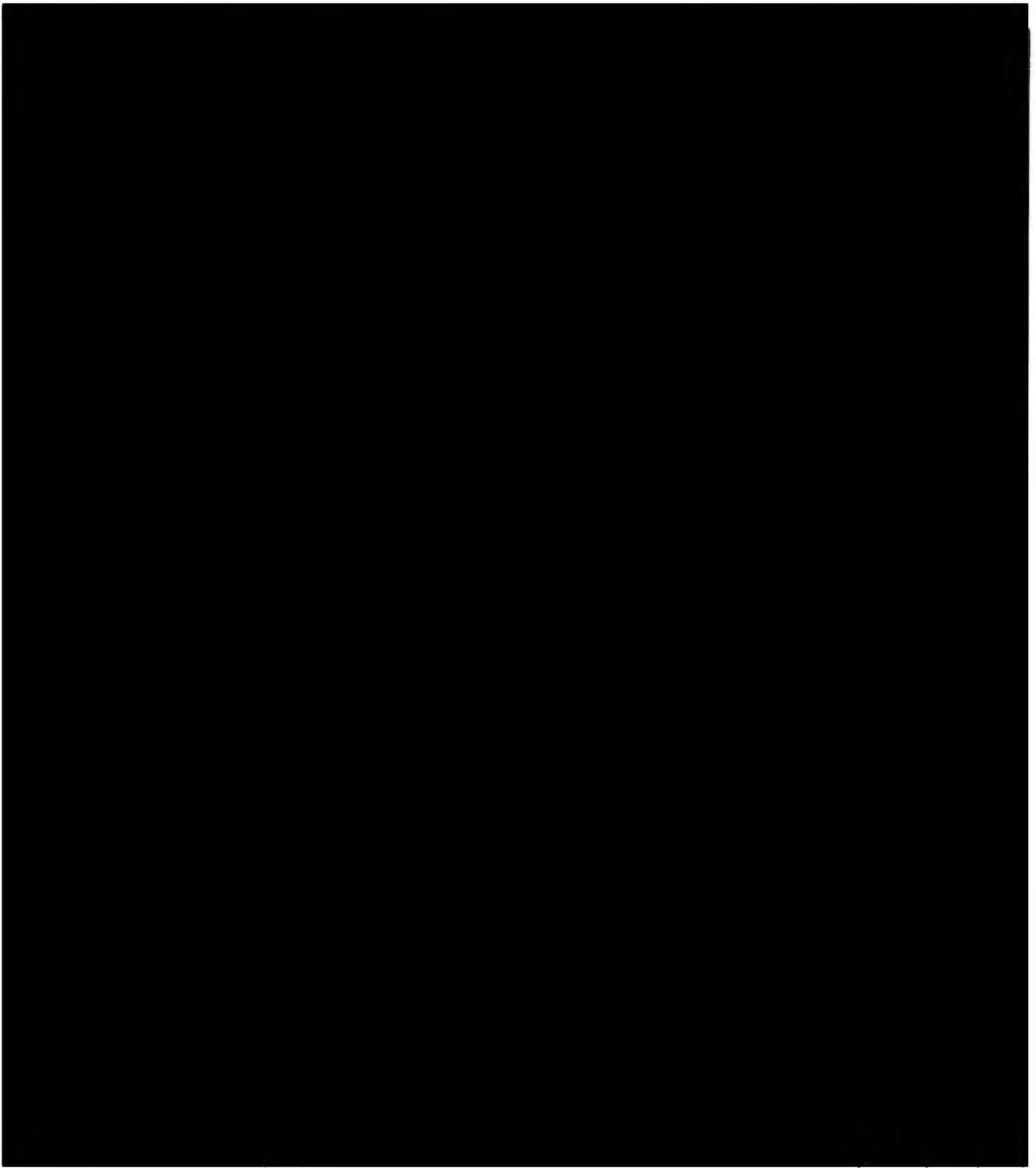
Response:

Based on currently available records/information, and although not necessarily responsive or applicable to the question, Henry Schein, Inc. discloses the following information:

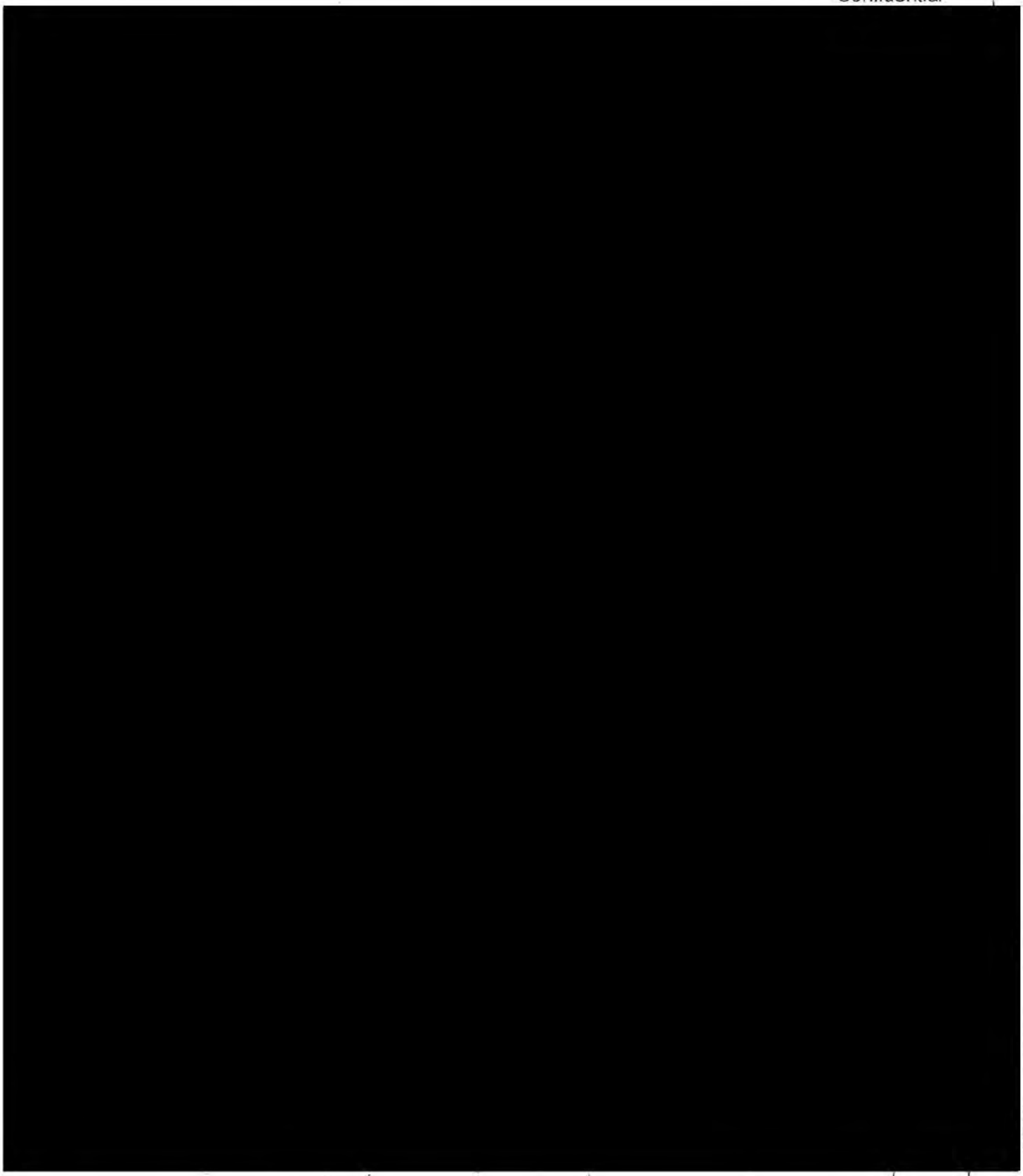
In May 2008, Henry Schein, Inc. resolved a matter with the Florida Department of Health ("DOH") (Case No. 2008-08770; prescription drug wholesaler permit # 22:1315) in connection with a Notice of Violation, alleging that Henry Schein, Inc. sold and/or shipped prescription drugs to an unauthorized recipient, in violation of Chapter 499, Florida Statutes. Henry Schein, Inc. entered into a settlement agreement which resolved the matter without any admission of liability and agreed to make a payment of $5,000. The matter was closed by order dated May 15, 2008.

In July 2011, Henry Schein, Inc. resolved a matter with the Colorado Board of Pharmacy ("BOP") which alleged that Henry Schein, Inc. violated Colorado state statutes and BOP rules by not timely submitting an application for a change of designated representative (Case No. 2011-1806; non-resident prescription drug wholesaler registration # WHO 7115). Henry Schein, Inc. made a payment of $5,500 to resolve the matter.

In November 2011, the Iowa Board of Pharmacy alleged that Henry Schein, Inc. violated Iowa state statutes and regulations in connection with the sale of controlled substances to Des Moines University, whose Iowa Controlled Substances Registration had expired at the time of shipment. (Case No. 2010-35; Wholesale Drug License No. 5328) Henry Schein, Inc. denied the allegations. Henry Schein, Inc. agreed to a Citation and Warning, resolving the matter in April 2012 without any admission of liability and agreed to make a payment of $5,000.

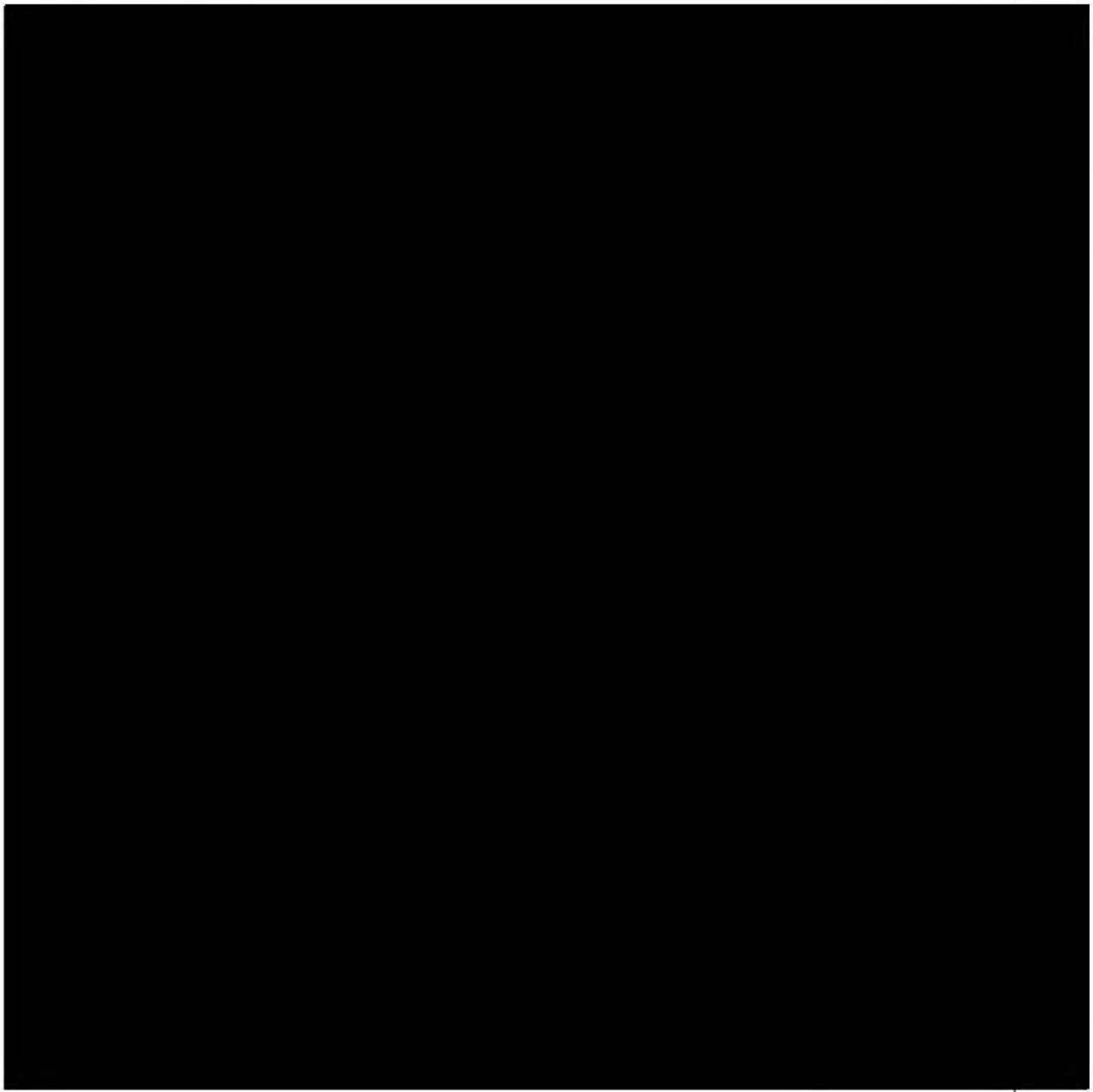


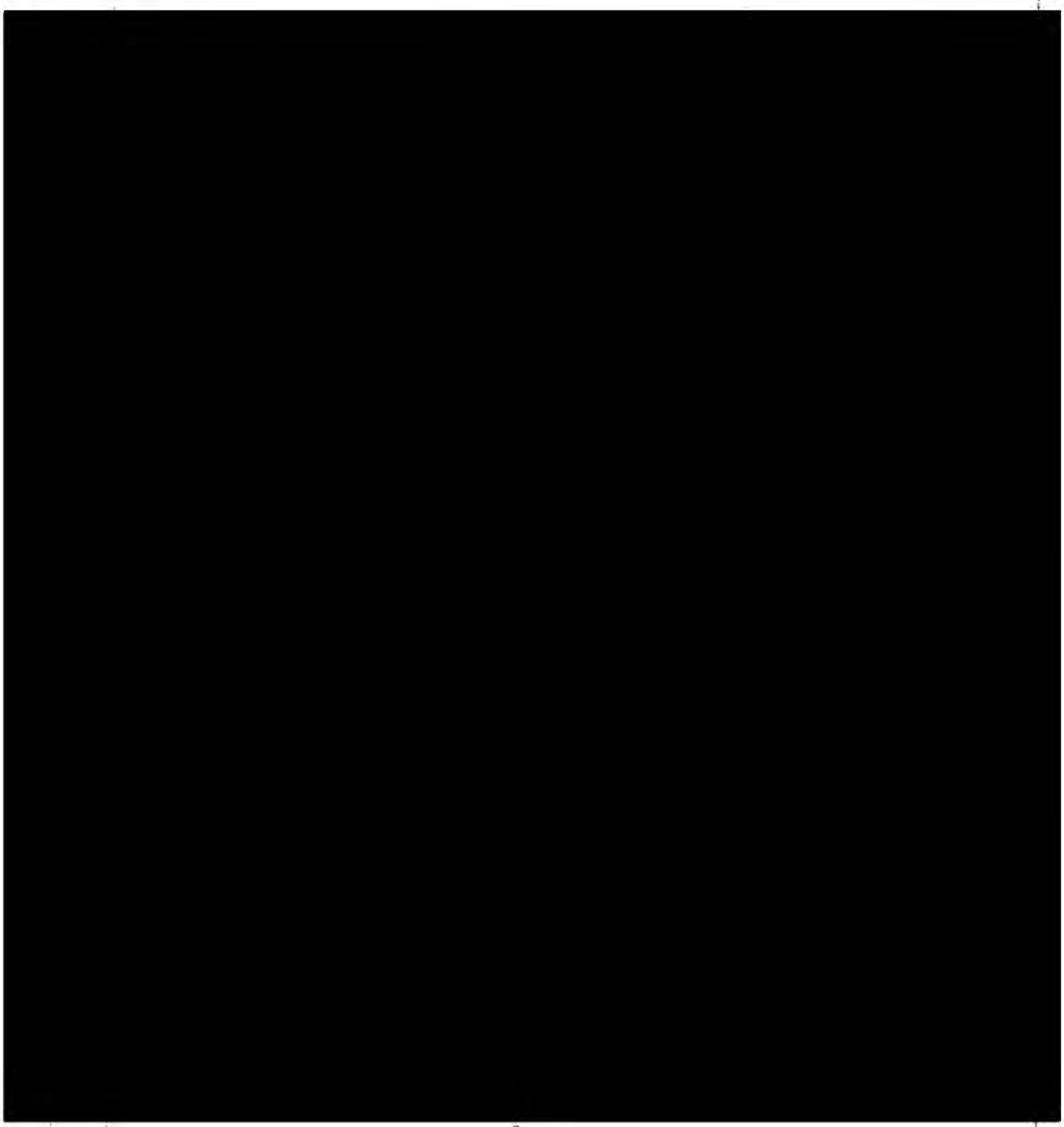
[redacted]

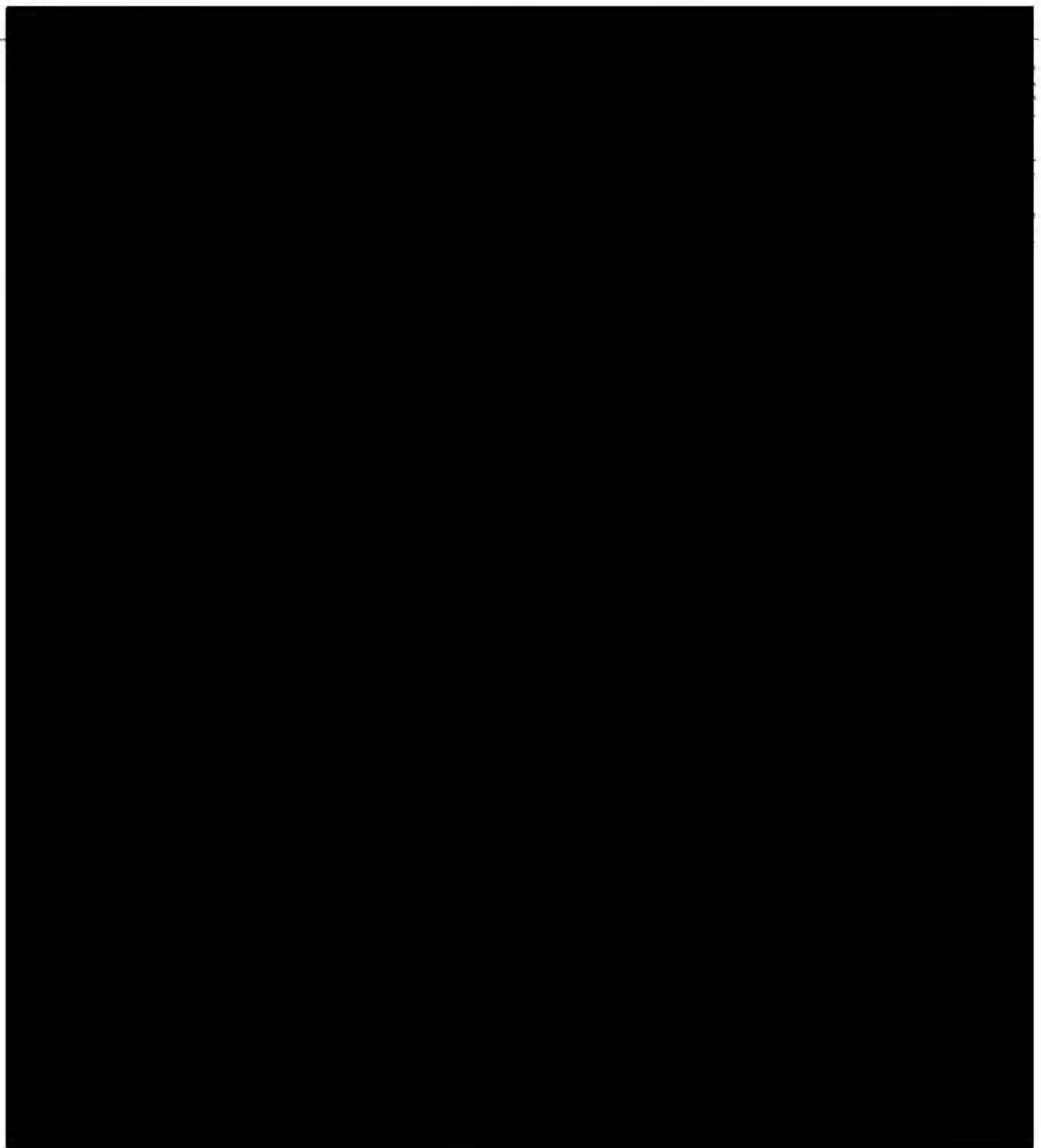


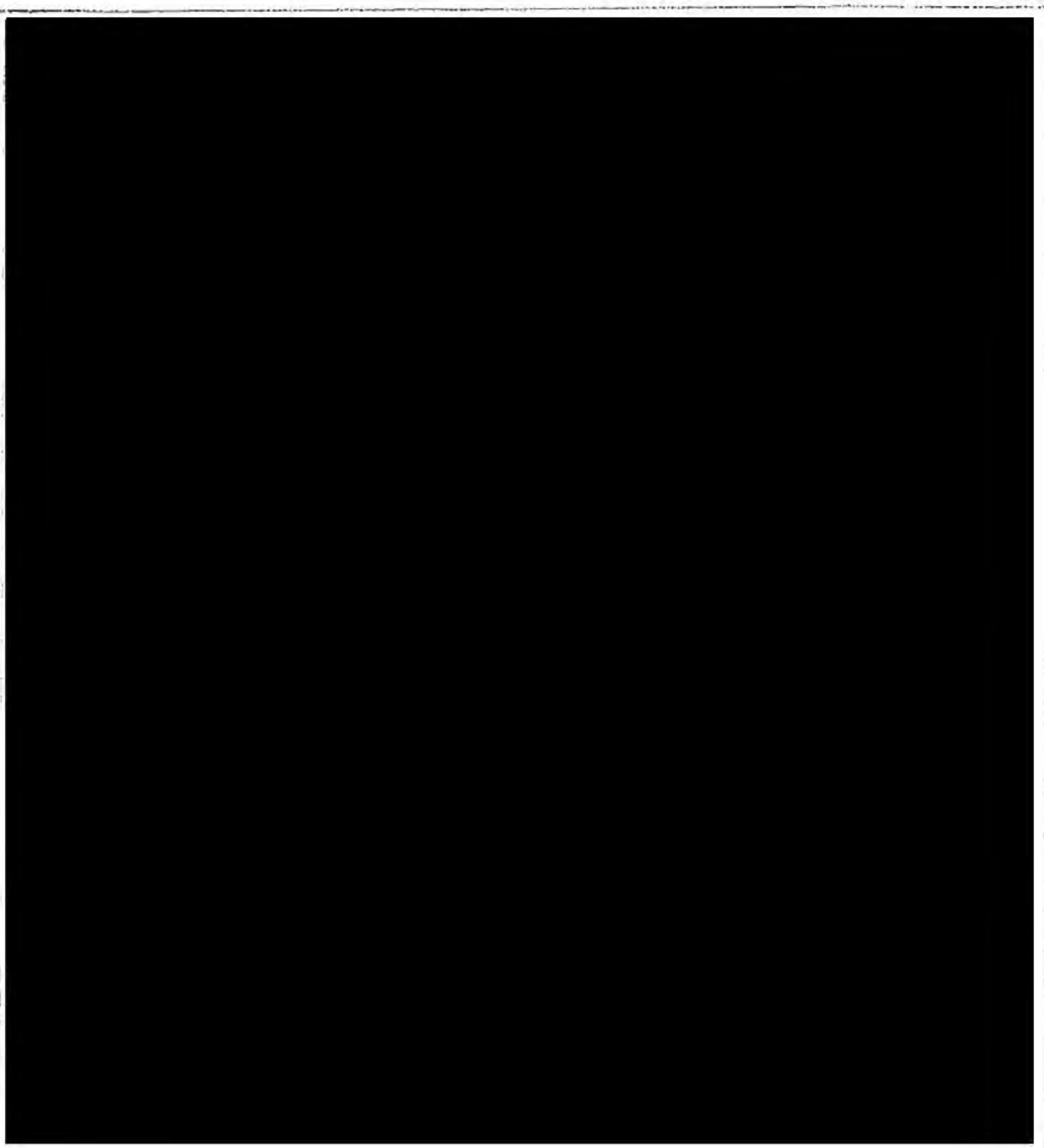
TOTAL P.05

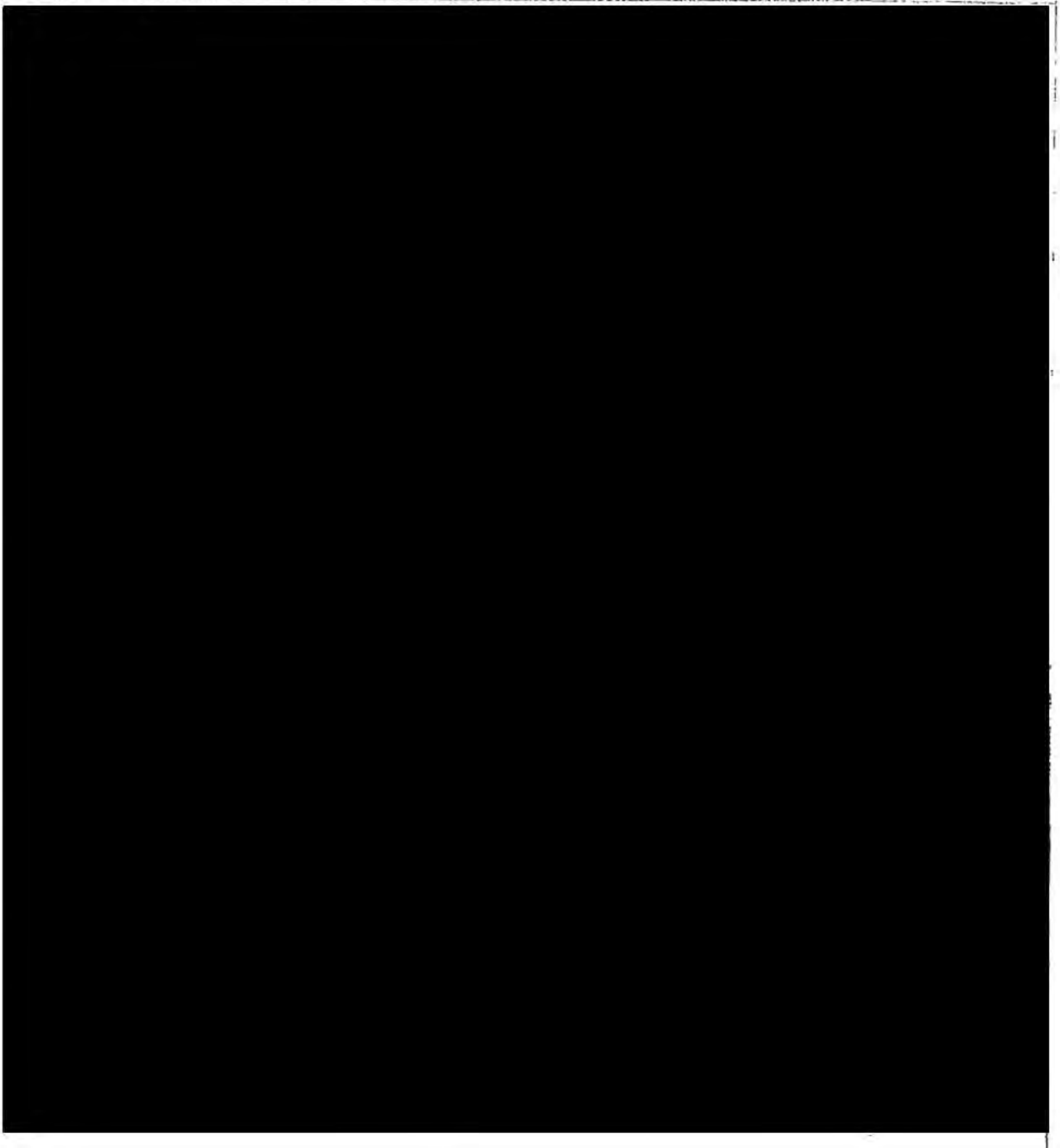
HSI EXHIBIT B

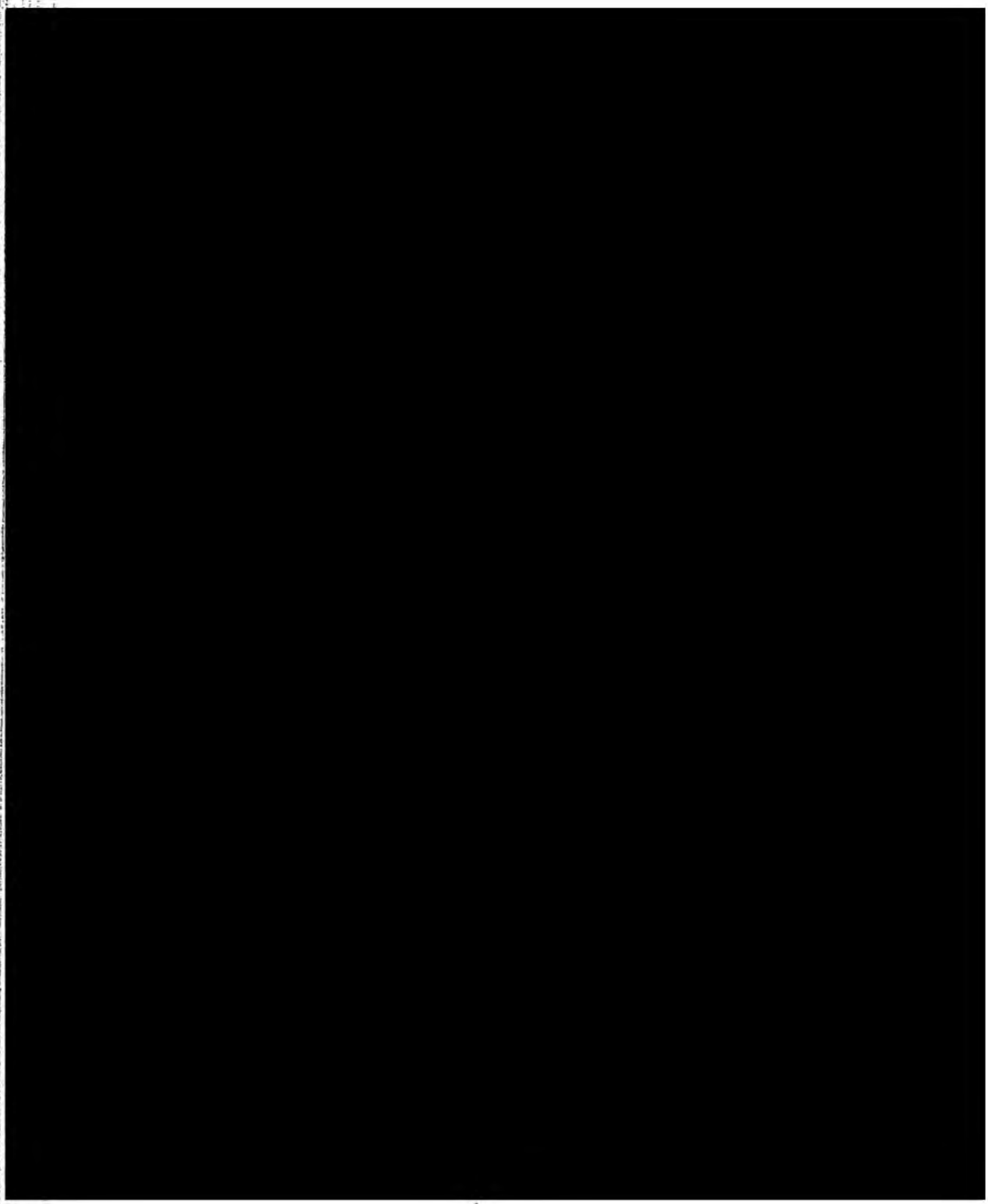


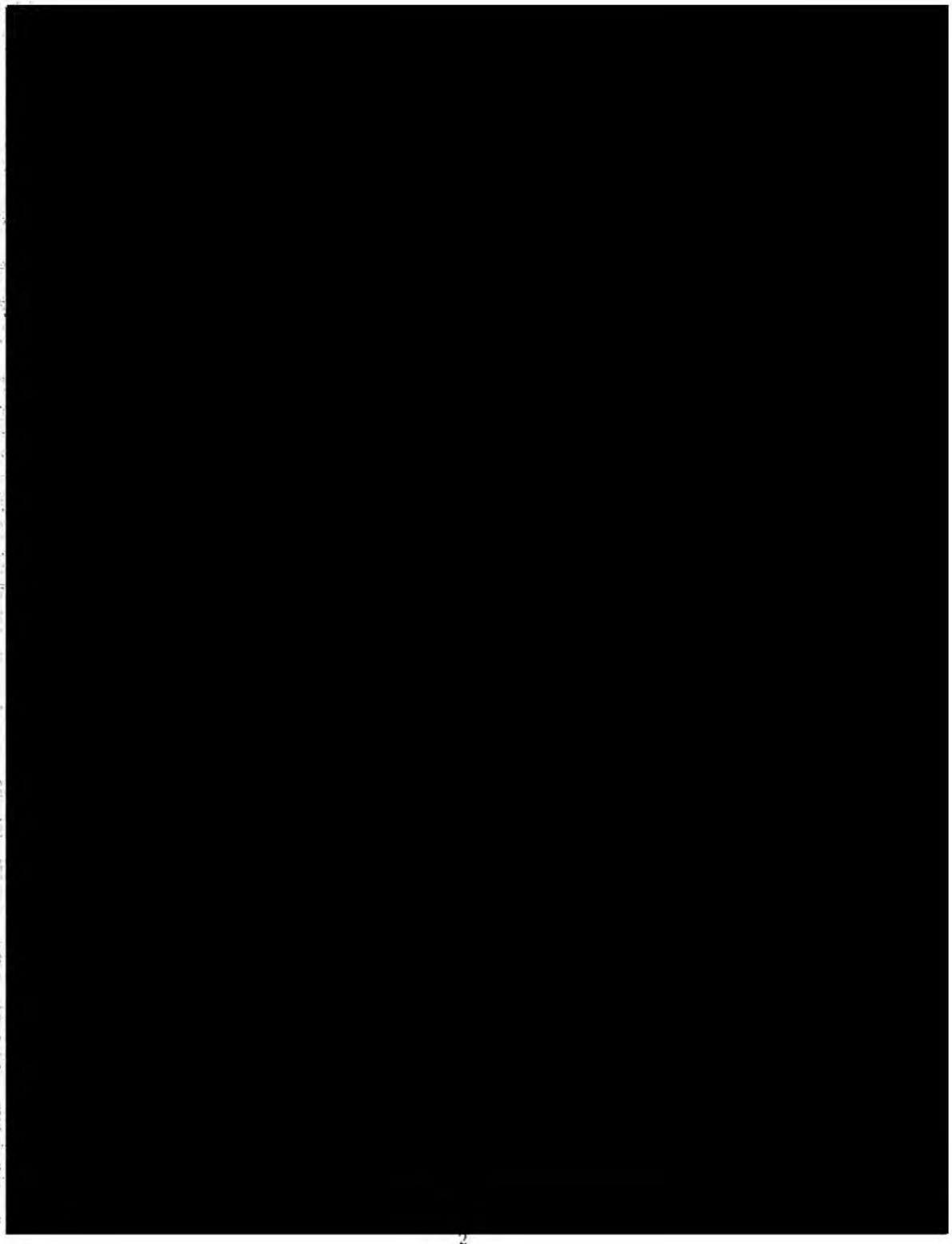


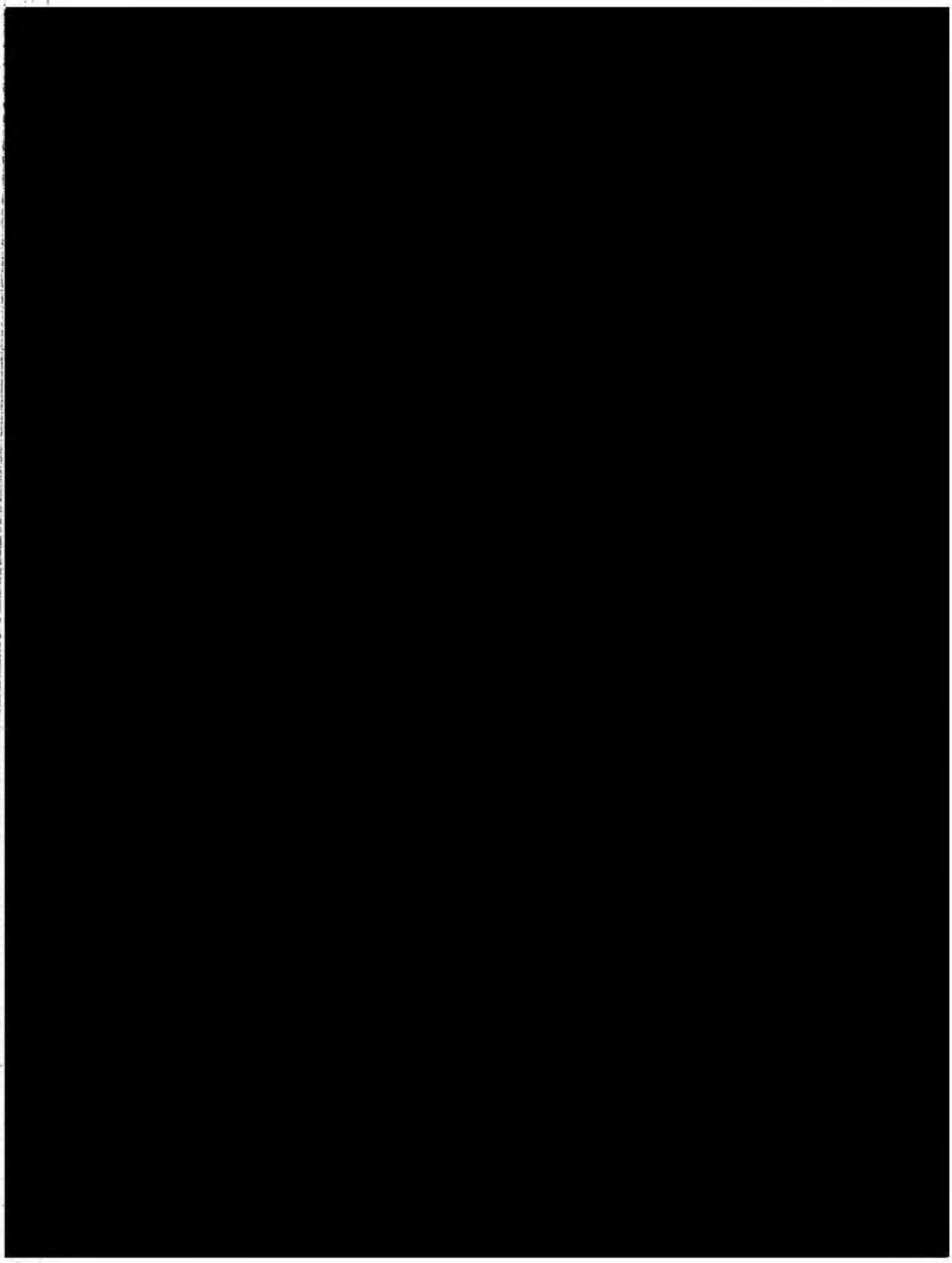












Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Please see attached list of potential device manufacturers/suppliers

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): N/A

Corporation Name: Henry Schein Inc.

Mailing Address: 135 Duryea Road

City: Melville State: NY Zip: 11747

Telephone: 631-843-5500 Email: Brendan.Mcelhatton@henryschein.com

Contact Person Name: Brendan Mcelhatton

Date of SEC Registration: May 13, 1996 | SEC Registration Number: 333-36081 | Stock Exchange Symbol: HSIC

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization 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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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/.		✓	✓	✓

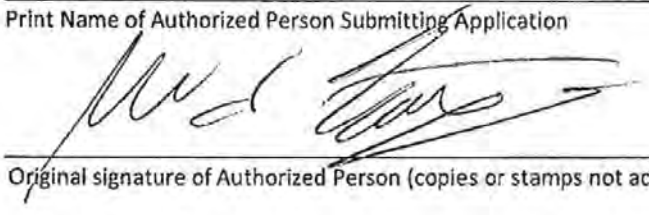
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Henry Schein Inc.

Facility Name

Michael S. Ettinger

Print Name of Authorized Person Submitting Application



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

2/9/24

Date

Board Use Only	Date Received: _____	Amount: _____

HENRY SCHEIN®

GENERAL BUSINESS: 1-631-843-5500
FAX: 1-631-843-5600
www.henryschein.com

HENRY SCHEIN, INC
F,E,I,N 11-3136595
Officers:

Stanley M. Bergman	Chief Executive Officer
James P. Breslawski	Vice Chairman and President Henry Schein Inc.
Ronald N. South	Senior Vice President Chief Financial Officer
Mark E. Mlotek	Executive Vice President Chief Strategic Officer
Michael S. Ettinger	Executive Vice President Chief Operating Officer

Incorporated Delaware 12/23/1992

HENRY SCHEIN®

GENERAL BUSINESS: 1-631-843-5500
FAX: 1-631-843-5680
www.henryschein.com

HENRY SCHEIN, INC
F.E.I.N 11-3136595

Board of Directors:

Stanley M. Bergman
Mohamad Ali
James P. Breslawski
Deborah Derby
Carole T. Faig
Joseph L. Herring
Kurt P. Kuehn
Philip A. Laskawy
Anne H. Margulies
Mark E. Mlotek
Steven Paladino
Carol Raphael
Scott Serota
Bradley T. Sheares, Ph.D.
Reed V. Tuckson, M.D., FACP

Incorporated Delaware 12/23/1992

Henry Schein Inc.

Top Institutional Holders

Holder	Shares	Date Reported	% Out	Value
Vanguard Group Inc	15,009,573	Sep 29, 2023	11.55%	1,112,959,860
Generation Investment Management LLP	12,167,929	Sep 29, 2023	9.36%	902,251,953
Blackrock Inc.	10,053,860	Sep 29, 2023	7.74%	745,493,734
State Street Corporation	6,446,308	Sep 29, 2023	4.96%	477,993,748

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HENRY SCHEIN, 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 FOURTH DAY OF JANUARY, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HENRY SCHEIN, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 1992.

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

Jeffrey W. Bullock, Secretary of State

2320192 8300

SR# 20240028544

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

Authentication: 202529592

Date: 01-04-24

Kansas State Board of Pharmacy

800 SW Jackson St. Suite 1414
Topeka, Kansas 66612-1244
Phone (785) 296-4056
Fax (785) 296-8420

email pharmacy@ks.gov
www.pharmacy.ks.gov

5-122317
OSCAR SALGUERO
Henry Schein, Inc.
15604 W, 99th Street
Lenexa, KS 66219

Schedules

STATE OF KANSAS
STATE BOARD OF PHARMACY

N° 5-122317

WHOLESALE DISTRIBUTOR

This registration Must Be Renewed Annually by **June 30th.**

That **Henry Schein, Inc**

has complied with the Pharmacy Act of the State of Kansas providing for the registration of ***Wholesale Distributors*** *within the State of Kansas, and is hereby granted a REGISTRATION as defined in K.S.A 65-1643 of the State of Kansas under the name of*

Henry Schein, Inc.

at 15604 W, 99TH STREET LENEXA KANSAS

from this date until **6/30/2024** *, unless this registration is surrendered, or revoked or suspended by the Kansas State Board of Pharmacy.*

This registration issued **February 1, 2024.**

KANSAS STATE BOARD OF PHARMACY

By _____ Executive Secretary

THIS REGISTRATION MUST BE POSTED IN A CONSPICUOUS PLACE - NOT TRANSFERABLE
DO NOT DESTROY - Return to Secretary for change in ownership, location or pharmacist in charge

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY): 01/04/2024

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	CONTACT NAME:	
Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	PHONE (A/C, No, Ext): (866) 283-7122	FAX (A/C, No): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Henry Schein, Inc., Subsidiaries & Affiliates 135 Duryea Road Melville NY 11747 USA	INSURER A: Liberty Mutual Fire Ins Co	23035
	INSURER B: ProAssurance Specialty Insurance Company	17400
	INSURER C: Liberty Insurance Corporation	42404
	INSURER D: Berkshire Hathaway Specialty Ins Company	22276
	INSURER E: QBE Specialty Insurance Company	11515
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570103499575 **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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO-JECT X LOC OTHER			T8262109336303 3	06/01/2023	06/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $5,000,000 Excluded
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			AS2-621-093363-043	06/01/2023	06/01/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$2,000,000
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION			TH7621093363073	06/01/2023	06/01/2024	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
C C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WA762D093363013 AOS WC7621093363023 WI	06/01/2023 06/01/2023	06/01/2024 06/01/2024	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000
B	Products Liability			N23NY380024 Claims Made	06/01/2023	06/01/2024	Each Occurrence Aggregate	$10,000,000 $10,000,000

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

Evidence of Insurance.

CERTIFICATE HOLDER

Henry Schein, Inc.
and its Subsidiary and Affiliated Companies
135 Duryea Road
Melville NY 11747 USA

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

Aon Risk Services Northeast, Inc.

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Holder identifier: EDC

Certificate No: 570103499575

AGENCY CUSTOMER ID: 570000025511

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Henry Schein, Inc.,
POLICY NUMBER: See Certificate Number: 570103499575	
CARRIER: See Certificate Number: 570103499575 / NAIC CODE	EFFECTIVE DATE

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
E	E&O - Miscellaneous Professional-Primary			130003732 Cyber Liab/Tech& E&O SIR applies per policy terms & conditions	12/01/2023	12/01/2024	Limit of Liability	$10,000,000
D	Fiduciary Liability - Primary			47EPC31399303 Fiduciary Liability SIR applies per policy terms & conditions	11/01/2023	11/01/2024	Aggregate Limit	$10,000,000

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AGENCY CUSTOMER ID: 570000025511

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Henry Schein, Inc.,
POLICY NUMBER: See Certificate Number: 570103499575	
CARRIER: See Certificate Number: 570103499575 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds

Henry Schein, Inc.
Ace Surgical Supply Company, Inc.
All Star Orthodontics
BIOHORIZONS IMPLANT SYSTEMS, INC.
Camlog
Dental Instrument Sales & Service, LLC
Dentrix Dental Systems
Exan Enterprises
G.I.V. Inc.
General Injectibles & Vaccines, Inc.
HF Acquisition Co. LLC
Hand Piece Parts & Repair, Inc.
Henry Schein and Schvadent
Henry Schein Dental, Inc.
Henry Schein Global Sourcing, Inc.
Henry Schein Medical
Henry Schein Practice Solutions
Henry Schein, Supply
HealthFirst
Henry Schein MSO, LLC
Impromed, LLC.
Insource, Inc.
Ortho Organizers, Inc.
Ortho Technology, Inc.
RXWORKS, INC.
Southern Anesthesia & Surgical Inc.
The Custom Milling Center, Inc.
Zahn Dental Company, Inc.
Zahn/Darby Lab
Edge Endo
North American Rescue LLC and NAR Medical Depot, LLC
NAR Training LLC
Lighthouse 360, Inc.
Hayes Handpiece Franchises, Inc.
Henry Schein One, LLC
US Endodontics
TDSC, Inc.
NAR Medical Depot LLC
Prism Medical Products - 12.31.20
Sesame Communications
eAssist Inc.
eAssist Publishing LLC
Midway Dental Supply LLC
Ace Southern Surgical Solutions
ORTHO2 LLC
Shield HealthCare - 10/2/23
Dental Practice Transitions

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NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Henry Schein Inc. MDEG License # (if applicable) _____

Physical Address 15604 W. 99th Street

City Lenexa State KS Zip 66219

Mailing Address (if different from physical address) _____

City N/A State _____ Zip _____

Telephone 6315136646 Website henryschein.com

Licensing Company Email brendan.mcelhatton@henryschein.com

Section 2: Personal Information

First Oscar Middle _____ Last Salguero

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

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

Mailing Addr[redacted]

City Lenexa State KS Zip 66219

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.)		✔

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		From - To (MM/YY – MM/YY)	
Collegio La Esperanza		1978-1982	
Address	**City**	**State**	**Zip**
Avenida Independencia Sur 1	Santa Ana, El Salvador	N/A	N/A
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)	Address	City	State	Zip
01/24-Present	[redacted]	Lenexa	KS	66219
12/21-01/24		Grapevine	TX	76051
04/98-12/21		Farmingdale	NY	11735
From - To (MM/YY – MM/YY)	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 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			From - To (MM/YY – MM/YY)	
Henry Schein Inc.			02/24-Present	
Business Address		**City**	**State**	**Zip**
15604 W. 99th Street		Lenexa	KS	66219
Phone	**Title**		**Number of Employed Hours**	
516-236-4286	Associate Manager		40	

Description of Duties

Responsible for quality control, quality assurance, and inventory accuracy, Creates and maintains training documents,Conducts staff training to ensure roles, responsibilities, and company policies are met, Monitor's transactions and facility productivity; acts as necessary to ensure service/sales orders are fulfilled.

Business Name			From - To (MM/YY – MM/YY)	
Henry Schein Inc.			12/21-02/24	
Business Address		**City**	**State**	**Zip**
1080 S. Kimball Ave		Southlake	TX	76092
Phone	**Title**		**Number of Employed Hours**	
817-251-1196	Small Equipment Supervisor		>1500 hours	

Description of Duties

Conducted Employee training of Small Equipment repair technicians, Supervised Repair technicians and Data Entry associates, Monitored Inventory to make sure it stays with company standards, Executed direct daily repair operations to achieve optimum sales.

Business Name			From - To (MM/YY – MM/YY)	
Henry Schein Inc.			06/98-12/21	
Business Address		**City**	**State**	**Zip**
137 Commercial St Suite 300		Plainview	NY	11803
Phone	**Title**		**Number of Employed Hours**	
800-367-3674	Small Equipment Technecian		> 1500 hours	

Description of Duties

Performed estimates and repairs on Dental and Medical Equipment, Conducted final inspection on repaired 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.

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?		✔
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? 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
N/A				
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)

2-14-24
Date

I, Oscar Salguero, certify that as the MDEG Administrator for

Henry Schein Inc.,

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

1. OS Have a high school diploma or its equivalent;
2. OS Have
   a. At least 1,500 hours of verifiable 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. OS 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. OS 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.

Oscar Salguero
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-14-24
Date

Board Use Only	Date Received:

Henry Schein Inc.

Lenexa, KS

A list containing each employee agent, consultant, guardian, personal representative, lender, or holder of indebtedness of the applicant.

Tom Trace- Operations Director

Oscar Salguero- Supervisor

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 December 25, 2021

☐ 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 0-27078

HENRY SCHEIN, INC.

(Exact name of registrant as specified in its charter)

Delaware	11-3136595
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

135 Duryea Road

Melville, New York

(Address of principal executive offices)

11747

(Zip Code)

(631) 843-5500

(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 Stock, par value $.01 per share	HSIC	The 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: ☒ 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 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. YES: ☒ NO: ☐

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 registrant's voting stock held by non-affiliates of the registrant, computed by reference to the closing sales price as quoted on the Nasdaq Global Select Market on June 26, 2021, was approximately $10,405,142,000.

As of February 7, 2022, there were 137,172,800 shares of registrant's Common Stock, par value $.01 per share, outstanding.

Documents Incorporated by Reference:

Portions of the Registrant's definitive proxy statement to be filed pursuant to Regulation 14A not later than 120 days after the end of the fiscal year (December 25, 2021) are incorporated by reference in Part III hereof.

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PART I

ITEM 1. Business

General

Henry Schein, Inc. is a solutions company for health care professionals powered by a network of people and technology. We believe we are the world's largest provider of health care products and services primarily to office-based dental and medical practitioners, as well as alternate sites of care. Our philosophy is grounded in our commitment to help customers operate a more efficient and successful business so the practitioner can provide better clinical care.

With more than 89 years of experience distributing health care products, we have built a vast set of small, mid-sized and large customers in the dental and medical markets, serving more than one million customers worldwide across dental practices, laboratories, physician practices, and ambulatory surgery centers, as well as government, institutional health care clinics and other alternate care clinics.

We are headquartered in Melville, New York, employ more than 21,600 people (of which approximately 10,700 are based outside the United States) and have operations or affiliates in 32 countries and territories. Our broad global footprint has evolved over time through our organic success as well as through contribution from strategic acquisitions.

We offer a comprehensive selection of more than 120,000 branded products and Henry Schein private brand products in stock, as well as more than 180,000 additional products available as special-order items. Our infrastructure, including over 3.8 million square feet of space in 27 strategically located distribution centers around the world, enables us to historically provide rapid and accurate order fulfillment, better serve our customers and increase our operating efficiency. This infrastructure, together with broad product and service offerings at competitive prices, and a strong commitment to customer service, enables us to be a single source of supply for our customers' needs.

We conduct our business through two reportable segments: (i) health care distribution and (ii) technology and value-added services. These segments offer different products and services to the same customer base. Our dental businesses serve office-based dental practitioners, dental laboratories, schools, government and other institutions. Our medical businesses serve physician offices, urgent care centers, ambulatory care sites, emergency medical technicians, dialysis centers, home health, federal and state governments and large enterprises, such as group practices and integrated delivery networks, among other providers across a wide range of specialties.

The health care distribution reportable segment, combining our global dental and medical businesses, distributes consumable products, dental specialty products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products and vitamins. While our primary go-to-market strategy is in our capacity as a distributor, we also market and sell under our own private label portfolio of cost-effective, high-quality consumable merchandise products, and manufacture certain dental specialty products in the areas of implants, orthodontics and endodontics.

The technology and value-added services reportable segment provides software, technology and other value-added services to health care practitioners. Henry Schein One, the largest contributor of sales to this category, offers dental practice management solutions for dental and medical practitioners. In addition, we offer dentists and physicians a broad suite of electronic health records, integrated revenue cycle management, patient communication services including electronic marketing and web-site design, analytics and patient demand generation. Finally, our value-added practice solutions include practice consultancy, education, and the facilitation of financial service offerings (on a non-recourse basis) to help dentists and physicians operate and expand their business operations. We believe our hands-on consultative approach to provide solutions to support practice decision-making is a key differentiator for our business.

Recent Developments

See "Management's Discussion and Analysis of Financial Condition and Results of Operations – Recent Developments" herein for a discussion related to the COVID-19 pandemic and recent corporate transactions.

Industry

The global health care distribution industry, as it relates to office-based health care practitioners, is fragmented and diverse. The industry ranges from sole practitioners working out of relatively small offices to mid-sized and large group practices ranging in size from a few practitioners to several hundred practices owned or operated by dental support organizations (DSOs), medical group purchasing organizations (GPOs), hospital systems or integrated delivery networks (IDNs).

Due in part to the inability of office-based health care practitioners to store and manage large quantities of supplies in their offices, the distribution of health care supplies and small equipment to office-based health care practitioners has been characterized by frequent, small quantity orders, and a need for rapid, reliable and substantially complete order fulfillment. The purchasing decisions within an office-based health care practice are typically made by the practitioner, hygienist or office manager. Supplies and small equipment are generally purchased from more than one distributor, with one generally serving as the primary supplier.

The health care distribution industry continues to experience growth due to demand driven by the aging population, increased health care awareness and the importance of preventative care, an increasing understanding of the connection between good oral health and overall health, improved access to care globally, the proliferation of medical technology and testing, new pharmacology treatments and expanded third-party insurance coverage, partially offset by the effects of unemployment on insurance coverage and technological improvements, including the advancement of software and services, prosthetic solutions and telemedicine. In addition, the non-acute market continues to benefit from the shift of procedures and diagnostic testing from acute care settings to alternate-care sites, particularly physicians' offices and ambulatory surgery centers.

We believe that consolidation within the industry will continue to result in a number of distributors, particularly those with limited financial, operating and marketing resources, seeking to combine with larger companies that can provide growth opportunities. This consolidation also may continue to result in distributors seeking to acquire companies that can enhance their current product and service offerings or provide opportunities to serve a broader customer base.

In addition, customer consolidation will likely lead to multiple locations under common management and the movement of more procedures from the hospital setting to the physician or alternate care setting as the health care industry is increasingly focused on efficiency and cost containment. This trend has benefited distributors capable of providing a broad array of products and services at low prices. It also has accelerated the growth of health maintenance organizations ("HMOs"), group practices, other managed care accounts and collective buying groups, which, in addition to their emphasis on obtaining products at competitive prices, tend to favor distributors capable of providing specialized management information support. We believe that the trend towards cost containment has the potential to favorably affect demand for technology solutions, including software, which can enhance the efficiency and facilitation of practice management.

Competition

The distribution and manufacture of health care supplies and equipment is highly competitive. Many of the health care products we sell are available to our customers from a number of suppliers. In addition, our competitors could obtain exclusive rights from manufacturers to market particular products. Manufacturers also could seek to sell directly to end-users, and thereby eliminate or reduce our role and that of other distributors. In certain parts of the dental end market, such as those related to dental specialty products, and medical end market manufacturers already sell directly to end customers.

In North America, we compete with other distributors, as well as several manufacturers, of dental and medical products, primarily on the basis of price, breadth of product line, e-commerce capabilities, customer service and

value-added products and services. In the dental market, our primary competitors in the U.S. are the Patterson Dental division of Patterson Companies, Inc. and Benco Dental Supply Company. In addition, we compete against a number of other distributors that operate on a national, regional and local level. Our primary competitors in the U.S. medical market, which accounts for the large majority of our global medical sales, are McKesson Corporation and Medline Industries, Inc., which are national distributors. We also compete with a number of regional and local medical distributors, as well as a number of manufacturers that sell directly to physicians. With regard to our dental software, we compete against numerous companies, including the Patterson Dental division of Patterson Companies, Inc., Carestream Health, Inc., Open Dental Software, Inc., PlanetDDS LLC, Good Methods Global Inc. (d.b.a. CareStack) and Curve Dental, LLC. In other software end markets, including revenue cycle management, patient relationship management and patient demand generation, we compete with companies such as Vyne Therapeutics Inc., EDI-Health Group, Inc. (d.b.a. Dental X Change, Inc.), Weave Communications, Inc., Solutionreach, Inc., ZocDoc, Inc., LocalMed Inc. and Prosites Inc. The medical practice management and electronic medical records market is fragmented and we compete with numerous companies such as the NextGen division of Quality Systems, Inc., eClinicalWorks, Allscripts Healthcare Solutions, Inc. and Epic Systems Corporation.

Outside of the U.S., we believe we are the only global distributor of supplies and equipment to dental practices and our competitors are primarily local and regional companies. We also face significant competition internationally, where we compete on the basis of price and customer service against several large competitors, including the GACD Group, Proclinic SA, Lifco AB, Planmeca Oy and Billericay Dental Supply Co. Ltd., as well as a large number of other dental and medical product distributors and manufacturers in international countries and territories we serve.

Competitive Strengths

We have more than 89 years of experience in distributing products to health care practitioners resulting in strong awareness of the Henry Schein® brand. Our competitive strengths include:

A focus on meeting our customers' unique needs. We are committed to providing customized solutions to our customers that are driven by our understanding of the end markets we serve and reflect the technology-driven products and services best suited for their practice needs. We are committed to continuing to enhance these offerings through organic investment in our products and our teams, as well as through the acquisition of new products and services that may help us better serve our customers.

Direct sales and marketing expertise. Our sales and marketing efforts are designed to establish and solidify customer relationships through personal or virtual visits by field sales representatives, frequent direct marketing and telesales contact, emphasizing our broad product lines, including exclusive distribution agreements, competitive prices and ease of order placement, particularly through our e-commerce platforms. The key elements of our direct sales and marketing efforts are:

- *Field sales consultants.* We have over 3,450 field sales consultants, including equipment sales specialists, covering major North American, European and other international markets. These consultants complement our direct marketing and telesales efforts and enable us to better market, service and support the sale of more sophisticated products and equipment.

- *Marketing.* During 2021, we marketed to existing and prospective office-based health care providers through a combination of owned, earned and paid digital channels, as well as through catalogs, flyers, direct mail and other promotional materials. Our strategies included an emphasis on educational content through webinars and content marketing initiatives. We continue to enhance our marketing technology to improve our targeting capability and the relevance of messaging and offers.

- *Telesales.* We support our direct marketing effort with approximately 2,100 inbound and outbound telesales representatives, who facilitate order processing, generate new sales through direct and frequent contact with customers and stay abreast of market developments and the hundreds of new products, services and technologies introduced each year to educate practice personnel.

- *Electronic commerce solutions.* We provide our customers and sales teams with innovative and competitive e-commerce solutions. We continue to invest in our e-commerce platform to offer enhanced content management so customers can more easily find the products they need and to enable an engaging purchase experience, supported by excellent customer service.

- *Social media.* Our operating entities and employees engage our customers and supplier partners through various social media platforms, which are an important element of our communications and marketing efforts. We continue to expand our social media presence to raise awareness about issues, engage customers beyond a sale and deliver services and solutions to specialized audiences.

Broad product and service offerings at competitive prices. We offer a broad range of products and services to our customers, at competitive prices, in the following categories:

- *Consumable supplies and equipment.* We distribute consumable products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, dental specialty products, diagnostic tests, infection-control products and vitamins. We offer over 120,000 Stock Keeping Units, or SKUs, to our customers. We offer over 180,000 additional SKUs to our customers in the form of special order items. We also market and sell our own private label portfolio of cost-effective, high-quality consumable merchandise products and manufacture certain dental specialty products in the areas of implants, orthodontics and endodontics.

- *Technology and other value-added products and services.* We sell practice management, business analytics, patient engagement and patient demand creation software solutions to our dental customers. Our practice management solutions provide practitioners with electronic medical records, patient treatment history, analytics, billing, accounts receivable analyses and management, appointment calendars, electronic claims processing and word processing programs, network and hardware services, e-commerce and electronic marketing services, sourcing third party patient payment plans, transition services and training and education programs for practitioners. We also sell medical software for practice management, certified electronic health records ("EHR") and e-Prescribe medications and prescription solutions through MicroMD®. We have approximately 950 technical representatives supporting customers using our practice management solutions and services. As of December 25, 2021, we had an active user base of approximately 95,700 practices and 400,000 consumers, including users of AxiUm, Dentally®, Dentrix Ascend®, Dental Vision®, Dentrix® Dental Systems, Dentrix® Enterprise, Easy Dental®, EndoVision®, Evolution® and EXACT®, Gesden®, Jarvis Analytics™, Julie® Software, Oasis, OMSVision®, Orisline®, PBS Endo®, PerioVision®, Power Practice® Px, PowerDent, and Vlive® and subscriptions for Demandforce®, Sesame, and Lighthouse360® for dental practices and DentalPlans.com® for dental patients; and MicroMD® for physician practices.

- *Repair services.* We have over 140 equipment sales and service centers worldwide that provide a variety of repair, installation and technical services for our health care customers. Our over 2,175 technicians provide installation and repair services for: dental handpieces; dental and medical small equipment; table-top sterilizers and large dental equipment.

- *Financial services.* We offer our customers solutions in operating their practices more efficiently by providing access to a number of financial services and products provided by third party suppliers (including non-recourse financing for equipment, technology and software products, non-recourse practice financing for leasehold improvements, business debt consolidation and commercial real estate, non-recourse patient financing and credit card processing) at rates that we believe are generally lower than what our customers would be able to secure independently. We also provide staffing services, dental practice valuation and brokerage services.

Commitment to superior customer service. We maintain a strong commitment to providing superior customer service. We frequently monitor our customer service through customer surveys, focus groups and statistical reports. Our customer service policy primarily focuses on:

- *Exceptional order fulfillment.* We ship an average of approximately 156,000 cartons daily. Historically, approximately 99% of items have been shipped without back ordering and were shipped on the same business day the order is received. Due to the significant increase in demand for personal protective equipment ("PPE"), as a result of COVID-19, during the year ended December 25, 2021, approximately 96% of items ordered were shipped without back ordering. As the demand for PPE stabilizes, we expect our percentage of items shipped without back-ordering and shipped on the same day to return to historical levels.

- *Comprehensive ordering process.* Customers may place orders 24 hours a day, 7 days a week via e-commerce solutions, telephone, fax, e-mail and mail.

Integrated management information systems. Our information systems generally allow for centralized management of key functions, including accounts receivable, inventory, accounts payable, payroll, purchasing, sales, order fulfillment and financial and operational reporting. These systems allow us to manage our growth, deliver superior customer service, properly target customers, manage financial performance and monitor daily operational statistics.

Cost-effective purchasing. We believe that cost-effective purchasing is a key element to maintaining and enhancing our position as a competitively priced provider of health care products. We continuously evaluate our purchase requirements and suppliers' offerings and prices in order to obtain products at the lowest possible cost. In 2021, our top 10 health care distribution suppliers and our single largest supplier accounted for approximately 30% and 4%, respectively, of our aggregate purchases.

Efficient distribution. We distribute our products from our strategically located distribution centers. We strive to maintain optimal inventory levels in order to satisfy customer demand for prompt delivery and complete order fulfillment. These inventory levels are managed on a daily basis with the aid of our management information systems. Once an order is entered, it is electronically transmitted to the distribution center nearest the customer's location for order fulfillment.

Products and Services

The following table sets forth the percentage of consolidated net sales by principal categories of products and services offered through our health care distribution and technology and value-added services reportable segments:

	December 25, 2021	December 26, 2020	December 28, 2019
Health care distribution:			
Dental products [1]	60.8%	58.4%	64.2%
Medical products [2]	34.0	35.8	29.8
Total health care distribution	94.8	94.2	94.0
Technology and value-added services:			
Software and related products and other value-added products [3]	5.2	5.1	5.2
Total excluding Corporate TSA revenues	100.0	99.3	99.2
Corporate TSA revenues [4]	-	0.7	0.8
Total	100.0	100.0	100.0

(1) Includes infection-control products, handpieces, preventatives, impression materials, composites, anesthetics, teeth, dental implants, gypsum, acrylics, articulators, abrasives, dental chairs, delivery units and lights, X-ray supplies and equipment, PPE, equipment repair and high-tech and digital restoration equipment.

(2) Includes branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products, X-ray products, equipment, PPE and vitamins.

(3) Consists of practice management software and other value-added products, which are distributed primarily to health care providers, and financial services on a non-recourse basis, e-services, continuing education services for practitioners, consulting and other services.

(4) Corporate TSA revenues represents sales of certain products to Covetrus under the transition services agreement entered into in connection with the Animal Health Spin-off, which ended in December 2020. See Note 21 Related Party Transactions for further information.

Business Strategy

Our objective is to continue to expand as a global value-added provider of health care products and services to office-based dental and medical practitioners by increasing their efficiency and success. To accomplish this, we apply our competitive strengths in executing the following strategies:

- *Increase penetration of our existing customer base.* We have over 1 million customers worldwide and we intend to increase sales to our existing customer base and enhance our position as their primary supplier. We believe our offering of a broad range of products, services and support, including software solutions that can help drive improved workflow efficiency and patient communications for practices, coupled with our full-service value proposition, helps us to retain and grow our customer base.

- *Increase the number of customers we serve.* This strategy includes increasing the productivity of our field sales consultants and telesales team, as well as using our customer database to focus our marketing efforts in all of our operating segments. In the dental business, we provide products and services to independent practices, mid-market groups, and large DSOs as well as community health centers and government sites of care. Leveraging our broad array of assets and capabilities, we offer solutions to address these new markets. In the medical business, we have expanded to serve customers located in settings outside of the traditional office, such as urgent care clinics, retail, occupational health and home health settings. As settings of health care shift, we remain committed to serving these practitioners and providing them with the products and services they need.

- *Leverage our value-added products and services.* We continue to increase cross-selling efforts for key product lines utilizing a consultative selling process. In the dental business, we have significant cross-selling opportunities between our dental software users and our dental distribution customers. In the medical business, we have opportunities to expand our vaccine, injectables and other pharmaceuticals sales to health care practitioners, as well as cross-selling EHR systems and software when we sell our core products. Our strategy extends to providing health systems, integrated delivery networks and other large group and multi-site health care organizations, including physician clinics, these same value added products and services. As physicians and health systems closely align, we have increased access to opportunities for cross-marketing and selling our product and service portfolios.

- *Pursue strategic acquisitions and joint ventures.* Our acquisition strategy is focused on investments in companies that add new customers and sales teams, increase our geographic footprint (whether entering a new country, such as emerging markets, or building scale where we have already invested in businesses), and finally, those that enable us to access new products and technologies.

Markets Served

Demographic trends indicate that our markets are growing, as an aging U.S. population is increasingly using health care services. According to the U.S. Census Bureau's International Database, between 2021 and 2031, the 45 and older population is expected to grow by approximately 11%. Between 2021 and 2041, this age group is expected to grow by approximately 22%. This compares with expected total U.S. population growth rates of approximately 7% between 2021 and 2031 and approximately 12% between 2021 and 2041.

In the dental industry, there is predicted to be a rise in oral health care expenditures as the 45-and-older segment of the population increases. There is increasing demand for new technologies that allow dentists to increase productivity, and this is being driven in the U.S. by lower insurance reimbursement rates. At the same time, there is an expected increase in dental insurance coverage.

In the medical market, there continues to be a migration of procedures from acute-care settings to physicians' offices and home health settings, a trend that we believe provides additional opportunities for us. There also is the continuing use of vaccines, injectables and other pharmaceuticals in alternate-care settings. We believe we have established a leading position as a vaccine supplier to the office-based physician practitioner.

We support our dental and medical professionals through the many SKUs that we offer, as well as through important value-added services, including practice management software, electronic claims processing, financial services and continuing education, all designed to help maximize a practitioner's efficiency.

Additionally, we seek to expand our dental full-service model and medical offerings in countries where opportunities exist. We do this through both direct sales and by partnering with local distribution companies.

For information on revenues and long-lived assets by geographic area, see Note 3 – Segment and Geographic Data of "Notes to Consolidated Financial Statements."

Seasonality and Other Factors Affecting Our Business and Quarterly Results

We experience fluctuations in quarterly earnings. As a result, we may fail to meet or exceed the expectations of securities analysts and investors, which could cause our stock price to decline.

Our business is subject to seasonal and other quarterly fluctuations. Sales and profitability generally have been higher in the third and fourth quarters due to the timing of sales of seasonal products (including influenza vaccine) purchasing patterns of office-based health care practitioners for certain products (including equipment and software) and year-end promotions. Sales and profitability may also be impacted by the timing of certain annual and biennial dental tradeshows where equipment promotions are offered. In addition, some dental practices delay equipment purchases in the U.S. until year-end due to tax incentives. We expect our historical seasonality of sales to continue in the foreseeable future.

Governmental Regulations

We strive to be compliant with the applicable laws, regulations and guidance described below, and believe we have effective compliance programs and other controls in place to ensure substantial compliance. However, compliance is not guaranteed either now or in the future, as certain laws, regulations and guidance may be subject to varying and evolving interpretations that could affect our ability to comply, as well as future changes, additions and enforcement approaches, including political changes. President Biden's administration (the "Biden Administration") has indicated that it will be more aggressive in its pursuit of alleged violations of law, and it has revoked certain guidance that would have limited governmental use of informal agency guidance to pursue potential violations, as well as that it was more prepared to pursue individuals for corporate law violations, including an aggressive approach to anti-corruption activities. Changes to applicable laws, regulations and guidance described below, as well as related administrative or judicial interpretations, may require us to update or revise our operations, services, marketing practices and compliance programs and controls, and may impose additional and unforeseen costs on us, pose new or previously immaterial risks to us, or may otherwise have a material adverse effect on our business.

Government

Certain of our businesses involve the distribution, importation, exportation, marketing and sale of, and third party payment for, pharmaceuticals and medical devices, and in this regard, we are subject to extensive local, state, federal and foreign governmental laws and regulations, including as applicable to our wholesale distribution of pharmaceuticals and medical devices, and as part of our specialty home medical supply business that distributes and sells medical equipment and supplies directly to patients. The federal government and state governments have also increased enforcement activity in the health care sector, particularly in areas of fraud and abuse, anti-bribery and corruption, controlled substances handling, medical device regulations and data privacy and security standards.

Government and private insurance programs fund a large portion of the total cost of medical care, and there have been efforts to limit such private and government insurance programs, including efforts, thus far unsuccessful, to seek repeal of the entire United States Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act, each enacted in March 2010, (as amended, the "ACA"). In addition, activities to control medical costs, including laws and regulations lowering reimbursement rates for pharmaceuticals, medical devices and/or medical treatments or services, are ongoing. Many of these laws and regulations are subject to change and their evolving implementation may impact our operations and our financial performance.

Our businesses are also generally subject to numerous other laws and regulations that could impact our financial performance, including securities, antitrust, consumer protection, anti-bribery and anti-kickback, customer interaction transparency, data privacy, data security, government contracting, price gouging and other laws and regulations.

Failure to comply with laws, rules or regulations could have a material adverse effect on our business.

Operating, Security and Licensure Standards

Certain of our businesses are subject to local, state and federal governmental laws and regulations relating to the distribution of pharmaceuticals and medical devices and supplies. Among the United States federal laws applicable to us are the Controlled Substances Act, the Federal Food, Drug, and Cosmetic Act, as amended ("FDC Act"), and Section 361 of the Public Health Service Act, as well as laws regulating the billing of and reimbursement from government programs, such as Medicare and Medicaid, and from commercial payers. We are also subject to comparable foreign regulations.

The FDC Act, the Controlled Substances Act, their implementing regulations, and similar foreign laws generally regulate the introduction, manufacture, advertising, marketing and promotion, sampling, pricing and reimbursement, labeling, packaging, storage, handling, returning or recalling, reporting, and distribution of, and record keeping for, pharmaceuticals and medical devices shipped in interstate commerce, and states may similarly regulate such activities within the state. Furthermore, Section 361 of the Public Health Service Act, which provides authority to prevent the introduction, transmission or spread of communicable diseases, serves as the legal basis for the United States Food and Drug Administration's ("FDA") regulation of human cells, tissues and cellular and tissue-based products, also known as "HCT/P products."

The Federal Drug Quality and Security Act of 2013 brought about significant changes with respect to pharmaceutical supply chain requirements. Title II of this measure, known as the Drug Supply Chain Security Act ("DSCSA"), is being phased in over a period of ten years, and is intended to build a national electronic, interoperable system by November 27, 2023, that will identify and trace certain prescription drugs as they are distributed in the United States. The law's track and trace requirements applicable to manufacturers, wholesalers, repackagers and dispensers (e.g., pharmacies) of prescription drugs took effect in January 2015, and continues to be implemented. The DSCSA product tracing requirements replace the former FDA drug pedigree requirements and pre-empt certain state requirements that are inconsistent with, more stringent than, or in addition to, the DSCSA requirements.

The DSCSA also establishes certain requirements for the licensing and operation of prescription drug wholesalers and third-party logistics providers ("3PLs"), and includes the eventual creation of national wholesaler and 3PL licenses in cases where states do not license such entities. The DSCSA requires that wholesalers and 3PLs distribute drugs in accordance with certain standards regarding the recordkeeping, storage and handling of prescription drugs. The DSCSA requires wholesalers and 3PLs to submit annual reports to the FDA, which include information regarding each state where the wholesaler or 3PL is licensed, the name and address of each facility and contact information. According to FDA guidance, states are pre-empted from imposing any licensing requirements that are inconsistent with, less stringent than, directly related to, or covered by the standards established by federal law in this area. Current state licensing requirements concerning wholesalers will remain in effect until the FDA issues new regulations as directed by the DSCSA. In addition, with respect to our specialty home medical supply business, we are subject to certain state licensure laws (including state pharmacy laws), and also certain accreditation standards, including to qualify for reimbursement from Medicare and other third-party payers.

The Food and Drug Administration Amendments Act of 2007 and the Food and Drug Administration Safety and Innovation Act of 2012 amended the FDC Act to require the FDA to promulgate regulations to implement a unique device identification ("UDI") system. The UDI rule phased in the implementation of the UDI regulations, generally beginning with the highest-risk devices (i.e., Class III medical devices) and ending with the lowest-risk devices. Most compliance dates were reached as of September 24, 2018, with a final set of requirements for low risk devices being reached on September 24, 2022, which will complete the phase in. However, in May 2021, the FDA issued an enforcement policy stating that it does not intend to object to the use of legacy identification

numbers on device labels and packages for finished devices manufactured and labeled prior to September 24, 2023. The UDI regulations require "labelers" to include unique device identifiers ("UDIs"), with a content and format prescribed by the FDA and issued under a system operated by an FDA-accredited issuing agency, on the labels and packages of medical devices (including, but not limited to, certain software that qualifies as a medical device under FDA rules), and to directly mark certain devices with UDIs. The UDI regulations also require labelers to submit certain information concerning UDI-labeled devices to the FDA, much of which information is publicly available on an FDA database, the Global Unique Device Identification Database. The UDI regulations and subsequent FDA guidance regarding the UDI requirements provide for certain exceptions, alternatives and time extensions. For example, the UDI regulations include a general exception for Class I devices exempt from the Quality System Regulation (other than record-keeping requirements and complaint files). Regulated labelers include entities such as device manufacturers, repackagers, reprocessors and relabelers that cause a device's label to be applied or modified, with the intent that the device will be commercially distributed without any subsequent replacement or modification of the label and include certain of our businesses.

Under the Controlled Substances Act, as a distributor of controlled substances, we are required to obtain and renew annually registrations for our facilities from the United States Drug Enforcement Administration ("DEA") permitting us to handle controlled substances. We are also subject to other statutory and regulatory requirements relating to the storage, sale, marketing, handling, reporting, record-keeping and distribution of such drugs, in accordance with the Controlled Substances Act and its implementing regulations, and these requirements have been subject to heightened enforcement activity in recent times. We are subject to inspection by the DEA. Certain of our businesses are also required to register for permits and/or licenses with, and comply with operating and security standards of, the DEA, the FDA, the United States Department of Health and Human Services ("HHS"), and various state boards of pharmacy, state health departments and/or comparable state agencies as well as comparable foreign agencies, and certain accrediting bodies, depending on the type of operations and location of product distribution, manufacturing or sale. These businesses include those that distribute, manufacture and/or repackage prescription pharmaceuticals and/or medical devices and/or HCT/P products, or own pharmacy operations, or install, maintain or repair equipment.

In addition, Section 301 of the National Organ Transplant Act, and a number of comparable state laws, impose civil and/or criminal penalties for the transfer of certain human tissue (for example, human bone products) for valuable consideration, while generally permitting payments for the reasonable costs incurred in procuring, processing, storing and distributing that tissue. We are also subject to foreign government regulation of such products. The DEA, the FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers, seize or order the recall of products and impose significant criminal, civil and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers.

EU Regulation of Medicinal and Dental Products

European Union ("EU") member states regulate their own healthcare systems, as does EU law. The latter regulates certain matters, most notably medicinal products and medical devices. Medicinal products are defined, broadly, as substances or combinations of substances having certain functionalities and may not include medical devices. EU "regulations" apply in all Member States, whereas "directives" are implemented by the individual laws of member states.

On medicines for humans, we are regulated under Directive No. 2001/83/EC of 6 November 2001, as amended by Directive 2003/63/EC of 25 June 2003, and EU Regulation (EC) No. 726/2004 of 31 March 2004. These rules provide for the authorization of products, and regulate their manufacture, importation, marketing and distribution. It implements requirements which may be implemented without warning, as well as a national pharmacovigilance system under which marketing authorizations may be withdrawn, and includes potential sanctions for breaches of the rules, and on other bases such as harmfulness or inefficiency.

EU Regulation No. 1223/2009 of 30 November 2009 *on cosmetic products* requires that cosmetic products (which includes dental products) be safe for human health when used under normal or reasonably foreseeable conditions of use and comply with certain obligations which apply to manufacturer, importer and distributor. It includes market surveillance, and non-compliance may result in the recall or withdrawal of products, along with other sanctions.

In the EU, the EU Medical Device Regulation No. 2017/745 of 5 April 2017 ("EU MDR") covers a wide scope of our activities, from dental material to X-ray machines, and certain software. It was meant to become applicable three years after publication (i.e., May 26, 2020). However, on April 23, 2020, to allow European Economic Area ("EEA") national authorities, notified bodies, manufacturers and other actors to focus fully on urgent priorities related to the COVID-19 pandemic, the European Council and Parliament adopted Regulation 2020/561, postponing the date of application of the EU MDR by one year (to May 26, 2021).

The EU MDR significantly modifies and intensifies the regulatory compliance requirements for the medical device industry as a whole. Among other things, the EU MDR:

- strengthens the rules on placing devices on the market and reinforces surveillance once they are available;
- establishes explicit provisions on manufacturers' responsibilities for the follow-up of the quality, performance and safety of devices placed on the market;
- improves the traceability of medical devices throughout the supply chain to the end-user or patient through a unique identification number;
- sets up a central database to provide patients, healthcare professionals and the public with comprehensive information on products available in the EU;
- strengthens rules for the assessment of certain high-risk devices, such as implants, which may have to undergo an additional check by experts before they are placed on the market; and
- identifies importers and distributors and medical device products through registration in a database (EUDAMED not due until May 26, 2022 and after).

In particular, the EU MDR imposes stricter requirements for the confirmation that a product meets the regulatory requirements, including regarding a product's clinical evaluation and a company's quality systems, and for the distribution, marketing and sale of medical devices, including post-market surveillance. Medical devices that have been assessed and/or certified under the EU Medical Device Directive may continue to be placed on the market until 2024 (or until the expiry of their certificates, if applicable and earlier); however, requirements regarding the distribution, marketing and sale including quality systems and post-market surveillance have to be observed by manufacturers, importers and distributors as of the application date.

Other EU regulations that may apply under appropriate circumstances include EU Regulation No. 1907/2006 of 18 December 2006 *concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals*, which requires importers to register substances or mixtures that they import in the EU beyond certain quantities, and the EU Regulation No. 1272/2008 of 16 December 2008 on classification, labelling and packaging of substances and mixtures, which sets various obligations with respect to the labelling and packaging of concerned substances and mixtures.

Furthermore, compliance with legal requirements has required and may in the future require us to delay product release, sale or distribution, or institute voluntary recalls of, or other corrective action with respect, to products we sell, each of which could result in regulatory and enforcement actions, financial losses and potential reputational harm. Our customers are also subject to significant federal, state, local and foreign governmental regulation, which may affect our interactions with customers, including the design and functionality of our products.

Certain of our businesses are subject to various additional federal, state, local and foreign laws and regulations, including with respect to the sale, transportation, storage, handling and disposal of hazardous or potentially hazardous substances, and safe working conditions. In addition, certain of our businesses must operate in compliance with a variety of burdensome and complex billing and record-keeping requirements in order to substantiate claims for payment under federal, state and commercial healthcare reimbursement programs. One of these businesses was recently suspended by CMS from receiving payments from Medicare, although it is permitted to continue to perform and bill for Medicare services. The amounts billed are being deposited in an escrow account pending resolution of an audit. The Company has not recognized revenue for these services and has currently deferred slightly over $4 million in revenue.

Certain of our businesses also maintain contracts with governmental agencies and are subject to certain regulatory requirements specific to government contractors.

Antitrust and Consumer Protection

The federal government of the United States, most U.S. states and many foreign countries have antitrust laws that prohibit certain types of conduct deemed to be anti-competitive, as well as consumer protection laws that seek to protect consumers from improper business practices. At the U.S. federal level, the Federal Trade Commission oversees enforcement of these types of laws, and states have similar government agencies. Violations of antitrust or consumer protection laws may result in various sanctions, including criminal and civil penalties. Private plaintiffs may also bring civil lawsuits against us in the United States for alleged antitrust law violations, including claims for treble damages. EU law also regulates competition and provides for detailed rules protecting consumers. The Biden Administration has indicated increased antitrust enforcement and has been more aggressive in enforcement activities.

Health Care Fraud

Certain of our businesses are subject to federal and state (and similar foreign) health care fraud and abuse, referral and reimbursement laws and regulations with respect to their operations. Some of these laws, referred to as "false claims laws," prohibit the submission or causing the submission of false or fraudulent claims for reimbursement to federal, state and other health care payers and programs. Other laws, referred to as "anti-kickback laws," prohibit soliciting, offering, receiving or paying remuneration in order to induce the referral of a patient or ordering, purchasing, leasing or arranging for, or recommending ordering, purchasing or leasing of, items or services that are paid for by federal, state and other health care payers and programs. Certain additional state and federal laws, such as the federal Physician Self-Referral Law, commonly known as the "Stark Law," prohibit physicians and other health professionals from referring a patient to an entity with which the physician (or family member) has a financial relationship, for the furnishing of certain designated health services (for example, durable medical equipment and medical supplies), unless an exception applies. Violations of Anti-Kickback Statutes or the Stark Law may be enforced as violations of the federal False Claims Act.

The fraud and abuse laws and regulations have been subject to heightened enforcement activity over the past few years, and significant enforcement activity has been the result of "relators" who serve as whistleblowers by filing complaints in the name of the United States (and if applicable, particular states) under applicable false claims laws, and who may receive up to 30% of total government recoveries. Penalties under fraud and abuse laws may be severe, including treble damages and substantial civil penalties under the federal False Claims Act, as well as potential loss of licenses and the ability to participate in federal and state health care programs, criminal penalties, or imposition of a corporate compliance monitor which could have a material adverse effect on our business. Also, these measures may be interpreted or applied by a prosecutorial, regulatory or judicial authority in a manner that could require us to make changes in our operations or incur substantial defense and settlement expenses. Even unsuccessful challenges by regulatory authorities or private relators could result in reputational harm and the incurring of substantial costs. Most states have adopted similar state false claims laws, and these state laws have their own penalties, which may be in addition to federal False Claims Act penalties, as well as other fraud and abuse laws.

With respect to measures of this type, the United States government (among others) has expressed concerns about financial relationships between suppliers on the one hand and physicians and dentists on the other. As a result, we regularly review and revise our marketing practices as necessary to facilitate compliance.

We also are subject to certain United States and foreign laws and regulations concerning the conduct of our foreign operations, including the U.S. Foreign Corrupt Practices Act, the U.K. Bribery Act, German anti-corruption laws and other anti-bribery laws and laws pertaining to the accuracy of our internal books and records, which have been the focus of increasing enforcement activity globally in recent years.

While we believe that we are substantially compliant with applicable fraud and abuse laws and regulations, and have adequate compliance programs and controls in place to ensure substantial compliance, we cannot predict whether changes in applicable law, or interpretation of laws, or changes in our services or marketing practices in response to changes in applicable law or interpretation of laws, or failure to comply with applicable law, could have a material adverse effect on our business.

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NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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)

Section 1: General Information

Facility Name: InfuSystem Inc.

Physical Address: 960 Turnpike Street Unit 20

City: Canton State: MA Zip: 02021

Mailing Address (if different from physical address): 3851 West Hamlin Rd

City: Rochester Hills State: MI Zip: 48309

Telephone: 800-962-9656 Website: www.infusystem.com

Name of Designated Representative (DR): Chinh Le

Licensing Company Email: jessica.younan@infusystem.com DR Email: chinh.le@infusystem.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☑ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☑ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☑ Warehouse
☑ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Long Term Care Facilities		☐ 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)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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

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: InfuSystem Holdings Inc.

Mailing Address: 3851 West Hamlin Rd

City: Rochester Hills State: MI Zip: 48309

Telephone: 800-962-9656 Email: jessica.younan@infusystem.com

Contact Person Name: Jessica Younan

Date of SEC Registration: 03-16-2023 | SEC Registration Number: 001-35020 | Stock Exchange Symbol: INFU

Section 5: 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 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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

InfuSystem Inc.
Facility Name

Carrie Ann Lachance
Print Name of Authorized Person Submitting Application

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

2/22/24
Date

Board Use Only	Date Received: 3/6/24	Amount: $2000 CHECK 014084

CONFIDENTIAL

Directors/Officers

Name	Title	Start Date	End Date
Richard A. (Armand) Dilorio	CEO	11/15/2017	
Carrie Lachance	President/COO		
Barry Steele	EVP, CFO/Treasurer /Secretary	3/18/2020	

Owner

Full Name	Title	EIN	
Infusystem Holdings Inc.	100% Direct Ownership	20-3341405	

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFUSYSTEM, 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 FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFUSYSTEM, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2023.

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

Jeffrey W. Bullock, Secretary of State

2411606 8300

SR# 20240365890

Authentication: 202742223

Date: 02-05-24

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

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

February 7, 2024

RE: InfuSystem

To Whom it May Concern:

Wholesale Distributors headquartered or with a facility in Massachusetts must register with the Department unless the Wholesale Distributor does not store or distribute prescription medications or medical devices that contain a prescription medication. Therefore, InfuSystem, is neither required nor eligible for licensure with the Commonwealth and stands in compliance with Massachusetts laws and regulations in this regard.

If you have any questions, please contact me directly at david.e.johnson@mass.gov.

Sincerely,

David E. Johnson
Director
Drug Control Program

INFUINC-01 KVASTO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/22/2024

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	CONTACT NAME:	
Alliant Insurance Services, Inc. 222 Bloomingdale Rd Ste 400 White Plains, NY 10605	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Sompo America Insurance Company	11126
INSURER B : Noetic Specialty Insurance Company	17400
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
InfuSystem Holdings, Inc.
InfuSystem Inc.
3851 W Hamlin Rd
Rochester Hills, MI 48309

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR			LGM30030366801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	
	OTHER:						EBL AGGREGATE	$	1,000,000
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	X ANY AUTO			LAM30031389901	1/1/2024	1/1/2025	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
A	X UMBRELLA LIAB X OCCUR			CPUS1040O0	1/1/2024	1/1/2025	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WCNS1301B0	1/1/2024	1/1/2025	X PER STATUTE OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N / A						E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Products Liability			N24MI380002	1/1/2024	1/1/2025	see below		
A	Commercial Property			HPRS1245T0	1/1/2024	1/1/2025	see below for limits		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Named Insureds: InfuSystem Inc.; First Biomedical, Inc.; IFC LLC, InfuSystem Holding USA, Inc.

Products/Completed Operations Liability Coverage
Includes Medical Professional Services Endorsement/Errors & Omissions
Each Occurrence Limit - $5,000,000
Aggregate Limit - $5,000,000
Professional E&O Limit - $5,000,000
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

Evidence of Insurance

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
Kelly L. Vasto

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AGENCY CUSTOMER ID: INFUINC-01 KVASTO

LOC #: 0

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Alliant Insurance Services, Inc.	InfuSystem Holdings, Inc. InfuSystem Inc. 3851 W Hamlin Rd Rochester Hills, MI 48309
POLICY NUMBER SEE PAGE 1	
CARRIER: SEE PAGE 1 — NAIC CODE: SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
SIR Per Occurrence - $25,000
SIR Aggregate - $125,000

Property: Blanket Limit - $50,971,868; Deductible - $25,000.

Locations:
11130 Strang Line Rd
Lenexa, KS 66215

960 Turnkpike Street Unit 20
Canton, MA 02021

10430 Pioneer Blvd. Unit 2
Santa Fe Springs, CA 90670

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG InfuSystem Inc. MDEG License # (if applicable) _____
Physical Address 960 Turnpike Street Unit 20
City Canton State MA Zip 02021
Mailing Address (if different from physical address) 3851 West Hamlin Rd
City Rochester Hills State MI Zip 48309
Telephone 800-962-9656 Website www.infusystem.com
Licensing Company Email jessica.younan@infusystem.com

Section 2: Personal Information

First Chinh Middle Van Last Le
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X
Mailing Addr[redacted]
City Braintree State MA Zip 02184
Telephone [redacted] Email chinh.le@infusystem.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: Algonquin College		From - To (MM/YY – MM/YY): 09/96 - 05/99	
Address: 1385 Woodroffe Ave	City: Ottawa	State: ON	Zip: K2G1V8
Diploma/Degree obtained, if any: Electronic Engeneering			
School Name: Queen Elizabeth High School		From - To (MM/YY – MM/YY): 09/89-05/92	
Address: 9425 132 Ave NW	City: Edmonton	State: AB	Zip: T5E 0Y4
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
8/16 - 3/24	[redacted]	Braintree	MA	02184
01/00 - 8/16		OTTAWA	ON	K2C 4B3

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable 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			From - To (MM/YY – MM/YY)
InfuSystem Inc.			02/19-current
Business Address	**City**	**State**	**Zip**
960 Turnpike Street Unit 20	Canton	MA	02184
Phone	**Title**	**Number of Employed Hours**	
800-962-9656	Regional Manager, Biomedical Services	7,680	
Description of Duties			
Responsible for managing all aspects of Service operations and business segments by working with the site supervisor. Monitor all assigned sitesto assue world class customer service.			

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?		✓
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? 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)

3/15/24
Date

I, Chinh Le, **certify that as the MDEG Administrator for**

InfuSystem Inc. Canton, MA location,

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

1. CL Have a high school diploma or its equivalent;
2. CL Have
   a. At least 1,500 hours of verifiable 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. CL 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. CL 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.

Chinh Le

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/15/24

Date

Board Use Only	Date Received:

Canton, MA employee list

Le, Chinh
Diaz, Amy
Funke, Jerod
Watson, Jennifer
Andrade, Natalia
DiIorio, Richard
Baker, James A.
BInjour Sr., Isaac
Borkowski Jr., Charles A.
Cummings, Brian J.
De Barros, Jhay
Leach, Jason
Rai, Kamal R.
Renaud, Ryan M.
Sailsman, Ferron
Simone, Henry
Wood, Steven
Nix, Cynthia
Pacheco, Celia
Tufts, Ryan
McCue I, Courtney L.
Mullally, Vernon
Huy, Chheang
Kyan, Raymond
Ricketts, Alwin W.
Ruda, Joseph
Lachance, Carrie

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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, 2022

OR

☐ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number: 001-35020

INFUSYSTEM HOLDINGS, INC.

(Exact Name of Registrant as Specified in its Charter)

Delaware	**20-3341405**
(State or Other Jurisdiction of Incorporation or Organization)	**(I.R.S. Employer Identification No.)**

3851 West Hamlin Road
Rochester Hills, Michigan 48309
(Address of Principal Executive Offices) (Zip Code)
Registrant's Telephone Number, including Area Code:
(248) 291-1210

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 $0.0001 per share	INFU	NYSE American LLC

Securities Registered Pursuant to Section 12(g) of the Act:
None
(Title of Class)

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 periods as 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 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 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. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the registrant's voting equity held by non-affiliates of the registrant, computed by reference to the price at which the common stock was last sold as of the last business day of the registrants most recently completed second fiscal quarter, was $172,308,011. In determining the market value of the voting equity held by non-affiliates, securities of the registrant beneficially owned by directors and officers of the registrant and persons who hold 10% or more of the outstanding common stock of the registrant have been excluded. This determination of affiliate status is not necessarily a conclusive determination for other purposes. The number of shares of the registrant's common stock outstanding as of March 10, 2023 was 20,893,018.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement to be filed with the Securities and Exchange Commission in connection with the solicitation of proxies for its 2023 Annual Meeting of Stockholders are incorporated by reference in Part III of this Form 10-K.

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References in this Form 10-K to "we", "us", or the "Company" are to InfuSystem Holdings, Inc. ("InfuSystem") and our wholly owned subsidiaries, as appropriate to the context.

Cautionary Statement About Forward-Looking Statements

Certain statements contained in this Form 10-K are forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). The words "believe," "may," "will," "estimate," "continue," "anticipate," "intend," "should," "plan," "expect," "strategy," "future," "likely," variations of such words, and other similar expressions, as they relate to the Company, are intended to identify forward-looking statements. However, the absence of these words or similar expressions does not mean that a statement is not forward-looking. In connection with the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995, the Company is identifying certain factors that could cause actual results to differ, perhaps materially, from those indicated by these forward-looking statements. InfuSystem does not intend and does not undertake any obligation to update any forward-looking statement to reflect future events or circumstances after the date of such statements, except as may be required by law. Important factors that could cause our actual results and financial condition to differ materially from the forward-looking statements include, without limitation, those described in "Risk Factors" and elsewhere in this Form 10-K, and the following:

- changes in third-party reimbursement processes, rates, contractual relationships and payer mix;
- our dependence on estimates of collectible revenue from third-party reimbursement;
- risks associated with the loss of a relationship with one or more third-party payers;
- risks associated with a federal government shutdown;
- risks associated with payer concentration;
- physicians' acceptance of infusion pump therapy over alternative therapies and focus on early detection and diagnostics;
- our dependence on our Medicare Suppler Number, which allows us to bill Medicare for services provided to Medicare patients;
- availability of chemotherapy drugs used in our infusion pump systems;
- our expectations regarding enacted and potential legislative and regulatory changes impacting, among other things, the level of reimbursement received from the Medicare and state Medicaid programs including the Center for Medicare and Medicaid Services ("CMS") competitive bidding;
- our dependence upon our suppliers;
- periodic reviews and billing audits from governmental and private payers;
- our ability to maintain controls and processes over billing and collection and the adequacy of our allowance for doubtful accounts and customer concessions;
- our ability to comply with state licensure laws for Durable Medical Equipment suppliers;
- risks associated with our allowance for doubtful accounts and customer concessions;
- our ability to execute our business strategies to grow our business, including our ability to introduce new products and services;
- industry competition;
- compliance with regulatory guidelines affecting our billing practices;
- defective products manufactured by third-party suppliers;
- our ability to execute on acquisition and joint-venture opportunities and integrate any acquired businesses;
- our ability to maintain relationships with health care professionals and organizations;
- our ability to comply with changing health care regulations;
- our ability to protect our intellectual property;
- our ability to remain in compliance with our credit agreement or future debt agreements;
- general economic uncertainty;
- changes in tax laws or challenges to our tax positions;
- the value of our net operating loss carryforwards may become impaired if we do not generate sufficient future taxable income required to utilize all or a portion of our net operating loss carryforwards prior to their expiration;
- volatility in the market price of our stock;
- the future price of our stock may be negatively affected by not paying dividends;
- potential dilution to current stockholders from the issuance of equity awards;
- we may be subject to limitations on net operating loss carryforwards and certain built-in losses following an ownership change;
- our ability to remediate the material weaknesses in our internal control over financial reporting;
- the long-term effects of the coronavirus ("COVID-19") pandemic, or any other global pandemic or disease outbreak, on our business;

- litigation or other legal or regulatory proceedings in which we may be involved from time to time;
- risks associated with the collection of sales or consumption taxes;
- our ability to implement, both internally and externally, information technology improvements and to respond to technological changes, interruptions and security breaches;
- natural disasters, pandemics, acts of war or terrorism and other external events affecting us, our customers or our suppliers; and
- our ability to hire and retain key employees.

These risks are not exhaustive. Other sections of this Form 10-K include additional factors which could adversely impact our business and financial performance. Moreover, we operate in a very competitive and changing environment. New risk factors emerge from time to time and it is not possible for us to predict all risk factors, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements. All forward-looking statements made in this Form 10-K speak only as of the date of this report. We do not intend, and do not undertake any obligation, to update any forward-looking statements to reflect future events or circumstances after the date of such statements, except as required by law.

You should not rely upon forward-looking statements as predictions of future events. Our actual results and financial condition may differ materially from those indicated in the forward-looking statements. We qualify all of our forward-looking statements by these cautionary statements. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee future results, levels of activity, performance or achievements. Therefore, you should not rely on any of the forward-looking statements. In addition, with respect to all of our forward-looking statements, we claim the protection of the safe harbor for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995.

Market and Industry Data

This Form 10-K contains market, industry and government data and forecasts that have been obtained from publicly available information, various industry publications and other published industry sources. We have not independently verified the information and cannot make any representation as to the accuracy or completeness of such information. None of the reports and other materials of third-party sources referred to in this Form 10-K were prepared for use in, or in connection with, this report.

Trademarks and Tradenames

We have a number of registered trademarks, including Ambulatory Infusion Made Easy®, Biomed Made Easy®, BlockPain Dashboard®, EXPRESSTech® and Infusion Made Easy®. These and other trademarks of ours appearing in this report are our property. Solely for convenience, trademarks and trade names of ours referred to in this Form 10-K may appear without the ® or ™ symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks and trade names. This report may contain additional trade names and trademarks of other companies. We do not intend our use or display of other companies' trade names or trademarks to imply an endorsement or sponsorship of us by such companies, or any relationship with any of these companies.

PART I

Item 1. Business.

Background

The Company is a Delaware corporation, formed in 2005. It operates through operating subsidiaries, including InfuSystem Holdings USA, Inc., a Delaware corporation ("Holdings"), InfuSystem, Inc., a California corporation ("ISI"), First Biomedical, Inc., a Kansas corporation ("First Biomedical"), and IFC, LLC, a Delaware limited liability company ("IFC").

Business Concept and Strategy

We are a leading national health care service provider, facilitating outpatient care for Durable Medical Equipment manufacturers and health care providers. We provide our products and services to hospitals, oncology practices, ambulatory surgery centers, and other alternate site health care providers. Our headquarters is in Rochester Hills, Michigan, and we operate our business from a total of seven locations in the United States ("U.S.") and Canada.

Our services are provided under a two-platform model. Our lead platform, Integrated Therapy Services ("ITS"), provides the last-mile solution for clinic-to-home healthcare where the continuing treatment involves complex Durable Medical Equipment and services. Our second platform, Durable Medical Equipment Services ("DME Services"), supports our ITS platform and leverages the Company's strong service orientation to win incremental business from our direct payer clients.

We believe InfuSystem has a lot to offer the healthcare community. Over the last 30 plus years, we have developed a unique expertise and service offering that Durable Medical Equipment manufacturers and health care providers are using to reduce costs, improve service, and most importantly, provide welcome options for patients who want to continue their healthcare treatments from home. We perfected our ITS model in oncology and have proven that we can extend this model into other Durable Medical Equipment therapies. Key is the ability to leverage our existing platforms – the new therapies do not require building a new infrastructure; we simply add incrementally to the systems already in place (e.g., sales, clinical, logistics, revenue cycle management, and biomedical services).

ITS is presented as a "turnkey" solution allowing our health care provider customers to focus on the practice of medicine. InfuSystem provides the Durable Medical Equipment and treatment consumables, handles the logistics around orders and deliveries, provides 24x7 nursing support relating to the provided equipment, assumes responsibility for third-party payer Durable Medical Equipment billing, and handles biomedical services (inspection, repair, certification and replacement) for the Durable Medical Equipment. DME Services are provided as a "concierge" offering, whereby InfuSystem leverages its strong service orientation to provide incremental services to our health care provider customers on a direct payer model. DME Services include equipment rental and sales, consumable sales, and biomedical support services.

InfuSystem competes for and retains its business primarily on the basis of its long participation and strong reputation in the Durable Medical Equipment space, its long-standing relationships with Durable Medical Equipment manufacturers and its health care provider customers, and the high levels of service it provides. Current barriers to entry for potential competitors are created by our: (i) growing number of third-party payer networks under contract, which included nearly 800 third-party payer networks as of December 31, 2022, an increase of 4% over the prior year period; (ii) economies of scale, which allow for predictable reimbursement and less costly purchase and management of the pumps, respectively; (iii) established, long-standing relationships as a provider of pumps to outpatient oncology practices in the U.S. and Canada; (iv) our large pump fleet of ambulatory and large volume infusion pumps for rent and for sale, which may allow us to be more responsive to the needs of physicians, outpatient oncology practices, hospitals, outpatient surgery centers, homecare practices, patient rehabilitation centers and patients than a new market entrant; (v) seven geographic locations in the U.S. and Canada that allow for same-day or next-day delivery of pumps; (vi) our growing team of field-based and traveling biomedical technicians; and (vii) a wide array of pump repair and service capabilities. We do not perform any research and development on pumps, but we have made, and continue to make, investments in our information technology.

ITS Segment

The ITS segment's core purpose is to seek opportunities to grow our business by leveraging our unique know-how in clinic-to-home health care involving Durable Medical Equipment, our logistics and billing capabilities, our growing network of third-party payers under contract, and our clinical and biomedical capabilities. This leverage may take the form of new products and/or services, strategic alliances, joint ventures and/or acquisitions. The leading service within our ITS segment is to supply electronic ambulatory infusion pumps and associated disposable supply kits to private oncology clinics, infusion clinics and hospital outpatient oncology clinics to be utilized in the treatment of a variety of cancers, including colorectal cancer and other

disease states ("Oncology Business"). Colorectal cancer is the fourth most prevalent form of cancer in the U.S., according to the American Cancer Society, and the standard of care for the treatment of colorectal cancer relies upon continuous chemotherapy infusions delivered via ambulatory infusion pumps. One of the goals for the ITS segment is to expand into treatment of other types of cancers. In 2022, our Oncology Business approximated 91% of our total ITS segment net revenues. In 2022, we generated approximately 47% of our total ITS segment net revenues from treatments for colorectal cancer and 44% of our ITS segment net revenues from treatments for non-colorectal disease states. There are a number of approved treatment protocols for pancreatic, head and neck, esophageal and other types of cancers, as well as other disease states which present opportunities for growth. There are also a number of other drugs currently approved by the U.S. Food and Drug Administration (the "FDA"), as well as agents in the pharmaceutical development pipeline, which we believe could potentially be used with continuous infusion protocols for the treatment of diseases other than colorectal cancer. Additional drugs or protocols currently in clinical trials may also obtain regulatory approval over the next several years. If these new drugs or protocols obtain regulatory approval for use with continuous infusion protocols, we expect the pharmaceutical companies to focus their sales and marketing efforts on promoting the new drugs and protocols to physicians.

Furthermore, our Oncology Business focuses mainly on the continuous infusion of chemotherapy. Continuous infusion of chemotherapy can be described as the gradual administration of a drug via a small, lightweight, portable infusion pump over a prolonged period of time. A cancer patient can receive his or her medicine anywhere from one to 30 days per month depending on the chemotherapy regimen that is most appropriate to that individual's health status and disease state. This may be followed by periods of rest and then repeated cycles with treatment goals of progression-free disease survival. This drug administration method has replaced intravenous push or bolus administration in specific circumstances. The advantages of slow continuous low doses of certain drugs are well documented. Clinical studies support the use of continuous infusion chemotherapy for decreased toxicity without loss of anti-tumor efficacy. The 2015 National Comprehensive Cancer Network ("NCCN") Guidelines recommend the use of continuous infusion for treatment of numerous cancer diagnoses. We believe that the growth of continuous infusion therapy is driven by three factors: evidence of improved clinical outcomes; lower toxicity and side effects; and a favorable reimbursement environment.

The use of continuous infusion has been demonstrated to decrease or alter the toxicity of a number of cytotoxic, or cell killing, agents. Higher doses of drugs can be infused over longer periods of time, leading to improved tolerance and decreased toxicity. For example, the cardiotoxicity (heart muscle damage) of the chemotherapy drug Doxorubicin is decreased by schedules of administration according to The Chemotherapy Source Book by Michael C. Perry. Nausea, vomiting, diarrhea and decreased white blood cell and platelet counts are all affected by duration of delivery. Continuous infusion can lead to improved tolerance and patient comfort while enhancing the patient's ability to remain on the chemotherapy regimen. Additionally, the lower toxicity profile and resulting reduction in side effects enables patients undergoing continuous infusion therapy to continue a relatively normal lifestyle, which may include continuing to work, going shopping, and caring for family members. We believe that the partnering of physician management and patient autonomy provide for the highest quality of care with the greatest patient satisfaction.

We believe that oncology practitioners have a heightened sensitivity to providing quality service and to their ability to obtain reimbursement for services they provide. Simultaneously, CMS and private insurers are increasingly focused on evidence-based medicine to inform their reimbursement decisions — that is, aligning reimbursement with clinical outcomes and adherence to standards of care. Continuous infusion therapy is a main component of the standard of care for certain types of cancer because clinical evidence demonstrates superior outcomes. Payers' recognition of this benefit is reflected in their relative reimbursement policies for clinical services related to the delivery of this care.

Additional areas of focus for our ITS segment are as follows:

- Pain Management - providing our ambulatory pumps, products, and services for pain management in the area of post-surgical continuous peripheral nerve block.
- Wound Care - launched in November 2022, the Company established a partnership, SI Wound Care, LLC ("SI Wound Care"), with Sanara MedTech Inc. ("Sanara"). The partnership will focus on delivering a complete wound care solution targeted at improving patient outcomes, lowering the cost of care, and increasing patient and provider satisfaction. The partnership is expected to enable InfuSystem to offer innovative products including Cork Medical LLC's ("Cork") negative pressure wound therapy ("NPWT") devices and supplies and Sanara's advanced wound care product line to new customers through the jointly controlled entity.
- Acquisitions - we believe there are opportunities to acquire smaller, regional health care service providers, in whole or in part that perform similar services to us but do not have the national market access, network of third-party payer contracts or operating economies of scale that we currently enjoy. We may also pursue acquisition opportunities of companies that perform similar services, but offer different therapies or utilize different devices.

- Lymphedema Therapy – Lymphedema therapy includes providing patient care and customer service, pneumatic compression devices and associated garments through our partnership with Bio Compression Systems, Inc. to outpatients, initially targeting our existing acute care and oncology customers, estimated to be 20% of the multi-billion-dollar Lymphedema market.
- Information technology-based services - we also plan to continue to capitalize on key new information technology-based services such as EXPRESS, InfuBus or InfuConnect, Pump Portal, DeviceHub and BlockPain Dashboard®.

The payer environment within our ITS segment is in a constant state of change. We continue to extend our considerable breadth of payer networks under contract as patients move into different insurance coverage plans, including Medicaid and Insurance Marketplace products. In some cases, this may slightly reduce our aggregate billed revenues payment rate but result in an overall increase in collected revenues, due to a reduction in concessions. Consequently, we are increasingly focused on revenues net of concessions.

DME Services Segment

Our DME Services segment's core service is to: (i) sell or rent new and pre-owned pole-mounted and ambulatory infusion pumps and other Durable Medical Equipment; (ii) sell treatment-related consumables; and (iii) provide biomedical recertification, maintenance and repair services for oncology practices as well as other healthcare site settings, including hospitals, home care and home infusion providers, skilled nursing and acute care facilities, pain centers and others. We purchase new and pre-owned pole-mounted and ambulatory infusion pumps from a variety of sources on a non-exclusive basis. We repair, refurbish and provide biomedical certification for the devices as needed. The pumps are then available for sale, rental or to be used within our ambulatory infusion pump management service. Our acquisition of FilAMed, a privately-held biomedical services company, on January 31, 2021 has supplemented the Company's existing biomedical recertification, maintenance and repair services for acute care facilities and other alternate site settings including home care and home infusion providers, skilled nursing facilities, pain centers and others. Our acquisition of OB Healthcare Corporation ("OB Healthcare"), a privately-held biomedical services company, on April 18, 2021 further develops and expands InfuSystem's DME Services segment by adding field service capabilities and complements the Company's purchase of FilAMed.

Services

ITS Segment

Our core service within our ITS segment is our Oncology Business. After delivering our ambulatory pumps to oncology offices, infusion clinics, and hospital and outpatient chemotherapy clinics, we then directly bill and collect payment from payers and patients for the use of these pumps. At any given time, our pumps are in the possession of these facilities, on a patient, in transit, or in our facilities for cleaning, calibration and storage as reserves for increased demand.

After a physician determines that a patient is eligible for ambulatory infusion pump therapy, the physician arranges for the patient to receive an infusion pump and provides the necessary chemotherapy drugs. The physician and nursing staff train the patient in the use of the pump and initiate service. The physician bills the payers, which may include Medicare, Medicaid, third-party payer companies or patients for the physician's professional services associated with initiating and supervising the infusion pump administration, as well as the supply of drugs. We directly bill (i) payers, (ii) facilities of our Medicare patients, and (iii) patients for the use of the pump and related disposable supplies. Billing to payers requires coordination with patients and physicians who initiate the service, as physicians' offices must provide us with appropriate documentation (patient's insurance information, physician's order, an acknowledgement of benefits that shows receipt of equipment by the patient, and, in some cases, physician's progress notes) in order for us to submit a bill to the payers. We provide assistance to uninsured patients that cannot afford our pumps via our financial hardship program – a program that usually matches what our physician practices provide as long as the uninsured patients meet certain criteria. This billing process is handled from our Rochester Hills, Michigan location.

In addition to providing high quality and convenient care, we believe that our business offers significant economic benefits for patients, providers and payers.

- Our clinical support team employs oncology, pain, Intravenous Certified, and Oncology Certified registered nurses trained on ambulatory infusion pump equipment who staff our 24x7 customer service hotline to address questions that patients may have about their pump treatment, the infusion pumps or other medical or technical questions related to the pumps.

- Physicians use our services to outsource the capital commitment, pump service, maintenance and billing and administrative burdens associated with pump ownership. Our services also allow the doctor to continue a direct relationship with the patient and to receive professional service fees for setting up the treatment and administering the drugs.

- We provide methods for the physician offices to deliver the appropriate paperwork for billing through a number of electronic means including EXPRESS and InfuConnect reducing the required effort on the employees of the physician offices.

- We believe our services are attractive to payers because such services are generally less expensive than hospitalization or standalone home health care.

Also, within ITS, we offer pain management services via electronic ambulatory infusion pumps for post-operative pain management using our pumps along with a numbing agent and a continuous nerve block catheter – continuous peripheral nerve block ("CPNB"). Using CPNB for the management of post-operative pain, which usually lasts two to three days after surgery, can result in reduced pain for the patient, increased satisfaction scores for the surgical center or hospital, and reduced need for post-operative opioid pain medication. These services include our patient care call center interaction offering support to patients and the review and collection of pain score patient outcome data for outpatient surgery centers using our proprietary BlockPain Dashboard®.

DME Services Segment

Other services we offer are classified under our DME Services segment and include the rental, sale or leasing and servicing of pole-mounted and ambulatory infusion pumps to oncology practices, hospitals and other clinical settings. These pumps are available for daily, weekly, monthly or annual rental periods. We also sell treatment consumables that can be used in conjunction with the pumps we sell and rent.

In addition to sales, rental and leasing services, we also provide biomedical maintenance, repair and certification services for the devices we offer as well as for devices owned by customers but not acquired from us. We operate pump service and repair "Centers of Excellence" from all of our locations across the U.S. and Canada and employ a staff of highly-trained technicians to provide these services. Our main Center of Excellence for service is our Lenexa, Kansas facility. In addition to the maintenance and repair services we perform at these facilities, we offer similar services that can be performed directly at our customer locations nation-wide through our team of field-based and traveling biomedical technicians.

As of December 31, 2022, our rental fleet of pole-mounted pumps, ambulatory pumps and NPWT medical equipment for both our ITS and DME Services segments had a historical cost of $99.2 million, up from $91.9 million at the end of 2021, and included approximately 125 makes and models of equipment dedicated to our rental services. Additionally, as of December 31, 2022 and 2021, we had a fleet of new and used pole-mounted pumps, ambulatory pumps and NPWT medical equipment with a historical cost of $2.8 million and $1.8 million, respectively, for sale or rental.

Information Technology

Our Information Technology ("IT") department is focused on not only supporting our internal IT infrastructure needs, but also supporting our revenue cycle management infrastructure including our electronic medical record technology ("EMR") that allows medical facilities to use our infusion pumps and services via our solutions such as EXPRESS and InfuConnect. This focus has enabled current billing information to be transferred to us from participating facilities electronically and automatically. Our focus on IT solutions resulted in the development of EXPRESS, a product powered by our InfuBus data integration platform, and provides for paperless delivery of the appropriate information for InfuSystem to bill payers that:

- eliminates all paper;
- provides an enhanced visibility as a result of real time status and reporting;
- reduces risk of error;
- automates treatment logs, pump assignments, tracking and physician's orders;
- provides a secure scanner for easy pump assignment to patients; and
- removes interruptions from physician practices' daily schedules, and standardizes data flow for clinics and hospitals with multiple locations.

Relationships with Physician Offices

As of December 31, 2022, we had business relationships with clinical oncologists in over 2,150 outpatient oncology clinics. Although this represents a substantial number of the oncologists in the U.S., we believe that we can continue to expand

our network to further penetrate the oncology market. Based on our retention rates and the positive results of our professional customer satisfaction research, we believe our relationships with physician offices are strong.

We believe that, in general, we do not compete directly with hospitals and physician offices to treat patients. Rather, by providing products and services to hospitals and physician offices and other care facilities and providers, we believe that we assist other providers in meeting increasing patient demand and managing institutional constraints on capital and manpower due to the nature of limited resources in hospitals and physician offices.

Physician practices in the oncology field are following the overall healthcare practices trend to consolidate. However, as of December 31, 2022, we had gained more facilities than we had lost. We expect this trend to continue for the foreseeable future.

Employees

As of December 31, 2022, we had 438 employees, including 420 full-time employees and 18 part-time or contract employees. None of our employees are unionized.

Material Suppliers

We supply a wide variety of pumps and associated equipment, as well as disposables and ancillary supplies. The majority of our pumps are electronic infusion pumps. Smiths Medical, Inc. and Moog Medical Devices Group each supplied more than 10% of the ambulatory pumps purchased by us in 2022. The Company has a supply agreement in place with each of these suppliers. Certain "spot" purchases are made on the open market subject to individual negotiation. We also supply NPWT medical equipment, as well as related disposables and ancillary supplies.

Seasonality

Revenues may be seasonal due to the impact of co-pays and deductibles for patients' insurance that traditionally reset each January. This has been further impacted by changes in the insurance industry as it responds to increased government regulation. Also, rental customers tend to make buy versus rent decisions late in the year as customer capital budgets are being finalized, impacting sales revenue in the second half of the year, predominantly in the fourth quarter. Furthermore, as the Company's liquidity has improved, opportunistic pump purchases are made from time to time. These opportunistic pump purchases also allow for opportunistic pump sales, which could be material. The timing of such purchases and sales vary within the course of a year.

Environmental Laws

We are required to comply with applicable federal, state and local environmental laws regulating the disposal of cleaning agents used in the process of cleaning medical equipment, as well as the disposal of sharps and blood products used in connection with the pumps and medical equipment. We do not believe that compliance with such laws has a material effect on our business.

Significant Customers

We have sought to establish contracts with as many third-party payer organizations as commercially practicable, in an effort to ensure that reimbursement is not a significant obstacle for providers who recommend continuous infusion therapy and wish to utilize our services. A third-party payer organization is a health care payer or a group of medical services payers that contracts to provide a wide variety of health care services to enrolled members through participating providers such as us. A payer is any entity that pays on behalf of a member patient.

As of December 31, 2022, we had contracts with nearly 800 third-party payer networks, an increase of 4% over the prior year period. Material terms of contracts with third-party payer organizations are typically a pre-negotiated fee schedule rate or a then-current proprietary fee schedule rate for equipment and supplies provided. The majority of these contracts generally provide for a term of one year, with automatic one-year renewals, unless we or the contracted payer elect not to renew. We also contract with various other third-party payer organizations, Medicaid, commercial Medicare replacement plans, self-insured plans, facilities of our Medicare patients and numerous other insurance carriers. No single payer or customer represented more than 10% of net revenue in 2022, 2021 or 2020.

Competitors

We believe that our competition primarily consists of national, regional, and hospital-owned Durable Medical Equipment providers and service companies, physician providers and home care infusion providers and the competitive products and services they offer. An estimate of the number of competitors is not known or reasonably available, due to the wide variety in type and size of the market participants described below. We are not aware of any industry reports with respect to the competitive market described below. The description of market segments and business activities within those market segments is based on our experiences in the industry.

- National Durable Medical Equipment Providers and Service Companies: Other national providers and service companies have offerings similar to us. These products and service offerings include, but are not limited to, third-party reimbursement, direct rental and sale of infusion electronic and disposal pumps and related products and services for patients in the home, oncology clinics, ambulatory surgery centers, hospitals and other sites of care.

- Regional Durable Medical Equipment Providers: Regional Durable Medical Equipment providers act as distributors for a variety of medical products. We believe regional Durable Medical Equipment provider sales forces generally consist of a relatively small number of salespeople, usually covering several states. Regional Durable Medical Equipment providers tend to carry a limited selection of infusion pumps and their salespeople generally have limited resources. Regional Durable Medical Equipment providers usually do not have 24x7 nursing services. We believe that Regional Durable Medical Equipment providers have relatively few third-party payer contracts, which may prevent these providers from being paid at acceptable levels and may also result in higher out-of-pocket costs for patients.

- Hospital-Owned Durable Medical Equipment Providers: Many hospitals have in-house Durable Medical Equipment providers to supply basic equipment. In general, however, these providers have limited capital and tend to stock a small inventory of infusion pumps. We believe that hospital-owned providers have limited ability to grow because of limited patient populations. Growth from outside of the hospital may pose a challenge because hospitals typically will not provide referrals to competitors, instead preferring to offer patients a choice of non-hospital-affiliated Durable Medical Equipment providers.

- Physician Providers: A limited number of physicians maintain an inventory of their own infusion pumps and provide them to patients for a fee. However, we believe that pump utilization in this area tends to be low and the costs associated with ongoing supplies, preventative maintenance and repairs can be relatively high. Moreover, we believe that a high percentage of Durable Medical Equipment claims by doctors are rejected by payers upon first submission, requiring a physician's staff to spend significant time and effort to resubmit claims and receive payment for treatment. The numerous service and technical questions from patients may present another significant cost to a physician provider's staff.

- Home Care Infusion Providers: Home care infusion providers provide chemotherapy drugs and services to allow for in-home patient treatment. We believe that home care infusion treatment can be very costly and that many patients do not carry insurance coverage that pay for home-based infusion services, resulting in larger out-of-pocket costs. Because home care treatments may take as long as six months, these costs can be high and can result in higher patient co-payments. We believe that home care providers may also be reluctant to offer 24x7 coverage or additional patient visits, due to capped fees.

Regulation of Our Business

Our business is subject to various regulations. Specifically, as a registered Medicare supplier of Durable Medical Equipment and related supplies, we must comply with supplier standards established by CMS regulating Medicare suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies ("DMEPOS Supplier Standards"). The DMEPOS Supplier Standards consist of 30 requirements that must be met in order for a DMEPOS supplier to be eligible to receive payment for a Medicare-covered item. Some of the more significant DMEPOS Supplier Standards require us to (i) advise Medicare beneficiaries of their option to purchase certain equipment, (ii) honor all warranties under state law and not charge Medicare beneficiaries for the repair or replacement of equipment or for services covered under warranty, (iii) permit CMS agents to conduct on-site inspections to ascertain compliance with the DMEPOS Supplier Standards, (iv) maintain liability insurance in prescribed amounts, (v) refrain from contacting Medicare beneficiaries by telephone, except in certain limited circumstances, (vi) answer questions and respond to complaints of beneficiaries regarding the supplied equipment, (vii) disclose the DMEPOS Supplier Standards to each Medicare beneficiary to whom we supply equipment, (viii) maintain a complaint resolution procedure and record certain information regarding each complaint, (ix) maintain accreditation from a CMS approved accreditation organization, and (x) meet certain specified surety bond requirements.

We are also subject to the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), which are designed to protect the security and confidentiality of certain protected health information. Under HIPAA, we must provide patients access to certain records and must notify patients of our use of protected health information and patient privacy rights. Moreover, HIPAA sets limits on how we may use individually identifiable health information and prohibits the use of patient information for marketing purposes. The adoption of the American Recovery and Reinvestment Act of 2009 ("ARRA") includes a new breach notification requirement that applies to breaches of unsecured health information occurring on or after September 23, 2009. We are subject to regulations in the various states in which we operate. We believe we are in material compliance with all such regulations.

Available Information

Our Internet address is www.infusystem.com. On this website, we post the following filings as soon as reasonably practicable after they are electronically filed with or furnished to the U.S. Securities and Exchange Commission (the "SEC"): our Annual Reports on Form 10-K; our Quarterly Reports on Form 10-Q; our Current Reports on Form 8-K; our proxy statements related to our annual stockholders' meetings; and any amendments to those reports or statements. All such filings are available on our website free of charge. The charters of our audit, nominating and governance and compensation committees and our Code of Business Conduct and Ethics Policy are also available on our website and in print to any stockholder who requests them. The content on our website is not incorporated by reference into this Form 10-K unless expressly noted.

Item 1A. Risk Factors.

An investment in our securities involves a high degree of risk. You should consider carefully all of the material risks described below, together with the other information contained in this Form 10-K. If any of the following events occur, our business, financial condition, results of operations and cash flows may be materially adversely affected.

RISK FACTORS RELATING TO OUR BUSINESS AND THE INDUSTRY IN WHICH WE OPERATE

Our business is substantially dependent on third-party reimbursement. Any change in the overall health care reimbursement system may adversely impact our business.

Our revenues are substantially dependent on third-party reimbursement. We are paid directly by private insurers and, in some cases, governmental agencies, often on a fixed fee basis, for the use of continuous infusion equipment and related disposable supplies provided to patients. If the average fees allowable by private insurers or governmental agencies were reduced, the negative impact on revenues could have a material effect on our business, financial condition, results of operations and cash flows. Also, if amounts owed to us by patients and insurers are reduced or not paid on a timely basis, we may be required to increase our concessions and/or decrease our revenues.

Changes in the health care reimbursement system often create financial incentives and disincentives that encourage or discourage the use of a particular type of product, therapy or clinical procedure. Such changes may be impacted by the growth in ACOs, reduction of providers by payers, the use of lower cost rental networks and other factors. Market acceptance of continuous infusion therapy may be adversely affected by changes or trends within the health care reimbursement system. Changes to the health care reimbursement system that favor other technologies or treatment regimens that reduce reimbursements to providers or treatment facilities, including increasing competitive pressures from home health care and other companies that use our services, may adversely affect our ability to market our services profitably. Overall, such dependency and potential changes could materially and adversely affect our business, financial condition, results of operations and cash flows.

Our business is substantially dependent on estimates of collectible revenue from third-party reimbursement.

Our revenues are substantially dependent on estimates of collectible revenue from third-party reimbursement. Due to the complex nature of third-party reimbursement for the use of continuous infusion equipment and related disposable supplies provided to patients, we must estimate, based upon historical averages, the amount of collectible revenue that may be derived from each patient treatment. If average reimbursement rates diverge from historical levels, the estimates of such revenue may diverge from actual collections.

We utilize statistical methods to account for such changes, but there can be no assurance that the revenue reported in any period will ultimately be collected. Any recognized revenue related to third-party reimbursement from prior periods, which remains uncollected until written off from accounts receivable, will negatively impact revenues in the period in which it is written off. Thus, over time, recognized revenue net of concessions will approximate total collections.

The loss of a relationship with one or more third-party payers could negatively impact our business.

Our contracts for reimbursement with third-party payers are often for a term of one year, with automatic one-year renewals, unless we or the contracted payer elect not to renew. These evergreen contracts are subject to termination upon written notice. One or more terminations could have a material and adverse effect on our business, financial condition, results of operations and cash flows.

Any federal government shutdown may adversely impact our business.

Our revenues are dependent on private insurers and governmental agencies. In the absence of any bipartisan agreement in the federal government with respect to payments from governmental agencies, our revenues could be reduced. In addition, any federal government shutdown could also have a material and adverse impact on our business, financial condition, results of operations and cash flows.

Payer concentration may adversely impact our business.

As of December 31, 2022, we had contracts with nearly 800 third-party payer networks, an increase of 4% over the prior year period. Material terms of contracts with third-party payer organizations are typically a pre-negotiated fee schedule rate or a then-current proprietary fee schedule rate for equipment and supplies provided. The majority of these contracts generally provide for a term of one year, with automatic one-year renewals, unless we or the contracted payer elect not to renew. We also contract with various other third-party payer organizations, Medicaid, commercial Medicare replacement plans, self-insured plans, facilities of our Medicare patients and numerous other insurance carriers. No single payer represented more than 10% of net revenue in 2022, 2021 or 2020. To the extent such dependency was to occur, significant fluctuations in revenues, results of operations and liquidity could arise if any significant contracted payer reduces its reimbursement for the services we provide.

Our billing process is dependent on meeting payer claims processing guidelines which are subject to change at the discretion of the payers. Such changes would materially impact our ability to bill and the timing of such billings, which could materially and adversely impact our net revenues and cash flows, which impact would be even greater if such changes are made by one of our larger payers.

The continued consolidation of physician practices, outpatient infusion clinics, oncology clinics, homecare providers and hospitals, increases the concentration of decision makers whom either choose to use our ambulatory electronic pumps within our Oncology Business or directly rent, lease or purchase pumps or supplies from us.

While we make every effort to benefit from such concentration, it could materially and adversely affect our business, financial condition, results of operations and cash flows.

Increased focus on early detection and diagnostics may adversely affect our business.

An increased focus on lowering health care spending via improved diagnostic testing (i.e., defensive medicine) and patient monitoring could materially and negatively affect our business. A large portion of our ambulatory infusion pumps are dedicated to a specific form of cancer (i.e., colorectal). As a result of rising health care costs, there may be a demand for more cost-effective approaches to disease management, specifically for colorectal cancer, as well as for emphasis on screening and accurate diagnostic testing to facilitate early detection of potentially costly, severe afflictions. Any change in the approach to treatment of colorectal cancer could have a material and adverse impact on our business, financial condition, results of operations and cash flows.

If future clinical studies demonstrate that oral medications or other therapies that do not use our electronic ambulatory pumps are at least as effective as continuous infusion therapy, our business could be adversely affected.

Ongoing clinical trials are currently evaluating and comparing the therapeutic benefits of current continuous infusion-based regimens with various oral medication regimens. If these clinical trials demonstrate that oral medications provide equal or greater therapeutic benefits and/or demonstrate reduced side effects compared to prior oral medication regimens, our revenues and overall business could be materially and adversely affected. Additionally, if new oral medications or other therapies that do not utilize our ambulatory electronic pumps are introduced to the market that are superior to existing oral therapies, physicians' willingness to prescribe continuous infusion-based regimens could decline, which would materially and adversely affect our business, financial condition, results of operations and cash flows.

Our success is impacted by the availability of the chemotherapy drugs that are used in our continuous infusion pump systems.

We primarily derive our revenues from the rental of ambulatory infusion pumps to oncology patients through physicians' offices and chemotherapy clinics. A shortage in the availability of chemotherapy drugs that are used in the continuous infusion pump system, which has occurred in the past, could have a material and adverse effect on our business, financial condition, results of operations and cash flows.

We are dependent on our Medicare Supplier Number.

We are required to have a Medicare Supplier Number in order to have the ability to bill Medicare for services provided to Medicare patients. Furthermore, all third-party and Medicaid contracts require us to have a Medicare Supplier Number. We are required to comply with Medicare DMEPOS Supplier Standards in order to maintain such number. If we are unable to comply with the relevant standards, we could lose our Medicare Supplier Number. Without such number, we would be unable to continue our various third-party and Medicaid contracts. A significant portion of our revenues are dependent upon our Medicare Supplier Number, the loss of which would materially and adversely affect our business, financial condition, results of operations and cash flows.

The CMS requires that all Durable Medical Equipment providers must be accredited by a CMS-approved accreditation organization. On February 17, 2009, we initially received accreditation from CHAP, and we have remained accredited to date. If we lost our accredited status, our business, financial condition, revenues and results of operations would be materially and adversely affected.

The impact of U.S. health care reform legislation on us remains uncertain.

The ACA has perpetuated the development of alternative provider payment models by CMS and the major national commercial payers. These payment models do not replace the current fee-for-service models nor replace current payer contracts, but rather provide additional financial incentives to certain "accountable" providers to improve quality and lower cost. The implications for the Company will come from the provider networks that are forming in order to integrate and coordinate care under these alternative models with CMS and the commercial payers. These provider networks include ACOs, patient-centered primary care medical homes, specialty medical homes, networks accepting bundled payment programs, and other "performance" networks that contract with CMS and commercial payers under alternative payment models that financially reward improved quality and lower medical cost. The relationship between us and our provider practices and facilities that are participating in these provider networks under alternative payment models will depend on (i) the extent to which these provider networks give priority to the medical cost associated with our Durable Medical Equipment services and (ii) whether our services are seen as part of a care delivery model that delivers higher value – higher quality at a lower cost.

Our failure to perform under these alternative payment models, or under similar models or conditions introduced by future legislation, could have a material adverse impact on our business, financial condition, results of operations and cash flows.

We rely on independent suppliers for our products. Any delay or disruption in the supply of products, particularly our supply of electronic ambulatory pumps, may negatively impact our operations.

Our infusion pumps and related consumables are obtained from outside vendors. The majority of our new pumps are electronic infusion pumps which are supplied to us by two major suppliers: Smiths Medical, Inc. and Moog Medical Devices Group. The loss or disruption of our relationships with outside vendors, including pumps, parts, or supply recall or pump end-of-life announcements or availability of related proprietary consumable supplies, could subject us to substantial delays in the delivery of pumps or services provided to customers. From time to time, we or our suppliers may experience supply chain disruptions due to circumstances beyond our or our suppliers' control, such as the 2020 outbreak of COVID-19. Significant delays in the delivery or service of pumps or related proprietary consumable supplies could result in possible cancellation of orders and the loss of customers. Our inability to provide pumps to meet delivery schedules could have a material adverse effect on our reputation in the industry, as well as on our business, financial condition, results of operations and cash flows.

We face periodic reviews and billing audits from governmental and private payers and these audits could have adverse results that may negatively impact our business.

As a result of our participation in the Medicaid program and our registration in the Medicare program, we are subject to various governmental reviews and audits to verify our compliance with these programs and applicable laws and regulations. We also are subject to audits under various government programs in which third-party firms engaged by CMS conduct extensive

reviews of claims data and medical and other records to identify potential improper payments under the Medicare program. Private pay sources also reserve the right to conduct audits. If billing errors are identified in the sample of reviewed claims, the billing error can be extrapolated to all claims filed which could result in a larger overpayment than originally identified in the sample of reviewed claims. Our costs to respond to and defend reviews and audits may be significant and could have a material adverse effect on our business, financial condition, results of operations and cash flows. Moreover, an adverse review or audit could result in:

- required refunding or retroactive adjustment of amounts we have been paid by governmental or private payers;
- state or Federal agencies imposing fines, penalties and other sanctions on us;
- loss of our right to participate in the Medicare program, state programs, or one or more private payer networks; or
- damage to our business and reputation in various markets.

Any one of these results could have a material adverse effect on our business, financial condition, results of operations and cash flows.

Our failure to maintain controls and processes over billing and collecting could have a significant negative impact on our Consolidated Financial Statements.

The collection of accounts receivable is a significant challenge and requires constant focus and involvement by management and ongoing enhancements to information systems, billing center operating procedures and proper staffing levels. If we are unable to properly bill and collect our accounts receivable, our results could be materially and adversely affected. While management believes that our staffing, controls and processes are satisfactory, there can be no assurance that accounts receivable collectability will remain at current levels.

State licensure laws for Durable Medical Equipment suppliers are subject to change. If we fail to comply with any state laws, we will be unable to operate as a Durable Medical Equipment supplier in such state and our business operations will be adversely affected.

As a Durable Medical Equipment supplier operating in all 50 states, we are subject to each state's licensure laws regulating Durable Medical Equipment suppliers. State licensure laws for Durable Medical Equipment suppliers are subject to change and we must ensure that we are continually in compliance with the laws of all 50 states. In the event that we fail to comply with any state's laws governing the licensing of Durable Medical Equipment suppliers, we will be unable to operate as a Durable Medical Equipment supplier in such state until we regain compliance. We may also be subject to certain fines and/or penalties and our business operations could be materially and adversely affected.

Our customer concessions may not be adequate to cover actual losses.

Our third-party payer contracts do not guarantee annual inflationary increases, typical of the Durable Medical Equipment payer contracting environment. Contracted reimbursement rates are either subject to increases or decreases in CMS program rates or, if not indexed to government rates, are frozen until those payer contracts are reopened and renegotiated. While we monitor reimbursement levels to identify specific payer reimbursement rates that have eroded and renegotiate such rates, we may not be able to maintain or improve overall reimbursement levels, thereby compromising the adequacy of the predicted customer concessions.

We may also face reduced reimbursements from private third-party payers. In addition, our customers may be unable to make timely payments to us. Although we maintain allowances for estimated losses resulting from the inability of our customers to make required payments, we cannot guarantee that we will continue to experience the same loss rates that we have in the past. If we begin to experience an increase in our loss rates in excess of our allowances, it could materially and adversely impact our business, financial condition, results of operations and cash flows.

Our growth strategy includes expanding into treatment for cancers other than colorectal cancer. There can be no assurance that continuous infusion-based regimens for these other cancers will become standards of care for large numbers of patients or that we will be successful in penetrating these different markets.

An aspect of our growth strategy is to expand into the treatment of other cancers, such as head, neck and gastric cancers. This population of patients will expand only if clinical trial results for new drugs and new combinations of drugs demonstrate superior outcomes for regimens that include continuous infusion therapy relative to alternatives. No assurances can be given that these new drugs and drug combinations will be approved or will prove superior to oral medication or other treatment

alternatives. In addition, no assurances can be given that we will be able to penetrate successfully any new markets that may develop in the future or manage the growth in additional resources that would be required.

The industry in which we operate is intensely competitive and ever-changing. If we are unable to successfully compete with our competitors, our business operations may suffer.

The drug infusion industry is highly competitive. Some of our competitors and potential competitors, including some of the practices that we service, have significantly greater resources than we do for information technology, marketing and sales. As a result, they may be better able to compete for market share, even in areas in which our services may be superior. The industry is subject to technological changes and such changes may put our current fleet of pumps, smart pump licensing, our information technology solutions or our other technological-based solutions at a competitive disadvantage. Furthermore, the healthcare industry, in general, is experiencing market consolidation, reducing the number of decision makers. If we are unable to effectively compete in our market, our business, financial condition, results of operations and cash flows may be materially and adversely affected.

Our industry is dependent on regulatory guidelines that affect our billing practices. If our competitors do not comply with these regulatory guidelines, our business could be adversely affected.

Aggressive competitors may not fully comply with rules regarding CMS and other payers' billing and documentation requirements. Competitors, who do not meet the same standards of compliance that we do with respect to billing regulations, may put us at a potential competitive disadvantage. We are a participating provider with Medicare and as of December 31, 2022, we were under contract with nearly 800 third-party payer networks, all of which have very stringent guidelines. If our competitors do not comply with these regulatory guidelines, we could be put at a potential competitive disadvantage and our business, financial condition, results of operations and cash flows could be material and adversely affected.

Although we do not manufacture the products we distribute, if one of the products distributed by us proves to be defective or is misused by a health care practitioner or patient, we may be subject to liability that could adversely affect our financial condition and results of operations.

Although we do not manufacture the pumps that we distribute, a defect in the design or manufacture of a pump distributed or serviced by us, or a failure of pumps distributed by us to perform for the use specified, could have a material and adverse effect on our reputation in the industry and subject us to claims of liability for injuries and otherwise. Misuse of the pumps distributed by us by a practitioner or patient that results in injury could similarly subject us to liability. Any substantial underinsured loss could have a material and adverse effect on our business, financial condition, results of operations and cash flows. Furthermore, any impairment of our reputation could have a material and adverse effect on our revenues and prospects for future business.

We intend to continue to pursue opportunities for the further expansion of our business through strategic alliances and/or joint ventures. Future strategic alliances and/or joint ventures may require significant resources and/or result in significant unanticipated costs or liabilities to us.

We intend to continue to pursue opportunities for the further expansion of our business through strategic alliances and/or joint ventures. Any future strategic alliances or joint ventures will depend on our ability to identify suitable partners, negotiate acceptable terms for such transactions and obtain financing, if necessary. These investments require significant managerial attention, which may be diverted from our other operations.

If we engage in strategic acquisitions, we may experience significant costs and difficulty in assimilating operations or personnel, which could threaten our future growth.

If we make any acquisitions, we could have difficulty assimilating operations, technologies and products and services. In addition, we could have difficulty integrating or retaining personnel and maintaining employee morale as we take steps to combine the personnel and business cultures of separate organizations into one and to eliminate duplicate positions and functions. It may also be difficult for us to preserve important relationships with others, such as strategic partners, customers, and suppliers, who may delay or defer decisions on agreements with us, or seek to change existing agreements with us, because of the acquisition. In addition, acquisitions may involve entering markets in which we have no or limited direct prior experience. The occurrence of any one or more of these factors could disrupt our ongoing business, distract our management's and employees' attention from our ongoing business operations, result in decreased operating performance and increase our expenses. Moreover, our profitability may suffer because of acquisition-related costs or amortization of intangible assets. Furthermore, we may have to incur debt or issue equity securities in future acquisitions. The issuance of equity securities would dilute our existing stockholders.

We may be unable to maintain adequate working relationships with health care professionals.

We seek to maintain close working relationships with respected physicians and medical personnel in hospitals and universities. We rely on these professionals to assist us in the development of proprietary service and improvements to complement and expand our existing service and product lines. If we are unable to maintain these relationships, our ability to market and sell new and improved products and services could decrease and future operating results could be unfavorably affected.

If we fail to comply with applicable governmental or accrediting bodies' regulations, we could face substantial penalties and our business, operations and financial condition could be adversely affected.

Certain federal, state health care, and accreditation bodies' laws and regulations, including those pertaining to fraud and abuse and patients' rights, are applicable to our business. The laws that are applicable to our business include:

- the federal health care program Anti-Kickback Statute, which prohibits, among other things, soliciting, receiving or providing remuneration, directly or indirectly, to induce (i) the referral of an individual, for an item or service or (ii) the purchasing or ordering of a good or service, for which payment may be made under federal health care programs such as the Medicare and Medicaid programs;
- federal false claims laws which prohibit, among other things, knowingly presenting, or causing to be presented, claims for payment from Medicare, Medicaid, or other third-party payers that are false or fraudulent, and which may apply to entities like us that promote medical devices, provide medical device management services and may provide coding and billing advice to customers;
- HIPAA, which prohibits executing a scheme to defraud any health care benefit program or making false statements relating to health care matters and which also imposes certain requirements relating to the privacy, security and transmission of individually identifiable health information; and
- state law equivalents of each of the above federal laws, such as anti-kickback and false claims laws that may apply to items or services reimbursed by any third-party payer, including commercial insurers, and state laws governing the privacy and security of health information in certain circumstances, many of which differ in significant ways from state to state and often are not preempted by HIPAA, thus complicating compliance efforts.

If our operations are found to be in violation of any of the laws described above or any other regulations that apply to us, we may be subject to penalties, including civil and criminal penalties, damages, fines and the curtailment or restructuring of our operations. Any penalties, damages, fines, curtailment or restructuring of our operations could materially and adversely affect our business, financial condition, results of operations and cash flows. Any action against us for violation of these laws, even if we successfully defend against it, could cause us to incur significant legal expenses and divert our management's attention from the operation of our business. Moreover, achieving and sustaining compliance with applicable federal and state privacy, security and fraud laws may prove costly.

Failure to protect our intellectual property could substantially harm our business and operating results.

In order to protect our trade secrets and other confidential information, we rely in part on confidentiality agreements with our employees, consultants and third parties with whom we have relationships. These agreements may not effectively prevent disclosure of trade secrets and other confidential information and may not provide an adequate remedy in the event of misappropriation of trade secrets or any unauthorized disclosure of trade secrets and other confidential information. In addition, others may independently discover our trade secrets and confidential information and, in such cases, we could not assert any trade secret rights against such parties. Costly and time-consuming litigation could be necessary to enforce or determine the scope of our trade secret rights and related confidentiality and nondisclosure provisions. Failure to obtain or maintain trade secret protection, or our competitors' acquisition of our trade secrets, could materially and adversely affect our competitive business position.

Covenants in our current and any future debt agreements restrict our business.

Our 2021 Credit Agreement contains and the agreements that govern our future indebtedness may contain, covenants that restrict our ability to and the ability of our subsidiaries to, among other things:

- engage in a transaction that results in a change of control, as defined by the 2021 Credit Agreement;
- create, incur, assume or suffer to exist any lien upon any of our property, assets or revenues;
- make certain investments or acquisitions;

- create, incur, assume or suffer to exist certain indebtedness;
- merge, dissolve, liquidate, consolidate or sell all or substantially all of our assets;
- make any disposition or enter into any agreement to make any disposition;
- repurchase outstanding stock from the open market; and
- declare or make, directly or indirectly, any dividend or other restricted payment, or incur any obligation (contingent or otherwise) to do so.

These covenants may restrict our ability to operate our business. Our failure to comply with these covenants could result in an event of default that, if not cured or waived, could result in reduced liquidity for the Company and could have a material and adverse effect on our ability to operate our business, financial condition, results of operations and cash flows. Additionally, our ability to pay interest and repay the principal for our indebtedness is dependent upon our ability to manage our business operations, generate sufficient cash flows to service such debt and the other factors discussed in this section. Our 2021 Credit Agreement also contains certain financial covenants. As of December 31, 2022, we were in compliance with all the covenants contained in the 2021 Credit Agreement, however, there can be no assurance that we will be able to manage any of the risks associated with debt agreements successfully.

Economic uncertainty or economic deterioration could adversely affect us.

There continues to be global economic uncertainty, as well as increased inflation, heightened interest rates and a recessionary environment. Ongoing political changes and conflicts in the U.S. and abroad continue to contribute to global economic uncertainty and volatility in the global financial markets. In February 2022, Russian forces launched significant military actions against Ukraine, which has caused significant international conflict, including sanctions, tensions and military actions. In addition, the effects of the COVID-19 pandemic have contributed to economic uncertainty. Continued economic uncertainty may continue to drive stock market and interest rate volatility, increased inflation and adversely impact consumer confidence, product demand, and our ability to refinance our debt. Economic conditions, along with our operating performance, may also materially and adversely impact our ability to access the financial markets. Accordingly, our future business and financial results are subject to uncertainty. If economic conditions deteriorate in the future, our future revenues and financial results could be materially and adversely affected.

Changes in tax laws or challenges to our tax positions could adversely affect our business, results of operations and financial condition.

We are subject to income taxes as well as non-income based taxes in federal and various state jurisdictions. Changes in tax laws, including, for example, those resulting from the U.S. federal tax legislation commonly referred to as the Coronavirus Aid, Relief, and Economic Security (CARES) Act, as well as other factors, could cause us to experience fluctuations in our tax obligations and effective tax rates in future periods and otherwise adversely affect our tax positions and/or our tax liabilities. The full impact of the CARES Act on us may change significantly as regulations, interpretations and rulings relating to the CARES Act are issued and additional changes in U.S. federal and state tax laws are made in the future. There can be no assurance that our effective tax rates, tax payments, tax credits or incentives will not be adversely affected by these or other initiatives.

We are subject to audits by tax authorities from time to time in federal and state jurisdictions. Tax authorities may disagree with certain positions we have taken and assess additional taxes and penalties. We regularly assess the likely outcomes of these audits in order to determine the appropriateness of our tax provision. However, there can be no assurance that we will accurately predict the outcomes of these audits, and the actual outcomes of these audits could have a material impact on our results of operations.

The value of our net operating loss carryforwards may become impaired if we do not generate sufficient future taxable income required to utilize all or a portion of our net operating loss carryforwards prior to their expiration.

The Company's U.S. federal net operating loss carryforward for tax purposes was $35.7 million at December 31, 2022, resulting in a federal deferred tax asset of $7.5 million. Approximately $29.1 million of the Company's U.S. federal net operating loss carryforwards will begin to expire in various years beginning in 2031. The Company's realization of its deferred tax assets including the loss carryforwards is dependent upon many factors, including, but not limited to, the Company's ability to generate sufficient taxable income in sufficient amounts. There can be no assurance that we will generate the required amounts of taxable income before the expiration dates are reached.

4J

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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)

Section 1: General Information

Facility Name: InfuSystem Inc.

Physical Address: 11130 Strang Line Rd.

City: Lenexa State: KS Zip: 66215

Mailing Address (if different from physical address): 3851 West Hamlin Rd

City: Rochester Hills State: MI Zip: 48309

Telephone: 800-962-9656 Website: www.infusystem.com

Name of Designated Representative (DR): Michael Hafenstine

Licensing Company Email: jessica.younan@infusystem.com DR Email: mike.hafenstine@infusystem.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☑ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☑ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☑ Warehouse
☑ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Long Term Care Facilities		☐ 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)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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

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: InfuSystem Holdings Inc.

Mailing Address: 3851 West Hamlin Rd

City: Rochester Hills State: MI Zip: 48309

Telephone: 800-962-9656 Email: jessica.younan@infusystem.com

Contact Person Name: Jessica Younan

Date of SEC Registration: 3-16-2023 | SEC Registration Number: 001-35020 | Stock Exchange Symbol: INFU

Section 5: 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 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:		NO
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:		No
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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

InfuSystem Inc.

Facility Name

Carrie Ann Lachance

Print Name of Authorized Person Submitting Application

Carrie Lachance

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

2/22/24

Date

Board Use Only	Date Received: 3/6/24	Amount: $2000 check 014084

CONFIDENTIAL

Directors/Officers

Name	Title	Start Date	End Date
Richard A. (Armand) Dilorio	CEO	11/15/2017	
Carrie Lachance	President/COO		
Barry Steele	EVP, CFO/Treasurer /Secretary	3/18/2020	

Owner

Full Name	Title	EIN	
Infusystem Holdings Inc.	100% Direct Ownership	20-3341405	

0

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFUSYSTEM, 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 FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFUSYSTEM, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2023.

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

Jeffrey W. Bullock, Secretary of State

2411606 8300

SR# 20240365890

Authentication: 202742223

Date: 02-05-24

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

Kansas State Board of Pharmacy

800 SW Jackson St. Suite 1414
Topeka, Kansas 66612-1244
Phone (785) 296-4056
Fax (785) 296-8420

email pharmacy@ks.gov
www.pharmacy.ks.gov

5-121952
MICHAEL HAFENSTINE
InfuSystem, Inc.
11130 STRANG LINE RD
LENEXA, KS 66215

Schedules

STATE OF KANSAS
STATE BOARD OF PHARMACY

N° 5-121952

WHOLESALE DISTRIBUTOR

This registration Must Be Renewed Annually by **June 30th.**

That **InfuSystem Holdings, Inc.**

has complied with the Pharmacy Act of the State of Kansas providing for the registration of ***Wholesale Distributors*** *within the State of Kansas, and is hereby granted a REGISTRATION as defined in K.S.A 65-1643 of the State of Kansas under the name of*

InfuSystem, Inc.

at **11130 STRANG LINE RD** **LENEXA** **KANSAS**

from this date until **6/30/2024** *, unless this registration is surrendered, or revoked or suspended by the Kansas State Board of Pharmacy.*

This registration issued **November 20, 2023.**

KANSAS STATE BOARD OF PHARMACY

By _____ Executive Secretary

THIS REGISTRATION MUST BE POSTED IN A CONSIPICUOUS PLACE - NOT TRANSFERABLE
DO NOT DESTROY - Return to Secretary for change in ownership, location or pharmacist in charge

ACORD

INFUINC-01 KVASTO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/22/2024

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 Alliant Insurance Services, Inc. 222 Bloomingdale Rd Ste 400 White Plains, NY 10605	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Sompo America Insurance Company	11126
INSURED InfuSystem Holdings, Inc. InfuSystem Inc. 3851 W Hamlin Rd Rochester Hills, MI 48309	INSURER B : Noetic Specialty Insurance Company	17400
	INSURER C :	
	INSURER D :	
	INSURER E :	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR			LGM30030366801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	
	OTHER						EBL AGGREGATE	$	1,000,000
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	X ANY AUTO			LAM30031389901	1/1/2024	1/1/2025	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
A	X UMBRELLA LIAB X OCCUR			CPUS1040O0	1/1/2024	1/1/2025	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WCNS1301B0	1/1/2024	1/1/2025	X PER STATUTE / OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Products Liability			N24MI380002	1/1/2024	1/1/2025	see below		
A	Commercial Property			HPRS1245T0	1/1/2024	1/1/2025	see below for limits		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Named Insureds: InfuSystem Inc.; First Biomedical, Inc.; IFC LLC, InfuSystem Holding USA, Inc.

Products/Completed Operations Liability Coverage
Includes Medical Professional Services Endorsement/Errors & Omissions
Each Occurrence Limit - $5,000,000
Aggregate Limit - $5,000,000
Professional E&O Limit - $5,000,000
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance	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 Kelly L. Vasto

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AGENCY CUSTOMER ID: INFUINC-01 KVASTO

LOC #: 0

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Alliant Insurance Services, Inc.	InfuSystem Holdings, Inc. InfuSystem Inc. 3851 W Hamlin Rd Rochester Hills, MI 48309
POLICY NUMBER SEE PAGE 1	
CARRIER / NAIC CODE SEE PAGE 1 / SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
SIR Per Occurrence - $25,000
SIR Aggregate - $125,000

Property: Blanket Limit - $50,971,868; Deductible - $25,000.

Locations:
11130 Strang Line Rd
Lenexa, KS 66215

960 Turnkpike Street Unit 20
Canton, MA 02021

10430 Pioneer Blvd. Unit 2
Santa Fe Springs, CA 90670

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NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG InfuSystem Inc. MDEG License # (if applicable) _____

Physical Address 11130 Strang Line Rd.

City Lenexa State Kansas Zip 66215

Mailing Address (if different from physical address) 3851 West Hamlin Rd

City Rochester Hills State MI Zip 48309

Telephone 800-962-9656 Website www.infusystem.com

Licensing Company Email jessica.younan@infusystem.com

Section 2: Personal Information

First Michael Middle Raymond Last Hafenstine

Alias(es, nicknames, name changes, etc.) Mike Hafenstine

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Kansas City State MO Zip 64145

Telephone [redacted] Email mike.hafenstine@infusystem.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		From - To (MM/YY – MM/YY)	
Kansas State University		08/90-12/94	
Address	**City**	**State**	**Zip**
110 Anderson Hall 919 Mid-Campus Drive North	Manhattan	KS	66506
Diploma/Degree obtained, if any			
BS Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Seaman High School		08/87-05/90	
Address	**City**	**State**	**Zip**
4850 Rochester Rd	Topeka	KS	66617
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
09/01-current	[redacted]	Kansas City	MO	64145
From - To (MM/YY – MM/YY)	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 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			From - To (MM/YY – MM/YY)
InfuSystem Inc.			12/10-CURRENT
Business Address	**City**	**State**	**Zip**
11130 Strang Line Rd.	Lenexa	KS	66215
Phone	**Title**	**Number of Employed Hours**	
800-962-9656	Senior Director, Warehouse	27040 +	

Description of Duties

rations leader for decontamination, fulfilment, distrbution and logistrics of medical supply company. Key member of team responsible for company being ISO Certified. Manage facility in accordance with best practice sta

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?		✓
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? 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)

03-18-2024
Date

I, Michael Hafenstine, **certify that as the MDEG Administrator for**

InfuSystem,

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

1. MH Have a high school diploma or its equivalent;
2. MH Have
   a. At least 1,500 hours of verifiable 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. MH 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. MH 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 Hafenstine
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-18-2024
Date

Board Use Only	Date Received:

Lenexa, Kansas Employee List

Anderson, Linda
Shepherd, Jordan O.
Fischer, Sara
Richmond, Oliver L.
Hudson Jr., Gregory L.
Neely, Rian
Goodwin, Matthew
Schembri, Mia
Stanton, Mary
Sullivan, Stephen
White, Scott
Nilges, Todd
O'connor, Kathryn
Patterson, Jacquelyn L.
McGhee II, Ron
McGhee, Ta'Vona
Morrisette II, Averil
Betts, Jeron
McMurray, Destin
McGhee, SeYonn
Meyer, Robyn A.
Avis, Leanna L.
Endsley, Rachel
Francavilla, Nikkolas K.
Gonzales, Cheryle
Hardesty, Vonnie L.
Johnson, Deborah
Monarres, Alejandra
Pena Sanchez, Linda
Pina Ramirez, Alma P.
Rocha, Maria
Sarmiento-garcia, Vanessa
Solano Lara, Yamileth
Tamayo, Maria
Torres Garcia, Jessica
Cooley, Paul
Filion Jr., Rafael A.
Johnson, Chad
Schifsky, Lawrence R.
Schneider, James
Tangeman, Alex

Krueger, Avery
Mack, Danielle
Rayl, Brooke
Nhingsavath, Simon
Stewart, Taylor R.
Alt, Alexander B.
Dondlinger, Kevin
Pabon, Melyssa
Hays, Roger
Her, Jonathan
Mattice, Jacob
Moss, Cazjun
Murray, DaShaun
Nebuloni, David A.
Swigart, Christian
Tangeman, Joseph M.
Thepsouphanh, Lisa
Turner Esq., Dominique A.
Ware, Reuben
Whitlock, Brian
Wittman, Alan
Bond, John
Herbin Jr., Joseph
Noah, Michael
Henness, Andrew J.
Hollinshed, Vantish
Mameri, Dalila
Mcfadden, Louise
Stephens, Dorian
DiGiovanni, Mandy
LeBlond, April
Bretz, Nicholas
Maher, Kirsten
D'amore, Brittany
Border, Daniel
Wassall, Daniel
Mackey, Melissa
Hafenstine, Michael
Her, Pao
Edwards Dilla, Laine
Kesting, Blair
Brackett, Sebastion
Hardesty, Aaron
Winger, Thomas J.

Fiddler, Marcus
Gilbert, Mark
Gilbert, Wesley G.
Hammond, Bryce
Hansen, Jason
Heu, Jeremiah X.
Kitchen III, Dennis
Miller, Thomas J.
Neely, Desmond
Nhingsavath, Kathy
Phimvongsa, Somchit
Robinson, Damonique
Romero, Johnny
Sanchez Jr, Antonio
Shepard, Ethan R.
Shoemaker, Jacob
Strickland, Lexus
Thompson, Eric E.
Vo, Kevin
Smith, Sarah
Quiring, Janet
Smith, Rachel N.
Ysusi, Allison
Du, Yan
Adcock, Karen
Begnaud, Lara
Parrish, Stephen
Greener, Lisa

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, 2022

OR

☐ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number: 001-35020

INFUSYSTEM HOLDINGS, INC.

(Exact Name of Registrant as Specified in its Charter)

Delaware	**20-3341405**
(State or Other Jurisdiction of Incorporation or Organization)	**(I.R.S. Employer Identification No.)**

3851 West Hamlin Road
Rochester Hills, Michigan 48309
(Address of Principal Executive Offices) (Zip Code)
Registrant's Telephone Number, including Area Code:
(248) 291-1210

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 $0.0001 per share	INFU	NYSE American LLC

Securities Registered Pursuant to Section 12(g) of the Act:
None
(Title of Class)

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 periods as 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 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 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. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the registrant's voting equity held by non-affiliates of the registrant, computed by reference to the price at which the common stock was last sold as of the last business day of the registrants most recently completed second fiscal quarter, was $172,308,011. In determining the market value of the voting equity held by non-affiliates, securities of the registrant beneficially owned by directors and officers of the registrant and persons who hold 10% or more of the outstanding common stock of the registrant have been excluded. This determination of affiliate status is not necessarily a conclusive determination for other purposes. The number of shares of the registrant's common stock outstanding as of March 10, 2023 was 20,893,018.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement to be filed with the Securities and Exchange Commission in connection with the solicitation of proxies for its 2023 Annual Meeting of Stockholders are incorporated by reference in Part III of this Form 10-K.

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References in this Form 10-K to "we", "us", or the "Company" are to InfuSystem Holdings, Inc. ("InfuSystem") and our wholly owned subsidiaries, as appropriate to the context.

Cautionary Statement About Forward-Looking Statements

Certain statements contained in this Form 10-K are forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). The words "believe," "may," "will," "estimate," "continue," "anticipate," "intend," "should," "plan," "expect," "strategy," "future," "likely," variations of such words, and other similar expressions, as they relate to the Company, are intended to identify forward-looking statements. However, the absence of these words or similar expressions does not mean that a statement is not forward-looking. In connection with the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995, the Company is identifying certain factors that could cause actual results to differ, perhaps materially, from those indicated by these forward-looking statements. InfuSystem does not intend and does not undertake any obligation to update any forward-looking statement to reflect future events or circumstances after the date of such statements, except as may be required by law. Important factors that could cause our actual results and financial condition to differ materially from the forward-looking statements include, without limitation, those described in "Risk Factors" and elsewhere in this Form 10-K, and the following:

- changes in third-party reimbursement processes, rates, contractual relationships and payer mix;
- our dependence on estimates of collectible revenue from third-party reimbursement;
- risks associated with the loss of a relationship with one or more third-party payers;
- risks associated with a federal government shutdown;
- risks associated with payer concentration;
- physicians' acceptance of infusion pump therapy over alternative therapies and focus on early detection and diagnostics;
- our dependence on our Medicare Suppler Number, which allows us to bill Medicare for services provided to Medicare patients;
- availability of chemotherapy drugs used in our infusion pump systems;
- our expectations regarding enacted and potential legislative and regulatory changes impacting, among other things, the level of reimbursement received from the Medicare and state Medicaid programs including the Center for Medicare and Medicaid Services ("CMS") competitive bidding;
- our dependence upon our suppliers;
- periodic reviews and billing audits from governmental and private payers;
- our ability to maintain controls and processes over billing and collection and the adequacy of our allowance for doubtful accounts and customer concessions;
- our ability to comply with state licensure laws for Durable Medical Equipment suppliers;
- risks associated with our allowance for doubtful accounts and customer concessions;
- our ability to execute our business strategies to grow our business, including our ability to introduce new products and services;
- industry competition;
- compliance with regulatory guidelines affecting our billing practices;
- defective products manufactured by third-party suppliers;
- our ability to execute on acquisition and joint-venture opportunities and integrate any acquired businesses;
- our ability to maintain relationships with health care professionals and organizations;
- our ability to comply with changing health care regulations;
- our ability to protect our intellectual property;
- our ability to remain in compliance with our credit agreement or future debt agreements;
- general economic uncertainty;
- changes in tax laws or challenges to our tax positions;
- the value of our net operating loss carryforwards may become impaired if we do not generate sufficient future taxable income required to utilize all or a portion of our net operating loss carryforwards prior to their expiration;
- volatility in the market price of our stock;
- the future price of our stock may be negatively affected by not paying dividends;
- potential dilution to current stockholders from the issuance of equity awards;
- we may be subject to limitations on net operating loss carryforwards and certain built-in losses following an ownership change;
- our ability to remediate the material weaknesses in our internal control over financial reporting;
- the long-term effects of the coronavirus ("COVID-19") pandemic, or any other global pandemic or disease outbreak, on our business;

- litigation or other legal or regulatory proceedings in which we may be involved from time to time;
- risks associated with the collection of sales or consumption taxes;
- our ability to implement, both internally and externally, information technology improvements and to respond to technological changes, interruptions and security breaches;
- natural disasters, pandemics, acts of war or terrorism and other external events affecting us, our customers or our suppliers; and
- our ability to hire and retain key employees.

These risks are not exhaustive. Other sections of this Form 10-K include additional factors which could adversely impact our business and financial performance. Moreover, we operate in a very competitive and changing environment. New risk factors emerge from time to time and it is not possible for us to predict all risk factors, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements. All forward-looking statements made in this Form 10-K speak only as of the date of this report. We do not intend, and do not undertake any obligation, to update any forward-looking statements to reflect future events or circumstances after the date of such statements, except as required by law.

You should not rely upon forward-looking statements as predictions of future events. Our actual results and financial condition may differ materially from those indicated in the forward-looking statements. We qualify all of our forward-looking statements by these cautionary statements. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee future results, levels of activity, performance or achievements. Therefore, you should not rely on any of the forward-looking statements. In addition, with respect to all of our forward-looking statements, we claim the protection of the safe harbor for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995.

Market and Industry Data

This Form 10-K contains market, industry and government data and forecasts that have been obtained from publicly available information, various industry publications and other published industry sources. We have not independently verified the information and cannot make any representation as to the accuracy or completeness of such information. None of the reports and other materials of third-party sources referred to in this Form 10-K were prepared for use in, or in connection with, this report.

Trademarks and Tradenames

We have a number of registered trademarks, including Ambulatory Infusion Made Easy®, Biomed Made Easy®, BlockPain Dashboard®, EXPRESSTech® and Infusion Made Easy®. These and other trademarks of ours appearing in this report are our property. Solely for convenience, trademarks and trade names of ours referred to in this Form 10-K may appear without the ® or ™ symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks and trade names. This report may contain additional trade names and trademarks of other companies. We do not intend our use or display of other companies' trade names or trademarks to imply an endorsement or sponsorship of us by such companies, or any relationship with any of these companies.

PART I

Item 1. Business.

Background

The Company is a Delaware corporation, formed in 2005. It operates through operating subsidiaries, including InfuSystem Holdings USA, Inc., a Delaware corporation ("Holdings"), InfuSystem, Inc., a California corporation ("ISI"), First Biomedical, Inc., a Kansas corporation ("First Biomedical"), and IFC, LLC, a Delaware limited liability company ("IFC").

Business Concept and Strategy

We are a leading national health care service provider, facilitating outpatient care for Durable Medical Equipment manufacturers and health care providers. We provide our products and services to hospitals, oncology practices, ambulatory surgery centers, and other alternate site health care providers. Our headquarters is in Rochester Hills, Michigan, and we operate our business from a total of seven locations in the United States ("U.S.") and Canada.

Our services are provided under a two-platform model. Our lead platform, Integrated Therapy Services ("ITS"), provides the last-mile solution for clinic-to-home healthcare where the continuing treatment involves complex Durable Medical Equipment and services. Our second platform, Durable Medical Equipment Services ("DME Services"), supports our ITS platform and leverages the Company's strong service orientation to win incremental business from our direct payer clients.

We believe InfuSystem has a lot to offer the healthcare community. Over the last 30 plus years, we have developed a unique expertise and service offering that Durable Medical Equipment manufacturers and health care providers are using to reduce costs, improve service, and most importantly, provide welcome options for patients who want to continue their healthcare treatments from home. We perfected our ITS model in oncology and have proven that we can extend this model into other Durable Medical Equipment therapies. Key is the ability to leverage our existing platforms – the new therapies do not require building a new infrastructure; we simply add incrementally to the systems already in place (e.g., sales, clinical, logistics, revenue cycle management, and biomedical services).

ITS is presented as a "turnkey" solution allowing our health care provider customers to focus on the practice of medicine. InfuSystem provides the Durable Medical Equipment and treatment consumables, handles the logistics around orders and deliveries, provides 24x7 nursing support relating to the provided equipment, assumes responsibility for third-party payer Durable Medical Equipment billing, and handles biomedical services (inspection, repair, certification and replacement) for the Durable Medical Equipment. DME Services are provided as a "concierge" offering, whereby InfuSystem leverages its strong service orientation to provide incremental services to our health care provider customers on a direct payer model. DME Services include equipment rental and sales, consumable sales, and biomedical support services.

InfuSystem competes for and retains its business primarily on the basis of its long participation and strong reputation in the Durable Medical Equipment space, its long-standing relationships with Durable Medical Equipment manufacturers and its health care provider customers, and the high levels of service it provides. Current barriers to entry for potential competitors are created by our: (i) growing number of third-party payer networks under contract, which included nearly 800 third-party payer networks as of December 31, 2022, an increase of 4% over the prior year period; (ii) economies of scale, which allow for predictable reimbursement and less costly purchase and management of the pumps, respectively; (iii) established, long-standing relationships as a provider of pumps to outpatient oncology practices in the U.S. and Canada; (iv) our large pump fleet of ambulatory and large volume infusion pumps for rent and for sale, which may allow us to be more responsive to the needs of physicians, outpatient oncology practices, hospitals, outpatient surgery centers, homecare practices, patient rehabilitation centers and patients than a new market entrant; (v) seven geographic locations in the U.S. and Canada that allow for same-day or next-day delivery of pumps; (vi) our growing team of field-based and traveling biomedical technicians; and (vii) a wide array of pump repair and service capabilities. We do not perform any research and development on pumps, but we have made, and continue to make, investments in our information technology.

ITS Segment

The ITS segment's core purpose is to seek opportunities to grow our business by leveraging our unique know-how in clinic-to-home health care involving Durable Medical Equipment, our logistics and billing capabilities, our growing network of third-party payers under contract, and our clinical and biomedical capabilities. This leverage may take the form of new products and/or services, strategic alliances, joint ventures and/or acquisitions. The leading service within our ITS segment is to supply electronic ambulatory infusion pumps and associated disposable supply kits to private oncology clinics, infusion clinics and hospital outpatient oncology clinics to be utilized in the treatment of a variety of cancers, including colorectal cancer and other

disease states ("Oncology Business"). Colorectal cancer is the fourth most prevalent form of cancer in the U.S., according to the American Cancer Society, and the standard of care for the treatment of colorectal cancer relies upon continuous chemotherapy infusions delivered via ambulatory infusion pumps. One of the goals for the ITS segment is to expand into treatment of other types of cancers. In 2022, our Oncology Business approximated 91% of our total ITS segment net revenues. In 2022, we generated approximately 47% of our total ITS segment net revenues from treatments for colorectal cancer and 44% of our ITS segment net revenues from treatments for non-colorectal disease states. There are a number of approved treatment protocols for pancreatic, head and neck, esophageal and other types of cancers, as well as other disease states which present opportunities for growth. There are also a number of other drugs currently approved by the U.S. Food and Drug Administration (the "FDA"), as well as agents in the pharmaceutical development pipeline, which we believe could potentially be used with continuous infusion protocols for the treatment of diseases other than colorectal cancer. Additional drugs or protocols currently in clinical trials may also obtain regulatory approval over the next several years. If these new drugs or protocols obtain regulatory approval for use with continuous infusion protocols, we expect the pharmaceutical companies to focus their sales and marketing efforts on promoting the new drugs and protocols to physicians.

Furthermore, our Oncology Business focuses mainly on the continuous infusion of chemotherapy. Continuous infusion of chemotherapy can be described as the gradual administration of a drug via a small, lightweight, portable infusion pump over a prolonged period of time. A cancer patient can receive his or her medicine anywhere from one to 30 days per month depending on the chemotherapy regimen that is most appropriate to that individual's health status and disease state. This may be followed by periods of rest and then repeated cycles with treatment goals of progression-free disease survival. This drug administration method has replaced intravenous push or bolus administration in specific circumstances. The advantages of slow continuous low doses of certain drugs are well documented. Clinical studies support the use of continuous infusion chemotherapy for decreased toxicity without loss of anti-tumor efficacy. The 2015 National Comprehensive Cancer Network ("NCCN") Guidelines recommend the use of continuous infusion for treatment of numerous cancer diagnoses. We believe that the growth of continuous infusion therapy is driven by three factors: evidence of improved clinical outcomes; lower toxicity and side effects; and a favorable reimbursement environment.

The use of continuous infusion has been demonstrated to decrease or alter the toxicity of a number of cytotoxic, or cell killing, agents. Higher doses of drugs can be infused over longer periods of time, leading to improved tolerance and decreased toxicity. For example, the cardiotoxicity (heart muscle damage) of the chemotherapy drug Doxorubicin is decreased by schedules of administration according to The Chemotherapy Source Book by Michael C. Perry. Nausea, vomiting, diarrhea and decreased white blood cell and platelet counts are all affected by duration of delivery. Continuous infusion can lead to improved tolerance and patient comfort while enhancing the patient's ability to remain on the chemotherapy regimen. Additionally, the lower toxicity profile and resulting reduction in side effects enables patients undergoing continuous infusion therapy to continue a relatively normal lifestyle, which may include continuing to work, going shopping, and caring for family members. We believe that the partnering of physician management and patient autonomy provide for the highest quality of care with the greatest patient satisfaction.

We believe that oncology practitioners have a heightened sensitivity to providing quality service and to their ability to obtain reimbursement for services they provide. Simultaneously, CMS and private insurers are increasingly focused on evidence-based medicine to inform their reimbursement decisions — that is, aligning reimbursement with clinical outcomes and adherence to standards of care. Continuous infusion therapy is a main component of the standard of care for certain types of cancer because clinical evidence demonstrates superior outcomes. Payers' recognition of this benefit is reflected in their relative reimbursement policies for clinical services related to the delivery of this care.

Additional areas of focus for our ITS segment are as follows:

- Pain Management - providing our ambulatory pumps, products, and services for pain management in the area of post-surgical continuous peripheral nerve block.
- Wound Care - launched in November 2022, the Company established a partnership, SI Wound Care, LLC ("SI Wound Care"), with Sanara MedTech Inc. ("Sanara"). The partnership will focus on delivering a complete wound care solution targeted at improving patient outcomes, lowering the cost of care, and increasing patient and provider satisfaction. The partnership is expected to enable InfuSystem to offer innovative products including Cork Medical LLC's ("Cork") negative pressure wound therapy ("NPWT") devices and supplies and Sanara's advanced wound care product line to new customers through the jointly controlled entity.
- Acquisitions - we believe there are opportunities to acquire smaller, regional health care service providers, in whole or in part that perform similar services to us but do not have the national market access, network of third-party payer contracts or operating economies of scale that we currently enjoy. We may also pursue acquisition opportunities of companies that perform similar services, but offer different therapies or utilize different devices.

- Lymphedema Therapy – Lymphedema therapy includes providing patient care and customer service, pneumatic compression devices and associated garments through our partnership with Bio Compression Systems, Inc. to outpatients, initially targeting our existing acute care and oncology customers, estimated to be 20% of the multi-billion-dollar Lymphedema market.
- Information technology-based services - we also plan to continue to capitalize on key new information technology-based services such as EXPRESS, InfuBus or InfuConnect, Pump Portal, DeviceHub and BlockPain Dashboard®.

The payer environment within our ITS segment is in a constant state of change. We continue to extend our considerable breadth of payer networks under contract as patients move into different insurance coverage plans, including Medicaid and Insurance Marketplace products. In some cases, this may slightly reduce our aggregate billed revenues payment rate but result in an overall increase in collected revenues, due to a reduction in concessions. Consequently, we are increasingly focused on revenues net of concessions.

DME Services Segment

Our DME Services segment's core service is to: (i) sell or rent new and pre-owned pole-mounted and ambulatory infusion pumps and other Durable Medical Equipment; (ii) sell treatment-related consumables; and (iii) provide biomedical recertification, maintenance and repair services for oncology practices as well as other healthcare site settings, including hospitals, home care and home infusion providers, skilled nursing and acute care facilities, pain centers and others. We purchase new and pre-owned pole-mounted and ambulatory infusion pumps from a variety of sources on a non-exclusive basis. We repair, refurbish and provide biomedical certification for the devices as needed. The pumps are then available for sale, rental or to be used within our ambulatory infusion pump management service. Our acquisition of FilAMed, a privately-held biomedical services company, on January 31, 2021 has supplemented the Company's existing biomedical recertification, maintenance and repair services for acute care facilities and other alternate site settings including home care and home infusion providers, skilled nursing facilities, pain centers and others. Our acquisition of OB Healthcare Corporation ("OB Healthcare"), a privately-held biomedical services company, on April 18, 2021 further develops and expands InfuSystem's DME Services segment by adding field service capabilities and complements the Company's purchase of FilAMed.

Services

ITS Segment

Our core service within our ITS segment is our Oncology Business. After delivering our ambulatory pumps to oncology offices, infusion clinics, and hospital and outpatient chemotherapy clinics, we then directly bill and collect payment from payers and patients for the use of these pumps. At any given time, our pumps are in the possession of these facilities, on a patient, in transit, or in our facilities for cleaning, calibration and storage as reserves for increased demand.

After a physician determines that a patient is eligible for ambulatory infusion pump therapy, the physician arranges for the patient to receive an infusion pump and provides the necessary chemotherapy drugs. The physician and nursing staff train the patient in the use of the pump and initiate service. The physician bills the payers, which may include Medicare, Medicaid, third-party payer companies or patients for the physician's professional services associated with initiating and supervising the infusion pump administration, as well as the supply of drugs. We directly bill (i) payers, (ii) facilities of our Medicare patients, and (iii) patients for the use of the pump and related disposable supplies. Billing to payers requires coordination with patients and physicians who initiate the service, as physicians' offices must provide us with appropriate documentation (patient's insurance information, physician's order, an acknowledgement of benefits that shows receipt of equipment by the patient, and, in some cases, physician's progress notes) in order for us to submit a bill to the payers. We provide assistance to uninsured patients that cannot afford our pumps via our financial hardship program – a program that usually matches what our physician practices provide as long as the uninsured patients meet certain criteria. This billing process is handled from our Rochester Hills, Michigan location.

In addition to providing high quality and convenient care, we believe that our business offers significant economic benefits for patients, providers and payers.

- Our clinical support team employs oncology, pain, Intravenous Certified, and Oncology Certified registered nurses trained on ambulatory infusion pump equipment who staff our 24x7 customer service hotline to address questions that patients may have about their pump treatment, the infusion pumps or other medical or technical questions related to the pumps.

- Physicians use our services to outsource the capital commitment, pump service, maintenance and billing and administrative burdens associated with pump ownership. Our services also allow the doctor to continue a direct relationship with the patient and to receive professional service fees for setting up the treatment and administering the drugs.

- We provide methods for the physician offices to deliver the appropriate paperwork for billing through a number of electronic means including EXPRESS and InfuConnect reducing the required effort on the employees of the physician offices.

- We believe our services are attractive to payers because such services are generally less expensive than hospitalization or standalone home health care.

Also, within ITS, we offer pain management services via electronic ambulatory infusion pumps for post-operative pain management using our pumps along with a numbing agent and a continuous nerve block catheter – continuous peripheral nerve block ("CPNB"). Using CPNB for the management of post-operative pain, which usually lasts two to three days after surgery, can result in reduced pain for the patient, increased satisfaction scores for the surgical center or hospital, and reduced need for post-operative opioid pain medication. These services include our patient care call center interaction offering support to patients and the review and collection of pain score patient outcome data for outpatient surgery centers using our proprietary BlockPain Dashboard®.

DME Services Segment

Other services we offer are classified under our DME Services segment and include the rental, sale or leasing and servicing of pole-mounted and ambulatory infusion pumps to oncology practices, hospitals and other clinical settings. These pumps are available for daily, weekly, monthly or annual rental periods. We also sell treatment consumables that can be used in conjunction with the pumps we sell and rent.

In addition to sales, rental and leasing services, we also provide biomedical maintenance, repair and certification services for the devices we offer as well as for devices owned by customers but not acquired from us. We operate pump service and repair "Centers of Excellence" from all of our locations across the U.S. and Canada and employ a staff of highly-trained technicians to provide these services. Our main Center of Excellence for service is our Lenexa, Kansas facility. In addition to the maintenance and repair services we perform at these facilities, we offer similar services that can be performed directly at our customer locations nation-wide through our team of field-based and traveling biomedical technicians.

As of December 31, 2022, our rental fleet of pole-mounted pumps, ambulatory pumps and NPWT medical equipment for both our ITS and DME Services segments had a historical cost of $99.2 million, up from $91.9 million at the end of 2021, and included approximately 125 makes and models of equipment dedicated to our rental services. Additionally, as of December 31, 2022 and 2021, we had a fleet of new and used pole-mounted pumps, ambulatory pumps and NPWT medical equipment with a historical cost of $2.8 million and $1.8 million, respectively, for sale or rental.

Information Technology

Our Information Technology ("IT") department is focused on not only supporting our internal IT infrastructure needs, but also supporting our revenue cycle management infrastructure including our electronic medical record technology ("EMR") that allows medical facilities to use our infusion pumps and services via our solutions such as EXPRESS and InfuConnect. This focus has enabled current billing information to be transferred to us from participating facilities electronically and automatically. Our focus on IT solutions resulted in the development of EXPRESS, a product powered by our InfuBus data integration platform, and provides for paperless delivery of the appropriate information for InfuSystem to bill payers that:

- eliminates all paper;
- provides an enhanced visibility as a result of real time status and reporting;
- reduces risk of error;
- automates treatment logs, pump assignments, tracking and physician's orders;
- provides a secure scanner for easy pump assignment to patients; and
- removes interruptions from physician practices' daily schedules, and standardizes data flow for clinics and hospitals with multiple locations.

Relationships with Physician Offices

As of December 31, 2022, we had business relationships with clinical oncologists in over 2,150 outpatient oncology clinics. Although this represents a substantial number of the oncologists in the U.S., we believe that we can continue to expand

our network to further penetrate the oncology market. Based on our retention rates and the positive results of our professional customer satisfaction research, we believe our relationships with physician offices are strong.

We believe that, in general, we do not compete directly with hospitals and physician offices to treat patients. Rather, by providing products and services to hospitals and physician offices and other care facilities and providers, we believe that we assist other providers in meeting increasing patient demand and managing institutional constraints on capital and manpower due to the nature of limited resources in hospitals and physician offices.

Physician practices in the oncology field are following the overall healthcare practices trend to consolidate. However, as of December 31, 2022, we had gained more facilities than we had lost. We expect this trend to continue for the foreseeable future.

Employees

As of December 31, 2022, we had 438 employees, including 420 full-time employees and 18 part-time or contract employees. None of our employees are unionized.

Material Suppliers

We supply a wide variety of pumps and associated equipment, as well as disposables and ancillary supplies. The majority of our pumps are electronic infusion pumps. Smiths Medical, Inc. and Moog Medical Devices Group each supplied more than 10% of the ambulatory pumps purchased by us in 2022. The Company has a supply agreement in place with each of these suppliers. Certain "spot" purchases are made on the open market subject to individual negotiation. We also supply NPWT medical equipment, as well as related disposables and ancillary supplies.

Seasonality

Revenues may be seasonal due to the impact of co-pays and deductibles for patients' insurance that traditionally reset each January. This has been further impacted by changes in the insurance industry as it responds to increased government regulation. Also, rental customers tend to make buy versus rent decisions late in the year as customer capital budgets are being finalized, impacting sales revenue in the second half of the year, predominantly in the fourth quarter. Furthermore, as the Company's liquidity has improved, opportunistic pump purchases are made from time to time. These opportunistic pump purchases also allow for opportunistic pump sales, which could be material. The timing of such purchases and sales vary within the course of a year.

Environmental Laws

We are required to comply with applicable federal, state and local environmental laws regulating the disposal of cleaning agents used in the process of cleaning medical equipment, as well as the disposal of sharps and blood products used in connection with the pumps and medical equipment. We do not believe that compliance with such laws has a material effect on our business.

Significant Customers

We have sought to establish contracts with as many third-party payer organizations as commercially practicable, in an effort to ensure that reimbursement is not a significant obstacle for providers who recommend continuous infusion therapy and wish to utilize our services. A third-party payer organization is a health care payer or a group of medical services payers that contracts to provide a wide variety of health care services to enrolled members through participating providers such as us. A payer is any entity that pays on behalf of a member patient.

As of December 31, 2022, we had contracts with nearly 800 third-party payer networks, an increase of 4% over the prior year period. Material terms of contracts with third-party payer organizations are typically a pre-negotiated fee schedule rate or a then-current proprietary fee schedule rate for equipment and supplies provided. The majority of these contracts generally provide for a term of one year, with automatic one-year renewals, unless we or the contracted payer elect not to renew. We also contract with various other third-party payer organizations, Medicaid, commercial Medicare replacement plans, self-insured plans, facilities of our Medicare patients and numerous other insurance carriers. No single payer or customer represented more than 10% of net revenue in 2022, 2021 or 2020.

Competitors

We believe that our competition primarily consists of national, regional, and hospital-owned Durable Medical Equipment providers and service companies, physician providers and home care infusion providers and the competitive products and services they offer. An estimate of the number of competitors is not known or reasonably available, due to the wide variety in type and size of the market participants described below. We are not aware of any industry reports with respect to the competitive market described below. The description of market segments and business activities within those market segments is based on our experiences in the industry.

- National Durable Medical Equipment Providers and Service Companies: Other national providers and service companies have offerings similar to us. These products and service offerings include, but are not limited to, third-party reimbursement, direct rental and sale of infusion electronic and disposal pumps and related products and services for patients in the home, oncology clinics, ambulatory surgery centers, hospitals and other sites of care.

- Regional Durable Medical Equipment Providers: Regional Durable Medical Equipment providers act as distributors for a variety of medical products. We believe regional Durable Medical Equipment provider sales forces generally consist of a relatively small number of salespeople, usually covering several states. Regional Durable Medical Equipment providers tend to carry a limited selection of infusion pumps and their salespeople generally have limited resources. Regional Durable Medical Equipment providers usually do not have 24x7 nursing services. We believe that Regional Durable Medical Equipment providers have relatively few third-party payer contracts, which may prevent these providers from being paid at acceptable levels and may also result in higher out-of-pocket costs for patients.

- Hospital-Owned Durable Medical Equipment Providers: Many hospitals have in-house Durable Medical Equipment providers to supply basic equipment. In general, however, these providers have limited capital and tend to stock a small inventory of infusion pumps. We believe that hospital-owned providers have limited ability to grow because of limited patient populations. Growth from outside of the hospital may pose a challenge because hospitals typically will not provide referrals to competitors, instead preferring to offer patients a choice of non-hospital-affiliated Durable Medical Equipment providers.

- Physician Providers: A limited number of physicians maintain an inventory of their own infusion pumps and provide them to patients for a fee. However, we believe that pump utilization in this area tends to be low and the costs associated with ongoing supplies, preventative maintenance and repairs can be relatively high. Moreover, we believe that a high percentage of Durable Medical Equipment claims by doctors are rejected by payers upon first submission, requiring a physician's staff to spend significant time and effort to resubmit claims and receive payment for treatment. The numerous service and technical questions from patients may present another significant cost to a physician provider's staff.

- Home Care Infusion Providers: Home care infusion providers provide chemotherapy drugs and services to allow for in-home patient treatment. We believe that home care infusion treatment can be very costly and that many patients do not carry insurance coverage that pay for home-based infusion services, resulting in larger out-of-pocket costs. Because home care treatments may take as long as six months, these costs can be high and can result in higher patient co-payments. We believe that home care providers may also be reluctant to offer 24x7 coverage or additional patient visits, due to capped fees.

Regulation of Our Business

Our business is subject to various regulations. Specifically, as a registered Medicare supplier of Durable Medical Equipment and related supplies, we must comply with supplier standards established by CMS regulating Medicare suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies ("DMEPOS Supplier Standards"). The DMEPOS Supplier Standards consist of 30 requirements that must be met in order for a DMEPOS supplier to be eligible to receive payment for a Medicare-covered item. Some of the more significant DMEPOS Supplier Standards require us to (i) advise Medicare beneficiaries of their option to purchase certain equipment, (ii) honor all warranties under state law and not charge Medicare beneficiaries for the repair or replacement of equipment or for services covered under warranty, (iii) permit CMS agents to conduct on-site inspections to ascertain compliance with the DMEPOS Supplier Standards, (iv) maintain liability insurance in prescribed amounts, (v) refrain from contacting Medicare beneficiaries by telephone, except in certain limited circumstances, (vi) answer questions and respond to complaints of beneficiaries regarding the supplied equipment, (vii) disclose the DMEPOS Supplier Standards to each Medicare beneficiary to whom we supply equipment, (viii) maintain a complaint resolution procedure and record certain information regarding each complaint, (ix) maintain accreditation from a CMS approved accreditation organization, and (x) meet certain specified surety bond requirements.

We are also subject to the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), which are designed to protect the security and confidentiality of certain protected health information. Under HIPAA, we must provide patients access to certain records and must notify patients of our use of protected health information and patient privacy rights. Moreover, HIPAA sets limits on how we may use individually identifiable health information and prohibits the use of patient information for marketing purposes. The adoption of the American Recovery and Reinvestment Act of 2009 ("ARRA") includes a new breach notification requirement that applies to breaches of unsecured health information occurring on or after September 23, 2009. We are subject to regulations in the various states in which we operate. We believe we are in material compliance with all such regulations.

Available Information

Our Internet address is www.infusystem.com. On this website, we post the following filings as soon as reasonably practicable after they are electronically filed with or furnished to the U.S. Securities and Exchange Commission (the "SEC"): our Annual Reports on Form 10-K; our Quarterly Reports on Form 10-Q; our Current Reports on Form 8-K; our proxy statements related to our annual stockholders' meetings; and any amendments to those reports or statements. All such filings are available on our website free of charge. The charters of our audit, nominating and governance and compensation committees and our Code of Business Conduct and Ethics Policy are also available on our website and in print to any stockholder who requests them. The content on our website is not incorporated by reference into this Form 10-K unless expressly noted.

Item 1A. Risk Factors.

An investment in our securities involves a high degree of risk. You should consider carefully all of the material risks described below, together with the other information contained in this Form 10-K. If any of the following events occur, our business, financial condition, results of operations and cash flows may be materially adversely affected.

RISK FACTORS RELATING TO OUR BUSINESS AND THE INDUSTRY IN WHICH WE OPERATE

Our business is substantially dependent on third-party reimbursement. Any change in the overall health care reimbursement system may adversely impact our business.

Our revenues are substantially dependent on third-party reimbursement. We are paid directly by private insurers and, in some cases, governmental agencies, often on a fixed fee basis, for the use of continuous infusion equipment and related disposable supplies provided to patients. If the average fees allowable by private insurers or governmental agencies were reduced, the negative impact on revenues could have a material effect on our business, financial condition, results of operations and cash flows. Also, if amounts owed to us by patients and insurers are reduced or not paid on a timely basis, we may be required to increase our concessions and/or decrease our revenues.

Changes in the health care reimbursement system often create financial incentives and disincentives that encourage or discourage the use of a particular type of product, therapy or clinical procedure. Such changes may be impacted by the growth in ACOs, reduction of providers by payers, the use of lower cost rental networks and other factors. Market acceptance of continuous infusion therapy may be adversely affected by changes or trends within the health care reimbursement system. Changes to the health care reimbursement system that favor other technologies or treatment regimens that reduce reimbursements to providers or treatment facilities, including increasing competitive pressures from home health care and other companies that use our services, may adversely affect our ability to market our services profitably. Overall, such dependency and potential changes could materially and adversely affect our business, financial condition, results of operations and cash flows.

Our business is substantially dependent on estimates of collectible revenue from third-party reimbursement.

Our revenues are substantially dependent on estimates of collectible revenue from third-party reimbursement. Due to the complex nature of third-party reimbursement for the use of continuous infusion equipment and related disposable supplies provided to patients, we must estimate, based upon historical averages, the amount of collectible revenue that may be derived from each patient treatment. If average reimbursement rates diverge from historical levels, the estimates of such revenue may diverge from actual collections.

We utilize statistical methods to account for such changes, but there can be no assurance that the revenue reported in any period will ultimately be collected. Any recognized revenue related to third-party reimbursement from prior periods, which remains uncollected until written off from accounts receivable, will negatively impact revenues in the period in which it is written off. Thus, over time, recognized revenue net of concessions will approximate total collections.

The loss of a relationship with one or more third-party payers could negatively impact our business.

Our contracts for reimbursement with third-party payers are often for a term of one year, with automatic one-year renewals, unless we or the contracted payer elect not to renew. These evergreen contracts are subject to termination upon written notice. One or more terminations could have a material and adverse effect on our business, financial condition, results of operations and cash flows.

Any federal government shutdown may adversely impact our business.

Our revenues are dependent on private insurers and governmental agencies. In the absence of any bipartisan agreement in the federal government with respect to payments from governmental agencies, our revenues could be reduced. In addition, any federal government shutdown could also have a material and adverse impact on our business, financial condition, results of operations and cash flows.

Payer concentration may adversely impact our business.

As of December 31, 2022, we had contracts with nearly 800 third-party payer networks, an increase of 4% over the prior year period. Material terms of contracts with third-party payer organizations are typically a pre-negotiated fee schedule rate or a then-current proprietary fee schedule rate for equipment and supplies provided. The majority of these contracts generally provide for a term of one year, with automatic one-year renewals, unless we or the contracted payer elect not to renew. We also contract with various other third-party payer organizations, Medicaid, commercial Medicare replacement plans, self-insured plans, facilities of our Medicare patients and numerous other insurance carriers. No single payer represented more than 10% of net revenue in 2022, 2021 or 2020. To the extent such dependency was to occur, significant fluctuations in revenues, results of operations and liquidity could arise if any significant contracted payer reduces its reimbursement for the services we provide.

Our billing process is dependent on meeting payer claims processing guidelines which are subject to change at the discretion of the payers. Such changes would materially impact our ability to bill and the timing of such billings, which could materially and adversely impact our net revenues and cash flows, which impact would be even greater if such changes are made by one of our larger payers.

The continued consolidation of physician practices, outpatient infusion clinics, oncology clinics, homecare providers and hospitals, increases the concentration of decision makers whom either choose to use our ambulatory electronic pumps within our Oncology Business or directly rent, lease or purchase pumps or supplies from us.

While we make every effort to benefit from such concentration, it could materially and adversely affect our business, financial condition, results of operations and cash flows.

Increased focus on early detection and diagnostics may adversely affect our business.

An increased focus on lowering health care spending via improved diagnostic testing (i.e., defensive medicine) and patient monitoring could materially and negatively affect our business. A large portion of our ambulatory infusion pumps are dedicated to a specific form of cancer (i.e., colorectal). As a result of rising health care costs, there may be a demand for more cost-effective approaches to disease management, specifically for colorectal cancer, as well as for emphasis on screening and accurate diagnostic testing to facilitate early detection of potentially costly, severe afflictions. Any change in the approach to treatment of colorectal cancer could have a material and adverse impact on our business, financial condition, results of operations and cash flows.

If future clinical studies demonstrate that oral medications or other therapies that do not use our electronic ambulatory pumps are at least as effective as continuous infusion therapy, our business could be adversely affected.

Ongoing clinical trials are currently evaluating and comparing the therapeutic benefits of current continuous infusion-based regimens with various oral medication regimens. If these clinical trials demonstrate that oral medications provide equal or greater therapeutic benefits and/or demonstrate reduced side effects compared to prior oral medication regimens, our revenues and overall business could be materially and adversely affected. Additionally, if new oral medications or other therapies that do not utilize our ambulatory electronic pumps are introduced to the market that are superior to existing oral therapies, physicians' willingness to prescribe continuous infusion-based regimens could decline, which would materially and adversely affect our business, financial condition, results of operations and cash flows.

Our success is impacted by the availability of the chemotherapy drugs that are used in our continuous infusion pump systems.

We primarily derive our revenues from the rental of ambulatory infusion pumps to oncology patients through physicians' offices and chemotherapy clinics. A shortage in the availability of chemotherapy drugs that are used in the continuous infusion pump system, which has occurred in the past, could have a material and adverse effect on our business, financial condition, results of operations and cash flows.

We are dependent on our Medicare Supplier Number.

We are required to have a Medicare Supplier Number in order to have the ability to bill Medicare for services provided to Medicare patients. Furthermore, all third-party and Medicaid contracts require us to have a Medicare Supplier Number. We are required to comply with Medicare DMEPOS Supplier Standards in order to maintain such number. If we are unable to comply with the relevant standards, we could lose our Medicare Supplier Number. Without such number, we would be unable to continue our various third-party and Medicaid contracts. A significant portion of our revenues are dependent upon our Medicare Supplier Number, the loss of which would materially and adversely affect our business, financial condition, results of operations and cash flows.

The CMS requires that all Durable Medical Equipment providers must be accredited by a CMS-approved accreditation organization. On February 17, 2009, we initially received accreditation from CHAP, and we have remained accredited to date. If we lost our accredited status, our business, financial condition, revenues and results of operations would be materially and adversely affected.

The impact of U.S. health care reform legislation on us remains uncertain.

The ACA has perpetuated the development of alternative provider payment models by CMS and the major national commercial payers. These payment models do not replace the current fee-for-service models nor replace current payer contracts, but rather provide additional financial incentives to certain "accountable" providers to improve quality and lower cost. The implications for the Company will come from the provider networks that are forming in order to integrate and coordinate care under these alternative models with CMS and the commercial payers. These provider networks include ACOs, patient-centered primary care medical homes, specialty medical homes, networks accepting bundled payment programs, and other "performance" networks that contract with CMS and commercial payers under alternative payment models that financially reward improved quality and lower medical cost. The relationship between us and our provider practices and facilities that are participating in these provider networks under alternative payment models will depend on (i) the extent to which these provider networks give priority to the medical cost associated with our Durable Medical Equipment services and (ii) whether our services are seen as part of a care delivery model that delivers higher value – higher quality at a lower cost.

Our failure to perform under these alternative payment models, or under similar models or conditions introduced by future legislation, could have a material adverse impact on our business, financial condition, results of operations and cash flows.

We rely on independent suppliers for our products. Any delay or disruption in the supply of products, particularly our supply of electronic ambulatory pumps, may negatively impact our operations.

Our infusion pumps and related consumables are obtained from outside vendors. The majority of our new pumps are electronic infusion pumps which are supplied to us by two major suppliers: Smiths Medical, Inc. and Moog Medical Devices Group. The loss or disruption of our relationships with outside vendors, including pumps, parts, or supply recall or pump end-of-life announcements or availability of related proprietary consumable supplies, could subject us to substantial delays in the delivery of pumps or services provided to customers. From time to time, we or our suppliers may experience supply chain disruptions due to circumstances beyond our or our suppliers' control, such as the 2020 outbreak of COVID-19. Significant delays in the delivery or service of pumps or related proprietary consumable supplies could result in possible cancellation of orders and the loss of customers. Our inability to provide pumps to meet delivery schedules could have a material adverse effect on our reputation in the industry, as well as on our business, financial condition, results of operations and cash flows.

We face periodic reviews and billing audits from governmental and private payers and these audits could have adverse results that may negatively impact our business.

As a result of our participation in the Medicaid program and our registration in the Medicare program, we are subject to various governmental reviews and audits to verify our compliance with these programs and applicable laws and regulations. We also are subject to audits under various government programs in which third-party firms engaged by CMS conduct extensive

reviews of claims data and medical and other records to identify potential improper payments under the Medicare program. Private pay sources also reserve the right to conduct audits. If billing errors are identified in the sample of reviewed claims, the billing error can be extrapolated to all claims filed which could result in a larger overpayment than originally identified in the sample of reviewed claims. Our costs to respond to and defend reviews and audits may be significant and could have a material adverse effect on our business, financial condition, results of operations and cash flows. Moreover, an adverse review or audit could result in:

- required refunding or retroactive adjustment of amounts we have been paid by governmental or private payers;
- state or Federal agencies imposing fines, penalties and other sanctions on us;
- loss of our right to participate in the Medicare program, state programs, or one or more private payer networks; or
- damage to our business and reputation in various markets.

Any one of these results could have a material adverse effect on our business, financial condition, results of operations and cash flows.

Our failure to maintain controls and processes over billing and collecting could have a significant negative impact on our Consolidated Financial Statements.

The collection of accounts receivable is a significant challenge and requires constant focus and involvement by management and ongoing enhancements to information systems, billing center operating procedures and proper staffing levels. If we are unable to properly bill and collect our accounts receivable, our results could be materially and adversely affected. While management believes that our staffing, controls and processes are satisfactory, there can be no assurance that accounts receivable collectability will remain at current levels.

State licensure laws for Durable Medical Equipment suppliers are subject to change. If we fail to comply with any state laws, we will be unable to operate as a Durable Medical Equipment supplier in such state and our business operations will be adversely affected.

As a Durable Medical Equipment supplier operating in all 50 states, we are subject to each state's licensure laws regulating Durable Medical Equipment suppliers. State licensure laws for Durable Medical Equipment suppliers are subject to change and we must ensure that we are continually in compliance with the laws of all 50 states. In the event that we fail to comply with any state's laws governing the licensing of Durable Medical Equipment suppliers, we will be unable to operate as a Durable Medical Equipment supplier in such state until we regain compliance. We may also be subject to certain fines and/or penalties and our business operations could be materially and adversely affected.

Our customer concessions may not be adequate to cover actual losses.

Our third-party payer contracts do not guarantee annual inflationary increases, typical of the Durable Medical Equipment payer contracting environment. Contracted reimbursement rates are either subject to increases or decreases in CMS program rates or, if not indexed to government rates, are frozen until those payer contracts are reopened and renegotiated. While we monitor reimbursement levels to identify specific payer reimbursement rates that have eroded and renegotiate such rates, we may not be able to maintain or improve overall reimbursement levels, thereby compromising the adequacy of the predicted customer concessions.

We may also face reduced reimbursements from private third-party payers. In addition, our customers may be unable to make timely payments to us. Although we maintain allowances for estimated losses resulting from the inability of our customers to make required payments, we cannot guarantee that we will continue to experience the same loss rates that we have in the past. If we begin to experience an increase in our loss rates in excess of our allowances, it could materially and adversely impact our business, financial condition, results of operations and cash flows.

Our growth strategy includes expanding into treatment for cancers other than colorectal cancer. There can be no assurance that continuous infusion-based regimens for these other cancers will become standards of care for large numbers of patients or that we will be successful in penetrating these different markets.

An aspect of our growth strategy is to expand into the treatment of other cancers, such as head, neck and gastric cancers. This population of patients will expand only if clinical trial results for new drugs and new combinations of drugs demonstrate superior outcomes for regimens that include continuous infusion therapy relative to alternatives. No assurances can be given that these new drugs and drug combinations will be approved or will prove superior to oral medication or other treatment

alternatives. In addition, no assurances can be given that we will be able to penetrate successfully any new markets that may develop in the future or manage the growth in additional resources that would be required.

The industry in which we operate is intensely competitive and ever-changing. If we are unable to successfully compete with our competitors, our business operations may suffer.

The drug infusion industry is highly competitive. Some of our competitors and potential competitors, including some of the practices that we service, have significantly greater resources than we do for information technology, marketing and sales. As a result, they may be better able to compete for market share, even in areas in which our services may be superior. The industry is subject to technological changes and such changes may put our current fleet of pumps, smart pump licensing, our information technology solutions or our other technological-based solutions at a competitive disadvantage. Furthermore, the healthcare industry, in general, is experiencing market consolidation, reducing the number of decision makers. If we are unable to effectively compete in our market, our business, financial condition, results of operations and cash flows may be materially and adversely affected.

Our industry is dependent on regulatory guidelines that affect our billing practices. If our competitors do not comply with these regulatory guidelines, our business could be adversely affected.

Aggressive competitors may not fully comply with rules regarding CMS and other payers' billing and documentation requirements. Competitors, who do not meet the same standards of compliance that we do with respect to billing regulations, may put us at a potential competitive disadvantage. We are a participating provider with Medicare and as of December 31, 2022, we were under contract with nearly 800 third-party payer networks, all of which have very stringent guidelines. If our competitors do not comply with these regulatory guidelines, we could be put at a potential competitive disadvantage and our business, financial condition, results of operations and cash flows could be material and adversely affected.

Although we do not manufacture the products we distribute, if one of the products distributed by us proves to be defective or is misused by a health care practitioner or patient, we may be subject to liability that could adversely affect our financial condition and results of operations.

Although we do not manufacture the pumps that we distribute, a defect in the design or manufacture of a pump distributed or serviced by us, or a failure of pumps distributed by us to perform for the use specified, could have a material and adverse effect on our reputation in the industry and subject us to claims of liability for injuries and otherwise. Misuse of the pumps distributed by us by a practitioner or patient that results in injury could similarly subject us to liability. Any substantial underinsured loss could have a material and adverse effect on our business, financial condition, results of operations and cash flows. Furthermore, any impairment of our reputation could have a material and adverse effect on our revenues and prospects for future business.

We intend to continue to pursue opportunities for the further expansion of our business through strategic alliances and/or joint ventures. Future strategic alliances and/or joint ventures may require significant resources and/or result in significant unanticipated costs or liabilities to us.

We intend to continue to pursue opportunities for the further expansion of our business through strategic alliances and/or joint ventures. Any future strategic alliances or joint ventures will depend on our ability to identify suitable partners, negotiate acceptable terms for such transactions and obtain financing, if necessary. These investments require significant managerial attention, which may be diverted from our other operations.

If we engage in strategic acquisitions, we may experience significant costs and difficulty in assimilating operations or personnel, which could threaten our future growth.

If we make any acquisitions, we could have difficulty assimilating operations, technologies and products and services. In addition, we could have difficulty integrating or retaining personnel and maintaining employee morale as we take steps to combine the personnel and business cultures of separate organizations into one and to eliminate duplicate positions and functions. It may also be difficult for us to preserve important relationships with others, such as strategic partners, customers, and suppliers, who may delay or defer decisions on agreements with us, or seek to change existing agreements with us, because of the acquisition. In addition, acquisitions may involve entering markets in which we have no or limited direct prior experience. The occurrence of any one or more of these factors could disrupt our ongoing business, distract our management's and employees' attention from our ongoing business operations, result in decreased operating performance and increase our expenses. Moreover, our profitability may suffer because of acquisition-related costs or amortization of intangible assets. Furthermore, we may have to incur debt or issue equity securities in future acquisitions. The issuance of equity securities would dilute our existing stockholders.

We may be unable to maintain adequate working relationships with health care professionals.

We seek to maintain close working relationships with respected physicians and medical personnel in hospitals and universities. We rely on these professionals to assist us in the development of proprietary service and improvements to complement and expand our existing service and product lines. If we are unable to maintain these relationships, our ability to market and sell new and improved products and services could decrease and future operating results could be unfavorably affected.

If we fail to comply with applicable governmental or accrediting bodies' regulations, we could face substantial penalties and our business, operations and financial condition could be adversely affected.

Certain federal, state health care, and accreditation bodies' laws and regulations, including those pertaining to fraud and abuse and patients' rights, are applicable to our business. The laws that are applicable to our business include:

- the federal health care program Anti-Kickback Statute, which prohibits, among other things, soliciting, receiving or providing remuneration, directly or indirectly, to induce (i) the referral of an individual, for an item or service or (ii) the purchasing or ordering of a good or service, for which payment may be made under federal health care programs such as the Medicare and Medicaid programs;
- federal false claims laws which prohibit, among other things, knowingly presenting, or causing to be presented, claims for payment from Medicare, Medicaid, or other third-party payers that are false or fraudulent, and which may apply to entities like us that promote medical devices, provide medical device management services and may provide coding and billing advice to customers;
- HIPAA, which prohibits executing a scheme to defraud any health care benefit program or making false statements relating to health care matters and which also imposes certain requirements relating to the privacy, security and transmission of individually identifiable health information; and
- state law equivalents of each of the above federal laws, such as anti-kickback and false claims laws that may apply to items or services reimbursed by any third-party payer, including commercial insurers, and state laws governing the privacy and security of health information in certain circumstances, many of which differ in significant ways from state to state and often are not preempted by HIPAA, thus complicating compliance efforts.

If our operations are found to be in violation of any of the laws described above or any other regulations that apply to us, we may be subject to penalties, including civil and criminal penalties, damages, fines and the curtailment or restructuring of our operations. Any penalties, damages, fines, curtailment or restructuring of our operations could materially and adversely affect our business, financial condition, results of operations and cash flows. Any action against us for violation of these laws, even if we successfully defend against it, could cause us to incur significant legal expenses and divert our management's attention from the operation of our business. Moreover, achieving and sustaining compliance with applicable federal and state privacy, security and fraud laws may prove costly.

Failure to protect our intellectual property could substantially harm our business and operating results.

In order to protect our trade secrets and other confidential information, we rely in part on confidentiality agreements with our employees, consultants and third parties with whom we have relationships. These agreements may not effectively prevent disclosure of trade secrets and other confidential information and may not provide an adequate remedy in the event of misappropriation of trade secrets or any unauthorized disclosure of trade secrets and other confidential information. In addition, others may independently discover our trade secrets and confidential information and, in such cases, we could not assert any trade secret rights against such parties. Costly and time-consuming litigation could be necessary to enforce or determine the scope of our trade secret rights and related confidentiality and nondisclosure provisions. Failure to obtain or maintain trade secret protection, or our competitors' acquisition of our trade secrets, could materially and adversely affect our competitive business position.

Covenants in our current and any future debt agreements restrict our business.

Our 2021 Credit Agreement contains and the agreements that govern our future indebtedness may contain, covenants that restrict our ability to and the ability of our subsidiaries to, among other things:

- engage in a transaction that results in a change of control, as defined by the 2021 Credit Agreement;
- create, incur, assume or suffer to exist any lien upon any of our property, assets or revenues;
- make certain investments or acquisitions;

- create, incur, assume or suffer to exist certain indebtedness;
- merge, dissolve, liquidate, consolidate or sell all or substantially all of our assets;
- make any disposition or enter into any agreement to make any disposition;
- repurchase outstanding stock from the open market; and
- declare or make, directly or indirectly, any dividend or other restricted payment, or incur any obligation (contingent or otherwise) to do so.

These covenants may restrict our ability to operate our business. Our failure to comply with these covenants could result in an event of default that, if not cured or waived, could result in reduced liquidity for the Company and could have a material and adverse effect on our ability to operate our business, financial condition, results of operations and cash flows. Additionally, our ability to pay interest and repay the principal for our indebtedness is dependent upon our ability to manage our business operations, generate sufficient cash flows to service such debt and the other factors discussed in this section. Our 2021 Credit Agreement also contains certain financial covenants. As of December 31, 2022, we were in compliance with all the covenants contained in the 2021 Credit Agreement, however, there can be no assurance that we will be able to manage any of the risks associated with debt agreements successfully.

Economic uncertainty or economic deterioration could adversely affect us.

There continues to be global economic uncertainty, as well as increased inflation, heightened interest rates and a recessionary environment. Ongoing political changes and conflicts in the U.S. and abroad continue to contribute to global economic uncertainty and volatility in the global financial markets. In February 2022, Russian forces launched significant military actions against Ukraine, which has caused significant international conflict, including sanctions, tensions and military actions. In addition, the effects of the COVID-19 pandemic have contributed to economic uncertainty. Continued economic uncertainty may continue to drive stock market and interest rate volatility, increased inflation and adversely impact consumer confidence, product demand, and our ability to refinance our debt. Economic conditions, along with our operating performance, may also materially and adversely impact our ability to access the financial markets. Accordingly, our future business and financial results are subject to uncertainty. If economic conditions deteriorate in the future, our future revenues and financial results could be materially and adversely affected.

Changes in tax laws or challenges to our tax positions could adversely affect our business, results of operations and financial condition.

We are subject to income taxes as well as non-income based taxes in federal and various state jurisdictions. Changes in tax laws, including, for example, those resulting from the U.S. federal tax legislation commonly referred to as the Coronavirus Aid, Relief, and Economic Security (CARES) Act, as well as other factors, could cause us to experience fluctuations in our tax obligations and effective tax rates in future periods and otherwise adversely affect our tax positions and/or our tax liabilities. The full impact of the CARES Act on us may change significantly as regulations, interpretations and rulings relating to the CARES Act are issued and additional changes in U.S. federal and state tax laws are made in the future. There can be no assurance that our effective tax rates, tax payments, tax credits or incentives will not be adversely affected by these or other initiatives.

We are subject to audits by tax authorities from time to time in federal and state jurisdictions. Tax authorities may disagree with certain positions we have taken and assess additional taxes and penalties. We regularly assess the likely outcomes of these audits in order to determine the appropriateness of our tax provision. However, there can be no assurance that we will accurately predict the outcomes of these audits, and the actual outcomes of these audits could have a material impact on our results of operations.

The value of our net operating loss carryforwards may become impaired if we do not generate sufficient future taxable income required to utilize all or a portion of our net operating loss carryforwards prior to their expiration.

The Company's U.S. federal net operating loss carryforward for tax purposes was $35.7 million at December 31, 2022, resulting in a federal deferred tax asset of $7.5 million. Approximately $29.1 million of the Company's U.S. federal net operating loss carryforwards will begin to expire in various years beginning in 2031. The Company's realization of its deferred tax assets including the loss carryforwards is dependent upon many factors, including, but not limited to, the Company's ability to generate sufficient taxable income in sufficient amounts. There can be no assurance that we will generate the required amounts of taxable income before the expiration dates are reached.

4K

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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)

Section 1: General Information

Facility Name: InfuSystem Inc.

Physical Address: 10430 Pioneer Blvd. Unit 2

City: Santa Fe Springs State: CA Zip: 90670

Mailing Address (if different from physical address): 3851 West Hamlin Rd

City: Rochester Hills State: MI Zip: 48309

Telephone: 800-962-9656 Website: www.infusystem.com

Name of Designated Representative (DR): Wilson Hum

Licensing Company Email: jessica.younan@infusystem.com DR Email: wilson.hum@infusystem.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☑ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☑ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☑ Warehouse
☑ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Long Term Care Facilities		☐ 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)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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

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: ICU Medical
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Cork Medical
Address: 8000 Medical City: Indianapolis State: IN Zip: 46250

Name: MOOG Medical
Address: 400 Jamison Rd City: Elma State: NY Zip: 14059

Name: InTuvie
Address: 177 Pine Street City: Natick State: MA Zip: 01760

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any):
Corporation Name: InfuSystem Holdings Inc.
Mailing Address: 3851 West Hamlin Rd
City: Rochester Hills State: MI Zip: 48309
Telephone: 800-962-9656 Email: jessica.younan@infusystem.com
Contact Person Name: Jessica Younan

Date of SEC Registration: 3-16-2023 | SEC Registration Number: 001-35020 | Stock Exchange Symbol: INFU

Section 5: 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 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:		NO
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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

InfuSystem Inc.
Facility Name

Carrie Ann Lachance
Print Name of Authorized Person Submitting Application

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

04-24-2024
Date

Board Use Only	Date Received: 4/29/24	Amount: $1000-check 014085

DIRECTORS/OFFICERS	Title
Richard A. (Armand) Dilorio	CEO
Carrie Lachance	President/COO
Barry Steele	EVP, CFO/Treasurer/Secretary

Owner

Full Name	Title	EIN
Infusystem Holdings Inc.	100% Direct Ownership	20-3341405

Business Address
3851 West Hamlin
Road Rochester Hills,
MI 48309

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFUSYSTEM, 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 FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFUSYSTEM, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2023.

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

Jeffrey W. Bullock, Secretary of State

2411606 8300

SR# 20240365890

Authentication: 202742223

Date: 02-05-24

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

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit

LICENSE NO. WLS 8390

ISSUE DATE APRIL 12, 2024

INFUSYSTEM, INC
10430 PIONEER BLVD UNIT 2
SANTA FE SPRINGS CA 90670

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
WILSON HUM EXEMPTEE IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL APRIL 01, 2025

RECEIPT NUMBER 00756604

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4060 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 NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

'12/24
'12/24

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

INFUINC-01 KVASTO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/22/2024

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 Alliant Insurance Services, Inc. 222 Bloomingdale Rd Ste 400 White Plains, NY 10605	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Sompo America Insurance Company	11126
INSURED InfuSystem Holdings, Inc. InfuSystem Inc. 3851 W Hamlin Rd Rochester Hills, MI 48309	INSURER B : Noetic Specialty Insurance Company	17400
	INSURER C :	
	INSURER D :	
	INSURER E :	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			LGM30030366801	1/1/2024	1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG EBL AGGREGATE	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ $ 1,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			LAM30031389901	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			CPUS1040O0	1/1/2024	1/1/2025	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCNS1301B0	1/1/2024	1/1/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	Products Liability			N24MI380002	1/1/2024	1/1/2025	see below	
A	Commercial Property			HPRS1245T0	1/1/2024	1/1/2025	see below for limits	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Named Insureds: InfuSystem Inc.; First Biomedical, Inc.; IFC LLC, InfuSystem Holding USA, Inc.

Products/Completed Operations Liability Coverage
Includes Medical Professional Services Endorsement/Errors & Omissions
Each Occurrence Limit - $5,000,000
Aggregate Limit - $5,000,000
Professional E&O Limit - $5,000,000
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

Evidence of Insurance

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
Kelly L. Vasto

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AGENCY CUSTOMER ID: INFUINC-01 KVASTO

LOC #: 0

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Alliant Insurance Services, Inc.	InfuSystem Holdings, Inc. InfuSystem Inc. 3851 W Hamlin Rd Rochester Hills, MI 48309
POLICY NUMBER SEE PAGE 1	
CARRIER: SEE PAGE 1 — NAIC CODE: SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
SIR Per Occurrence - $25,000
SIR Aggregate - $125,000

Property: Blanket Limit - $50,971,868; Deductible - $25,000.

Locations:
11130 Strang Line Rd
Lenexa, KS 66215

960 Turnkpike Street Unit 20
Canton, MA 02021

10430 Pioneer Blvd. Unit 2
Santa Fe Springs, CA 90670

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NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG InfuSystem Inc. MDEG License # (if applicable) _____

Physical Address 10430 Pioneer Blvd. Unit 2

City Santa Fe Springs State CA Zip 90670

Mailing Address (if different from physical address) 3851 West Hamlin Rd

City Rochester Hills State MI Zip 48309

Telephone 800-962-9656 Website www.infusystem.com

Licensing Company Email jessica.younan@infusystem.com

Section 2: Personal Information

First Wilson Middle _____ Last Hum

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Monterey Park State CA Zip 91755

Telephone 800-658-5582[redacted] Email wilson.hum@infusystem.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

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?		X

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)	
JOHN MARSHALL HIGH SCHOOL		06/85--06/89	
Address	**City**	**State**	**Zip**
3939 TRACY STREET	LOS ANGELES	CA	90027
Diploma/Degree obtained, if any			
YES			

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
01/02 to Present	[redacted]	MONTEREY PARK	CA	91755
From - To (MM/YY – MM/YY)	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 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		From - To (MM/YY – MM/YY)	
InfuSystem Inc.		07/09 to Present	
Business Address	**City**	**State**	**Zip**
10430 Pioneer Blvd. Unit 2	Santa Fe Springs	CA	90670
Phone	**Title**	**Number of Employed Hours**	
800-658-5582 ext 9010	SUPERVISOR, BIOMEDICAL SERVICES	26000	
Description of Duties			
MANAGE DAILY OPERATIONS AND COORDINATE THE ACTIVITIES OF A BIOMEDICAL SERVICES TEAM.			

Business Name		From - To (MM/YY – MM/YY)	
MOOG MEDICAL DEVICES GROUP		01/99 – 07/09	
Business Address	**City**	**State**	**Zip**
15751 GRAHAM STREET	HUNTINGTON BEACH	CA	92649
Phone	**Title**	**Number of Employed Hours**	
714-893-2200	MANAGER,MEDICAL DEVICES MANUFACTURER		
Description of Duties			
MANAGE MEDICAL DEVICES MANUFACTURER TEAM			

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 any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any 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:

Wilson Hum
Original Signature (electronic, copies or stamps not accepted)

04-24-2024
Date

I, WILSON HUM, **certify that as the MDEG Administrator for**

INFUSYSTEM INC,

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

1. WH Have a high school diploma or its equivalent;
2. WH Have
   a. X At least 1,500 hours of verifiable 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. WH 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. WH 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.

WILSON HUM
Print Name (First, Last)

Wilson Hum
Original Signature (electronic, copies or stamps not accepted)

04-24-2024
Date

Board Use Only	Date Received: 4/29/24

Santa Fe Springs Employee List

Rubio, Ryan A.
Barba, Stephania
Martinez, Rebbeca
Melendez, Nathalie
Merrick, Chris
Song, Xiaocong
Tenorio, Jose L.
Washington, Derik
Bermudez, Victoria N.
Neal, Robert
De La Cruz, Tatiana
Lopez, Claudia
Cruz, Jorge
Flores, Jason
Leon, Juana
Lopez, Santos
Picciotto, David
Snow, Jason
Valdovinos, Tony
Preciado, Karen
Hyde, Quintin
Lopez, Rosa
Reynoso, Natalie
Rodriguez, Erica
Rodriguez, Roberto
Loie, Travis
Chim, Naro
Hum, Wilson

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, 2022

OR

☐ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number: 001-35020

INFUSYSTEM HOLDINGS, INC.

(Exact Name of Registrant as Specified in its Charter)

Delaware	**20-3341405**
(State or Other Jurisdiction of Incorporation or Organization)	**(I.R.S. Employer Identification No.)**

3851 West Hamlin Road
Rochester Hills, Michigan 48309
(Address of Principal Executive Offices) (Zip Code)
Registrant's Telephone Number, including Area Code:
(248) 291-1210

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 $0.0001 per share	INFU	NYSE American LLC

Securities Registered Pursuant to Section 12(g) of the Act:
None
(Title of Class)

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 periods as 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 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 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. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the registrant's voting equity held by non-affiliates of the registrant, computed by reference to the price at which the common stock was last sold as of the last business day of the registrants most recently completed second fiscal quarter, was $172,308,011. In determining the market value of the voting equity held by non-affiliates, securities of the registrant beneficially owned by directors and officers of the registrant and persons who hold 10% or more of the outstanding common stock of the registrant have been excluded. This determination of affiliate status is not necessarily a conclusive determination for other purposes. The number of shares of the registrant's common stock outstanding as of March 10, 2023 was 20,893,018.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement to be filed with the Securities and Exchange Commission in connection with the solicitation of proxies for its 2023 Annual Meeting of Stockholders are incorporated by reference in Part III of this Form 10-K.

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References in this Form 10-K to "we", "us", or the "Company" are to InfuSystem Holdings, Inc. ("InfuSystem") and our wholly owned subsidiaries, as appropriate to the context.

Cautionary Statement About Forward-Looking Statements

Certain statements contained in this Form 10-K are forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). The words "believe," "may," "will," "estimate," "continue," "anticipate," "intend," "should," "plan," "expect," "strategy," "future," "likely," variations of such words, and other similar expressions, as they relate to the Company, are intended to identify forward-looking statements. However, the absence of these words or similar expressions does not mean that a statement is not forward-looking. In connection with the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995, the Company is identifying certain factors that could cause actual results to differ, perhaps materially, from those indicated by these forward-looking statements. InfuSystem does not intend and does not undertake any obligation to update any forward-looking statement to reflect future events or circumstances after the date of such statements, except as may be required by law. Important factors that could cause our actual results and financial condition to differ materially from the forward-looking statements include, without limitation, those described in "Risk Factors" and elsewhere in this Form 10-K, and the following:

- changes in third-party reimbursement processes, rates, contractual relationships and payer mix;
- our dependence on estimates of collectible revenue from third-party reimbursement;
- risks associated with the loss of a relationship with one or more third-party payers;
- risks associated with a federal government shutdown;
- risks associated with payer concentration;
- physicians' acceptance of infusion pump therapy over alternative therapies and focus on early detection and diagnostics;
- our dependence on our Medicare Suppler Number, which allows us to bill Medicare for services provided to Medicare patients;
- availability of chemotherapy drugs used in our infusion pump systems;
- our expectations regarding enacted and potential legislative and regulatory changes impacting, among other things, the level of reimbursement received from the Medicare and state Medicaid programs including the Center for Medicare and Medicaid Services ("CMS") competitive bidding;
- our dependence upon our suppliers;
- periodic reviews and billing audits from governmental and private payers;
- our ability to maintain controls and processes over billing and collection and the adequacy of our allowance for doubtful accounts and customer concessions;
- our ability to comply with state licensure laws for Durable Medical Equipment suppliers;
- risks associated with our allowance for doubtful accounts and customer concessions;
- our ability to execute our business strategies to grow our business, including our ability to introduce new products and services;
- industry competition;
- compliance with regulatory guidelines affecting our billing practices;
- defective products manufactured by third-party suppliers;
- our ability to execute on acquisition and joint-venture opportunities and integrate any acquired businesses;
- our ability to maintain relationships with health care professionals and organizations;
- our ability to comply with changing health care regulations;
- our ability to protect our intellectual property;
- our ability to remain in compliance with our credit agreement or future debt agreements;
- general economic uncertainty;
- changes in tax laws or challenges to our tax positions;
- the value of our net operating loss carryforwards may become impaired if we do not generate sufficient future taxable income required to utilize all or a portion of our net operating loss carryforwards prior to their expiration;
- volatility in the market price of our stock;
- the future price of our stock may be negatively affected by not paying dividends;
- potential dilution to current stockholders from the issuance of equity awards;
- we may be subject to limitations on net operating loss carryforwards and certain built-in losses following an ownership change;
- our ability to remediate the material weaknesses in our internal control over financial reporting;
- the long-term effects of the coronavirus ("COVID-19") pandemic, or any other global pandemic or disease outbreak, on our business;

- litigation or other legal or regulatory proceedings in which we may be involved from time to time;
- risks associated with the collection of sales or consumption taxes;
- our ability to implement, both internally and externally, information technology improvements and to respond to technological changes, interruptions and security breaches;
- natural disasters, pandemics, acts of war or terrorism and other external events affecting us, our customers or our suppliers; and
- our ability to hire and retain key employees.

These risks are not exhaustive. Other sections of this Form 10-K include additional factors which could adversely impact our business and financial performance. Moreover, we operate in a very competitive and changing environment. New risk factors emerge from time to time and it is not possible for us to predict all risk factors, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements. All forward-looking statements made in this Form 10-K speak only as of the date of this report. We do not intend, and do not undertake any obligation, to update any forward-looking statements to reflect future events or circumstances after the date of such statements, except as required by law.

You should not rely upon forward-looking statements as predictions of future events. Our actual results and financial condition may differ materially from those indicated in the forward-looking statements. We qualify all of our forward-looking statements by these cautionary statements. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee future results, levels of activity, performance or achievements. Therefore, you should not rely on any of the forward-looking statements. In addition, with respect to all of our forward-looking statements, we claim the protection of the safe harbor for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995.

Market and Industry Data

This Form 10-K contains market, industry and government data and forecasts that have been obtained from publicly available information, various industry publications and other published industry sources. We have not independently verified the information and cannot make any representation as to the accuracy or completeness of such information. None of the reports and other materials of third-party sources referred to in this Form 10-K were prepared for use in, or in connection with, this report.

Trademarks and Tradenames

We have a number of registered trademarks, including Ambulatory Infusion Made Easy®, Biomed Made Easy®, BlockPain Dashboard®, EXPRESSTech® and Infusion Made Easy®. These and other trademarks of ours appearing in this report are our property. Solely for convenience, trademarks and trade names of ours referred to in this Form 10-K may appear without the ® or ™ symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks and trade names. This report may contain additional trade names and trademarks of other companies. We do not intend our use or display of other companies' trade names or trademarks to imply an endorsement or sponsorship of us by such companies, or any relationship with any of these companies.

PART I

Item 1. Business.

Background

The Company is a Delaware corporation, formed in 2005. It operates through operating subsidiaries, including InfuSystem Holdings USA, Inc., a Delaware corporation ("Holdings"), InfuSystem, Inc., a California corporation ("ISI"), First Biomedical, Inc., a Kansas corporation ("First Biomedical"), and IFC, LLC, a Delaware limited liability company ("IFC").

Business Concept and Strategy

We are a leading national health care service provider, facilitating outpatient care for Durable Medical Equipment manufacturers and health care providers. We provide our products and services to hospitals, oncology practices, ambulatory surgery centers, and other alternate site health care providers. Our headquarters is in Rochester Hills, Michigan, and we operate our business from a total of seven locations in the United States ("U.S.") and Canada.

Our services are provided under a two-platform model. Our lead platform, Integrated Therapy Services ("ITS"), provides the last-mile solution for clinic-to-home healthcare where the continuing treatment involves complex Durable Medical Equipment and services. Our second platform, Durable Medical Equipment Services ("DME Services"), supports our ITS platform and leverages the Company's strong service orientation to win incremental business from our direct payer clients.

We believe InfuSystem has a lot to offer the healthcare community. Over the last 30 plus years, we have developed a unique expertise and service offering that Durable Medical Equipment manufacturers and health care providers are using to reduce costs, improve service, and most importantly, provide welcome options for patients who want to continue their healthcare treatments from home. We perfected our ITS model in oncology and have proven that we can extend this model into other Durable Medical Equipment therapies. Key is the ability to leverage our existing platforms – the new therapies do not require building a new infrastructure; we simply add incrementally to the systems already in place (e.g., sales, clinical, logistics, revenue cycle management, and biomedical services).

ITS is presented as a "turnkey" solution allowing our health care provider customers to focus on the practice of medicine. InfuSystem provides the Durable Medical Equipment and treatment consumables, handles the logistics around orders and deliveries, provides 24x7 nursing support relating to the provided equipment, assumes responsibility for third-party payer Durable Medical Equipment billing, and handles biomedical services (inspection, repair, certification and replacement) for the Durable Medical Equipment. DME Services are provided as a "concierge" offering, whereby InfuSystem leverages its strong service orientation to provide incremental services to our health care provider customers on a direct payer model. DME Services include equipment rental and sales, consumable sales, and biomedical support services.

InfuSystem competes for and retains its business primarily on the basis of its long participation and strong reputation in the Durable Medical Equipment space, its long-standing relationships with Durable Medical Equipment manufacturers and its health care provider customers, and the high levels of service it provides. Current barriers to entry for potential competitors are created by our: (i) growing number of third-party payer networks under contract, which included nearly 800 third-party payer networks as of December 31, 2022, an increase of 4% over the prior year period; (ii) economies of scale, which allow for predictable reimbursement and less costly purchase and management of the pumps, respectively; (iii) established, long-standing relationships as a provider of pumps to outpatient oncology practices in the U.S. and Canada; (iv) our large pump fleet of ambulatory and large volume infusion pumps for rent and for sale, which may allow us to be more responsive to the needs of physicians, outpatient oncology practices, hospitals, outpatient surgery centers, homecare practices, patient rehabilitation centers and patients than a new market entrant; (v) seven geographic locations in the U.S. and Canada that allow for same-day or next-day delivery of pumps; (vi) our growing team of field-based and traveling biomedical technicians; and (vii) a wide array of pump repair and service capabilities. We do not perform any research and development on pumps, but we have made, and continue to make, investments in our information technology.

ITS Segment

The ITS segment's core purpose is to seek opportunities to grow our business by leveraging our unique know-how in clinic-to-home health care involving Durable Medical Equipment, our logistics and billing capabilities, our growing network of third-party payers under contract, and our clinical and biomedical capabilities. This leverage may take the form of new products and/or services, strategic alliances, joint ventures and/or acquisitions. The leading service within our ITS segment is to supply electronic ambulatory infusion pumps and associated disposable supply kits to private oncology clinics, infusion clinics and hospital outpatient oncology clinics to be utilized in the treatment of a variety of cancers, including colorectal cancer and other

disease states ("Oncology Business"). Colorectal cancer is the fourth most prevalent form of cancer in the U.S., according to the American Cancer Society, and the standard of care for the treatment of colorectal cancer relies upon continuous chemotherapy infusions delivered via ambulatory infusion pumps. One of the goals for the ITS segment is to expand into treatment of other types of cancers. In 2022, our Oncology Business approximated 91% of our total ITS segment net revenues. In 2022, we generated approximately 47% of our total ITS segment net revenues from treatments for colorectal cancer and 44% of our ITS segment net revenues from treatments for non-colorectal disease states. There are a number of approved treatment protocols for pancreatic, head and neck, esophageal and other types of cancers, as well as other disease states which present opportunities for growth. There are also a number of other drugs currently approved by the U.S. Food and Drug Administration (the "FDA"), as well as agents in the pharmaceutical development pipeline, which we believe could potentially be used with continuous infusion protocols for the treatment of diseases other than colorectal cancer. Additional drugs or protocols currently in clinical trials may also obtain regulatory approval over the next several years. If these new drugs or protocols obtain regulatory approval for use with continuous infusion protocols, we expect the pharmaceutical companies to focus their sales and marketing efforts on promoting the new drugs and protocols to physicians.

Furthermore, our Oncology Business focuses mainly on the continuous infusion of chemotherapy. Continuous infusion of chemotherapy can be described as the gradual administration of a drug via a small, lightweight, portable infusion pump over a prolonged period of time. A cancer patient can receive his or her medicine anywhere from one to 30 days per month depending on the chemotherapy regimen that is most appropriate to that individual's health status and disease state. This may be followed by periods of rest and then repeated cycles with treatment goals of progression-free disease survival. This drug administration method has replaced intravenous push or bolus administration in specific circumstances. The advantages of slow continuous low doses of certain drugs are well documented. Clinical studies support the use of continuous infusion chemotherapy for decreased toxicity without loss of anti-tumor efficacy. The 2015 National Comprehensive Cancer Network ("NCCN") Guidelines recommend the use of continuous infusion for treatment of numerous cancer diagnoses. We believe that the growth of continuous infusion therapy is driven by three factors: evidence of improved clinical outcomes; lower toxicity and side effects; and a favorable reimbursement environment.

The use of continuous infusion has been demonstrated to decrease or alter the toxicity of a number of cytotoxic, or cell killing, agents. Higher doses of drugs can be infused over longer periods of time, leading to improved tolerance and decreased toxicity. For example, the cardiotoxicity (heart muscle damage) of the chemotherapy drug Doxorubicin is decreased by schedules of administration according to The Chemotherapy Source Book by Michael C. Perry. Nausea, vomiting, diarrhea and decreased white blood cell and platelet counts are all affected by duration of delivery. Continuous infusion can lead to improved tolerance and patient comfort while enhancing the patient's ability to remain on the chemotherapy regimen. Additionally, the lower toxicity profile and resulting reduction in side effects enables patients undergoing continuous infusion therapy to continue a relatively normal lifestyle, which may include continuing to work, going shopping, and caring for family members. We believe that the partnering of physician management and patient autonomy provide for the highest quality of care with the greatest patient satisfaction.

We believe that oncology practitioners have a heightened sensitivity to providing quality service and to their ability to obtain reimbursement for services they provide. Simultaneously, CMS and private insurers are increasingly focused on evidence-based medicine to inform their reimbursement decisions — that is, aligning reimbursement with clinical outcomes and adherence to standards of care. Continuous infusion therapy is a main component of the standard of care for certain types of cancer because clinical evidence demonstrates superior outcomes. Payers' recognition of this benefit is reflected in their relative reimbursement policies for clinical services related to the delivery of this care.

Additional areas of focus for our ITS segment are as follows:

- Pain Management - providing our ambulatory pumps, products, and services for pain management in the area of post-surgical continuous peripheral nerve block.
- Wound Care - launched in November 2022, the Company established a partnership, SI Wound Care, LLC ("SI Wound Care"), with Sanara MedTech Inc. ("Sanara"). The partnership will focus on delivering a complete wound care solution targeted at improving patient outcomes, lowering the cost of care, and increasing patient and provider satisfaction. The partnership is expected to enable InfuSystem to offer innovative products including Cork Medical LLC's ("Cork") negative pressure wound therapy ("NPWT") devices and supplies and Sanara's advanced wound care product line to new customers through the jointly controlled entity.
- Acquisitions - we believe there are opportunities to acquire smaller, regional health care service providers, in whole or in part that perform similar services to us but do not have the national market access, network of third-party payer contracts or operating economies of scale that we currently enjoy. We may also pursue acquisition opportunities of companies that perform similar services, but offer different therapies or utilize different devices.

- Lymphedema Therapy – Lymphedema therapy includes providing patient care and customer service, pneumatic compression devices and associated garments through our partnership with Bio Compression Systems, Inc. to outpatients, initially targeting our existing acute care and oncology customers, estimated to be 20% of the multi-billion-dollar Lymphedema market.
- Information technology-based services - we also plan to continue to capitalize on key new information technology-based services such as EXPRESS, InfuBus or InfuConnect, Pump Portal, DeviceHub and BlockPain Dashboard®.

The payer environment within our ITS segment is in a constant state of change. We continue to extend our considerable breadth of payer networks under contract as patients move into different insurance coverage plans, including Medicaid and Insurance Marketplace products. In some cases, this may slightly reduce our aggregate billed revenues payment rate but result in an overall increase in collected revenues, due to a reduction in concessions. Consequently, we are increasingly focused on revenues net of concessions.

DME Services Segment

Our DME Services segment's core service is to: (i) sell or rent new and pre-owned pole-mounted and ambulatory infusion pumps and other Durable Medical Equipment; (ii) sell treatment-related consumables; and (iii) provide biomedical recertification, maintenance and repair services for oncology practices as well as other healthcare site settings, including hospitals, home care and home infusion providers, skilled nursing and acute care facilities, pain centers and others. We purchase new and pre-owned pole-mounted and ambulatory infusion pumps from a variety of sources on a non-exclusive basis. We repair, refurbish and provide biomedical certification for the devices as needed. The pumps are then available for sale, rental or to be used within our ambulatory infusion pump management service. Our acquisition of FilAMed, a privately-held biomedical services company, on January 31, 2021 has supplemented the Company's existing biomedical recertification, maintenance and repair services for acute care facilities and other alternate site settings including home care and home infusion providers, skilled nursing facilities, pain centers and others. Our acquisition of OB Healthcare Corporation ("OB Healthcare"), a privately-held biomedical services company, on April 18, 2021 further develops and expands InfuSystem's DME Services segment by adding field service capabilities and complements the Company's purchase of FilAMed.

Services

ITS Segment

Our core service within our ITS segment is our Oncology Business. After delivering our ambulatory pumps to oncology offices, infusion clinics, and hospital and outpatient chemotherapy clinics, we then directly bill and collect payment from payers and patients for the use of these pumps. At any given time, our pumps are in the possession of these facilities, on a patient, in transit, or in our facilities for cleaning, calibration and storage as reserves for increased demand.

After a physician determines that a patient is eligible for ambulatory infusion pump therapy, the physician arranges for the patient to receive an infusion pump and provides the necessary chemotherapy drugs. The physician and nursing staff train the patient in the use of the pump and initiate service. The physician bills the payers, which may include Medicare, Medicaid, third-party payer companies or patients for the physician's professional services associated with initiating and supervising the infusion pump administration, as well as the supply of drugs. We directly bill (i) payers, (ii) facilities of our Medicare patients, and (iii) patients for the use of the pump and related disposable supplies. Billing to payers requires coordination with patients and physicians who initiate the service, as physicians' offices must provide us with appropriate documentation (patient's insurance information, physician's order, an acknowledgement of benefits that shows receipt of equipment by the patient, and, in some cases, physician's progress notes) in order for us to submit a bill to the payers. We provide assistance to uninsured patients that cannot afford our pumps via our financial hardship program – a program that usually matches what our physician practices provide as long as the uninsured patients meet certain criteria. This billing process is handled from our Rochester Hills, Michigan location.

In addition to providing high quality and convenient care, we believe that our business offers significant economic benefits for patients, providers and payers.

- Our clinical support team employs oncology, pain, Intravenous Certified, and Oncology Certified registered nurses trained on ambulatory infusion pump equipment who staff our 24x7 customer service hotline to address questions that patients may have about their pump treatment, the infusion pumps or other medical or technical questions related to the pumps.

- Physicians use our services to outsource the capital commitment, pump service, maintenance and billing and administrative burdens associated with pump ownership. Our services also allow the doctor to continue a direct relationship with the patient and to receive professional service fees for setting up the treatment and administering the drugs.

- We provide methods for the physician offices to deliver the appropriate paperwork for billing through a number of electronic means including EXPRESS and InfuConnect reducing the required effort on the employees of the physician offices.

- We believe our services are attractive to payers because such services are generally less expensive than hospitalization or standalone home health care.

Also, within ITS, we offer pain management services via electronic ambulatory infusion pumps for post-operative pain management using our pumps along with a numbing agent and a continuous nerve block catheter – continuous peripheral nerve block ("CPNB"). Using CPNB for the management of post-operative pain, which usually lasts two to three days after surgery, can result in reduced pain for the patient, increased satisfaction scores for the surgical center or hospital, and reduced need for post-operative opioid pain medication. These services include our patient care call center interaction offering support to patients and the review and collection of pain score patient outcome data for outpatient surgery centers using our proprietary BlockPain Dashboard®.

DME Services Segment

Other services we offer are classified under our DME Services segment and include the rental, sale or leasing and servicing of pole-mounted and ambulatory infusion pumps to oncology practices, hospitals and other clinical settings. These pumps are available for daily, weekly, monthly or annual rental periods. We also sell treatment consumables that can be used in conjunction with the pumps we sell and rent.

In addition to sales, rental and leasing services, we also provide biomedical maintenance, repair and certification services for the devices we offer as well as for devices owned by customers but not acquired from us. We operate pump service and repair "Centers of Excellence" from all of our locations across the U.S. and Canada and employ a staff of highly-trained technicians to provide these services. Our main Center of Excellence for service is our Lenexa, Kansas facility. In addition to the maintenance and repair services we perform at these facilities, we offer similar services that can be performed directly at our customer locations nation-wide through our team of field-based and traveling biomedical technicians.

As of December 31, 2022, our rental fleet of pole-mounted pumps, ambulatory pumps and NPWT medical equipment for both our ITS and DME Services segments had a historical cost of $99.2 million, up from $91.9 million at the end of 2021, and included approximately 125 makes and models of equipment dedicated to our rental services. Additionally, as of December 31, 2022 and 2021, we had a fleet of new and used pole-mounted pumps, ambulatory pumps and NPWT medical equipment with a historical cost of $2.8 million and $1.8 million, respectively, for sale or rental.

Information Technology

Our Information Technology ("IT") department is focused on not only supporting our internal IT infrastructure needs, but also supporting our revenue cycle management infrastructure including our electronic medical record technology ("EMR") that allows medical facilities to use our infusion pumps and services via our solutions such as EXPRESS and InfuConnect. This focus has enabled current billing information to be transferred to us from participating facilities electronically and automatically. Our focus on IT solutions resulted in the development of EXPRESS, a product powered by our InfuBus data integration platform, and provides for paperless delivery of the appropriate information for InfuSystem to bill payers that:

- eliminates all paper;
- provides an enhanced visibility as a result of real time status and reporting;
- reduces risk of error;
- automates treatment logs, pump assignments, tracking and physician's orders;
- provides a secure scanner for easy pump assignment to patients; and
- removes interruptions from physician practices' daily schedules, and standardizes data flow for clinics and hospitals with multiple locations.

Relationships with Physician Offices

As of December 31, 2022, we had business relationships with clinical oncologists in over 2,150 outpatient oncology clinics. Although this represents a substantial number of the oncologists in the U.S., we believe that we can continue to expand

our network to further penetrate the oncology market. Based on our retention rates and the positive results of our professional customer satisfaction research, we believe our relationships with physician offices are strong.

We believe that, in general, we do not compete directly with hospitals and physician offices to treat patients. Rather, by providing products and services to hospitals and physician offices and other care facilities and providers, we believe that we assist other providers in meeting increasing patient demand and managing institutional constraints on capital and manpower due to the nature of limited resources in hospitals and physician offices.

Physician practices in the oncology field are following the overall healthcare practices trend to consolidate. However, as of December 31, 2022, we had gained more facilities than we had lost. We expect this trend to continue for the foreseeable future.

Employees

As of December 31, 2022, we had 438 employees, including 420 full-time employees and 18 part-time or contract employees. None of our employees are unionized.

Material Suppliers

We supply a wide variety of pumps and associated equipment, as well as disposables and ancillary supplies. The majority of our pumps are electronic infusion pumps. Smiths Medical, Inc. and Moog Medical Devices Group each supplied more than 10% of the ambulatory pumps purchased by us in 2022. The Company has a supply agreement in place with each of these suppliers. Certain "spot" purchases are made on the open market subject to individual negotiation. We also supply NPWT medical equipment, as well as related disposables and ancillary supplies.

Seasonality

Revenues may be seasonal due to the impact of co-pays and deductibles for patients' insurance that traditionally reset each January. This has been further impacted by changes in the insurance industry as it responds to increased government regulation. Also, rental customers tend to make buy versus rent decisions late in the year as customer capital budgets are being finalized, impacting sales revenue in the second half of the year, predominantly in the fourth quarter. Furthermore, as the Company's liquidity has improved, opportunistic pump purchases are made from time to time. These opportunistic pump purchases also allow for opportunistic pump sales, which could be material. The timing of such purchases and sales vary within the course of a year.

Environmental Laws

We are required to comply with applicable federal, state and local environmental laws regulating the disposal of cleaning agents used in the process of cleaning medical equipment, as well as the disposal of sharps and blood products used in connection with the pumps and medical equipment. We do not believe that compliance with such laws has a material effect on our business.

Significant Customers

We have sought to establish contracts with as many third-party payer organizations as commercially practicable, in an effort to ensure that reimbursement is not a significant obstacle for providers who recommend continuous infusion therapy and wish to utilize our services. A third-party payer organization is a health care payer or a group of medical services payers that contracts to provide a wide variety of health care services to enrolled members through participating providers such as us. A payer is any entity that pays on behalf of a member patient.

As of December 31, 2022, we had contracts with nearly 800 third-party payer networks, an increase of 4% over the prior year period. Material terms of contracts with third-party payer organizations are typically a pre-negotiated fee schedule rate or a then-current proprietary fee schedule rate for equipment and supplies provided. The majority of these contracts generally provide for a term of one year, with automatic one-year renewals, unless we or the contracted payer elect not to renew. We also contract with various other third-party payer organizations, Medicaid, commercial Medicare replacement plans, self-insured plans, facilities of our Medicare patients and numerous other insurance carriers. No single payer or customer represented more than 10% of net revenue in 2022, 2021 or 2020.

Competitors

We believe that our competition primarily consists of national, regional, and hospital-owned Durable Medical Equipment providers and service companies, physician providers and home care infusion providers and the competitive products and services they offer. An estimate of the number of competitors is not known or reasonably available, due to the wide variety in type and size of the market participants described below. We are not aware of any industry reports with respect to the competitive market described below. The description of market segments and business activities within those market segments is based on our experiences in the industry.

- National Durable Medical Equipment Providers and Service Companies: Other national providers and service companies have offerings similar to us. These products and service offerings include, but are not limited to, third-party reimbursement, direct rental and sale of infusion electronic and disposal pumps and related products and services for patients in the home, oncology clinics, ambulatory surgery centers, hospitals and other sites of care.

- Regional Durable Medical Equipment Providers: Regional Durable Medical Equipment providers act as distributors for a variety of medical products. We believe regional Durable Medical Equipment provider sales forces generally consist of a relatively small number of salespeople, usually covering several states. Regional Durable Medical Equipment providers tend to carry a limited selection of infusion pumps and their salespeople generally have limited resources. Regional Durable Medical Equipment providers usually do not have 24x7 nursing services. We believe that Regional Durable Medical Equipment providers have relatively few third-party payer contracts, which may prevent these providers from being paid at acceptable levels and may also result in higher out-of-pocket costs for patients.

- Hospital-Owned Durable Medical Equipment Providers: Many hospitals have in-house Durable Medical Equipment providers to supply basic equipment. In general, however, these providers have limited capital and tend to stock a small inventory of infusion pumps. We believe that hospital-owned providers have limited ability to grow because of limited patient populations. Growth from outside of the hospital may pose a challenge because hospitals typically will not provide referrals to competitors, instead preferring to offer patients a choice of non-hospital-affiliated Durable Medical Equipment providers.

- Physician Providers: A limited number of physicians maintain an inventory of their own infusion pumps and provide them to patients for a fee. However, we believe that pump utilization in this area tends to be low and the costs associated with ongoing supplies, preventative maintenance and repairs can be relatively high. Moreover, we believe that a high percentage of Durable Medical Equipment claims by doctors are rejected by payers upon first submission, requiring a physician's staff to spend significant time and effort to resubmit claims and receive payment for treatment. The numerous service and technical questions from patients may present another significant cost to a physician provider's staff.

- Home Care Infusion Providers: Home care infusion providers provide chemotherapy drugs and services to allow for in-home patient treatment. We believe that home care infusion treatment can be very costly and that many patients do not carry insurance coverage that pay for home-based infusion services, resulting in larger out-of-pocket costs. Because home care treatments may take as long as six months, these costs can be high and can result in higher patient co-payments. We believe that home care providers may also be reluctant to offer 24x7 coverage or additional patient visits, due to capped fees.

Regulation of Our Business

Our business is subject to various regulations. Specifically, as a registered Medicare supplier of Durable Medical Equipment and related supplies, we must comply with supplier standards established by CMS regulating Medicare suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies ("DMEPOS Supplier Standards"). The DMEPOS Supplier Standards consist of 30 requirements that must be met in order for a DMEPOS supplier to be eligible to receive payment for a Medicare-covered item. Some of the more significant DMEPOS Supplier Standards require us to (i) advise Medicare beneficiaries of their option to purchase certain equipment, (ii) honor all warranties under state law and not charge Medicare beneficiaries for the repair or replacement of equipment or for services covered under warranty, (iii) permit CMS agents to conduct on-site inspections to ascertain compliance with the DMEPOS Supplier Standards, (iv) maintain liability insurance in prescribed amounts, (v) refrain from contacting Medicare beneficiaries by telephone, except in certain limited circumstances, (vi) answer questions and respond to complaints of beneficiaries regarding the supplied equipment, (vii) disclose the DMEPOS Supplier Standards to each Medicare beneficiary to whom we supply equipment, (viii) maintain a complaint resolution procedure and record certain information regarding each complaint, (ix) maintain accreditation from a CMS approved accreditation organization, and (x) meet certain specified surety bond requirements.

We are also subject to the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), which are designed to protect the security and confidentiality of certain protected health information. Under HIPAA, we must provide patients access to certain records and must notify patients of our use of protected health information and patient privacy rights. Moreover, HIPAA sets limits on how we may use individually identifiable health information and prohibits the use of patient information for marketing purposes. The adoption of the American Recovery and Reinvestment Act of 2009 ("ARRA") includes a new breach notification requirement that applies to breaches of unsecured health information occurring on or after September 23, 2009. We are subject to regulations in the various states in which we operate. We believe we are in material compliance with all such regulations.

Available Information

Our Internet address is www.infusystem.com. On this website, we post the following filings as soon as reasonably practicable after they are electronically filed with or furnished to the U.S. Securities and Exchange Commission (the "SEC"): our Annual Reports on Form 10-K; our Quarterly Reports on Form 10-Q; our Current Reports on Form 8-K; our proxy statements related to our annual stockholders' meetings; and any amendments to those reports or statements. All such filings are available on our website free of charge. The charters of our audit, nominating and governance and compensation committees and our Code of Business Conduct and Ethics Policy are also available on our website and in print to any stockholder who requests them. The content on our website is not incorporated by reference into this Form 10-K unless expressly noted.

Item 1A. Risk Factors.

An investment in our securities involves a high degree of risk. You should consider carefully all of the material risks described below, together with the other information contained in this Form 10-K. If any of the following events occur, our business, financial condition, results of operations and cash flows may be materially adversely affected.

RISK FACTORS RELATING TO OUR BUSINESS AND THE INDUSTRY IN WHICH WE OPERATE

Our business is substantially dependent on third-party reimbursement. Any change in the overall health care reimbursement system may adversely impact our business.

Our revenues are substantially dependent on third-party reimbursement. We are paid directly by private insurers and, in some cases, governmental agencies, often on a fixed fee basis, for the use of continuous infusion equipment and related disposable supplies provided to patients. If the average fees allowable by private insurers or governmental agencies were reduced, the negative impact on revenues could have a material effect on our business, financial condition, results of operations and cash flows. Also, if amounts owed to us by patients and insurers are reduced or not paid on a timely basis, we may be required to increase our concessions and/or decrease our revenues.

Changes in the health care reimbursement system often create financial incentives and disincentives that encourage or discourage the use of a particular type of product, therapy or clinical procedure. Such changes may be impacted by the growth in ACOs, reduction of providers by payers, the use of lower cost rental networks and other factors. Market acceptance of continuous infusion therapy may be adversely affected by changes or trends within the health care reimbursement system. Changes to the health care reimbursement system that favor other technologies or treatment regimens that reduce reimbursements to providers or treatment facilities, including increasing competitive pressures from home health care and other companies that use our services, may adversely affect our ability to market our services profitably. Overall, such dependency and potential changes could materially and adversely affect our business, financial condition, results of operations and cash flows.

Our business is substantially dependent on estimates of collectible revenue from third-party reimbursement.

Our revenues are substantially dependent on estimates of collectible revenue from third-party reimbursement. Due to the complex nature of third-party reimbursement for the use of continuous infusion equipment and related disposable supplies provided to patients, we must estimate, based upon historical averages, the amount of collectible revenue that may be derived from each patient treatment. If average reimbursement rates diverge from historical levels, the estimates of such revenue may diverge from actual collections.

We utilize statistical methods to account for such changes, but there can be no assurance that the revenue reported in any period will ultimately be collected. Any recognized revenue related to third-party reimbursement from prior periods, which remains uncollected until written off from accounts receivable, will negatively impact revenues in the period in which it is written off. Thus, over time, recognized revenue net of concessions will approximate total collections.

The loss of a relationship with one or more third-party payers could negatively impact our business.

Our contracts for reimbursement with third-party payers are often for a term of one year, with automatic one-year renewals, unless we or the contracted payer elect not to renew. These evergreen contracts are subject to termination upon written notice. One or more terminations could have a material and adverse effect on our business, financial condition, results of operations and cash flows.

Any federal government shutdown may adversely impact our business.

Our revenues are dependent on private insurers and governmental agencies. In the absence of any bipartisan agreement in the federal government with respect to payments from governmental agencies, our revenues could be reduced. In addition, any federal government shutdown could also have a material and adverse impact on our business, financial condition, results of operations and cash flows.

Payer concentration may adversely impact our business.

As of December 31, 2022, we had contracts with nearly 800 third-party payer networks, an increase of 4% over the prior year period. Material terms of contracts with third-party payer organizations are typically a pre-negotiated fee schedule rate or a then-current proprietary fee schedule rate for equipment and supplies provided. The majority of these contracts generally provide for a term of one year, with automatic one-year renewals, unless we or the contracted payer elect not to renew. We also contract with various other third-party payer organizations, Medicaid, commercial Medicare replacement plans, self-insured plans, facilities of our Medicare patients and numerous other insurance carriers. No single payer represented more than 10% of net revenue in 2022, 2021 or 2020. To the extent such dependency was to occur, significant fluctuations in revenues, results of operations and liquidity could arise if any significant contracted payer reduces its reimbursement for the services we provide.

Our billing process is dependent on meeting payer claims processing guidelines which are subject to change at the discretion of the payers. Such changes would materially impact our ability to bill and the timing of such billings, which could materially and adversely impact our net revenues and cash flows, which impact would be even greater if such changes are made by one of our larger payers.

The continued consolidation of physician practices, outpatient infusion clinics, oncology clinics, homecare providers and hospitals, increases the concentration of decision makers whom either choose to use our ambulatory electronic pumps within our Oncology Business or directly rent, lease or purchase pumps or supplies from us.

While we make every effort to benefit from such concentration, it could materially and adversely affect our business, financial condition, results of operations and cash flows.

Increased focus on early detection and diagnostics may adversely affect our business.

An increased focus on lowering health care spending via improved diagnostic testing (i.e., defensive medicine) and patient monitoring could materially and negatively affect our business. A large portion of our ambulatory infusion pumps are dedicated to a specific form of cancer (i.e., colorectal). As a result of rising health care costs, there may be a demand for more cost-effective approaches to disease management, specifically for colorectal cancer, as well as for emphasis on screening and accurate diagnostic testing to facilitate early detection of potentially costly, severe afflictions. Any change in the approach to treatment of colorectal cancer could have a material and adverse impact on our business, financial condition, results of operations and cash flows.

If future clinical studies demonstrate that oral medications or other therapies that do not use our electronic ambulatory pumps are at least as effective as continuous infusion therapy, our business could be adversely affected.

Ongoing clinical trials are currently evaluating and comparing the therapeutic benefits of current continuous infusion-based regimens with various oral medication regimens. If these clinical trials demonstrate that oral medications provide equal or greater therapeutic benefits and/or demonstrate reduced side effects compared to prior oral medication regimens, our revenues and overall business could be materially and adversely affected. Additionally, if new oral medications or other therapies that do not utilize our ambulatory electronic pumps are introduced to the market that are superior to existing oral therapies, physicians' willingness to prescribe continuous infusion-based regimens could decline, which would materially and adversely affect our business, financial condition, results of operations and cash flows.

Our success is impacted by the availability of the chemotherapy drugs that are used in our continuous infusion pump systems.

We primarily derive our revenues from the rental of ambulatory infusion pumps to oncology patients through physicians' offices and chemotherapy clinics. A shortage in the availability of chemotherapy drugs that are used in the continuous infusion pump system, which has occurred in the past, could have a material and adverse effect on our business, financial condition, results of operations and cash flows.

We are dependent on our Medicare Supplier Number.

We are required to have a Medicare Supplier Number in order to have the ability to bill Medicare for services provided to Medicare patients. Furthermore, all third-party and Medicaid contracts require us to have a Medicare Supplier Number. We are required to comply with Medicare DMEPOS Supplier Standards in order to maintain such number. If we are unable to comply with the relevant standards, we could lose our Medicare Supplier Number. Without such number, we would be unable to continue our various third-party and Medicaid contracts. A significant portion of our revenues are dependent upon our Medicare Supplier Number, the loss of which would materially and adversely affect our business, financial condition, results of operations and cash flows.

The CMS requires that all Durable Medical Equipment providers must be accredited by a CMS-approved accreditation organization. On February 17, 2009, we initially received accreditation from CHAP, and we have remained accredited to date. If we lost our accredited status, our business, financial condition, revenues and results of operations would be materially and adversely affected.

The impact of U.S. health care reform legislation on us remains uncertain.

The ACA has perpetuated the development of alternative provider payment models by CMS and the major national commercial payers. These payment models do not replace the current fee-for-service models nor replace current payer contracts, but rather provide additional financial incentives to certain "accountable" providers to improve quality and lower cost. The implications for the Company will come from the provider networks that are forming in order to integrate and coordinate care under these alternative models with CMS and the commercial payers. These provider networks include ACOs, patient-centered primary care medical homes, specialty medical homes, networks accepting bundled payment programs, and other "performance" networks that contract with CMS and commercial payers under alternative payment models that financially reward improved quality and lower medical cost. The relationship between us and our provider practices and facilities that are participating in these provider networks under alternative payment models will depend on (i) the extent to which these provider networks give priority to the medical cost associated with our Durable Medical Equipment services and (ii) whether our services are seen as part of a care delivery model that delivers higher value – higher quality at a lower cost.

Our failure to perform under these alternative payment models, or under similar models or conditions introduced by future legislation, could have a material adverse impact on our business, financial condition, results of operations and cash flows.

We rely on independent suppliers for our products. Any delay or disruption in the supply of products, particularly our supply of electronic ambulatory pumps, may negatively impact our operations.

Our infusion pumps and related consumables are obtained from outside vendors. The majority of our new pumps are electronic infusion pumps which are supplied to us by two major suppliers: Smiths Medical, Inc. and Moog Medical Devices Group. The loss or disruption of our relationships with outside vendors, including pumps, parts, or supply recall or pump end-of-life announcements or availability of related proprietary consumable supplies, could subject us to substantial delays in the delivery of pumps or services provided to customers. From time to time, we or our suppliers may experience supply chain disruptions due to circumstances beyond our or our suppliers' control, such as the 2020 outbreak of COVID-19. Significant delays in the delivery or service of pumps or related proprietary consumable supplies could result in possible cancellation of orders and the loss of customers. Our inability to provide pumps to meet delivery schedules could have a material adverse effect on our reputation in the industry, as well as on our business, financial condition, results of operations and cash flows.

We face periodic reviews and billing audits from governmental and private payers and these audits could have adverse results that may negatively impact our business.

As a result of our participation in the Medicaid program and our registration in the Medicare program, we are subject to various governmental reviews and audits to verify our compliance with these programs and applicable laws and regulations. We also are subject to audits under various government programs in which third-party firms engaged by CMS conduct extensive

reviews of claims data and medical and other records to identify potential improper payments under the Medicare program. Private pay sources also reserve the right to conduct audits. If billing errors are identified in the sample of reviewed claims, the billing error can be extrapolated to all claims filed which could result in a larger overpayment than originally identified in the sample of reviewed claims. Our costs to respond to and defend reviews and audits may be significant and could have a material adverse effect on our business, financial condition, results of operations and cash flows. Moreover, an adverse review or audit could result in:

- required refunding or retroactive adjustment of amounts we have been paid by governmental or private payers;
- state or Federal agencies imposing fines, penalties and other sanctions on us;
- loss of our right to participate in the Medicare program, state programs, or one or more private payer networks; or
- damage to our business and reputation in various markets.

Any one of these results could have a material adverse effect on our business, financial condition, results of operations and cash flows.

Our failure to maintain controls and processes over billing and collecting could have a significant negative impact on our Consolidated Financial Statements.

The collection of accounts receivable is a significant challenge and requires constant focus and involvement by management and ongoing enhancements to information systems, billing center operating procedures and proper staffing levels. If we are unable to properly bill and collect our accounts receivable, our results could be materially and adversely affected. While management believes that our staffing, controls and processes are satisfactory, there can be no assurance that accounts receivable collectability will remain at current levels.

State licensure laws for Durable Medical Equipment suppliers are subject to change. If we fail to comply with any state laws, we will be unable to operate as a Durable Medical Equipment supplier in such state and our business operations will be adversely affected.

As a Durable Medical Equipment supplier operating in all 50 states, we are subject to each state's licensure laws regulating Durable Medical Equipment suppliers. State licensure laws for Durable Medical Equipment suppliers are subject to change and we must ensure that we are continually in compliance with the laws of all 50 states. In the event that we fail to comply with any state's laws governing the licensing of Durable Medical Equipment suppliers, we will be unable to operate as a Durable Medical Equipment supplier in such state until we regain compliance. We may also be subject to certain fines and/or penalties and our business operations could be materially and adversely affected.

Our customer concessions may not be adequate to cover actual losses.

Our third-party payer contracts do not guarantee annual inflationary increases, typical of the Durable Medical Equipment payer contracting environment. Contracted reimbursement rates are either subject to increases or decreases in CMS program rates or, if not indexed to government rates, are frozen until those payer contracts are reopened and renegotiated. While we monitor reimbursement levels to identify specific payer reimbursement rates that have eroded and renegotiate such rates, we may not be able to maintain or improve overall reimbursement levels, thereby compromising the adequacy of the predicted customer concessions.

We may also face reduced reimbursements from private third-party payers. In addition, our customers may be unable to make timely payments to us. Although we maintain allowances for estimated losses resulting from the inability of our customers to make required payments, we cannot guarantee that we will continue to experience the same loss rates that we have in the past. If we begin to experience an increase in our loss rates in excess of our allowances, it could materially and adversely impact our business, financial condition, results of operations and cash flows.

Our growth strategy includes expanding into treatment for cancers other than colorectal cancer. There can be no assurance that continuous infusion-based regimens for these other cancers will become standards of care for large numbers of patients or that we will be successful in penetrating these different markets.

An aspect of our growth strategy is to expand into the treatment of other cancers, such as head, neck and gastric cancers. This population of patients will expand only if clinical trial results for new drugs and new combinations of drugs demonstrate superior outcomes for regimens that include continuous infusion therapy relative to alternatives. No assurances can be given that these new drugs and drug combinations will be approved or will prove superior to oral medication or other treatment

alternatives. In addition, no assurances can be given that we will be able to penetrate successfully any new markets that may develop in the future or manage the growth in additional resources that would be required.

The industry in which we operate is intensely competitive and ever-changing. If we are unable to successfully compete with our competitors, our business operations may suffer.

The drug infusion industry is highly competitive. Some of our competitors and potential competitors, including some of the practices that we service, have significantly greater resources than we do for information technology, marketing and sales. As a result, they may be better able to compete for market share, even in areas in which our services may be superior. The industry is subject to technological changes and such changes may put our current fleet of pumps, smart pump licensing, our information technology solutions or our other technological-based solutions at a competitive disadvantage. Furthermore, the healthcare industry, in general, is experiencing market consolidation, reducing the number of decision makers. If we are unable to effectively compete in our market, our business, financial condition, results of operations and cash flows may be materially and adversely affected.

Our industry is dependent on regulatory guidelines that affect our billing practices. If our competitors do not comply with these regulatory guidelines, our business could be adversely affected.

Aggressive competitors may not fully comply with rules regarding CMS and other payers' billing and documentation requirements. Competitors, who do not meet the same standards of compliance that we do with respect to billing regulations, may put us at a potential competitive disadvantage. We are a participating provider with Medicare and as of December 31, 2022, we were under contract with nearly 800 third-party payer networks, all of which have very stringent guidelines. If our competitors do not comply with these regulatory guidelines, we could be put at a potential competitive disadvantage and our business, financial condition, results of operations and cash flows could be material and adversely affected.

Although we do not manufacture the products we distribute, if one of the products distributed by us proves to be defective or is misused by a health care practitioner or patient, we may be subject to liability that could adversely affect our financial condition and results of operations.

Although we do not manufacture the pumps that we distribute, a defect in the design or manufacture of a pump distributed or serviced by us, or a failure of pumps distributed by us to perform for the use specified, could have a material and adverse effect on our reputation in the industry and subject us to claims of liability for injuries and otherwise. Misuse of the pumps distributed by us by a practitioner or patient that results in injury could similarly subject us to liability. Any substantial underinsured loss could have a material and adverse effect on our business, financial condition, results of operations and cash flows. Furthermore, any impairment of our reputation could have a material and adverse effect on our revenues and prospects for future business.

We intend to continue to pursue opportunities for the further expansion of our business through strategic alliances and/or joint ventures. Future strategic alliances and/or joint ventures may require significant resources and/or result in significant unanticipated costs or liabilities to us.

We intend to continue to pursue opportunities for the further expansion of our business through strategic alliances and/or joint ventures. Any future strategic alliances or joint ventures will depend on our ability to identify suitable partners, negotiate acceptable terms for such transactions and obtain financing, if necessary. These investments require significant managerial attention, which may be diverted from our other operations.

If we engage in strategic acquisitions, we may experience significant costs and difficulty in assimilating operations or personnel, which could threaten our future growth.

If we make any acquisitions, we could have difficulty assimilating operations, technologies and products and services. In addition, we could have difficulty integrating or retaining personnel and maintaining employee morale as we take steps to combine the personnel and business cultures of separate organizations into one and to eliminate duplicate positions and functions. It may also be difficult for us to preserve important relationships with others, such as strategic partners, customers, and suppliers, who may delay or defer decisions on agreements with us, or seek to change existing agreements with us, because of the acquisition. In addition, acquisitions may involve entering markets in which we have no or limited direct prior experience. The occurrence of any one or more of these factors could disrupt our ongoing business, distract our management's and employees' attention from our ongoing business operations, result in decreased operating performance and increase our expenses. Moreover, our profitability may suffer because of acquisition-related costs or amortization of intangible assets. Furthermore, we may have to incur debt or issue equity securities in future acquisitions. The issuance of equity securities would dilute our existing stockholders.

We may be unable to maintain adequate working relationships with health care professionals.

We seek to maintain close working relationships with respected physicians and medical personnel in hospitals and universities. We rely on these professionals to assist us in the development of proprietary service and improvements to complement and expand our existing service and product lines. If we are unable to maintain these relationships, our ability to market and sell new and improved products and services could decrease and future operating results could be unfavorably affected.

If we fail to comply with applicable governmental or accrediting bodies' regulations, we could face substantial penalties and our business, operations and financial condition could be adversely affected.

Certain federal, state health care, and accreditation bodies' laws and regulations, including those pertaining to fraud and abuse and patients' rights, are applicable to our business. The laws that are applicable to our business include:

- the federal health care program Anti-Kickback Statute, which prohibits, among other things, soliciting, receiving or providing remuneration, directly or indirectly, to induce (i) the referral of an individual, for an item or service or (ii) the purchasing or ordering of a good or service, for which payment may be made under federal health care programs such as the Medicare and Medicaid programs;
- federal false claims laws which prohibit, among other things, knowingly presenting, or causing to be presented, claims for payment from Medicare, Medicaid, or other third-party payers that are false or fraudulent, and which may apply to entities like us that promote medical devices, provide medical device management services and may provide coding and billing advice to customers;
- HIPAA, which prohibits executing a scheme to defraud any health care benefit program or making false statements relating to health care matters and which also imposes certain requirements relating to the privacy, security and transmission of individually identifiable health information; and
- state law equivalents of each of the above federal laws, such as anti-kickback and false claims laws that may apply to items or services reimbursed by any third-party payer, including commercial insurers, and state laws governing the privacy and security of health information in certain circumstances, many of which differ in significant ways from state to state and often are not preempted by HIPAA, thus complicating compliance efforts.

If our operations are found to be in violation of any of the laws described above or any other regulations that apply to us, we may be subject to penalties, including civil and criminal penalties, damages, fines and the curtailment or restructuring of our operations. Any penalties, damages, fines, curtailment or restructuring of our operations could materially and adversely affect our business, financial condition, results of operations and cash flows. Any action against us for violation of these laws, even if we successfully defend against it, could cause us to incur significant legal expenses and divert our management's attention from the operation of our business. Moreover, achieving and sustaining compliance with applicable federal and state privacy, security and fraud laws may prove costly.

Failure to protect our intellectual property could substantially harm our business and operating results.

In order to protect our trade secrets and other confidential information, we rely in part on confidentiality agreements with our employees, consultants and third parties with whom we have relationships. These agreements may not effectively prevent disclosure of trade secrets and other confidential information and may not provide an adequate remedy in the event of misappropriation of trade secrets or any unauthorized disclosure of trade secrets and other confidential information. In addition, others may independently discover our trade secrets and confidential information and, in such cases, we could not assert any trade secret rights against such parties. Costly and time-consuming litigation could be necessary to enforce or determine the scope of our trade secret rights and related confidentiality and nondisclosure provisions. Failure to obtain or maintain trade secret protection, or our competitors' acquisition of our trade secrets, could materially and adversely affect our competitive business position.

Covenants in our current and any future debt agreements restrict our business.

Our 2021 Credit Agreement contains and the agreements that govern our future indebtedness may contain, covenants that restrict our ability to and the ability of our subsidiaries to, among other things:

- engage in a transaction that results in a change of control, as defined by the 2021 Credit Agreement;
- create, incur, assume or suffer to exist any lien upon any of our property, assets or revenues;
- make certain investments or acquisitions;

- create, incur, assume or suffer to exist certain indebtedness;
- merge, dissolve, liquidate, consolidate or sell all or substantially all of our assets;
- make any disposition or enter into any agreement to make any disposition;
- repurchase outstanding stock from the open market; and
- declare or make, directly or indirectly, any dividend or other restricted payment, or incur any obligation (contingent or otherwise) to do so.

These covenants may restrict our ability to operate our business. Our failure to comply with these covenants could result in an event of default that, if not cured or waived, could result in reduced liquidity for the Company and could have a material and adverse effect on our ability to operate our business, financial condition, results of operations and cash flows. Additionally, our ability to pay interest and repay the principal for our indebtedness is dependent upon our ability to manage our business operations, generate sufficient cash flows to service such debt and the other factors discussed in this section. Our 2021 Credit Agreement also contains certain financial covenants. As of December 31, 2022, we were in compliance with all the covenants contained in the 2021 Credit Agreement, however, there can be no assurance that we will be able to manage any of the risks associated with debt agreements successfully.

Economic uncertainty or economic deterioration could adversely affect us.

There continues to be global economic uncertainty, as well as increased inflation, heightened interest rates and a recessionary environment. Ongoing political changes and conflicts in the U.S. and abroad continue to contribute to global economic uncertainty and volatility in the global financial markets. In February 2022, Russian forces launched significant military actions against Ukraine, which has caused significant international conflict, including sanctions, tensions and military actions. In addition, the effects of the COVID-19 pandemic have contributed to economic uncertainty. Continued economic uncertainty may continue to drive stock market and interest rate volatility, increased inflation and adversely impact consumer confidence, product demand, and our ability to refinance our debt. Economic conditions, along with our operating performance, may also materially and adversely impact our ability to access the financial markets. Accordingly, our future business and financial results are subject to uncertainty. If economic conditions deteriorate in the future, our future revenues and financial results could be materially and adversely affected.

Changes in tax laws or challenges to our tax positions could adversely affect our business, results of operations and financial condition.

We are subject to income taxes as well as non-income based taxes in federal and various state jurisdictions. Changes in tax laws, including, for example, those resulting from the U.S. federal tax legislation commonly referred to as the Coronavirus Aid, Relief, and Economic Security (CARES) Act, as well as other factors, could cause us to experience fluctuations in our tax obligations and effective tax rates in future periods and otherwise adversely affect our tax positions and/or our tax liabilities. The full impact of the CARES Act on us may change significantly as regulations, interpretations and rulings relating to the CARES Act are issued and additional changes in U.S. federal and state tax laws are made in the future. There can be no assurance that our effective tax rates, tax payments, tax credits or incentives will not be adversely affected by these or other initiatives.

We are subject to audits by tax authorities from time to time in federal and state jurisdictions. Tax authorities may disagree with certain positions we have taken and assess additional taxes and penalties. We regularly assess the likely outcomes of these audits in order to determine the appropriateness of our tax provision. However, there can be no assurance that we will accurately predict the outcomes of these audits, and the actual outcomes of these audits could have a material impact on our results of operations.

The value of our net operating loss carryforwards may become impaired if we do not generate sufficient future taxable income required to utilize all or a portion of our net operating loss carryforwards prior to their expiration.

The Company's U.S. federal net operating loss carryforward for tax purposes was $35.7 million at December 31, 2022, resulting in a federal deferred tax asset of $7.5 million. Approximately $29.1 million of the Company's U.S. federal net operating loss carryforwards will begin to expire in various years beginning in 2031. The Company's realization of its deferred tax assets including the loss carryforwards is dependent upon many factors, including, but not limited to, the Company's ability to generate sufficient taxable income in sufficient amounts. There can be no assurance that we will generate the required amounts of taxable income before the expiration dates are reached.

4L

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler	* If making a change, provide current license number:	☒ 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)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Owens & Minor Distribution, Inc.

Physical Address: 20 Freedom Way

City: Franklin State: MA Zip: 02038

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: www.owens-minor.com

Name of Designated Representative (DR): Cheryl L. Giguere

Licensing Company Email: OWM@slsny.com DR Email: cheryl.giguere@owens-minor.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☒ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Distribution sites with organization and Distributors		☒ Others: Wholesale - Distributor

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

*Please see attached for a signed discipline explanation for all discipline

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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 # 3 . **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:

*Please see attached document that constitutes a list of disciplinary actions taken against Owens & Minor, Inc and it's affiliated companies (collectively, "Owens & Minor"). The applicant provides this document in response to application questions involving disciplinary actions related to the applicant's owners, officers, etc.

Michael W. Lowry — Michael W Lowry

Original Signature (electronic, copies or stamps not accepted)

1/16/24

Date

Owens & Minor
Discipline Summary

This document constitutes a list of disciplinary actions taken against Owens & Minor, Inc. and its affiliated companies (collectively, "Owens & Minor"). The applicant provides this document in response to application questions involving disciplinary actions related to the applicant's owners, officers, etc.

Owens &Minor™

Discipline Responses

Company General Comments: Owens & Minor, a Fortune 500 company, has been in the same business since 1882. We operate over 40 distribution centers throughout the country and ship into all states. All of our distribution centers are fully licensed in their respective resident and adjacent states and several hold multiple licenses to ship nationwide. We take legal compliance seriously and employ a number of individuals whose sole focus is to ensure that we follow all applicable state and federal laws and regulations. Changes to laws and requirements are subjects of ongoing vigilance. While we regret that we have been the subject of any discipline, we believe that these instances should be considered in the context of our size and overall operations in a field of enterprise highly regulated by a multiplicity of agencies. This is a comprehensive list of discipline that Owens & Minor Distribution, Inc. has received.

- This is an explanation of a Notice of Fine issued by the Louisiana State Board of Wholesale Drug Distributors against Owens & Minor's Wholesale Distribution Center in St. Rose, Louisiana facility. The citation was issued on April 11, 2002 but related to an inspection conducted on February 1, 2002. The citation referenced violations of regulations on customer license records. All issues had already been rectified to the Department's satisfaction prior to a hearing held on April 9, 2002, and the fine of $5,000 has been fully paid.

- This is an explanation of a citation issued by the California Board of Pharmacy against Owens & Minor's Wholesale Distribution Centers in Livermore and Lathrop, California. The citation was issued in May 2006. The citation referenced violations of regulations regarding timely notification of the Board when a facility's Designated Representative changes. All have been rectified to the Department's satisfaction, and the fine of $500 for both facilities has been fully paid.

- This is an explanation of a report of alleged violations issued by the Florida Department of Health against Owens & Minor's Wholesale Distribution Center in Orlando, Florida. The report was issued in February 2007 and referenced alleged violations of regulations regarding licensing and drug pedigrees. All matters raised in the report were resolved to the Department's satisfaction, the fine in the amount of $285,000 has been fully paid, and the matter is closed.

- This is an explanation of a Settlement Agreement and Disciplinary Order entered into between Owens & Minor Distribution, Inc. and the Missouri Board of Pharmacy. The Settlement, executed in May 2008 references violations of regulations regarding temperature controls and monitoring at its Kansas City, Missouri distribution center. The Company remains fully licensed but was placed on probation for a period of 3 years. There was no fine imposed.

- This is an explanation of a Stipulation Order with the Colorado State Board of Pharmacy concerning Owens & Minor's Wholesale Distribution Center in Denver Colorado. The effective date was November 2, 2009. The Order references a violation of regulations regarding the inadvertent purchase and receipt of prescription drugs on March 5, 2009 from one vendor (Hospira) from a location not licensed by the Board to ship Rx products into Colorado. All issues have been rectified to the Board's satisfaction, and the fine of $5,750 has been fully paid.

- This is an explanation of a Settlement Agreement entered into between Owens & Minor Distribution, Inc. and the Florida Department of Health. The Settlement, executed in July 2010, references violations of miscellaneous recordkeeping, personnel and license verification regulations in Owens & Minor's Wholesale Distribution Centers in Gainesville and Jacksonville, Florida. The Company and those facilities remained fully licensed but were under probation for a period of 2 years. The fine of $12,500 has been fully paid and the probation period passed without incident in 2012.

- On March 15, 2011, Owens and Minor entered into a Consent Agreement with the Louisiana Board of Wholesale Drug Distributors ("Louisiana Board") to resolve a finding in an inspection report dated December 8, 2010 that Owens & Minor received a product from supplier not licensed to sell or ship drugs into Louisiana. The agreed upon fine of $3,500 has been paid and this matter is now resolved to the satisfaction of the Louisiana Board.

- On July 27, 2011 Owens and Minor entered into a Stipulation and Consent Order with the Vermont Board of Pharmacy with regard to the application for a Third Party Logistics license by its facility in Redlands, California - Owens & Minor Healthcare Logistics. The basis of the order was discipline incurred by the company in other states. There was no specific non-compliance with Vermont law, or any other state regulation by any Owens & Minor facility. No fine was imposed. The license was issued subject to compliance with the laws of Vermont and reporting of future disciplinary actions.

- Owens & Minor Distribution, Inc. entered into a Stipulation Order with the Colorado State Board of Pharmacy concerning Owens & Minor's Wholesale Distribution Center in Denver, Colorado. The effective date was August 1, 2012. The Order referenced violations of regulations regarding timely notification of the Board when a facility's Designated Representative changes, and imposed the minimum fine. Colorado law requires that each licensed facility must provide the board with the name of a Designated Representative knowledgeable in regulatory requirements. Those named must meet

certain criteria for experience and pass a background check. Changes must be submitted within fourteen calendar days. However due to an oversight, notice that the Designated Representative had been laid off was not sent for ninety-five calendar days. This oversight was pointed out during a routine inspection in February 2012 and corrected the same day. The Stipulation requires that any future changes be made within prescribed time limits, that Owens & Minor promptly pay all fines and charges, and that it comply with all other applicable laws and regulations. All have been rectified to the Board's satisfaction, the fine of $1,100 has been fully paid and there have been no subsequent incidents of non-compliance.

- In February 2013 The Hawaii Department of Commerce and Consumer Affairs presented Owens & Minor with a Settlement Agreement assessing a fine of $500.00 for having been disciplined in another jurisdiction. No deficiencies were noted in the operations or compliance activities of any specific Owens & Minor distribution center. This was strictly an administrative matter, a fine for being fined essentially. Owens & Minor signed the Settlement Agreement, paid the fine, and the matter is now satisfactorily closed. This action affected no specific Owens & Minor facility.

- In August of 2012 Owens & Minor took over management of a hospital customer's internal warehouse and medical-surgical product distribution activities to the hospital's facilities and clinics in and around Burlingame, Ca. The facility was not licensed by the California Board of Pharmacy at the time management responsibilities changed. Accordingly, Owens & Minor submitted an application for licensure, and during the pre-licensing inspection, the Board representative took note of the presence of prescription drugs and devices that had been received and stored in the warehouse prior to the hospital's decision to outsource this activity to Owens & Minor. No other deficiencies or issues were identified, and the Board issued Owens & Minor a Wholesale Distributor's license shortly thereafter. In March of 2013, the Board issued Owens & Minor a citation for operating an unlicensed facility, assessing a fine of $2,500, but imposing no other sanctions. All issues have been rectified to the Board's satisfaction, the fine has been fully paid, and the matter is now closed. This action involved only the Owens & Minor distribution in Burlingame CA, and no others.

- This is notice of an action by Kentucky Board of Pharmacy. In December 2014, Owens & Minor entered into an Agreed Order with the Board of Pharmacy concerning Owens & Minor's tardy formal notice to the Board of its closing of a wholesale distribution center in Louisville, KY in 2013. The Board assessed a fine of $500.00. Owens & Minor signed the Order, paid the fine and the matter is now satisfactorily closed.

- In April 2015, Owens & Minor entered into a Stipulation and Consent Order with the Vermont Board of Pharmacy in connection with an application submitted by our distribution center in Flower Mound, Texas to ship products into Vermont. Owens & Minor failed to disclose any of the discipline that occurred prior to July of 2010 and also failed to disclose Vermont's discipline and the resulting conditions. This was strictly an administrative error and the Board assessed a fine of $1,000. In addition to the fine, Owens & Minor agrees to notify the Board within ten business days of any discipline imposed upon it in any jurisdiction, any charges of unprofessional conduct in any other jurisdiction, and any charges that it violated any probations or conditions it is currently required to follow.

- In January 2016, Owens & Minor Distribution, Inc. entered into a Stipulation and Consent Order with the Alabama State Board of Pharmacy for the most recent discipline received in Vermont for their Flower Mound, TX facility. This was strictly an administrative matter, a fine for being fined essentially. Owens & Minor signed the Settlement Agreement, paid the fine of $10,000, and the matter is now satisfactorily closed.

- On April 28, 2016, the Hawaii Board of Pharmacy approved the Final Consent Order and Settlement Agreement for PHA 2015-92-L in the matter of Owens & Minor Distribution, Inc. ("Owens & Minor") and the Hawaii Department of Commerce and Consumer Affairs (DCCA), which provided for a fine of $5,000.00. Hawaii Revised Statutes (HRS) § 436B-19(13) permits the Hawaii DCCA to impose discipline on a licensee for disciplinary action taken by another state. No deficiencies were noted in the operations or compliance activities of any specific Owens & Minor distribution center. This was strictly an administrative matter, a fine for being fined essentially. Owens & Minor signed the Settlement Agreement, paid the fine, and the matter is now satisfactorily closed.

- On May 25, 2016, the Wisconsin Pharmacy Examining Board issued a Final Decision & Order regarding Owens & Minor Distribution, Inc. and discipline received by Owens & Minor in the state of Vermont. No deficiencies were noted in the operations or compliance activities of any specific Owens & Minor distribution center. This was strictly an administrative matter, a fine for being fined in another jurisdiction essentially. Owens & Minor signed a Stipulation, paid a $1,120.00 fine, and the matter is now satisfactorily closed.

- On January 3, 2017, Owens & Minor Distribution, Inc. entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy for discipline received for its Denver, CO facility. The discipline regarded the tardy formal notification to the Board of a change in Designated Representative. The Board assessed a fine of $1,150.00. Owens & Minor signed the Order, paid the fine and the matter is now satisfactorily closed.

- In June, 2017, the Hawaii Department of Commerce and Consumer Affairs presented Owens & Minor with a Settlement Agreement assessing a fine of $250.00 for discipline received from the Colorado State Board of Pharmacy for its Denver, CO facility due to a tardy notification of a change in Designated Representative. This was strictly an administrative fine for being disciplined in another jurisdiction. Owens & Minor signed the Settlement Agreement, paid the fine, and the matter is now satisfactorily closed. It should also be noted that the Honolulu facility closed on December 31, 2016.

- On April 26, 2018, Owens & Minor Distribution, Inc. entered into a Settlement Agreement with the State of Florida Department of Business & Professional Regulation regarding the tardy formal notification to the Board of a change in Designated Representative and the imposition of discipline by another state, also regarding a tardy notification of change in Designated Representative. The Department assessed a fine of $2,250.00 and determined that the agreement will not be deemed to constitute discipline within the meaning of Florida pharmacy laws. Owens & Minor signed the Order, paid the fine and the matter is now closed.

- On November 28, 2018, Owens & Minor Distribution, Inc. entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the tardy formal notification to the Board of a change in Designated Representative as well as failure to review its policy and procedure manual. The Department assessed a fine of $6,900.00, and the matter is now closed.

- On February 25, 2019, Owens & Minor received a citation issued by the California Board of Pharmacy against Owens & Minor's Louisville facility. The citation referenced violations of regulations regarding timely notification of the Board when a facility's Designated Representative changes. No fine has been assessed with the citation and no proof of abatement has been ordered. The matter is now closed.

- On March 19, 2019, the Florida Department of Business & Professional Regulations presented Owens & Minor with a Settlement Agreement assessing a fine of $3,000.00 for discipline received from the Colorado State Board of Pharmacy for its Denver, CO facility due to a tardy notification of a change in Designated Representative. This was strictly an administrative fine for being disciplined in another jurisdiction. Owens & Minor signed the Settlement Agreement, paid the fine, and the matter is now satisfactorily closed.

- On April 19, 2019, the Colorado Department of Regulatory Agencies, Division of Professions and Occupations presented Owens & Minor with a Letter of Admonishment recognizing that Owens & Minor failed to timely submit an application and fee for a change of Designated Representative for the Chicago, IL facility. This was strictly an open public record and reportable action and no such fine was given. Owens & Minor did not initiate formal disciplinary hearings to adjudicate the conduct and has accepted the letter for public record. This matter is closed.

- On December 11, 2019, the Colorado Department of Regulatory Agencies, Division of Professions and Occupations presented Owens & Minor with a Stipulation and Final Agency Order regarding the tardy formal notification to the Board of a change of Designated Representative. The Department assessed a fine of $5,000.00. Owens & Minor signed the Stipulation agreement, paid the fine, and the matter is now satisfactorily closed.

- On September 10, 2020, the Colorado Department of Regulatory Agencies, Division of Professions and Occupations presented Owens & Minor with a Stipulation and Final Agency Order regarding the failure of the Designated Representative to review, sign and date its policy and procedure manual within a year of the previous date it was reviewed. The Department assessed a fine of $1,150. Owens & Minor signed the Stipulation agreement, paid the fine, and the matter is now satisfactorily closed.

- On December 22, 2020, Owens & Minor Distribution, Inc. entered into a Stipulation and Final Agency Order from the State of Florida, Department of Business & Professional Regulation under Case #'s 2020-007156; 2020-007158; 2020-007161; 2020-007162 for the 2019 Colorado State Board of Pharmacy discipline that was issued for failure to notify within 30 days of a change of DR at the facility located at 473 Tower Blvd., Carol Stream, IL 60188. In lieu of a hearing, the Board resolved this case by means of a stipulated agreement pursuant to the following terms: Settlement in the amount of $5000.00. Owens & Minor signed the Order, paid the fine and the matter is now satisfactorily closed.

- On July 28, 2022, Owens & Minor Distribution, Inc. entered into a Stipulation and Final Agency Order from the State of Colorado Department of Regulatory Agencies under Case # 2019-2092 (court case # 2022-0006) for the 2018 failure to notify the board within 30 days of a change of DR at the facility located at 5125 Ontario Mills Parkway, Ontario, CA 91764. In lieu of a hearing, the Board resolved this case by means of a stipulated agreement pursuant to the following terms: Settlement in the amount of $1,150.00 Owens & Minor signed the Order, paid the fine and the matter is now satisfactorily closed.

Officer Signature

8/2/2022
Date

Amended page for section 4 as the owner, Owens & Minor Inc. is a publicly traded company

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: ICU Medical
Address: 951 Calle Amancer City: San Clement State: CA Zip: 92673

Name: CR Bard
Address: 605 N. 5600 West City: Salt Lake City State: UT Zip: 84116

Name: Cardinal Health
Address: 1450 Waukegan Rd City: McGaw Park State: IL Zip: 60085

Name: Fresenius Medical Care
Address: 1586 Lakeside Dr City: Wankegan State: IL Zip: 60085

Section 4: Publicly Traded Corporation

State of Incorporation: VA
Parent Company (if any): Owens & Minor, Inc. (Publicly Traded)
Corporation Name: Owens & Minor Distribution, Inc.
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: OWM@slsny.com
Contact Person Name: Christine Cannon

Date of SEC Registration: 06/05/2012 | SEC Registration Number: 0000075252 | Stock Exchange Symbol: OMI

Section 5: 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 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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [3]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [3]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Owens & Minor Distribution, Inc.

Facility Name

Michael W. Lowry

Print Name of Authorized Person Submitting Application

Michael W. Lowry

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

1/16/24

Date

Board Use Only	Date Received: 3/11/24	Amount: $1000 Check 4912

Owens & Minor Distribution, Inc.

Corporate Address: 9120 Lockwood Blvd., Mechanicsville, VA 23116 USA
FEIN: 54-2049200
www.owens-minor.com

Drug Labeler Code: N/A
Incorporation State: VA
Incorporation Date: 8/22/2001

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
BTN	20 Freedom Way Franklin, MA 02038 County: Norfolk	N/A	N/A	00-794-1230	No	[redacted]	508) 520-7366

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License	
Cheryl L. Giguere	[redacted]	Inventory Control and Receiving Supervisor	No	[redacted]			*Primary DR*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Owens & Minor, Inc.	9120 Lockwood Blvd. Mechanicsville, VA 23116	N/A	100	N/A	54-1701843	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Heath Holland Galloway	[redacted]	EVP, General Counsel & Corporate Secretary	No	[redacted]		
Andrew Gabriel Long		President, EVP, CEO, Products and Healthcare Services	No			
Michael W. Lowry		SVP, Chief Financial Officer	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
CT Corporation			

Disciplinary History: LA 2002, CA 2006, FL 2007, MO 2008, CO 2009, FL 2010, LA 2011, VT 2011, CO 2012, HI 2013, CA 2013, KY 2014, VT 2015, AL 2016, HI 2016, WI 2016, CO 2017, HI 2017, CO 2018, FL 2019, CO 2022, CO 2020, CO 2019, FL 2020

Company particulars

certificate of good standing

Commonwealth of Virginia

State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That OWENS & MINOR DISTRIBUTION, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on August 22, 2001;

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.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

November 1, 2023

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER : 2023110119429454

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

WHOLESALE DISTRIBUTOR & CONTROLLED SUBSTANCE PERMIT

The Board of Registration in Pharmacy, in accordance with the provision of Massachusetts General Laws, issues a Wholesale Distributor & Controlled Substance Permit to:

Owens & Minor Distribution Inc
20 Freedom Way, Norfolk
Franklin, MA 02038

Schedules: VI

Controlled Substance Permit Number: WD353CS

Wholesale Distributor Permit Number: WD353

Dave Sencabaugh
Executive Director, Board of Registration in Pharmacy

Issue Date: 08/08/1989

Expiration Date: 11/30/2024

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

0449

homestate license (MA)

Liability Insurance

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/21/2023

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
McGill Global Risk Solutions LLC
75 Rockefeller Plaza, Suite 23B
15 West 51st Street
New York NY 10019

License#: 1575613

CONTACT NAME:
PHONE (A/C, No, Ext): 212-796-5550 FAX (A/C, No):
E-MAIL ADDRESS: certificates@mcgillpartners.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Ace Property & Casualty Insurance Company	20699
INSURER C : ProAssurance Specialty Insurance Company	17400
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Owens & Minor, Inc
9120 Lockwood Blvd
Mechanicsville, VA 23116

OWEN&MI-01

COVERAGES CERTIFICATE NUMBER: 1301073455 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	X COMMERCIAL GENERAL LIABILITY			GL 6676651	12/1/2023	12/1/2024	EACH OCCURRENCE	$ 3,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 6,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ Excluded
	OTHER							$
A	AUTOMOBILE LIABILITY			CA 6676652	12/1/2023	12/1/2024	COMBINED SINGLE LIMIT (Ea accident)	$ 5,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			XEU G71762907 005	12/1/2023	12/1/2024	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			LDS 4068532 (AOS)	12/1/2023	12/1/2024	X PER STATUTE OTH-ER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N N / A			PS 4068531 (WI)	12/1/2023	12/1/2024	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Products Liability Coverage Claims-Made			N23VA360014	12/1/2023	12/1/2024	Each Occurrence / Aggregate	$10,000,000 / $10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Umbrella Policy #XEU G71762907 005 includes Claims-Made Products Liability
Certificate Holder is included as Additional Insured ATIMA as respects General Liability where required by written contract only. Coverage applies to Owens & Mino Distribution, Inc

CERTIFICATE HOLDER

State License Servicing
1751 State Route 17A, Suite 3
Florida NY 10921
United States

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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924 2 1 01

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Owens & Minor Distribution, Inc. MDEG License # (if applicable): N/A

Physical Address: 20 Freedom Way

City: Franklin State: MA Zip: 02038

Mailing Address (if different from physical address): c/o State License Servicing c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.owens-minor.com

Licensing Company Email: OWM@slsny.com

Section 2: Personal Information

First: Cheryl Middle: L. Last: Giguere

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: [redacted] Email: cheryl.giguere@owens-minor.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

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?		X

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)	
Rhode Island College		2014 —	
Address	**City**	**State**	**Zip**
600 Mt Pleasant Ave	Providence	RI	02908
Diploma/Degree obtained, if any			
Business Management Bachelors Degree (In Progress)			

School Name		From - To (MM/YY – MM/YY)	
Community College of Rhode Island		2010 - 2013	
Address	**City**	**State**	**Zip**
1762 Old Louisquisset Pike	Lincoln	RI	02865
Diploma/Degree obtained, if any			
Associates Degree General Studies			

School Name		From - To (MM/YY – MM/YY)	
Woonsocket High School		09/1988 - 06/1992	
Address	**City**	**State**	**Zip**
777 Cass Avenue	Woonsocket	RI	02895
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
07/2015-Present	[redacted]	Lincoln	RI	02865
09/2000 -06/2015		Manville	RI	02838

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable 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		From - To (MM/YY – MM/YY)	
Owens & Minor Distribution, Inc.		05/2013-Present	
Business Address	**City**	**State**	**Zip**
20 Freedom Way	Franklin	MA	02038
Phone	**Title**	**Number of Employed Hours**	
(508) 520-7341	Inventory Control and Receiving Supervisor	~ 22,240 hrs	

Description of Duties

Supervisor of the IC, replenishment and receiving departments with 28 direct reporting teammates. My team handles receiving, put away, replenishment, OS&D, recalls, shrinkage, cycle counts, COI, variances, returns and slotting among other daily tasks.

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 any state?	X	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any 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 # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
05/31/1999	11/13/1999	RI	Woonsocket	Providence County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
99-07853	State of Rhode Island District Court

Reason/Charge
Driving Under the Influence of Intoxicating Liquor

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below:

On May 31, 1999, I was arrested for DWI in Woonsocket, RI., which I plead not guilty. An $867.50 fine was charted and paid along with the loss of my Driver's License for 3 months after the verdict of guilty was given on August 10, 1999

Cheryl L. Giguere

Original Signature (electronic, copies or stamps not accepted)

2/13/2024

Date

I, Cheryl L. Giguere, **certify that as the MDEG Administrator for**

Owens & Minor Distribution, Inc.,

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

1. CG Have a high school diploma or its equivalent;
2. CG Have
   a. At least 1,500 hours of verifiable 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. CG 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. CG 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.

Cheryl L. Giguere
Print Name (First, Last)

Cheryl L. Giguere
Original Signature (electronic, copies or stamps not accepted)

2/13/2024
Date

Board Use Only	Date Received: 3/11/24

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Owens & Minor Distribution, Inc.

Pharmacy/Wholesaler License # (if applicable): Applying

Physical Address: 20 Freedom Way

City: Franklin State: MA Zip: 02038

Mailing Address (if different from physical address): c/o State License Servicing, State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (508) 520-5200 Website: www.owens-minor.com

Licensing Company Email: OWM@slsny.com

Section 2: Personal Information

First: Cheryl Middle: L. Last: Giguere

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Lincoln State: RI Zip: 02865

Telephone: (508) 520-5200 Email: OWM@slsny.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.)		N
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

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)		
Rhode Island College	2014 —		
Address	**City**	**State**	**Zip**
600 Mt Pleasant Ave	Providence	RI	02908
Diploma/Degree obtained, if any			
Business Management Bachelors Degree (In Progress)			

School Name	From - To (MM/YY – MM/YY)		
Community College of Rhode Island	2011 - 2013		
Address	**City**	**State**	**Zip**
1762 Old Louisquisset Pike	Lincoln	RI	02865
Diploma/Degree obtained, if any			
Associates Degree General Studies			

School Name	From - To (MM/YY – MM/YY)		
Woonsocket High School	09/1988 - 06/1992		
Address	**City**	**State**	**Zip**
777 Cass Avenue	Woonsocket	RI	02895
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.) 21 Months

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2015 - Present	[redacted]	Lincoln	RI	02865
09/2000 - 06/2015		Manville	RI	02838
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
Owens & Minor Distribution, Inc.			05/2013 - Present
Business Address	**City**	**State**	**Zip**
20 Freedom Way	Franklin	MA	02038
Phone	**Title**		**Number of Employed Hours**
(508) 520-7341	Inventory Control and Receiving Supervisor		~ 22,240 hrs
Description of Duties			
Supervisor of the IC, replenishment and receiving departments with 28 direct reporting teammates. My team handles receiving, put away, replenishment, OS&D, recalls, shrinkage, cycle counts, COI, variances, returns and slotting among other daily tasks.			

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 # 1, 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
05/31/1999	11/13/1999	RI	Woonsocket	Providence County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
99-07853		State of Rhode Island District Court		
Reason/Charge				
Driving Under the Influence of Intoxicating Liquor				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Cheryl L. Giguere			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

On May 31, 1999, I was arrested for DWI in Woonsocket, RI., which I plead not guilty. An $867.50 fine was charted and paid along with the loss of my Driver's License for 3 months after the verdict of guilty was given on August 10, 1999

Cheryl L. Giguere

Original Signature (electronic, copies or stamps not accepted)

2/13/2024

Date

Cheryl Discipline Docs

To Whom it may concern, 11/21/2022

I, Cheryl Giguere was found guilty on August 10, 1999 with a misdemeanor. The offense being DUI first offense. The offense is currently processing for expungement. I have included a copy of the motion.

Sincerly,
Cheryl Giguere

STATE OF RHODE ISLAND

DISTRICT COURT

AFFIDAVIT IN SUPPORT OF MOTION TO EXPUNGE OR SEAL RECORD

State of Rhode Island v. Defendant	Case Number Cr-1999-07853 Bureau of Criminal Identification Number	Date of Birth [redacted]

I, the undersigned, do hereby, under oath, make this affidavit in support of my Motion to Expunge or Seal Record:

Part One: ***Acquittals, Dismissals***

- ☐ That I was charged with the crime(s) listed in Box 2 of the motion.
- ☐ That I was acquitted or otherwise exonerated of this offense(s).
- ☐ That the case was dismissed against me.
- ☐ That I have not been previously convicted of a felony.
- ☐ That I have satisfied in full any and all outstanding court-imposed and/or court-related fines, fees, costs, assessments, and/or charges.

Part Two A: ***Single, Conviction, Probation***

- ☑ That I was charged with the crime listed in Box 2 of the motion.
- ☑ That I received the disposition listed in Box 3 of the motion.
- ☑ That the disposition listed in Box 3 of this motion is not a conviction for a crime of violence.
- ☑ That I have not been convicted of more than one (1) misdemeanor preceding the filing of this motion and have not been convicted of a felony.
- ☑ That it has been more than five (5) years from the date of the completion of my last sentence.
- ☐ That in the five (5) years preceding the filing of this motion, I have not been convicted of nor arrested for any felony or misdemeanor.
- ☑ That there are no criminal proceedings pending against me, and I have exhibited good moral character.
- ☑ That I have satisfied in full any and all outstanding court-imposed and/or court-related fines, fees, costs, assessments, and/or charges.

Part Two B: ***Multiple Convictions, Probations***

- ☐ That I was charged with the crimes listed in Box 2 of the motion.
- ☐ That I received the dispositions listed in Box 3 of the motion.
- ☐ That none of the dispositions listed in Box 3 of this motion are convictions for a crime violence.
- ☐ That none of the dispositions listed in Box 3 of this motion are convictions under chapter 29 of title 12 (Domestic Violence Prevention Act), G.L. 1956 § 31-27-2 (Driving Under the Influence of Liquor or Drugs), or G.L. 1956 § 31-27-2.1 (Refusal to Submit to Chemical Test).
- ☐ That I have not been convicted of more than five (5) misdemeanors preceding the filing of this motion and have not been convicted of a felony.

STATE OF RHODE ISLAND

DISTRICT COURT

MOTION TO EXPUNGE OR SEAL RECORD

State of Rhode Island v. Defendant	Case Number Lol-1999-07853 Bureau of Criminal Identification Number	Date of Birth [redacted]
☐ Murray Judicial Complex 2nd Division 45 Washington Square Newport, Rhode Island 02840-2913	☐ Noel Judicial Complex 3rd Division 222 Quaker Lane Warwick, Rhode Island 02886-0107	
☐ McGrath Judicial Complex 4th Division 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239	☐ Garrahy Judicial Complex 6th Division One Dorrance Plaza Providence, Rhode Island 02903-2719	

Now comes the Defendant and requests that the above-referenced case containing the following charge(s) be ☐ **expunged** ☐ **sealed.**

1. Count(s):	2. Charge(s):	3. Disposition(s):
1	DUI First Offense	guilty

Wherefore, the Defendant respectfully moves this honorable court that:

☐ Pursuant to G.L. 1956 § 12-1-12, any fingerprints, photographs, physical measurements, or other record of identification taken by the Office of the Attorney General or any other authorized law enforcement agency shall be **destroyed**, all records of the Bureau of Criminal Identification (BCI) shall be **sealed**, and all court records shall be **sealed** in accordance with G.L. 1956 § 12-1-12.1.

☑ All records and records of conviction relating to the conviction of the above-referenced case be **expunged** and all index and other references to it removed from public inspection pursuant to G.L. 1956 § 12-1.3-3(c) or (e).

An Affidavit is submitted in support of this motion. This motion is called for a hearing on _____ at 9:00 a.m. in courtroom _____ at the court location listed above.

I hereby certify that pursuant to G.L. 1956 § 12-1-12.1(b) or § 12-1.3-3(a), on 11/17/22, the Office of the Attorney General and the Woonsocket Police Department, which originally brought this charge, have been notified of this motion and court date at least ten (10) days prior to the hearing date.

/s/ _____ Attorney for the Defendant or the Defendant	Rhode Island Bar Number:
	Date:

DC-33 (revised May 2022)

STATE OF RHODE ISLAND

DISTRICT COURT

- ☐ That it has been more than ten (10) years from the date of the completion of my last sentence.
- ☐ That in the ten (10) years preceding the filing of this motion I have not been convicted of nor arrested for any felony or misdemeanor.
- ☐ That there are no criminal proceedings pending against me, and I have exhibited good moral character.
- ☐ That I have satisfied in full any and all outstanding court-imposed and/or court-related fines, fees, costs, assessments, and/or charges.

Part Three: ***Filings***

- ☐ That I was charged with the crime listed in Box 2 of the motion.
- ☐ That the case was disposed of by a filing.
- ☐ That the crime listed in Box 2 of this motion is not a crime of domestic violence, and it has been more than one (1) year since the case was disposed of by a filing.
- ☐ That the crime listed in Box 2 of this motion is a crime of domestic violence, and it has been more than three (3) years since the case was disposed of by a filing.
- ☐ That I was not previously convicted of a felony or a private complaint.
- ☐ That I did not violate the terms of my filing.
- ☐ That I have satisfied in full any and all outstanding court-imposed and/or court-related fines, fees, costs, assessments, and/or charges.

Part Four: ***Decriminalized Offense***

- ☐ That I was charged with the crime listed in Box 2 of the motion.
- ☐ That I received the disposition listed in Box 3 of the motion.
- ☐ That all conditions of the original criminal sentence have been completed.
- ☐ That I have satisfied in full any and all outstanding court-imposed and/or court-related fines, fees, costs, assessments, and/or charges.
- ☐ That the offense has been decriminalized subsequent to the date of my conviction.

Signature of the Defendant	Date
Cheryl Figueroa	11/17/22

State of RI
County of Providence

On this 17th day of November, 20 22, before me, the undersigned notary public, personally appeared Cheryl Figueroa ☐ personally known to me or ☒ proved to me through satisfactory evidence of identification, which was Drivers License, to be the person who signed above in my presence, and who swore or affirmed to me that the contents of the document are truthful to the best of his or her knowledge.

SANTINO A. MARTINELLI NOTARY PUBLIC My Comm. Expires August 18, 2025 No. 48421 STATE OF RHODE ISLAND

Notary Public: _____
My commission expires: _____
Notary identification number: _____

DC-33 (revised May 2020)

I, Cheryl L. Giguere, **certify that as the designated representative for**

Owens & Minor Distribution, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CG I am at least 21 years of age;
3. CG 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. CG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CG 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. CG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Cheryl L. Giguere
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/13/2024
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.

Cheryl L. Giguere

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date 2/19/24

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

State of Rhode Island, ss. County of Providence

I, Cheryl Giguere, 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 Cheryl L. Giguere **Date** 2/19/24

Subscribed and Sworn to before me this 19th day of February 2024.

Notary Public Signature

SANTINO A. MARTINELLI NOTARY PUBLIC STATE OF RHODE ISLAND My Comm. Expires August 13, 2029 No. 41421

(Seal)

Owens & Minor Distribution, Inc.
20 Freedom Way, Franklin, MA 02038

LIST OF EMPLOYEES

Teammate	Position	Supervisory Organization
Aliou Ba	Material Handler II	71 Boston DC (Jorge Rodrigues)
Andrew Cournoyer	Inventory Control Lead	71 Boston DC (Cheryl Giguere)
Andrew Pelletier	Warehouse Lead	71 Boston DC (Jorge Rodrigues)
Babacar Niang (On Leave)	Material Handler II (On Leave)	71 Boston DC (Jorge Rodrigues)
Bozena Szczepanek	Warehouse Lead	71 Boston DC (Jorge Rodrigues)
Brian Magnan	Distribution Teammate - Equipment Operator	71 Boston DC (Christopher Schwab)
Brian Violette	Warehouse Lead	71 Boston DC (Cheryl Giguere)
Bruce Rasphorn	Distribution Teammate - Equipment Operator	71 Boston DC (Cheryl Giguere)
Charlene Turgeon	Inventory Control Coordinator	71 Boston DC (Cheryl Giguere)
Cheryl Giguere	Inventory Control Supervisor	71 Boston DC (Steven Christiansen)
Christopher Carew	Material Handler II	71 Boston DC (Jorge Rodrigues)
Christopher Schwab	Operations Supervisor	71 Boston DC (Steven Christiansen)
David Haffermehl	Distribution Teammate	71 Boston DC (Christopher Schwab)
David Parks	Distribution Teammate - Equipment Operator	71 Boston DC (Jorge Rodrigues)
David Poudrier	Distribution Teammate - Equipment Operator	71 Boston DC (Christopher Schwab)
Eddys Hernandez	Distribution Teammate - Equipment Operator	71 Boston DC (Jorge Rodrigues)
Edwin Haggas	Distribution Teammate - Equipment Operator	71 Boston DC (Christopher Schwab)
Fernando Vitorino	Warehouse Specialist	71 Boston DC (Jorge Rodrigues)
Gary Poudrier	Inventory Control Specialist	71 Boston DC (Cheryl Giguere)
James Swindells	Inventory Control Coordinator	71 Boston DC (Cheryl Giguere)
Jonathan Bonilla	Material Handler II	71 Boston DC (Jorge Rodrigues)
Jorge Rodrigues	Operations Supervisor	71 Boston DC (Steven Christiansen)
Jose Perez	Inventory Control Coordinator	71 Boston DC (Christopher Schwab)
Joshua Vargulish	Distribution Teammate - Equipment Operator	71 Boston DC (Christopher Schwab)
Juanita Ramirez	Warehouse Lead	71 Boston DC (Jorge Rodrigues)
Justin Grondines	Inventory Control Coordinator	71 Boston DC (Cheryl Giguere)
Justin Shipp	Distribution Teammate - Equipment Operator	71 Boston DC (Christopher Schwab)
Justin White	Material Handler II	71 Boston DC (Jorge Rodrigues)
Kenneth Boisclair	Warehouse Specialist	71 Boston DC (Cheryl Giguere)
Kevin Garneau	Distribution Teammate - Equipment Operator	71 Boston DC (Cheryl Giguere)

list of employees

Lance Medeiros	Warehouse Lead	71 Boston DC (Cheryl Giguere)
Lisa Gagnon	Distribution Teammate - Equipment Operator	71 Boston DC (Cheryl Giguere)
Lori Montanari	Warehouse Lead	71 Boston DC (Christopher Schwab)
Malgorzata Kurowski	Distribution Teammate	71 Boston DC (Jorge Rodrigues)
Maria Davila-Zuleta	Distribution Teammate	71 Boston DC (Jorge Rodrigues)
Mark Manuppelli	Safety & Training Coordinator	71 Boston DC (Steven Christiansen)
Matthew Beattie	Distribution Teammate - Equipment Operator	71 Boston DC (Jorge Rodrigues)
Matt Shannon	Account Manager - Field Sales III	01 Sales (Joe Russe)
Nicholas Turgeon	Warehouse Specialist	71 Boston DC (Christopher Schwab)
Papa Sow	Warehouse Lead	71 Boston DC (Christopher Schwab)
Phayrat Chaleunsouk	Warehouse Specialist	71 Boston DC (Jorge Rodrigues)
Regine Desorme Avena (On Leave)	Distribution Teammate - Equipment Operator (On Leave)	71 Boston DC (Jorge Rodrigues)
Richard Bibbo	Distribution Teammate - Equipment Operator	71 Boston DC (Cheryl Giguere)
Stacy Hamois	Material Handler II	71 Boston DC (Jorge Rodrigues)
Stephen Marcil	Distribution Teammate - Equipment Operator	71 Boston DC (Cheryl Giguere)
Steven Christiansen	Manager, Operations	01 ADO Florida (Brock Crews)
Thomas Bouchard	Warehouse Lead	71 Boston DC (Christopher Schwab)
Walter Seifert	Distribution Teammate - Equipment Operator	71 Boston DC (Cheryl Giguere)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 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 8, 2012 (June 5, 2012)

Owens & Minor, Inc.
(Exact name of registrant as specified in its charter)

Virginia	1-9810	54-1701843
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

9120 Lockwood Blvd., Mechanicsville, Virginia	23116
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code (804) 723-7000

Not applicable
(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))

EDGAR Online

OWENS & MINOR INC/VA/

FORM 8-K
(Current report filing)

Filed 06/08/12 for the Period Ending 06/05/12

Address	9120 LOCKWOOD BLVD MECHANICSVILLE, VA 23116
Telephone	8047237000
CIK	0000075252
Symbol	OMI
SIC Code	5047 - Medical, Dental, and Hospital Equipment and Supplies
Industry	Medical Equipment & Supplies
Sector	Healthcare
Fiscal Year	12/31

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Item 1.01. Entry into a Material Definitive Agreement.

On June 5, 2012, Owens & Minor, Inc. (the "Company") entered into a Credit Agreement (the "Credit Agreement") dated as of June 5, 2012 by and among Owens & Minor Distribution, Inc. and Owens & Minor Medical, Inc. (as Borrowers), the Company and certain of its domestic subsidiaries (as Guarantors), Wells Fargo Bank, N.A. (as Administrative Agent), JPMorgan Chase Bank, N.A. (as Syndication Agent) and a syndicate of financial institutions specified in the Credit Agreement. The new Credit Agreement replaces the Company's existing $350 million credit agreement set to expire on June 7, 2013. The Credit Agreement contains the following principal terms, among others:

- Lender commitments for $350 million in revolving credit
- Five-year term with ability to request two one-year extensions (subject to lender approval)
- Ability to request increase in credit amount by up to $150 million (subject to lender approval)
- Interest rate pricing grid based on the better of debt to EBITDA ratio or credit ratings
- Standard financial and other covenants, including debt to EBITDA and EBITDA to interest ratio requirements

A copy of the Credit Agreement is filed as Exhibit 10.1 hereto and incorporated by reference herein.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

10.1 Credit Agreement dated as of June 5, 2012 by and among Owens & Minor Distribution, Inc. and Owens & Minor Medical, Inc. (as Borrowers), Owens & Minor, Inc. and certain of its domestic subsidiaries (as Guarantors), Wells Fargo Bank, N.A. (as Administrative Agent), JPMorgan Chase Bank, N.A. (as Syndication Agent) and a syndicate of banks as specified on the signature pages hereof.

SIGNATURE

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 thereunto duly authorized.

OWENS & MINOR, INC.

Date: June 8, 2012

By: /s/ Grace R. den Hartog
Name: Grace R. den Hartog
Title: Senior Vice President, General Counsel and Corporate Secretary

Exhibit Index

Exhibit No.	Description
10.1	Credit Agreement dated as of June 5, 2012 by and among Owens & Minor Distribution, Inc. and Owens & Minor Medical, Inc. (as Borrowers), Owens & Minor, Inc. and certain of its domestic subsidiaries (as Guarantors), Wells Fargo Bank, N.A. (as Administrative Agent), JPMorgan Chase Bank, N.A. (as Syndication Agent) and a syndicate of banks as specified on the signature pages hereof.

Exhibit 10.1

EXECUTION VERSION

Published CUSIP Numbers: 69072EAA5
69072EAB3

CREDIT AGREEMENT

Dated as of June 5, 2012

among

OWENS & MINOR DISTRIBUTION, INC. and OWENS & MINOR MEDICAL, INC.,
as Borrowers,

OWENS & MINOR, INC.
and
CERTAIN OF ITS DOMESTIC SUBSIDIARIES AS MAY BE PARTIES HERETO FROM TIME TO TIME,
as Guarantors,

THE BANKS IDENTIFIED HEREIN,

BANK OF AMERICA, N.A.,
SUNTRUST BANK
and
U.S. BANK NATIONAL ASSOCIATION
as Co-Documentation Agents

and

JPMORGAN CHASE BANK, N.A.
as Syndication Agent

and

WELLS FARGO BANK, N.A.,
as Administrative Agent

ARRANGED BY:

WELLS FARGO SECURITIES, LLC
and
J.P. MORGAN SECURITIES LLC,
as Joint Lead Arrangers and Joint Book Managers

Prepared by:

KING & SPALDING

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CREDIT AGREEMENT

THIS CREDIT AGREEMENT dated as of June 5, 2012 (the " Credit Agreement "), is by and among OWENS & MINOR DISTRIBUTION, INC., a Virginia corporation and OWENS & MINOR MEDICAL, INC., a Virginia corporation (together, the " U.S. Borrowers "), OWENS & MINOR, INC., a Virginia corporation (the " Parent "), certain domestic subsidiaries of the Parent as may be parties hereto from time to time (together with the Parent, the " Guarantors "), the Banks (as defined herein), JPMORGAN CHASE BANK, N.A., as syndication agent and WELLS FARGO BANK, N.A., as administrative agent for the Banks (in such capacity, the " Administrative Agent ").

WITNESSETH

WHEREAS, the U.S. Borrowers have requested that the Banks provide $350,000,000 in credit facilities for the purposes set forth herein, and the Banks are willing to do so on the terms and conditions set forth herein.

NOW, THEREFORE, IN CONSIDERATION of the premises and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

SECTION 1

DEFINITIONS AND ACCOUNTING TERMS

1.1 **Definitions**.

As used herein, the following terms shall have the meanings herein specified unless the context otherwise requires. Defined terms herein shall include in the singular number the plural and in the plural the singular:

" Acquisition ", by any Person, means the purchase or acquisition by such Person of any Capital Stock of another Person (other than a member of the Consolidated Group) or substantially all of the Property (other than Capital Stock) of another Person (other than a member of the Consolidated Group), whether or not involving a merger or consolidation with such other Person.

" Additional Commitment Bank " has the meaning set forth in Section 2.11(d).

" Additional Credit Party " means each Domestic Subsidiary of the Parent that becomes a Guarantor after the Closing Date by execution of a Joinder Agreement.

" Administrative Agent " means the Person identified as such in the heading hereof, together with any permitted successors and assigns.

" Administrative Agent's Office " means the Administrative Agent's address as set forth on Schedule 11.1, or such other address or account as the Administrative Agent may from time to time notify in writing to the Borrowers, the Banks, the Issuing Bank and the Swingline Bank.

" Administrative Questionnaire " means an Administrative Questionnaire in a form supplied by the Administrative Agent.

" Affiliate " means, with respect to any Person, any other Person directly or indirectly controlling (including but not limited to all directors and executive officers of such Person), controlled by or under direct or indirect common control with such Person. A Person shall be deemed to control a corporation if such Person possesses, directly or indirectly, the power (i) to vote 10% or more of the securities having ordinary voting power for the election of directors of such corporation or (ii) to direct or cause direction of the management and policies of such corporation, whether through the ownership of voting securities, by contract or other agreement.

" Agent Parties " has the meaning set forth in Section 11.1(c).

" Aggregate Revolving Committed Amount " has the meaning assigned to such term in Section 2.1(a).

" Alternative Currency " means each of Euro, Sterling, Yen and each other currency (other than Dollars) that is approved in accordance with Section 1.6.

" Alternative Currency Equivalent " means, at any time, with respect to any amount denominated in Dollars, the equivalent amount thereof in the applicable Alternative Currency as determined by the Administrative Agent or the Issuing Bank, as the case may be, at such time on the basis of the Spot Rate (determined in respect of the most recent Revaluation Date) for the purchase of such Alternative Currency with Dollars.

" Alternative Currency Sublimit " means, an amount equal to $100,000,000. The Alternative Currency Sublimit is part of, and not in addition to, the Aggregate Revolving Committed Amount.

" Anti-Terrorism Law " means the USA PATRIOT ACT or any other statute, regulation, executive order, or other law pertaining to the prevention of future acts of terrorism, in each case as such law may be amended from time to time.

" Applicable Lending Office " means, as to any Bank, the office or offices of such Bank described as such in such Bank's Administrative Questionnaire, or such other office or offices as a Bank may from time to time notify the Borrower Representative and the Administrative Agent.

" Applicable Percentage " means for any day, the rate per annum set forth below, based on the better of (y) the Debt Ratings and (z) the Consolidated Total Leverage Ratio then in effect, it being understood that the Applicable Percentage for (i) Base Rate Loans shall be the percentage set forth under the column "Base Rate Margin", (ii) Eurocurrency Rate Loans shall be the percentage set forth under the column "Eurocurrency Margin", (iii) Daily LIBOR Swingline Loans shall be the percentage set forth under the column "Eurocurrency Margin", (iv) Standby Letter of Credit Fee shall be the percentage set forth under the column "Eurocurrency Margin" and (v) the Unused Fee shall be the percentage set forth under the column "Unused Fee":

Level	Debt Ratings	Consolidated Leverage Ratio	Eurocurrency Margin	Base Rate Margin	Unused Fee
I	BB-/Ba3 or lower	≥ 2.5 to 1.0	2.250%	1.250%	0.425%
II	BB/Ba2	< 2.5 to 1.0 but ≥ 2.0 to 1.0	2.000%	1.000%	0.350%
III	BB+/Ba1	< 2.0 to 1.0 but ≥ 1.5 to 1.0	1.750%	0.750%	0.275%
IV	BBB-/Baa3	< 1.5 to 1.0 but ≥ 1.0 to 1.0	1.500%	0.500%	0.225%
V	BBB/Baa2	< 1.0 to 1.0 but ≥ 0.5 to 1.0	1.375%	0.375%	0.200%
VI	BBB+/Baa1 or better	< 0.5 to 1.0	1.250%	0.250%	0.175%

At such times as the Applicable Percentage is determined by the Debt Ratings, the Applicable Percentage shall be determined in accordance with the above pricing grid based on the Parent's status as determined from its then current Moody's Rating and S&P Rating. If there is a split rating, the Applicable Percentage shall be based upon the Level indicated by the higher of the two ratings unless there is a two or more level difference in the levels indicated by each of the two available ratings, in which case the Level that is one level below the higher rating shall apply. Should the Parent not have any Debt Rating, the corporate credit or issuer rating of the Parent will be used in lieu thereof, or if no such rating is available, then the Consolidated Total Leverage Ratio shall be used to determine the Applicable Percentage. For purposes of the above pricing grid, any change in the Applicable Percentage shall occur on the date that is five (5) Business Days following any change in the Moody's Rating and the S&P Rating for the Parent.

At such times as the Applicable Percentage is determined by the Consolidated Leverage Ratio, the Applicable Percentage shall, in each case, be determined and adjusted quarterly on the date five (5) Business Days after the date by which the Borrowers are required to provide the quarterly or annual compliance certificate and related financial statements in accordance with the provisions of Sections 7.1(a) and (b), as appropriate; provided that:

(i) the Applicable Percentage in effect from the Closing Date through the fifth Business Day immediately following the date a compliance certificate is required to be delivered pursuant to Section 7.1(b) for the fiscal quarter ending September 30, 2012 shall be determined based upon Pricing Level V, and

(ii) notwithstanding the foregoing, in the event an annual or quarterly compliance certificate and related financial statements are not delivered timely to the Administrative Agent by the date required by Sections 7.1(a) and (b), as appropriate, the Applicable Percentage, in each case, shall be based on the better of (A) the Debt Rating and (B) Pricing Level I until the date five (5) Business Days after such compliance certificate and related financial statements are delivered to the Administrative Agent.

Subject to the qualifications set forth above, the Applicable Percentage, in each case, shall be effective from an interest determination date until the next interest determination date. The Administrative Agent shall determine the appropriate Applicable Percentages promptly upon receipt of, and based on the information contained in, the quarterly or annual compliance certificates and related financial statements. The Administrative Agent shall promptly notify the Borrower Representative and the Banks of any change in the Applicable Percentage. Such determinations by the Administrative Agent shall be conclusive absent manifest error. Adjustments in the Applicable Percentage shall be effective as to existing Extensions of Credit as well as new Extensions of Credit made thereafter. Notwithstanding anything to the contrary contained in this definition, the determination of the Applicable Percentage for any period shall be subject to the provisions of Section 3.15(c).

"Applicable Time" means, with respect to any borrowings and payments in any Alternative Currency, the local time in the place of settlement for such Alternative Currency as may be determined by the Administrative Agent or the L/C Issuer, as the case may be, to be necessary for timely settlement on the relevant date in accordance with normal banking procedures in the place of borrowing or payment.

" Applicant Foreign Borrower " has the meaning specified in Section 2.12.

" Approved Fund " means any Fund that is administered or managed by (a) a Bank, (b) an Affiliate of a Bank or (c) an entity or an Affiliate of an entity that administers or manages a Bank.

" Arrangers " means, collectively, Wells Fargo Securities, LLC and J.P. Morgan Securities LLC in their capacities as joint lead arrangers and joint book managers.

" Assignee Group " means two or more Eligible Assignees that are Affiliates of one another or two or more Approved Funds managed by the same investment advisor.

" Asset Disposition " shall mean and include the sale, lease or other disposition (or the entering into a contract or other agreement that, upon consummation, will result in the sale, lease or other disposition) of any Property by any member of the Consolidated Group (including the Capital Stock of a Subsidiary) other than (A) the sale or other disposition of inventory in the ordinary course of business, (B) the sale, lease or other disposition of machinery, equipment and other assets no longer used or useful in the conduct of such member's business and (C) the sale or financing of Receivables and Receivables Related Assets pursuant to the terms of a Qualified Securitization Transaction permitted hereunder.

" Assignment and Assumption " means an assignment and assumption entered into by a Bank and an Eligible Assignee (with the consent of any party whose consent is required by Section 11.3(b)), and accepted by the Administrative Agent, in substantially the form of Schedule 11.3(b) or any other form approved by the Administrative Agent.

" Bankruptcy Code " means the Bankruptcy Code in Title 11 of the United States Code, as amended, modified, succeeded or replaced from time to time.

" Bankruptcy Event " means, with respect to any Person, the occurrence of any of the following with respect to such Person: (i) a court or governmental agency having jurisdiction in the premises shall enter a decree or order for relief in respect of such Person in an involuntary case under any applicable bankruptcy, insolvency or other similar law now or hereafter in effect, or appointing a receiver, liquidator, assignee, custodian, trustee, sequestrator (or similar official) of such Person or for any substantial part of its Property or ordering the winding up or liquidation of its affairs; or (ii) there shall be commenced against such Person an involuntary case under any applicable bankruptcy, insolvency or other similar law now or hereafter in effect, or any case, proceeding or other action for the appointment of a receiver, liquidator, assignee, custodian, trustee, sequestrator (or similar official) of such Person or for any substantial part of its Property or for the winding up or liquidation of its affairs, and such involuntary case or other case, proceeding or other action shall remain undismissed, undischarged or unbonded for a period of sixty consecutive days; or (iii) such Person shall commence a voluntary case under any applicable bankruptcy, insolvency or other similar law now or hereafter in effect, or consent to the entry of an order for relief in an involuntary case under any such law, or consent to the appointment or taking possession by a receiver, liquidator, assignee, custodian, trustee, sequestrator (or similar official) of such Person or for any substantial part of its Property or make any general assignment for the benefit of creditors; or (iv) such Person shall be unable to, or shall admit in writing its inability to, pay its debts generally as they become due.

" Banks " means each Person identified as a "Bank" on the signature pages hereto and its successors and assigns.

" Base Rate " means for any day a fluctuating rate per annum equal to the highest of (a) the Federal Funds Rate plus 0.50%, (b) the rate of interest in effect for such day as publicly announced from time to time by Wells Fargo Bank as its "prime rate: and (c) the Eurocurrency Rate plus 1.0%. The "prime rate"

is a rate set by Wells Fargo Bank based upon various factors including Wells Fargo Bank's costs and desired return, general economic conditions and other factors, and is used as a reference point for pricing some loans, which may be priced at, above, or below such announced rate. Any change in such "prime rate" announced by Wells Fargo Bank shall take effect at the opening of business on the day specified in the public announcement of such change.

"Base Rate Loan" means a Loan that bears interest at a rate based on the Base Rate. All Base Rate Loans shall be denominated in Dollars.

"Borrower Materials" has the meaning set forth in Section 7.1.

"Borrower Representative" has the meaning set forth in Section 2.9.

"Borrowers" means the U.S. Borrowers, as identified in the heading hereof, together with any Foreign Borrowers and permitted successors and assigns.

"Borrowing" means a borrowing consisting of simultaneous Loans of the same type and, in the case of Eurocurrency Rate Loans, having the same Interest Period made by each of the Banks pursuant to Section 2.2.

"Business Day" means any day other than a Saturday, Sunday or other day on which commercial banks are authorized to close under the Laws of, or are in fact closed in, the state where the Administrative Agent's Office with respect to Obligations denominated in Dollars is located and:

(a) if such day relates to any interest rate settings as to a Eurocurrency Rate Loan denominated in Dollars, any fundings, disbursements, settlements and payments in Dollars in respect of any such Eurocurrency Rate Loan, or any other dealings in Dollars to be carried out pursuant to this Agreement in respect of any such Eurocurrency Rate Loan, means any such day on which dealings in deposits in Dollars are conducted by and between banks in the London interbank eurodollar market;

(b) if such day relates to any interest rate settings as to a Eurocurrency Rate Loan denominated in Euro, any fundings, disbursements, settlements and payments in Euro in respect of any such Eurocurrency Rate Loan, or any other dealings in Euro to be carried out pursuant to this Agreement in respect of any such Eurocurrency Rate Loan, means a TARGET Day;

(c) if such day relates to any interest rate settings as to a Eurocurrency Rate Loan denominated in a currency other than Dollars or Euro, means any such day on which dealings in deposits in the relevant currency are conducted by and between banks in the London or other applicable offshore interbank market for such currency; and

(d) if such day relates to any fundings, disbursements, settlements and payments in a currency other than Dollars or Euro in respect of a Eurocurrency Rate Loan denominated in a currency other than Dollars or Euro, or any other dealings in any currency other than Dollars or Euro to be carried out pursuant to this Agreement in respect of any such Eurocurrency Rate Loan (other than any interest rate settings), means any such day on which banks are open for foreign exchange business in the principal financial center of the country of such currency.

"Capital Lease" means any lease the payments and obligations with respect to which would be required to be capitalized in accordance with GAAP.

4M

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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)

Section 1: General Information

Facility Name: Abbott Laboratories Inc.

Physical Address: 4551 Great America Pkwy

City: Santa Clara State: CA Zip: 95054

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: 408-982-4800 Website: https://www.abbott.com/

Name of Designated Representative (DR): Cheryl Nowlan

Licensing Company Email: abbott@pharma.solutions DR Email: cheryl.nowlan@abbott.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☑ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Hospitals without Pharmacies, Clinical/Surgical Centers	Testing Laboratories,	☑ Others: Virtual Manufacturer

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)?	See Addendum	
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?	See Addendum	
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?	See Addendum	
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?	See Addendum	
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)?	See Addendum	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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:

Cheryl Nowlan CHERYL NOWLAN

Original Signature (electronic, copies or stamps not accepted)

2 NOV 2023

Date

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)?	Based on records available to it and to the best of its knowledge, Abbott Laboratories Inc. (ALI), the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
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?	Based on records available to them and to the best of their knowledge, ALI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
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?	Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), ALI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott In May 2022, Abbott agreed to enter into a consent decree with the U.S. Food and Drug Administration (FDA) related to its Sturgis, Mich., infant formula plant. The decree is an agreement between FDA and Abbott on the steps necessary to resume production and maintain the

	facility. This is not related to the pharmaceutical industry and does not affect any other Abbott plant or operation, including the operations of the Applicant. *See also* Abbott's response to Question 1 above.
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?	Based on records available to them and to the best of their knowledge, ALI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
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)?	Based on records available to them and to the best of their knowledge, ALI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

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: Fisher Diagnostics
Address: 8365 Valley Pike City: Middletown State: VA Zip: 22645

Name: CLINICAL DIAGNOSTIC SOLUTIONS, INC.
Address: 1800 N.W. 65TH AVE. City: PLANTATION State: FL Zip: 33313

Name: AVANTOR PERFORMANCE MATERIALS POLAND S.A.-
Address: Gen. Sowińskiego 11, 44-121 City: Gliwice State: Poland Zip:

Name: BECTON DICKINSON AND COMPANY
Address: 2153 12th Ave City: COLUMBUS State: NE Zip: 68601

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Abbott Laboratories
Corporation Name: Abbott Laboratories Inc.
Mailing Address: 4551 Great America Parkway
City: Santa Clara State: CA Zip: 95054
Telephone: 610-298-5930 Email: abbott@pharma.solutions
Contact Person Name: Janine Walker

Date of SEC Registration: 1929 | SEC Registration Number: 0000001800 | Stock Exchange Symbol: ABT

Section 5: 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 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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [3]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [3]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Abbott Laboratories Inc.

Facility Name

CHERYL NOWLAN

Print Name of Authorized Person Submitting Application

Cheryl Nowlan

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

2 NOV 2023

Date

Board Use Only	Date Received: 11/3/23	Amount: $1000 - check 12184

Abbott Laboratories Inc. Corporate Officer List

Appointed Entity	Appointment Type
Ahlberg, Gregory	Senior Vice President, Core Laboratory Diagnostics, Commercial Operations
Allen, Hubert	Executive Vice President, General Counsel and Secretary
Ambati, Venu	Vice President, Established Pharmaceuticals, India
Balthrop, Elizabeth	Vice President, Transfusion Medicine
Battaglia, Erica	Vice President, Chief Ethics and Compliance Officer
Boettiger, Keith	Vice President, Heart Failure
Boudreau, Philip	Vice President, Finance and Controller
Brotz, Melissa	Vice President, Public Affairs and Corporate Marketing
Calamari, Christopher	Senior Vice President, U.S. Nutrition
Chen, Fanny	Vice President, Core Diagnostics, China
Cienkus, Keith	Vice President, Molecular Diagnostics
Collins, Kathryn	Vice President, Commercial Legal Operations
Comilla, Michael	Vice President, Investor Relations
Dale, Michael D.	Senior Vice President, Structural Heart
Earnhardt, Lisa	Executive Vice President, Medical Devices
Evers, Thomas	Vice President, Government Affairs
Ewing, Sabina	Vice President, Business and Technology Services
Ferreira Mateus, Fernando Miguel	Senior Vice President, International Nutrition
Ford, Robert	Chairman of the Board and Chief Executive Officer
Frels, John	Vice President, Research and Development, Immunoassay/Clinical Chemistry
Funck, Jr., Robert	Executive Vice President, Finance and Chief Financial Officer
Ginascol, John	Executive Vice President, Core Diagnostics
Haas, Jeffrey N.	Vice President, Infectious Disease, Developed Markets, Rapid Diagnostics
Halloran, Damian	Vice President, Infectious Disease, Emerging Markets, Rapid Diagnostics
House, J.	Senior Vice President, Quality Assurance, Regulatory and Engineering Services
Huang, Gene	Vice President, Chief Economist
Johnson, Gary	Vice President, Clinical, Regulatory and Health Economics Outcomes Research, Cardiovascular and Neuromodulation
Kaesebier, Tara	Assistant Secretary
Karam, Sammy	Senior Vice President, Established Pharmaceuticals, Emerging Markets
Kunkler, Robert	Vice President, Toxicology, Cardiometabolic and Consumer Products and Services
Lehman, Brian	Vice President, Commercial Operations, Electrophysiology
Leinenweber, Scott	Senior Vice President, Licensing, Acquisitions and Ventures
Malha, Pedro	Vice President, Neuromodulation
Malishkevich, Felix	Assistant Treasurer
Manning, Joseph	Executive Vice President, Nutritional Products
McCoy Jr., John	Vice President, Treasurer
Mihaylova, Jana	Vice President, Nutrition, Asia Pacific
Millerick, Shawn	Vice President, Pediatric Nutrition
Moreland, Mary K.	Executive Vice President, Human Resources
Morrone, Louis	Executive Vice President, Core Diagnostics
Murphy, John	Vice President, Nutrition Supply Chain
Novak, Joseph	Vice President, Taxes
Paik, Jessica	Assistant Secretary
Salvadori, Daniel	Executive Vice President and Group President, Established Pharmaceuticals and Nutritional Products
Schneider, Ric	Vice President, Chief Procurement Officer
Scoggins, Christopher	Vice President, Commercial Operations and Marketing, Abbott Diabetes Care
Shroff, Eric	Vice President, Abbott Point of Care
Tisack, Gael	Assistant Secretary
Tyler, Julie	Senior Vice President, Abbott Vascular
Wainer, Andrea	Executive Vice President, Rapid and Molecular Diagnostics
Watkin, Jared	Senior Vice President, Diabetes Care
Weitekamper, Frank	Vice President, Abbott Transition Organization
Wellisch, Alejandro	Senior Vice President, Established Pharmaceuticals, Latin America
Wenner, James R.	Vice President, Internal Audit
Wilkins, Monica	Vice President, Regulatory and Quality
Woodgrift, Randel	Senior Vice President, CRM
Yaron, Uri	Senior Vice President, Electrophysiology

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABBOTT LABORATORIES 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-FIFTH DAY OF APRIL, A.D. 2024.

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.

2803432 8300

SR# 20241668689

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

Authentication: 203338259

Date: 04-25-24

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Abbott Laboratories
4551 Great America Parkway
Santa Clara, CA 95054

LICENSE NUMBER: 73527
EXPIRATION DATE: 5/9/2025

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with 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

FDA

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
ABBOTT LABORATORIES
Business Trade Name:
Abbott Laboratories, Diagnostics Division

4551 Great America Pkwy
SANTA CLARA, CA 95054
Registration Number: 2919069
FEI Number*: 2919069
Status: Active
Date Of Registration Status: 2024

Owner/Operator:
ABBOTT LABORATORIES[6]
100 ABBOTT PARK RD.
D-03Q3, AP52-1
Abbott Park, IL US 60064
Owner/Operator Number: 1415939[7]

Official Correspondent:
Christine Limbaugh
100 Abbott Park Road
Dept 09AA Bldg AP08-A Floor-1
Abbott Park, IL 60064
Phone: 224-6675417

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

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Page Last Updated: 04/29/2024

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0497

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

1/1/2025

DATE (MM/DD/YYYY) 4/23/2024

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 Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500 midwestcertificates@lockton.com	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED 1430962 Abbott Laboratories 100 Abbott Park Road Abbott Park IL 60064	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Old Republic Insurance Company 24147 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES ABBLA **CERTIFICATE NUMBER:** 16191438 **REVISION NUMBER:** XXXXXXX

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	X COMMERCIAL GENERAL LIABILITY	Y	N	MWZZ 315913 24	1/1/2024	1/1/2025	EACH OCCURRENCE	$ 10,000,000
	X CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
	X Retro Date: 1/1/13						MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 10,000,000
	X POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$ 10,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	$ XXXXXXX
	☐ ANY AUTO						BODILY INJURY (Per person)	$ XXXXXXX
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$ XXXXXXX
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$ XXXXXXX
	☐ UMBRELLA LIAB ☐ OCCUR			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$ XXXXXXX
	☐ DED ☐ RETENTION $							$ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			NOT APPLICABLE			PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$ XXXXXXX
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ XXXXXXX
							E.L. DISEASE - POLICY LIMIT	$ XXXXXXX

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

THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.

Abbott Laboratories and its wholly owned subsidiaries and affiliates are included as additional insureds if required by written contract with respect to General Liability per the terms and conditions of the policy.

CERTIFICATE HOLDER

16191438
Abbott Laboratories
100 Abbott Park Road
Abbott Park IL 60064

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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NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Abbott Laboratories Inc. MDEG License # (if applicable) N/A

Physical Address 4551 Great America Parkway

City Santa Clara State CA Zip 95054

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone 408-982-4800 Website https://www.abbott.com/

Licensing Company Email abbott@pharma.solutions

Section 2: Personal Information

First Cheryl Middle _____ Last Nowlan

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City LIVERMORE State CA Zip 94550

Telephone [redacted] Email cheryl.nowlan@abbott.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

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?		X

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)	
PURDUE UNIVERSITY		8/87 TO 6/92	
Address	**City**	**State**	**Zip**
610 PURDUE MALL	WEST LAFAYETTE	IN	47907
Diploma/Degree obtained, if any			
B.S.			

School Name		From - To (MM/YY – MM/YY)	
CHESTERTON HIGH SCHOOL		8/84 5/87	
Address	**City**	**State**	**Zip**
2125 S. 11th STREET	CHESTERTON	IN	46304
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)	Address	City	State	Zip
	[redacted]	LIVERMORE	CA	94550
From - To (MM/YY – MM/YY)	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

CHERYL NOWLAN

[redacted]

SUMMARY

Senior quality management professional with an excellent performance record of launching new products worldwide. Experience includes compliance, manufacturing operations, sustaining engineering, supply chain, design control and document control. A skilled negotiator who can quickly resolve complex situations, deliver solutions that enhance productivity and garner significant cost savings. A confident and personable leader with a reputation for building and maintaining high performing teams.

PROFESSIONAL EXPERIENCE

ABBOTT LABORATORIES, HEMATOLOGY, Santa Clara, CA **2019 - Present**
A leading healthcare company dedicated to providing high quality safe and effective in vitro diagnostic tests to customers worldwide.

Site Quality Director, Santa Clara, CA (2020 -present)
Management Representative and responsible for all aspects of quality at the site. Established the vision for the Quality Assurance team and drove quality initiatives across the entire business unit resulting in enhanced quality culture and operational excellence. Analyzes key performance indicators to ensure adherence to the Quality System and helps identify areas for continuous improvement. Provide support and guidance to achieve and maintain compliance for emerging regulations.

- Developed and enacted regulatory compliance strategies in multiple markets
- Implemented a new process for final product release testing at a Contract Manufacturer which reduced direct involvement by more than 50%.
- Restructured the Management Review and Operational performance metrics program.
- Oversee programs targeting reliability improvements and reduction in Service costs by more than 30%.
- Completed submission and gained 510(k) clearance for a new Hematology analyzer for the US market.

Director Design Quality and Quality Systems & Compliance, Santa Clara, CA (2019-2020)
Leading a team of quality engineers supporting Hardware, Software and Reagents for New Product Development and Quality professionals responsible for Regulatory Compliance for the Hematology business.

- Enhanced audit readiness and inspection program to vastly improve compliance profile.
- Drove a 50% reduction in overdue Nonconformance and CAPA records.
- Implemented efficiencies in Document Control improving First Pass Acceptance Rate.
- Implemented a new electronic solution for managing Software Defects.
- Enhanced knowledge of Design Control for >100 employees directly working on new product development and sustaining engineering.

Director Product Quality Assurance, Santa Clara, CA (2019-2020)
Leading a team of quality assurance professionals responsible for post-market surveillance activities and performance monitoring of the hematology product lines worldwide. Managing complaint handling area and product quality area aimed at , confirm conformance against approved specifications and release raw materials, components and sub-assemblies used in finished product.

- Implemented an electronic solution for managing incoming complaints and inquiries.
- Reduced complaint cycle times by more than 40% across the product portfolio.
- Reassessed more than 1000 components for monitoring performance trend analysis.
- Revamped the process for assessing product risk, resulting in a significantly improved cycle time.

ABBOTT LABORATORIES, STRUCTURAL HEART, Menlo Park, CA **2017 - 2019**
Abbott Vascular strives to address unmet needs of patients with structural heart defects through innovative, first in-class therapy. The leading provider of solutions for the treatment of mitral valve and tricuspid valve disease.

Senior Manager Supplier Quality Assurance & Incoming Quality Assurance, Menlo Park, CA (2017-2019)
Leading a team of quality engineers responsible for qualification, maintenance and performance monitoring of the global supply base. Managing the Incoming Quality Assurance area comprised of two shifts to inspect, confirm conformance against approved specifications and release raw materials, components and sub-assemblies used in finished product.

- Drove a 30% reduction in Supplier non-conformances utilizing investigations and effective CAPA.
- Achieved a savings of $2 million annually by reducing destructive testing costs and instituting supply chain strategies to enhance performance.
- Reduced cycle times by more than 50% for multiple components through inspection efficiencies and a revamped Inspector Certification Program.
- Restructured the SQE team to improve on-time project management completion by >25% for on-market and new product development projects involving components from new and existing suppliers.

ABBOTT LABORATORIES, DIABETES CARE, Alameda, CA **2015 - 2017**
A global leader in diabetes care, constantly working to deliver the highest quality products, unwavering support for customers and commitment to continuous improvement in the way patients and professionals measure, track and analyze glucose levels.

Senior Manager R&D Quality Assurance, Alameda, CA (2015-2017)
Leading a team of quality engineers directing design control elements to the new product development teams and sustaining engineering including sensing technology, glucose meters/readers, product software/mobile phone applications and accessories used to manage diabetes. Direct and lead the deployment of continuous improvement of the Quality System.

- Launched the FreeStyle Libre and FreeStyle LibrePro glucose monitoring products in more than 30 countries. FreeStyle Libre Pro became the market leader within 4 months of launch.
- Launched SW Application for Android phones to read glucose values for FreeStyle Libre product.
- Supported and implemented substantial capacity increases on finished goods manufacturing line resulting in improvements from 800,000 FreeStyle Libre sensor kits annually to 40 million FreeStyle Libre sensor kits across two manufacturing lines.

ABBOTT LABORATORIES, HEMATOLOGY, Santa Clara, CA **2012 - 2015**
A leading healthcare company dedicated to providing high quality safe and effective in vitro diagnostic tests to customers worldwide.

Design Quality Manager, R&D Quality Assurance, Santa Clara, CA (2012-2015)
Directing the efforts of more than 100 R&D staff on the Design Control processes and procedures for new product development activities required to launch an innovative Hematology system combining software, hardware and reagents together.

- Implemented electronic Design Control tools (Serena Business Manager and Abbott Product Lifecycle Management) for managing Design changes, electronic meetings, risk management and the Design History File for all products.
- Implemented distribution agreement for a Coagulation instrument.
- Established proof of concept and feasibility of two new Hematology instrument systems. One system analyzes blood and body fluids for parameters contained in a complete blood count test. The second system prepares a blood smear, stains the smear for evaluating the morphology of cells.

ABBOTT LABORATORIES, GLOBAL PHARMACEUTICAL OPERATIONS, Waukegan, IL **2011 - 2012**
A recognized leader in pharmaceutical manufacturing and supply chain excellence through world-class quality and customer service.

Stability Program Manager, Global Quality Assurance, Abbott Park, IL (2011-2012)
Individual contributor who aligned documentation and improved stability monitoring processes for over 200 pharmaceutical products at six different International sites and at more than 10 Third Party Manufacturers to maintain consistency and compliance to local and international regulations for pharmaceutical products.

- Implemented new climatic zone conditions and photostability monitoring protocol improvements for the same 50 products in three plant locations within each of the Latin America, Europe and Asia-Pacific regions for Global Pharmaceutical Operations and Established Products Divisions resulting in protocol harmonization and improved compliance for legacy products.
- Standardized the stability monitoring portion of the required Common Technical Document format for Regulatory filings of pharmaceutical products resulting in a 25% improvement in cycle time.
- Developed a stability metrics program evaluating key performance indicators and trend monitoring in more than 40 pharmaceutical product families resulting in a proactive assessment of each product family reviewed by executive management on a quarterly basis.

ABBOTT LABORATORIES, DIAGNOSTICS DIVISION, Abbott Park, IL **1993 - 2011**
A leading healthcare company dedicated to providing high quality safe and effective in vitro diagnostic tests to customers worldwide.

Program Manager, Global Operations, Abbott Park, IL (2008-2010)
Directed the efforts of over 200 staff located in one U.S. and four International sites to establish and maintain compliance for more than 300 immunoassays worldwide through design control, change control, and alignment to international regulations as part of a divisional initiative.

- Developed the divisional plan for inter-site transfer of in-process stability monitoring studies by directing site representatives at four plant locations in three countries to review and update operating procedures, install required equipment, train personnel and begin monitoring stability of products in European plant locations for the first time in company history.
- Trained more than 100 European affiliate colleagues on manufacturing, testing and documentation best practices and procedures for development of standards used for diagnostic medical devices to ensure harmonization across sites by presenting examples, piloting a product at three manufacturing sites, and transferring knowledge through teleconferences and site symposiums.

Sr. Quality Project Manager, Compliance, Abbott Park, IL (2003-2008)
Managed a staff of 35 to develop a quality improvement program focused on improving compliance to international regulations on traceability for over 150 immunoassays across multiple instrument systems.

- Achieved a 30% reduction in manufacturing cycle time across more than 150 immunoassays resulting in $1 million dollars in cost savings annually by streamlining manufacturing steps, clarifying instructions and improving the capability of testing schemes through more than 4000 document control changes.
- Managed more than 200 highly complex design control projects with more than 500 tasks per project. Achieved a 95% on-time completion rate and within budget through planning, developing a comprehensive schedule, monitoring metrics and status reporting.
- Developed the strategic divisional plan to achieve compliance to international standards regarding traceability for more than 100 immunoassays. Activities included gaining executive management agreement, securing funding, identifying and hiring qualified project team members with varied positions.

Technical Support Leader, Assay Technical Support, Abbott Park, IL (2000-2003)
Directed the activities of 12 staff to ensure supply chain is maintained through on-time delivery of inventories by implementing supplier qualifications, process improvements, document control, labeling control, and investigating product failures.

- Improved on-time manufacturing order fill rates across two sites for more than 20 products by diligently and proactively communicating progress and by swiftly resolving emerging issues.

- Advanced five supplier qualifications by contracting multiple formulations to be evaluated. Qualification of the new suppliers resulted in $500,000 annual cost savings.

Technical Specialist, Product Development, Abbott Park, IL (1996-2000)
Led efforts to ensure manufacturing and testing of product were completed in alignment with the production schedule. Activities included raw material qualifications, bulk and filled components and final product for sale kits.

- Qualified two suppliers to develop five formulations for technical evaluation resulting in a combined savings of $2 million dollars annually.
- Documented product investigations identifying root cause and implementing corrective actions through design and document control changes.

Research and Development Scientist, Product Development, Abbott Park, IL (1993-1996)
Directed confirmation testing of retroviral patient samples to ensure a safe blood supply and led efforts to scale up manufacturing batch sizes to support new product launches in collaborative efforts with the FDA and blood screening organizations.

- Reduced a backlog of more than 2000 clinical trial patient samples, resulting in a 40% cycle time improvement which ensured a retroviral new product launched on-time as scheduled.
- Devised and implemented more than 20 procedures to scale up the manufacturing batch sizes appropriately to support production and worldwide distribution for a new product launch.

SAINT ANTHONY HOSPITAL, LABORATORY, Michigan City, IN **1990-1993**
A 250 bed hospital with a fully automated clinical laboratory, operating three shifts a day.

Medical Technologist, Generalist
Skilled laboratory professional in clinical chemistry, hematology, urine analysis, blood gases, toxicology and blood bank. Shift supervisor in a fast-paced laboratory obtaining STAT test results on patient samples, performing quality control, executing preventive maintenance on automated equipment and mentoring new staff members on laboratory procedures.

EDUCATION

Purdue University, W. Lafayette, IN, *Bachelor of Science in Medical Technology*
St. Margaret Mercy Hospital, Hammond, IN, *Clinical Rotation*
American Society Clinical Pathologists, *Certification*

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable 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			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties	Resume		

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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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?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any 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:

Cheryl Nowlan CHERYL NOWLAN — 26 SEP 2023

Original Signature (electronic, copies or stamps not accepted) — Date

I, CHERYL NOWLAN, **certify that as the MDEG Administrator for**

Abbott Laboratories Inc.,

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

1. C.N. Have a high school diploma or its equivalent;
2. C.N. Have
   a. At least 1,500 hours of verifiable 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. C.N. 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. C.N. 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.

CHERYL NOWLAN
Print Name (First, Last)

Cheryl Nowlan
Original Signature (electronic, copies or stamps not accepted)

26 SEP 2023
Date

Board Use Only	Date Received: 11/13/23

Santa Clara List of Employees

KAREN ABERCROMBIA

ROSALYNDA ABIANG

NICHOLE ADAMS

FRANCISCO ARAGON

HERIBERTO AYALA

LINDA AYE

ANUM AZHAR

JON BAKER

CATHERINE BESSETTE

GURMIT BIDWAL

FABIOLA BITTENCOURT

RACHEL BLACKMAN

DAVID BOGGS

CHRISTOPHER BOYES

GABRIELA BRAZWELL

IAN BURGESS

CORRADO BURLA

MARIO CARVAJAL

CHIA-YU CHEN

KELLY CHIEN

JERRY CHIN

DINDO-ALBERTO CLEMENTE

WILLIE COWART

OLIVER DANGCA

THO DAO

ROBERT DARTY

GLENN DAVIS

AVINASH DESHPANDE

LILLIAN DEVERA

PHU DIEP

MARQUITA DILLARD

FELIX DIONGZON

SAM DO

ANNA DOLOJAN

ROBERTA DRAKE

LESLIE DUONG

ANDREW DUPLESSIS

MIRAFLOR ESTRADA

MICHAEL FONG

LANNETTE GEE

TARIKAYEN GETACHEW

JULIE GRIFFIN

IRMA GUTIERREZ

LAUREL HAHN

HITOMI HOSHINO

SOUSAN HOSSEINI

CHIA-FA HSU

ANH HUYNH

CHRISTOPHER IRELAND

DAVID IRELAND

MEHVISH ISMAIL

MARIA IVANOVA IVANOVA

JOSEPH JACINTO

SARYU JANI

PAVEL JIROUSEK

VERONDA JOHNSON

NAMITA MANOJ KUMAR KALLUR

STEPHANIE KASEL

JASMEET KAUR

NANCY KIM

CHAD KOEHN

GAYATHRI KOLLESSERY

MICHAEL KUIZON

PARVEEN KUMAR

LIZA KUNZ

ANDREA KWONG

SRIKANTH LAKKARAJU

STEPHEN LANE

DANIEL LEE

QUEENCY LEE

RANDY LEE

SUZANNE LEE

AMBER LEONE

PAUL LIMA

MEGANLO

RAYMOND LOPRETTO

AROKIAMARY SUMADHI LOURDUSWAMY

CHENG LUO

KENNY LUONG

HONG MA

MARTIN MABBUTT

MARK MAHONEY

WILMA MANGAN

STEPHEN MAY

SABINA MINTA-JACOBS

OMER HASSEN MOHAMEDNUR

DENISE MORGRET

SACHITA MOTUMAL

HUGUETTE MULUMBA

RIAD NADA

UPKAR NARANG

FRANCISCO NEPACENA JR

PAUL NGUYEN

RENE NIEVES ALICEA

CHERYL NOWLAN

WAIS OMARI

JAUME PENA MCDONNELL

RENEE PENG

JANET PETERSON

MYHANH PHAM

TRAMANH PHAM

NGOC-DUNG PHAN

NHAT PHAN

PRAVEEN PUTTASWAMY

YUE QIU

ALI RAHIMIAN

RHIO RAYALA

FERNANDO RHODAS

PAMELA RILEY

MA. THERESA RIVERA

CHRISTINE RONGEY

MICHELLE ANNE ROXAS

KAREN RUGNE

PAPA SAGNA

GRECHKO SAMARIN

HUGO SANABRIA

ALFRED SANCHEZ

ALBERTO SÁNCHEZ

ROY SARIC

JESSICA SAUTER

SALONI SHAH

EYASHU SHUBA

SYDNEY SILVA

SANTOKH SINGH

LARRY SMITH

KATIE SOHN

WALTER STONAS

KASSANDRA STRUK

KEVIN STUTEVILLE

HANA SULEMAN

LIHJEN SUN

KRYSTINE SZCZEPANSKI

SARA TALAEI

DUY TANG

SATYANARAYANA TOTA

EVERETT TUCKER

BAHAREH VADI

CINDY VALDEZ

NEHA VATSYAYAN

MARTIN VELAZQUEZ

DANIELA VELEZ-RENDON

SUSMITHA VETTIYATTIL

HUNG VU

DANLI WANG

TZU-YU WANG

YING WANG

TARA WILLIAMSON

ANNA WONG

MELISSA WONG

JIE XU

JOSEPH YACONO

TREVOR YEE

JASON YOUNG

ELOISA ZAMORA

Abbott
D-03Q4, AP52
200 Abbott Park Road
North Chicago, IL 60064

SECTION 4: PUBLICLY TRADED CORPORATION

SEC REGISTRATION

Abbott Laboratories (Abbott) completed its initial public offering in 1929.

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

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2020 — Commission file number 1-2189

Abbott Laboratories

An Illinois Corporation
100 Abbott Park Road
Abbott Park, Illinois 60064-6400

36-0698440
(I.R.S. employer identification number)
(224) 667-6100
(telephone number)

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	ABT	New York Stock Exchange Chicago Stock Exchange, Inc

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 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 Act).

Yes ☐ No ☒

The aggregate market value of the 1,727,625,764 shares of voting stock held by nonaffiliates of the registrant, computed by reference to the closing price as reported on the New York Stock Exchange, as of the last business day of Abbott Laboratories' most recently completed second fiscal quarter (June 30, 2020), was $157,956,823,602. Abbott has no non-voting common equity. Number of common shares outstanding as of January 31, 2021: 1,771,529,358

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the 2021 Abbott Laboratories Proxy Statement are incorporated by reference into Part III. The Definitive Proxy Statement will be filed on or about March 12, 2021.

PART I

ITEM 1. BUSINESS

GENERAL DEVELOPMENT OF BUSINESS

Abbott Laboratories is an Illinois corporation, incorporated in 1900. Abbott's* principal business is the discovery, development, manufacture, and sale of a broad and diversified line of health care products.

NARRATIVE DESCRIPTION OF BUSINESS

Abbott has four reportable segments: Established Pharmaceutical Products, Diagnostic Products, Nutritional Products, and Medical Devices.

Established Pharmaceutical Products

These products include a broad line of branded generic pharmaceuticals manufactured worldwide and marketed and sold outside the United States in emerging markets. These products are generally sold directly to wholesalers, distributors, government agencies, health care facilities, pharmacies, and independent retailers from Abbott-owned distribution centers and public warehouses, depending on the market served. Certain products are co-marketed or co-promoted with, or licensed from, other companies.

The principal products included in the broad therapeutic area portfolios of the Established Pharmaceutical Products segment are:

- gastroenterology products, including Creon™, for the treatment of pancreatic exocrine insufficiency associated with several underlying conditions, including cystic fibrosis and chronic pancreatitis; Duspatal™ and Dicetel™, for the treatment of irritable bowel syndrome or biliary spasm; Heptral™, Transmetil™, and Samyr™, for the treatment of intrahepatic cholestasis (associated with liver disease) or depressive symptoms; and Duphalac™, for regulation of the physiological rhythm of the colon;
- women's health products, including Duphaston™, for the treatment of many different gynecological disorders; and Femoston™, a hormone replacement therapy for postmenopausal women;
- cardiovascular and metabolic products, including Lipanthyl™ and TriCor™, for the treatment of dyslipidemia; Teveten™ and Teveten™ Plus, for the treatment of essential hypertension; and Physiotens™, for the treatment of hypertension; and Synthroid™, for the treatment of hypothyroidism;
- pain and central nervous system products, including Serc™, for the treatment of Meniere's disease and vestibular vertigo; Brufen™, for the treatment of pain, fever, and inflammation; and Sevedol™, for the treatment of severe migraines; and
- respiratory drugs and vaccines, including the anti-infective clarithromycin (sold under the trademarks Biaxin™, Klacid™, and Klaricid™); and Influvac™, an influenza vaccine.

The Established Pharmaceutical Products segment directs its primary marketing efforts toward building strong brands with key stakeholders, including consumers, pharmacists, physicians, and other healthcare providers. Government agencies are also important customers.

Competition in the Established Pharmaceutical Products segment is generally from other health care and pharmaceutical companies. In addition, the substitution of generic drugs for the brand prescribed and introduction of additional forms of already marketed established products by generic or branded competitors may increase competitive pressures.

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* As used throughout the text of this report on Form 10-K, the term "Abbott" refers to Abbott Laboratories, an Illinois corporation, or Abbott Laboratories and its consolidated subsidiaries, as the context requires.

Diagnostic Products

These products include a broad line of diagnostic systems and tests manufactured, marketed, and sold worldwide. These products are generally marketed and sold directly to blood banks, hospitals, commercial laboratories, clinics, physicians' offices, retailers, government agencies, alternate care testing sites, and plasma protein therapeutic companies from Abbott owned distribution centers, public warehouses or third party distributors.

The principal products included in the Diagnostic Products segment are:

- core laboratory systems in the areas of immunoassay, clinical chemistry, hematology, and transfusion medicine, including the Alinity® family of instruments, ARCHITECT®, ABBOTT PRISM®, and Cell-Dyn®, with assays used for screening and/or diagnosis for cancer, cardiac, metabolics, drugs of abuse, fertility, general chemistries, infectious diseases such as hepatitis and HIV, therapeutic drug monitoring, and a suite of SARS-CoV-2 serology assays;
- molecular diagnostics polymerase chain reaction (PCR) instrument systems, including Alinity® m and m2000™ that automate the extraction, purification, and preparation of DNA and RNA from patient samples, and detect and measure infectious agents including HIV, hepatitis, HPV, sexually transmitted infections, and SARS-CoV-2; and products for oncology with the Vysis® FISH product line of genomic-based tests;
- point of care systems, including the i-STAT® and next-generation i-STAT® Alinity® and cartridges for testing blood gas, chemistry, electrolytes, coagulation and immunoassay;
- rapid diagnostics lateral flow testing products in the area of infectious diseases, including respiratory viruses such as SARS-CoV-2 and influenza, HIV, hepatitis, and tropical diseases such as malaria and dengue fever, molecular point-of-care testing for HIV, including the m-PIMA® HIV-1/2 Viral Load Test, and for SARS-CoV-2 and influenza A & B, RSV and strep A, including the ID NOW® rapid molecular system; cardiometabolic testing, including Afinion® and Cholestech™ platforms and tests; a toxicology business for drug and alcohol testing; and remote patient monitoring and consumer self-testing; and
- informatics and automation solutions for use in laboratories, including laboratory automation systems, the RALS® point of care solution, and AlinIQ®, a suite of informatics tools and professional services.

The Diagnostic Products segment's products are subject to competition in technological innovation, price, convenience of use, service, instrument warranty provisions, product performance, laboratory efficiency, long-term supply contracts, and product potential for overall cost-effectiveness and productivity gains. Some products in this segment can be subject to rapid product obsolescence or regulatory changes. Although Abbott has benefited from technological advantages of certain of its current products, these advantages may be reduced or eliminated as competitors introduce new products.

Nutritional Products

These products include a broad line of pediatric and adult nutritional products manufactured, marketed, and sold worldwide. These products are generally marketed and sold directly to consumers and to institutions, wholesalers, retailers, health care facilities, government agencies, and third-party distributors from Abbott-owned distribution centers or third-party distributors.

The principal products included in the Nutritional Products segment are:

- various forms of prepared infant formula and follow-on formula, including Similac®*, Similac Pro-Advance®*, Similac® Advance®, Similac® Advance® Non-GMO, Similac Pro-Sensitive®*, Similac Sensitive®, Similac Sensitive® Non-GMO, Go&Grow by Similac®*, Similac® NeoSure®, Similac® Organic, Similac® Special Care®, Similac Total Comfort®*, Similac® For Supplementation, Isomil® Advance®, Isomil®, Alimentum®, Gain™, Grow™, Similac En Mei Li™, and Eleva™;
- adult and other pediatric nutritional products, including Ensure®, Ensure Plus®, Ensure® Enlive®, Ensure® (with NutriVigor®), Ensure® Max Protein, Ensure® High Protein, Glucerna®, Glucerna Hunger Smart®, ProSure™, PediaSure®, PediaSure SideKicks®, PediaSure® Peptide, EleCare®, Juven®, Abound™, Pedialyte® and Zone Perfect®; and

- nutritional products used in enteral feeding in health care institutions, including Jevity®, Glucerna® 1.2 Cal, Glucerna® 1.5 Cal, Osmolite®, Oxepa®, Freego™ (Enteral Pump) and Freego™ sets, Nepro®, and Vital®

* These products are available with 2'-FL HMO (Human Milk Oligosaccharide) in several markets.

Primary marketing efforts for nutritional products are directed toward consumers or to securing the recommendation of Abbott's brand of products by physicians or other health care professionals. In addition, certain nutritional products sold as Similac®, Gain™, Grow™, Eleva™, PediaSure®, PediaSure SideKicks®, Pedialyte®, Ensure®, Zone Perfect®, and Glucerna® are also promoted directly to the public by consumer marketing efforts in select markets where appropriate.

Competition for nutritional products in the segment is generally from other diversified consumer and health care manufacturers. Competitive factors include consumer advertising, formulation, packaging, scientific innovation, price, retail distribution, and availability of product forms. A significant aspect of competition is the search for ingredient innovations. The introduction of new products by competitors, changes in medical practices and procedures, and regulatory changes can result in product obsolescence. In addition, private label and local manufacturers' products may increase competitive pressure.

Medical Devices

These products include a broad line of rhythm management, electrophysiology, heart failure, vascular and structural heart devices for the treatment of cardiovascular diseases, and diabetes care products for people with diabetes, as well as neuromodulation devices for the management of chronic pain and movement disorders. Medical devices are manufactured, marketed and sold worldwide. In the United States, depending upon the product, medical devices are generally marketed and sold directly to wholesalers, hospitals, ambulatory surgery centers, physicians' offices, and distributors from Abbott-owned distribution centers and public warehouses. Outside the United States, sales are made either directly to customers or through distributors, depending on the market served.

The principal products included in the Medical Devices segment are:

- rhythm management products, including Assurity MRI® and Endurity MRI® pacemaker systems, Ellipse®, Fortify Assura®, and Gallant™ implantable cardioverter defibrillators and Gallant and Quadra Assura MP® implantable cardioverter defibrillator with cardiac resynchronization therapy and MultiPoint® Pacing technology; and Confirm Rx® implantable cardiac monitor;
- electrophysiology products, including the TactiCath® family of ablation catheters and FlexAbility® irrigated ablation catheters, Ampere® RF ablation generator, EnSite® family of cardiac mapping systems; and the Advisor® HD Grid mapping catheter;
- heart failure related products, including the HeartMate™ left ventricular device family and the CardioMEMS® HF System pulmonary artery sensor, a heart failure monitoring system;
- vascular products, including the XIENCE™ family of drug-eluting coronary stent systems developed on the Multi-Link Vision® platform, StarClose SE® and Perclose ProGlide® vessel closure devices, TREK® coronary balloon dilatation products, Hi-Torque Balance Middleweight Universal II® guidewires, Supera® Peripheral Stent System, a peripheral vascular stent system, Acculink®/Accunet® and Xact®/Emboshield NAV6®, carotid stent systems, and the OPTIS® integrated system with the Dragonfly OPTIS® imaging catheter and PressureWire® fractional flow reserve measurement systems;
- structural heart products, including MitraClip®, a percutaneous mitral valve repair system; Trifecta® Valve with Glide™ Technology, a surgical tissue heart valve; Portico® transcatheter aortic heart valve; Regent™ mechanical heart valve; Amplatzer® PFO occluders, Amplatzer Amulet® occluder devices; the Tendyne® Transcatheter Mitral Valve Implantation (TMVI) system; and the TriClip® Transcatheter Tricuspid Valve Repair System;
- continuous glucose and blood glucose monitoring systems, including test strips, sensors, data management decision software, and accessories for people with diabetes, under the FreeStyle® brand such as the FreeStyle Libre® system; and

- neuromodulation products, including spinal cord stimulators Proclaim® Elite and Proclaim® XR Recharge-free implantable pulse generators (IPG) and Prodigy MRI® IPG, each with BurstDR® stimulation, and Proclaim® DRG IPG, a neurostimulation device designed for dorsal root ganglion therapy, for the treatment of chronic pain disorders; and the Infinity® Deep Brain Stimulation System with directional lead technology for the treatment of movement disorders.

These products are subject to competition in technological innovation, price, convenience of use, service, product performance, long-term supply contracts, and product potential for overall cost-effectiveness and productivity gains. Some products in this segment can be subject to rapid product obsolescence or regulatory changes. Although Abbott has benefited from technological advantages of certain of its current products, these advantages may be reduced or eliminated as competitors introduce new products.

INFORMATION WITH RESPECT TO ABBOTT'S BUSINESS IN GENERAL

Sources and Availability of Raw Materials

Abbott purchases, in the ordinary course of business, raw materials and supplies essential to Abbott's operations from numerous suppliers in the United States and around the world. There have been no recent significant availability problems or supply shortages for raw materials or supplies.

Patents, Trademarks, and Licenses

Abbott is aware of the desirability for patent and trademark protection for its products. Accordingly, where possible, patents and trademarks are sought and obtained for Abbott's products in the United States and countries of interest to Abbott. Abbott owns or has licenses under a substantial number of patents and patent applications. Principal trademarks and the products they cover are discussed in the Narrative Description of Business on pages 1 through 4. These, and various patents which expire during the period 2021 to 2041, in the aggregate, are believed to be of material importance in the operation of Abbott's business. Abbott believes that no single patent, license, or trademark is material in relation to Abbott's business as a whole.

Seasonal Aspects, Customers, and Renegotiation

There are no significant seasonal aspects to Abbott's business. Abbott has no single customer that, if the customer were lost, would have a material adverse effect on Abbott. No material portion of Abbott's business is subject to renegotiation of profits or termination of contracts at the election of a government.

Environmental Matters

Abbott believes that its operations comply in all material respects with applicable laws and regulations concerning environmental protection. Regulations under federal and state environmental laws impose stringent limitations on emissions and discharges to the environment from various manufacturing operations. Abbott's capital and operating expenditures for pollution control in 2020 were not material and are not expected to be material in 2021.

Abbott has been identified as one of many potentially responsible parties in investigations and/or remediations at several locations in the United States, including Puerto Rico, under the Comprehensive Environmental Response, Compensation, and Liability Act, commonly known as Superfund. Abbott is also engaged in remediation at several other sites, some of which are owned by Abbott, in cooperation with the Environmental Protection Agency or similar agencies. While it is not feasible to predict with certainty the final costs related to those investigations and remediation activities, Abbott believes that such costs, together with other expenditures to maintain compliance with applicable laws and regulations concerning environmental protection, should not have a material adverse effect on Abbott's financial position, cash flows, or results of operations.

Human Capital

The sustainability of Abbott's business depends on attracting, engaging and developing talented people with diverse backgrounds who share Abbott's mission to help people live their healthiest possible lives. Abbott provides its employees opportunities to grow and develop their careers, market competitive compensation and benefit programs, and the satisfaction of being part of a global company dedicated to improving health in more than 160 countries.

As of December 31, 2020, Abbott employed approximately 109,000 people, 70% of whom were employed outside of the U.S. Women represented 47% of Abbott's U.S. workforce, 45% of its global workforce, and 39% of its managers.

Health and Safety

The health, safety and wellness of its employees is an Abbott priority embedded at every level of its business. Abbott's integrated Environmental, Health and Safety organization governs health, safety and wellness at Abbott's facilities. Abbott also maintains global policies and standards for managing employee health and safety.

Abbott takes a holistic approach to employee well-being. Abbott's global wellness programs are designed to meet the unique needs of employees across businesses and geographies and offer a wide range of programs, including supporting the mental, financial and physical health of employees and their families. For example, for over 20 years, Abbott has annually offered Exercise Across Abbott, which is a four-week physical wellness program that encourages employees to team up with colleagues and track how many minutes they exercise each day. Over 22,000 Abbott employees across 72 countries took part in 2020.

During the COVID-19 pandemic, Abbott has taken aggressive steps to limit exposure and enhance the safety of facilities for its employees, including implementing mandatory temperature screening and social distancing, providing and requiring the use of personal protective equipment, and at most U.S. facilities, onsite COVID-19 testing.

Talent Management

Abbott has an integrated global talent management process that is designed to identify and assess talent across the organization and provide equal and consistent opportunities for employees to develop their skills. All levels of employees participate in Abbott's annual performance management process to create development plans that support their particular career objectives, and Abbott provides a broad range of training, mentoring and other development opportunities to help its employees meet these objectives. The board of directors conducts an annual Talent Management Review, focusing on development of talent, diversity, and succession planning for critical positions. Similar reviews take place at every level of Abbott to develop talent and diversity across the organization.

Diversity and Inclusion

Abbott is committed to developing a workplace that is inclusive for all. Abbott ties executive compensation to human capital management, including diversity outcomes, to sustain an inclusive culture and the fair and balanced treatment of Abbott's employees.

Abbott's employee networks play an important role in building an inclusive culture across all Abbott operations. A member of Abbott's senior management serves as a sponsor for each of these networks, helping to align their objectives with Abbott's business strategies. Abbott has ten such networks, which are: Advancing Professionals Network (supporting early career employees), Asian Leadership and Cultural Network, Black Business Network, Flex Network (employees with part-time and flexible schedules), LA VOICE Network (supporting Hispanic and Latino employees), People with Disabilities Network, PRIDE (supporting LGBTQ employees), Veterans Network, Women Leaders of Abbott, and Women in STEM.

Abbott offers professional development programs, which provide recent college graduates the opportunity to rotate through different areas of Abbott, often with the chance to work outside their home country. In 2020, 52% of the participants were women. Also, Abbott hosts hundreds of college students for paid internships. In 2020, 55% of the U.S. interns were women and 39% were minorities. Further, Abbott has operated a STEM internship program for high school students in the U.S. since 2012. The program's objective is to increase the number of students pursuing STEM-related careers and contribute to a more diverse talent pipeline for Abbott. In 2020, 58% of the STEM interns were women and 71% were minorities.

Compensation and Benefits

Abbott is committed to building, retaining, and motivating a diverse talent pipeline that can meet the current and future needs of its businesses. To that end, Abbott provides market competitive compensation, healthcare benefits, pension and/or retirement savings plans, and several programs to facilitate employees building an ownership stake in Abbott, including a global long-term incentive program for employees generally beginning at the manager level. Abbott also has procedures and processes focused on providing employees equitable compensation, regardless of race or gender or other personal characteristics.

Regulation

The development, manufacture, marketing, sale, promotion, and distribution of Abbott's products are subject to comprehensive government regulation by the U.S. Food and Drug Administration (FDA) and similar international regulatory agencies. Government regulation by various international, supranational, federal and state agencies addresses (among other matters) the development and approval to market Abbott's products, as well as the inspection of, and controls over, research and laboratory procedures, clinical investigations, product approvals and manufacturing, labeling, packaging, supply chains, marketing and promotion, pricing and reimbursement, sampling, distribution, quality control, post-market surveillance, record keeping, storage, and disposal practices. In addition, Abbott's clinical laboratories and associated testing services are subject to comprehensive government regulation, including registration, certification, and licensure, by federal, state, and local agencies, such as the Centers for Medicare & Medicaid Services, the Drug Enforcement Administration, the Substance Abuse and Mental Health Services Administration, and their respective foreign counterparts. Certain of these agencies require our clinical laboratories to meet quality assurance, quality control, and personnel standards and undergo inspections.

During the COVID-19 public health emergency, many pandemic-related products (including diagnostic tests) were authorized by regulators for emergency use solely during the pandemic. In addition, many governments enacted policies to expedite or promote access to health care in order to slow or stop the spread of the virus. Examples include expansion of telehealth coverages and increased reimbursements for diagnostic testing. It is uncertain when the public health emergency will end and to what extent these policies will continue or revert back to previous policies.

Abbott's international operations are also affected by trade and investment regulations in many countries. These may require local investment, restrict Abbott's investments, or limit the import of raw materials and finished products.

Abbott's laboratory facilities and home monitoring services, which provide services, related products and medical devices to consumers, are subject to additional laws and regulations applicable to health care providers and suppliers that submit claims for reimbursement to third-party payors. In the United States, Medicare, Medicaid, and other third-party payors may from time to time conduct inquiries, claims audits, investigations, and enforcement actions relating to the claims or enrollment criteria.

Abbott is subject to laws and regulations pertaining to health care fraud and abuse, including state and federal anti-kickback, anti-self-referral, and false claims laws in the United States. Prescription drug, nutrition, and medical device manufacturers such as Abbott are also subject to taxes, as well as application, product, user, establishment, and other fees. Governmental agencies can also invalidate intellectual property rights.

Compliance with these laws and regulations is costly and materially affects Abbott's business. Among other effects, health care regulations and significant changes thereto (such as the introduction of the Medical Device Regulation and the In Vitro Diagnostic Medical Device Regulation in the European Union) substantially increase the time, difficulty, and costs incurred in developing, obtaining and maintaining approval to market, and marketing newly developed and existing products. Abbott expects this regulatory environment will continue to require significant technical expertise and investment to ensure compliance. Failure to comply can delay the release of a new product or result in regulatory and enforcement actions, the seizure or recall of a product, the suspension or revocation of the authority necessary for a product's production and sale, suspension or revocation of billing privileges, and other civil or criminal sanctions, including fines and penalties. Similarly, compliance with the laws and regulations governing clinical laboratories and testing services requires specialized expertise. Failure to comply with these regulatory requirements can result in sanctions, including suspension, revocation, or limitation of a laboratory's certification, which is necessary to conduct business, as well as significant fines or criminal penalties.

Abbott's business can also be affected by ongoing studies of the utilization, safety, efficacy, and outcomes of health care products and their components that are regularly conducted by industry participants, government agencies, and others. These studies can call into question the utilization, safety, and efficacy of previously marketed products. In some cases, these studies have resulted, and may in the future result, in the discontinuation of marketing of such products in one or more countries, and may give rise to claims for damages from persons who believe they have been injured as a result of their use.

Access to human health care products continues to be a subject of investigation and action by governmental agencies, legislative bodies, and private organizations in many countries. A major focus is cost containment. Efforts to reduce health care costs are also being made in the private sector, notably by health care payors and providers, which have instituted various cost reduction and containment measures. Abbott expects insurers and providers will continue attempts to reduce the cost or utilization of health care products. Many countries control the price of health care products directly or indirectly, through reimbursement, payment, pricing, or coverage limitations. Budgetary pressures on health care payors may also heighten the scope and severity of pricing pressures on Abbott's products for the foreseeable future. In the United States, the federal government regularly evaluates reimbursement for medical devices, diagnostics, supplies, and other products, as well as the procedures in which these products may be used. The government follows a diagnosis-related group (DRG) payment system for certain institutional services provided under Medicare or Medicaid and has implemented a prospective payment system (PPS) for services delivered in hospital outpatient, nursing home, and home health settings. DRG and PPS entitle a health care facility to a fixed reimbursement based on the diagnosis and/or procedure rather than actual costs incurred in patient treatment, thereby increasing the incentive for the facility to limit or control expenditures for many health care products. Other payment methodology changes have been proposed and implemented from time to time. For example, Medicare implemented a competitive bidding system for certain durable medical equipment (including diabetes products), enteral nutrition products, and supplies. Additionally, the Protecting Access to Medicare Act established a new payment system for clinical laboratory tests in 2018.

The Patient Protection and Affordable Care Act (the Affordable Care Act) includes provisions known as the Physician Payments Sunshine Act, which requires manufacturers of drugs, devices, and medical supplies covered under Medicare and Medicaid to record any transfers of value to physicians and teaching hospitals and to report this data to the Centers for Medicare & Medicaid Services for subsequent public disclosure. In October 2018, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act significantly expanded the types of healthcare providers for which reporting is required, beginning with reports filed in 2022. Similar reporting requirements have also been enacted on the state level domestically, and an increasing number of governments worldwide either have adopted or are considering similar laws requiring transparency of interactions with health care professionals. Failure to report appropriate data may result in civil or criminal fines and/or penalties.

Policy changes or implementation of new health care legislation could result in significant changes to health care systems. In the United States, this could include potential modification, including expansion or repeal of all or parts of the Affordable Care Act.

The regulation of data privacy and security, and the protection of the confidentiality of certain personal information (including patient health information, financial information and other sensitive personal information), is increasing. For example, the European Union, various other countries, and various U.S. states (e.g., California) have enacted stricter data protection laws that contain enhanced financial penalties for noncompliance. Similarly, the U.S. Department of Health and Human Services has issued rules governing the use, disclosure, and security of protected health information, and the FDA has issued further guidance concerning cybersecurity for medical devices. In addition, certain countries have issued or are considering "data localization" laws, which limit companies' ability to transfer protected data across country borders. Failure to comply with data privacy and security laws and regulations can result in business disruption and enforcement actions, which could include civil or criminal penalties. Transferring and managing protected information will become more challenging as laws and regulations are enacted or amended, and Abbott expects there will be increasing complexity in this area.

Governmental cost containment efforts also affect Abbott's nutritional products business. In the United States, for example, under regulations governing the federally funded Special Supplemental Nutrition Program for Women, Infants, and Children, all states must have a cost containment program for infant formula. As a result, through competitive bidding states obtain rebates from manufacturers of infant formula whose products are used in the program.

Abbott expects debate to continue at all government levels worldwide over the manufacture, quality assurance requirements, marketing authorization processes, post-market surveillance requirements, availability, method of delivery, and payment for health care products and services, as well as data privacy and security. Abbott believes that future legislation and regulation in the markets it serves could affect the timing and expense associated with bringing health care products or services to market, access to health care products and services, increase rebates, reduce prices or reimbursements or the rate of price increases for health care products and services, change health care delivery systems, create new fees and obligations for the pharmaceutical, nutrition, diagnostic, and medical device industries, or require additional reporting and disclosure. It is not possible to predict the extent to which Abbott or the health care industry in general might be affected by the matters discussed above.

INTERNET INFORMATION

Copies of Abbott's Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K, and amendments to those reports filed or furnished pursuant to Section 13(a) or 15(d) of the Securities Exchange Act of 1934 are available free of charge through Abbott's investor relations website (*www.abbottinvestor.com*) as soon as reasonably practicable after Abbott electronically files the material with, or furnishes it to, the Securities and Exchange Commission (the Commission). These reports and other information are also available, free of charge, at www.sec.gov.

Abbott's corporate governance guidelines, outline of directorship qualifications, code of business conduct and the charters of Abbott's audit committee, compensation committee, nominations and governance committee, and public policy committee are all available on Abbott's investor relations website (*www.abbottinvestor.com*).

ITEM 1A. RISK FACTORS

In addition to the other information in this report, the following risk factors should be considered before deciding to invest in any of Abbott's securities. Additional risks and uncertainties not presently known to Abbott, or risks Abbott currently considers immaterial, could also affect Abbott's actual results. Abbott's business, financial condition, results of operations, or prospects could be materially adversely affected by any of these risks.

Business and Operational Risks

Abbott may acquire other businesses, license rights to technologies or products, form alliances, or dispose of or spin-off businesses, which could cause it to incur significant expenses and could negatively affect profitability.

Abbott may pursue acquisitions, licensing arrangements, and strategic alliances, or dispose of or spin-off some of its businesses, as part of its business strategy. Abbott may not complete these transactions in a timely manner, on a cost-effective basis, or at all, and may not realize the expected benefits. If Abbott is successful in making an acquisition, the products and technologies that are acquired may not be successful or may require significantly greater resources and investments than originally anticipated. Abbott may not be able to integrate acquisitions successfully into its existing business or transition disposed businesses efficiently, and could incur or assume significant debt and unknown or contingent liabilities. Abbott could also experience negative effects on its reported results of operations from acquisition or disposition-related charges, amortization of expenses related to intangibles and charges for impairment of long-term assets. These effects could cause a deterioration of Abbott's credit rating, result in increased borrowing costs and interest expense, and decrease liquidity.

Abbott depends on sophisticated information technology systems and maintains protected personal data, and a cyber attack or other breach affecting these information technology systems or protected data could have a material adverse effect on Abbott's results of operations.

Similar to other large multi-national companies, the size and complexity of the information technology systems on which Abbott relies for both its infrastructure and products makes them susceptible to a cyber attack, malicious intrusion, breakdown, destruction, loss of data privacy, or other significant disruption. These systems have been and are expected to continue to be the target of malware and other cyber attacks. In addition, third party hacking attempts may cause Abbott's information technology systems and related products, protected data, or proprietary information to be compromised or stolen. A significant attack or other disruption could result in adverse consequences, including increased costs and expenses, manufacturing challenges or disruption, problems with product functionality, damage to customer relations, lost revenue, and legal or regulatory penalties.

Abbott also collects, manages and processes protected personal data, including protected health information, in connection with certain medical products and service offerings. Abbott is subject to certain regional and local data protection laws that prohibit or restrict the transfer of protected data across country borders. For additional information concerning data privacy and security regulation, see the discussion in "Regulation" under Item 1, "Business." A breach of protected personal information could result in adverse consequences, including regulatory inquiries or litigation, increased costs and expenses, reputational damage, lost revenue, and fines or penalties.

Abbott invests in its systems and technology and in the protection of its products and data to reduce the risk of an attack or other significant disruption, and monitors its systems on an ongoing basis for any current or potential threats and for changes in technology and the regulatory environment. There can be no assurance that these measures and efforts will prevent future attacks or other significant disruptions to any of the systems on which Abbott relies or that related product issues will not arise in the future. Similarly, there can be no assurance that third party information technology providers with whom Abbott contracts will not suffer a significant attack or disruption that impacts customers like Abbott. Any significant breach, attack or other disruption involving Abbott's systems or products could have a material adverse effect on Abbott's business.

Abbott's research and development efforts may not succeed in developing commercially successful products and technologies, which may cause Abbott's revenue and profitability to decline.

To remain competitive, Abbott must continue to launch new products and technologies. To accomplish this, Abbott commits substantial efforts, funds, and other resources to research and development. A risk of failure is inherent in the research and development of new products and technologies. Abbott must make ongoing substantial expenditures without any assurance that its efforts will be commercially successful. Failure can occur at any point in the process, including after significant funds have been invested.

Promising new products and technologies may fail to reach the market or may only have limited commercial success because of efficacy or safety concerns, failure to achieve positive clinical outcomes, inability to obtain necessary regulatory approvals, limited scope of approved uses, excessive costs to manufacture, failure to establish or maintain intellectual property rights, or infringement of the intellectual property rights of others. Even if Abbott successfully develops new products or enhancements or new generations of Abbott's existing products, they may be quickly rendered obsolete by changing customer preferences, changing industry or regulatory standards, or competitors' innovations. Innovations may not be accepted quickly in the marketplace because of, among other things, entrenched patterns of clinical practice or uncertainty over third-party reimbursement. Abbott cannot state with certainty when or whether any of its products under development will be launched, whether it will be able to develop, license, or otherwise acquire compounds or products, or whether any products will be commercially successful. Failure to launch successful new products or technologies, or new indications or uses for existing products, may cause Abbott's products or technologies to become obsolete, causing Abbott's revenues and operating results to suffer.

The manufacture of many of Abbott's products is a highly exacting and complex process, and if Abbott or one of its suppliers encounters problems manufacturing products, Abbott's business could suffer.

The manufacture of many of Abbott's products is a highly exacting and complex process, due in part to strict regulatory requirements. Problems may arise during manufacturing for a variety of reasons, including equipment malfunction, failure to follow specific protocols and procedures, problems with raw materials, natural disasters, and environmental factors. In addition, single suppliers are currently used for certain products and materials. If problems arise during the production of a lot or batch of product, those products may have to be discarded. If problems are not discovered before the product is released to the market, recall and product liability costs may also be incurred. Any of these events could, among other things, lead to increased costs, lost revenue, damage to customer relations, time and expense spent investigating the cause and, depending on the cause, similar losses with respect to other lots, batches or products. To the extent Abbott or one of its suppliers experiences significant manufacturing problems, this could have a material adverse effect on Abbott's revenues and profitability.

Abbott has significant indebtedness, which could adversely affect its business, including decreasing its business flexibility.

As of December 31, 2020, Abbott's consolidated indebtedness was approximately $18.7 billion. This consolidated indebtedness could have the effect, among other things, of reducing Abbott's flexibility to respond to changing business and economic conditions, and reducing funds available for working capital, capital expenditures, acquisitions, and other general corporate purposes.

Further, Abbott may be required to raise additional financing for working capital, capital expenditures, future acquisitions or other general corporate purposes. Abbott's ability to arrange additional financing or refinancing will depend on, among other factors, Abbott's financial position and performance, as well as prevailing market conditions and other factors beyond Abbott's control. Consequently, Abbott cannot assure that it will be able to obtain additional financing or refinancing on terms acceptable to Abbott or at all, which could adversely impact Abbott's ability to make scheduled payments with respect to its consolidated indebtedness and its profitability and financial condition.

Additionally, further borrowing could cause a deterioration of Abbott's credit ratings. Abbott's credit ratings reflect each credit rating agency's then opinion of Abbott's financial strength, operating performance, and ability to meet its debt obligations. Adverse changes in Abbott's credit ratings may result in increased borrowing costs for future long-term debt or short-term borrowing facilities and may limit financing options, including access to the unsecured borrowing market. Abbott may also be subject to additional restrictive covenants that would reduce flexibility.

Legal and Regulatory Risks

Abbott is subject to numerous governmental regulations and it can be costly to comply with these regulations and to develop compliant products and processes.

Abbott's products are subject to rigorous regulation by the FDA and numerous international, supranational, federal, and state authorities. The process of obtaining regulatory approvals to market a drug, medical device, or diagnostic product can be costly and time-consuming, and approvals might not be granted for future products, or additional indications or uses of existing products, on a timely basis, if at all. Delays in the receipt of, or failure to obtain, approvals for future products, or new indications and uses, could result in delayed realization of product revenues, reduction in revenues, and substantial additional costs.

In addition, no assurance can be given that Abbott will remain in compliance with applicable FDA and other regulatory requirements once approval or marketing authorization has been obtained for a product. These requirements include, among other things, regulations regarding manufacturing practices, product labeling, and advertising and postmarketing reporting, including adverse event reports and field alerts. Many of Abbott's facilities and procedures and those of Abbott's suppliers are subject to ongoing regulation, including periodic inspection by the FDA and other regulatory authorities. Abbott must incur expense and spend time and effort to ensure compliance with these complex regulations. Possible regulatory actions for non-compliance could include warning letters, fines, damages, injunctions, civil penalties, recalls, seizures of Abbott's products, and criminal prosecution.

These actions could result in, among other things, substantial modifications to Abbott's business practices and operations, refunds, recalls, or seizures of Abbott's products; a total or partial shutdown of production in one or more facilities while Abbott or Abbott's suppliers remedy the alleged violation; the inability to obtain future pre-market approvals or marketing authorizations; and withdrawals or suspensions of current products from the market. Any of these events could disrupt Abbott's business and have a material adverse effect on Abbott's revenues, profitability and financial condition.

Laws and regulations affecting government benefit programs could impose new obligations on Abbott, require Abbott to change its business practices, and restrict its operations in the future.

Abbott's industry is subject to various international, supranational, federal, and state laws and regulations pertaining to government benefit program reimbursement, price reporting and regulation, and health care fraud and abuse, including anti-kickback and false claims laws, and international and individual state laws relating to pricing and sales and marketing practices. Violations of these laws may be punishable by criminal and/or civil sanctions, including, in some instances, substantial fines, imprisonment, and exclusion from participation in government health care programs, including Medicare, Medicaid, and Veterans Administration health programs in the U.S. These laws and regulations are broad in scope and they are subject to evolving interpretations, which could require Abbott to incur substantial costs associated with compliance or to alter one or more of its sales or marketing practices. In addition, violations of these laws, or allegations of such violations, could disrupt Abbott's business and result in a material adverse effect on Abbott's revenues, profitability, and financial condition.

Changes in the health care regulatory environment may adversely affect Abbott's business.

Both in the U.S. and internationally, government authorities may enact changes in regulatory requirements, make legislative or administrative reforms to existing reimbursement programs, make adverse decisions relating to Abbott's products' coverage or reimbursement, or make changes to patient access to health care, all of which could adversely impact the demand for and usage of Abbott's products or the prices that Abbott's customers are willing to pay for them.

Further, in the U.S., a number of the provisions of the Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 address access to health care products and services. These provisions may be modified, expanded, repealed, or otherwise invalidated, in whole or in part. Future rulemaking could affect rebates, prices or the rate of price increases for health care products and services, or required reporting and disclosure. Abbott cannot predict the timing or impact of any future rulemaking or changes in the law.

For additional information concerning health care regulation, see the discussion in "Regulation" under Item 1, "Business."

The expiration or loss of patent protection and licenses may affect Abbott's future revenues and operating income.

Many of Abbott's businesses rely on patent and trademark and other intellectual property protection. Although most of the challenges to Abbott's intellectual property have come from other companies, governments may also challenge intellectual property protections. To the extent Abbott's intellectual property is successfully challenged, invalidated, or circumvented or to the extent it does not allow Abbott to compete effectively, Abbott's businesses could suffer. To the extent that countries do not enforce Abbott's intellectual property rights, Abbott's future revenues and operating income could be reduced. Any material litigation regarding Abbott's patents and trademarks is described in the section captioned "Legal Proceedings."

Significant safety concerns could arise for Abbott's products, which could have a material adverse effect on Abbott's revenues and financial condition.

Health care products typically receive regulatory approval based on data obtained in controlled clinical trials of limited duration. Following regulatory approval, these products will be used over longer periods of time in many patients. Investigators may also conduct additional, and perhaps more extensive, studies. If new safety issues are reported, Abbott may be required to amend the conditions of use for a product. For example, Abbott may be required to provide additional warnings on a product's label or narrow its approved intended use, either of which could reduce the product's market acceptance. If serious safety issues arise with an Abbott product, sales of the product could be halted by Abbott or by regulatory authorities. Safety issues affecting suppliers' or competitors' products also may reduce the market acceptance of Abbott's products.

In addition, in the ordinary course of business, Abbott is the subject of product liability claims and lawsuits alleging that its products or the products of other companies that Abbott promotes have resulted or could result in an unsafe condition for, or injury to, patients. Product liability claims and lawsuits, safety alerts or product recalls, and other allegations of product safety or quality issues, regardless of their validity or ultimate outcome, may have a material adverse effect on Abbott's business and reputation and on Abbott's ability to attract and retain customers. Consequences may also include additional costs, a decrease in market share for the products, lower income or exposure to other claims. Product liability losses are self-insured. Product liability claims could have a material adverse effect on Abbott's profitability and financial condition.

Economic and Industry Risks

Abbott is subject to risks related to public health crises, such as widespread outbreaks of infectious diseases like the COVID-19 pandemic.

As a global healthcare company, public health crises, such as the widespread outbreaks of infectious diseases like the COVID-19 pandemic, may negatively impact Abbott's operations. Health concerns and significant changes in political or economic conditions caused by such outbreaks can cause significant reductions in demand for routine diagnostic testing and medical device procedures or increased difficulty in serving customers, disrupt manufacturing and supply chains, and negatively affect our operations as well as the operations of our suppliers, distributors and other third-party partners. Furthermore, such widespread outbreaks may impact the broader economies of affected countries, including negatively impacting economic growth, the proper functioning of financial and capital markets, foreign currency exchange rates, and interest rates.

With regard to the COVID-19 pandemic, the FDA issued Emergency Use Authorizations (EUAs) for several COVID-19 related products in 2020, including Abbott diagnostic tests. EUAs are authorized for the duration of the COVID-19 public health emergency unless sooner terminated or revoked. Abbott is actively pursuing the FDA's customary regulatory approval process for these diagnostic tests which has uncertainty as discussed in "*Abbott is subject to numerous governmental regulations and it can be costly to comply with these regulations and to develop compliant products and processes*" in "Legal and Regulatory Risks" under "Item 1A. Risk Factors."

Due to the unpredictability of the duration and impact of the current COVID-19 pandemic, the extent to which the COVID-19 pandemic will have a material effect on Abbott's business, financial condition or results of operations is uncertain. A more detailed discussion on the impact of the COVID-19 pandemic on Abbott's business is contained in the "Financial Review" section in Item 7, Management's Discussion and Analysis of Financial Condition and Results of Operations of this report.

Abbott is subject to cost containment efforts that could cause a reduction in future revenues and operating income.

In the United States and other countries, Abbott's businesses have experienced downward pressure on product pricing. Cost containment efforts by governments and private organizations are described in greater detail in the section captioned "Regulation." To the extent these cost containment efforts are not offset by greater patient access to health care or other factors, Abbott's future revenues and operating income will be reduced.

Competitors' intellectual property may prevent Abbott from selling its products or have a material adverse effect on Abbott's future profitability and financial condition.

Competitors may claim that an Abbott product infringes their intellectual property. Resolving an intellectual property infringement claim can be costly and time consuming and may require Abbott to enter into license agreements. Abbott cannot guarantee that it would be able to obtain license agreements on commercially reasonable terms. A successful claim of patent or other intellectual property infringement could subject Abbott to significant damages or an injunction preventing the manufacture, sale or use of affected Abbott products. Any of these events could have a material adverse effect on Abbott's profitability and financial condition.

New products and technological advances by Abbott's competitors may negatively affect Abbott's results of operations.

Abbott's products face intense competition from competitive products. Competitors' products may be safer, more effective, more effectively marketed or sold, or have lower prices or superior performance features than Abbott's products. Abbott cannot predict with certainty the timing or impact of the introduction of competitors' products.

Fluctuation in foreign currency exchange rates may adversely affect our financial statements and Abbott's ability to realize projected sales and earnings.

Although Abbott's financial statements are denominated in U.S. dollars, a significant portion of Abbott's revenues and costs are realized in other currencies. Sales outside of the United States in 2020 made up approximately 62 percent of Abbott's net sales. Abbott's profitability is affected by movement of the U.S. dollar against other currencies. Fluctuations in exchange rates between the U.S. dollar and other currencies may also affect the reported value of Abbott's assets and liabilities, as well as its cash flows. Some foreign currencies are subject to government exchange controls. While Abbott enters into hedging arrangements to mitigate some of its foreign currency exposure, Abbott cannot predict with any certainty changes in foreign currency exchange rates or its ability to mitigate these risks.

Information on the impact of foreign exchange rates on Abbott's financial results is contained in the "Financial Review — Results of Operations" section in Item 7, Management's Discussion and Analysis of Financial Condition and Results of Operations of this report. A discussion of the steps taken to mitigate the impact of foreign exchange is contained in Item 7A, Quantitative and Qualitative Disclosures about Market Risk in Abbott's 2020 Form 10-K. Information on Abbott's hedging arrangements is contained in Note 12 to the consolidated financial statements in this report.

Deterioration in the economic condition and credit quality of certain countries may negatively affect Abbott's results of operations.

Unfavorable economic conditions in certain countries may increase the time it takes to collect outstanding trade receivables. Financial instability and fiscal deficits in these countries may result in additional austerity measures to reduce costs, including health care. Deterioration in the quality of sovereign debt, including credit downgrades, could increase Abbott's collection risk where a significant amount of Abbott's receivables in these countries are with governmental health care systems or where Abbott's customers depend on payment by government health care systems.

The international nature of Abbott's business subjects it to additional business risks that may cause its revenue and profitability to decline.

Abbott's business is subject to risks associated with managing a global supply chain and doing business internationally. Sales outside of the United States in 2020 made up approximately 62 percent of Abbott's net sales. Additional risks associated with Abbott's international operations include:

- differing local product preferences and product requirements;

- trade protection measures, including tariffs, import or export licensing requirements, and changes to international trade agreements;
- difficulty in establishing, staffing, and managing operations;
- differing labor regulations;
- potentially negative consequences from changes in or interpretations of tax laws;
- political and economic instability, including sovereign debt issues;
- restrictions on local currency conversion and/or cash extraction;
- price controls, limitations on participation in local enterprises, expropriation, nationalization, and other governmental action;
- inflation, recession, and fluctuations in interest rates;
- diminished protection of intellectual property; and
- potential penalties or other adverse consequences for violations of anti-corruption, anti-bribery, and other similar laws and regulations, including the Foreign Corrupt Practices Act and the U.K. Bribery Act.

Events contemplated by these risks may, individually or in the aggregate, have a material adverse effect on Abbott's revenues and profitability.

Other factors can have a material adverse effect on Abbott's future profitability and financial condition.

Many other factors can affect Abbott's profitability and its financial condition, including:

- changes in or interpretations of laws and regulations, including changes in accounting standards, taxation requirements, product marketing application standards, product labeling standards, source and use laws, and environmental laws;
- differences between the fair value measurement of assets and liabilities and their actual value, particularly for pensions, retiree health care, stock compensation, intangibles, goodwill, and contingent consideration, and for contingent liabilities such as litigation, the absence of a recorded amount, or an amount recorded at the minimum, compared to the actual amount;
- changes in the rate of inflation (including the cost of raw materials, commodities, and supplies), interest rates, market value of Abbott's equity investments, and the performance of investments held by Abbott or Abbott's employee benefit trusts;
- changes in the creditworthiness of counterparties that transact business with or provide services to Abbott or Abbott's employee benefit trusts;
- changes in business, economic, and political conditions, including war, political instability, terrorist attacks, the threat of future terrorist activity and related military action, global climate, extreme weather and natural disasters, the cost and availability of insurance due to any of the foregoing events, labor disputes, strikes, slow-downs, or other forms of labor or union activity, and pressure from third-party interest groups;
- changes in Abbott's business units and investments and changes in the relative and absolute contribution of each to earnings and cash flow resulting from evolving business strategies, changing product mix, changes in tax laws or tax rates both in the U.S. and abroad and opportunities existing now or in the future;
- changes in the buying patterns of a major distributor, retailer, or wholesale customer resulting from buyer purchasing decisions, pricing, seasonality, or other factors, or other problems with licensors, suppliers, distributors, and business partners; and
- legal difficulties, any of which could preclude or delay commercialization of products or adversely affect profitability, including claims asserting statutory or regulatory violations, and adverse litigation decisions.

CAUTIONARY STATEMENT REGARDING FORWARD-LOOKING STATEMENTS

This Form 10-K contains forward-looking statements that are based on management's current expectations, estimates, and projections. Words such as "expects," "anticipates," "intends," "plans," "believes," "seeks," "estimates," "forecasts," variations of these words, and similar expressions are intended to identify these forward-looking statements. Certain factors, including but not limited to those identified under "Item 1A. Risk Factors" of this Form 10-K, may cause actual results to differ materially from current expectations, estimates, projections, forecasts, and from past results. No assurance can be made that any expectation, estimate, or projection contained in a forward-looking statement will be achieved or will not be affected by the factors cited above or other unknown or future events. Abbott undertakes no obligation to release publicly any revisions to forward-looking statements as the result of subsequent events or developments, except as required by law.

ITEM 1B. UNRESOLVED STAFF COMMENTS

None.

ITEM 2. PROPERTIES

As of December 31, 2020, Abbott owned or leased properties totaling approximately 43 million square feet, of which approximately 65% is owned by Abbott. Abbott's principal corporate offices are located in Illinois and are owned by Abbott.

Abbott operates 93 manufacturing facilities globally. Abbott's facilities are deemed suitable and provide adequate productive capacity. The manufacturing facilities are used by Abbott's reportable segments as follows:

Reportable Segments	Manufacturing Sites
Medical Devices	27
Diagnostic Products	24
Established Pharmaceutical Products	28
Nutritional Products	14
Worldwide Total	93

Abbott's research and development facilities in the United States are primarily located in California, Illinois, Minnesota, New Jersey, and Ohio. Abbott also has research and development facilities in various other countries, including China, Colombia, India, Singapore, Spain, and the United Kingdom.

There are no material encumbrances on the properties.

ITEM 3. LEGAL PROCEEDINGS

Abbott is involved in various claims, legal proceedings and investigations. While it is not feasible to predict the outcome of such pending claims, proceedings and investigations with certainty, management is of the opinion that their ultimate resolution should not have a material adverse effect on Abbott's financial position, cash flows, or results of operations.

ITEM 4. MINE SAFETY DISCLOSURES

Not applicable.

4N

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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)

Section 1: General Information

Facility Name: TG Therapeutics, Inc.

Physical Address: 3020 Carrington Mill Blvd. Suite 475

City: Morrisville State: NC Zip: 27560

Mailing Address (if different from physical address): 3020 Carrington Mill Blvd. Suite 475

City: Morrisville State: NC Zip: 27560

Telephone: (919) 670-3989 Website: https://www.tgtherapeutics.com

Name of Designated Representative (DR): Thomas Lander IV

Licensing Company Email: statelicensing@tgtxinc.com DR Email: Tee.Lander@tgtxinc.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Distributors, Specialty Pharmacies		☒ Others: Virtual Manufacturer

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

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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

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/i 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: TG Therapeutics, Inc.

Mailing Address: 3020 Carrington Mill Blvd. Suite 475

City: Morrisville State: NC Zip: 27560

Telephone: (919) 670-3989 Email: statelicensing@tgtxinc.com

Contact Person Name: Thomas Lander

Date of SEC Registration: 07/03/1996	SEC Registration Number: 1001316	Stock Exchange Symbol: TGTX

Section 5: 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 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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

TG Therapeutics, Inc.
Facility Name

Sean Power
Print Name of Authorized Person Submitting Application

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

3/4/24
Date

Board Use Only	Date Received: 4/11/24	Amount: $1000 - check 1151

National Drug Code Directory

Current through March 12, 2024

You have searched Finished drug products

Search Results: *'73150'*

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	En Ma Dat
BRIUMVI	73150-150-06	150 mg/6mL	INJECTION, SOLUTION, CONCENTRATE	INTRAVENOUS	BLA761238	TG Therapeutics, Inc.	73150-150	ublituximab	UBLITUXIMAB	HUMAN PRESCRIPTION DRUG	12/28/2022	N/A

Showing 1 to 1 of 1 entries Previous 1 Next

Background Information (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)

verified M.H 4/19/24

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

TG Therapeutics

DESCRIPTION OF OPERATIONS

TG Therapeutics is a publicly traded (NASDAQ "TGTX) a biopharmaceutical company focused on the development and commercialization of novel treatments for B-cell malignancies and autoimmune diseases.

THIRD-PARTY LOGISTICS

TG Therapeutics' products are manufactured by a contract manufacturer and distributed to customers by their third-party logistics provider ("3PL"), Cardinal Health dba Specialty Pharmaceutical Services. TG Therapeutics will utilize the following Cardinal Health facility for distribution of product:

Cardinal Health 105, Inc. dba Specialty Pharmaceutical Services
15 Ingram Blvd.
LaVergne, TN 37086

CONTRACT MANUFACTURER

TG Therapeutics uses the following contract manufacturer:

Samsung Biologics Co., Ltd
300, Songdo bio-daero, Yeonsu-gu, Incheon, 21987, Korea, South (KOR)
FDA FEIN: 3010479596

PRODUCTS

As a virtual manufacturer, TG Therapeutics does not manufacture, distribute, or store product at their North Carolina facility. TG Therapeutics takes ownership of its products at the location of its contract manufacturers [and prior to importation into the United States]. TG Therapeutics' contract manufacturer does not own or hold title to TG Therapeutics' products after that point and therefore do not own or hold title at the time product is being sold into any state in the United States. TG Therapeutics products are not controlled substances.

Labeler Code: 73150

TG Therapeutics

OWNERSHIP

TG Therapeutics, Inc. is a publicly traded (NASDAQ: TGTX) virtual manufacturer of pharmaceuticals incorporated in Delaware.

COMPANY INFORMATION

North Carolina Location:
3020 Carrington Mill Blvd. Suite 475
Morrisville, NC 27560
(919) 670-3989

New Jersey Location:
343 Thornall Street, Suite 740
Edison, NJ 08837
(848) 209-6496

[redacted]

EMPLOYEE LIST

Michael Weiss, Executive Chairman, President, and Chief Executive Officer
2 Gansevoort Street, 9th Floor
New York, NY 10014
[redacted]

Sean Power, Chief Financial Officer
2 Gansevoort Street, 9th Floor
New York, NY 10014
[redacted]

Thomas Lander IV, VP Market Access: Payer, Trade & Distribution
3020 Carrington Mill Blvd. Suite 475
Morrisville, NC 27560
[redacted]

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TG 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 THIRTEENTH DAY OF MARCH, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TG THERAPEUTICS, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF MAY, A.D. 1993.

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

Jeffrey W. Bullock, Secretary of State

2336756 8300

SR# 20240992879

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

Authentication: 203016206

Date: 03-13-24

2024

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
1870

LICENSE/CERTIFICATE: Virtual Manufacturer
TYPE

Expiration Date 12/31/2024

ENSEE TG THERAPEUTICS INC
3020 CARRINGTON MILL BLVD STE 475
RTIFICATOR MORRISVILLE NC 27560

LICENSED
2024
NORTH CAROLINA

IIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

NC Dept. of Agriculture & Consumer Services

Food & Drug Protection Division

Firm Name: TG THERAPEUTICS INC

Address: 3020 CARRINGTON MILL BLVD STE 475 MORRISVILLE, NC 27560

License Type: Virtual Manufacturer

License Number: 1870

Status: Active - in good standing

Discipline: No

Issue Date: 2/8/2024

Original Issue: 2/8/2024

Expiration Date: 12/31/2024

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, 2023.
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 1-32639
TG THERAPEUTICS, INC.
(Exact name of registrant as specified in its charter)

Delaware	**36-3898269**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3020 Carrington Mill Blvd, Suite 475	
Morrisville, North Carolina	**27560**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: (212) 554-4484

Securities registered pursuant to Section 12(b) of the Act:

Title of Class	Trading Symbol(s)	Exchange Name
Common Stock, par value $0.001	TGTX	Nasdaq Capital 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 ☒ 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. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

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 common stock held by non-affiliates of the registrant (assuming, for purposes of this calculation, without conceding, that all executive officers and directors are "affiliates") was $3.4 billion as of June 30, 2023, based on the closing sale price of such stock as reported on the NASDAQ Capital Market.

There were 154,420,772 shares of the registrant's common stock, $0.001 par value, outstanding as of February 23, 2024.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Proxy Statement for the 2023 Annual Meeting of Stockholders are incorporated by reference in Part III of this Annual Report on Form 10-K.

Auditor Name: KPMG LLP Auditor Location: New York, NY Auditor Firm ID: 185

TG THERAPEUTICS, INC.
ANNUAL REPORT ON FORM 10-K
FOR THE FISCAL YEAR ENDED DECEMBER 31, 2023

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SPECIAL CAUTIONARY NOTICE REGARDING FORWARD-LOOKING STATEMENTS

Certain matters discussed in this report, including matters discussed under the captions "Business" and "Management's Discussion and Analysis of Financial Condition and Results of Operations," may constitute forward-looking statements for purposes of the Securities Act of 1933, as amended (Securities Act), and the Securities Exchange Act of 1934, as amended (Exchange Act), and involve known and unknown risks, uncertainties and other factors that may cause our actual results, performance or achievements to be materially different from the future results, performance or achievements expressed or implied by such forward-looking statements. In some cases, you can identify forward-looking statements by words such as "anticipate," "believe," "contemplate," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "seek," "should," "target," "will," "would" or the negative of these words or other comparable terminology, although not all forward-looking statements contain these identifying words.

All written or oral forward-looking statements attributable to us are expressly qualified in their entirety by these cautionary statements. In addition, with respect to all of our forward-looking statements, we claim the protection of the safe harbor for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995. Such forward-looking statements include, but are not limited to, statements about:

- our ability to obtain and maintain regulatory approvals for our product candidates, including TG-1701, TG-1801, and Azercabtagene Zapreleucel (azer-cel), as well as any other product candidates, and our ability to maintain regulatory approval of BRIUMVI® (ublituximab) for the treatment of relapsing forms of multiple sclerosis (RMS) in the United States (U.S.), the European Union (EU) and the United Kingdom (UK);
- our ability to adapt and expand our commercial infrastructure to successfully launch, market and sell BRIUMVI and our other product candidates;
- our ability to maintain a reliable supply of our products that meets market demand;
- the success of the ongoing commercialization of BRIUMVI or any future products or combinations of products, including the anticipated rate and degree of market acceptance and pricing and reimbursement;
- the initiation, timing, progress and results of our pre-clinical studies and clinical trials;
- our ability to advance drug candidates into, and successfully complete, clinical trials;
- our ability to develop, formulate, manufacture and commercialize our product candidates;
- our ability to establish and maintain contractual relationships and partnerships, on commercially reasonable terms, with third parties for manufacturing, distribution, marketing and supply and a range of other support functions for our clinical development and commercialization efforts;
- the implementation of our business model and strategic plans for our business and drug candidates;
- the scope of protection we are able to establish and maintain for intellectual property rights covering our product and product candidates;
- estimates of our expenses, future revenues, capital requirements and our needs for additional financing;
- our ability to maintain and establish collaborations and enter into strategic arrangements, if desired;
- our ability to meet any of our financial projections or guidance, including without limitation short and long-term revenue projections or guidance and changes to the assumptions underlying those projections or guidance;
- our ability to obtain sufficient capital to fund our planned operations;
- our financial performance and cash burn management;
- our ability to maintain or obtain adequate product liability and other insurance coverage; and
- developments relating to our competitors and our industry.

SUMMARY RISK FACTORS

Our business is subject to a number of risks of which you should be aware before making an investment decision. The risks described below are a summary of the principal risks associated with an investment in us and are not the only risks we face. You should carefully consider these risks, the risk factors in Item 1A, and the other reports and documents that we have filed with the Securities and Exchange Commission (SEC).

Risks Related to Commercialization

- If we are unable to maintain current approval of BRIUMVI, our business will be materially harmed.
- We cannot predict when or if we will obtain regulatory approval to commercialize our product candidates, including TG-1701 and TG-1801 in B-cell disorders or azer-cel in non-oncology indications.
- We have limited experience operating as a commercial company, and, as a result, the marketing and sale of BRIUMVI for the treatment of RMS may be less successful than anticipated.
- If BRIUMVI or any of our future product candidates (if approved) do not achieve broad market acceptance among physicians, patients, payors or the medical community, the revenues that we generate from product sales will be limited.
- If the market opportunities for BRIUMVI and any future products for which we may receive approval, including TG-1701 or TG-1801 in B-cell disorders or azer-cel in non-oncology indications, are smaller than we estimate or if any approval we obtain is based on a narrower patient population or the labeling includes warnings or limitations that are not acceptable to patients or healthcare providers, our revenue will be adversely affected.
- We face substantial competition for treatments for our target indications, including from companies with greater resources than we have, which may result in others commercializing drugs before or more successfully than we do, which could result in the reduction or elimination of our commercial opportunity.
- If we are unable to generate sufficient revenue, we may need to raise substantial additional capital to sustain our business.
- Product liability lawsuits could cause us to incur substantial liabilities and limit product commercialization.

Risks Related to Drug Development and Regulatory Approval

- If we are unable to obtain or maintain regulatory approval for our product or product candidates and ultimately cannot commercialize one or more of them, or if we experience significant delays in doing so, our business will be materially harmed
- Our product and product candidates may cause undesirable side effects that could delay or prevent their regulatory approval or significantly limit their commercial profile following marketing approval, if any, or result in withdrawal from the market if approved
- Because results of preclinical studies and early clinical trials are not necessarily predictive of future results, any product candidate we advance may not have favorable results in later clinical trials. Moreover, interim, "top-line," and preliminary data from our clinical trials that we announce or publish may change, or the perceived product profile may be impacted, as more patient data or additional endpoints are analyzed.
- Any products or product candidates we may advance through clinical development are subject to extensive regulation, which can be costly and time consuming, cause unanticipated delays, or prevent the receipt of the required approvals.

Risks Related to Governmental Regulation of the Pharmaceutical Industry

- We are subject to extensive regulation, including new legislative and regulatory proposals, including efforts to control, set or cap pricing for approved drugs, which may increase our costs and adversely affect our ability to market our products, obtain collaborators and raise capital.
- If we fail to comply with various healthcare laws and regulations, we may incur losses or be subject to liability.
- If we fail to comply with regulatory requirements, any product candidate may fail to receive regulatory approval and any product for which we obtain marketing approval could be subject to restrictions or withdrawal from the market and we may be subject to penalties.

Risks Related to our Dependence on Third Parties

- Our reliance on third parties for commercial and clinical supply of raw materials and our product and product candidates increases the risk that we will not have sufficient quantities of our product or product candidates or such quantities at an acceptable cost or quality, which could delay, prevent or impair our development or commercialization efforts.
- If the third parties on which we rely to conduct our clinical trials and generate clinical, preclinical, and other data necessary to support our regulatory applications do not perform their services as required, we may not be able to obtain regulatory approval for or commercialize our product or product candidates when expected or at all.
- Because we have in-licensed our product and product candidates from third parties, any dispute with, or non-performance by our licensors will adversely affect our ability to develop and commercialize the applicable product.

Risks Related to Intellectual Property

- Our success depends upon our ability to obtain and protect our intellectual property, and if the scope of our patent protection obtained is not sufficiently broad, our competitors could develop and commercialize products similar or identical to ours, and our ability to successfully commercialize our products may be impaired.
- Our patent protection could be reduced or eliminated for non-compliance with various procedural and other requirements imposed by governmental patent agencies.
- We may need to license certain intellectual property from third parties, and such licenses may not be available or may not be available on commercially reasonable terms.
- If we or our partners are sued for infringing intellectual property rights of third parties, it will be costly and time consuming to defend against such lawsuits, and an unfavorable outcome in any such lawsuit would have a material adverse effect on our business.
- If we are unable to protect the confidentiality of our trade secrets, our business may be significantly harmed.

Risks Related to our Financial Position and Need for Additional Capital

- We have incurred significant operating losses since our inception, and we may incur losses in the future.
- While we do not expect to need to raise additional capital, we may need to do so. If we are unable to raise capital, if needed, we may be required to delay, limit, reduce or eliminate some of our drug development programs or commercialization efforts.
- Our level of indebtedness and debt service obligations could adversely affect our financial condition and may make it more difficult for us to fund our operations.

General Risk Factors

- Public health issues including an epidemic or global pandemic, including the pandemic caused by COVID-19, could have an adverse impact on our financial condition and results of operations and other aspects of our business.
- Patients and healthcare providers have raised concerns that immunosuppressive products, like anti-CD20 antibodies and other B-cell targeted agents, may increase the risk of acquiring COVID-19 or lead to more severe complications upon infection. These concerns may impact the commercial potential for BRIUMVI and other immunosuppressive products that we have in development.
- We will need to develop and expand our business, and we may encounter difficulties in managing this development and expansion.
- Our ability to continue our clinical development and commercialization activities will depend on our ability to attract and maintain key management and other personnel.
- Certain of our executive officers, directors and other stockholders own more than 5% of our outstanding common stock and may be able to influence our management and the outcome of matters submitted to shareholders for approval.
- Certain anti-takeover provisions in our charter documents and Delaware law could make a third-party acquisition more difficult, which could limit the price investors might be willing to pay for our common stock.
- Our stock price is, and we expect it to remain, volatile, which could limit investors' ability to sell stock at a profit and could subject us to securities and shareholder derivative litigation.
- Significant disruptions of information technology systems, breaches of data security or unauthorized disclosures of sensitive data could harm our business and subject us to liability or reputational damage.

The foregoing is only a summary of some of our risks. These and other risks are discussed more fully in the section entitled "Risk Factors" in Part I, Item 1A and elsewhere in this Annual Report on Form 10-K (our Risk Factors).

PART I

Unless the context requires otherwise, references in this report to "TG," "Company," "we," "us" and "our" refer to TG Therapeutics, Inc. and our subsidiaries. Our name, logo and BRIUMVI are trademarks or tradenames of TG Therapeutics, Inc. All other trademarks, service marks or other tradenames appearing in this Annual Report on Form 10-K are the property of their respective owners.

ITEM 1. BUSINESS.

OVERVIEW

TG Therapeutics is a fully-integrated, commercial stage, biopharmaceutical company focused on the acquisition, development and commercialization of novel treatments for B-cell mediated diseases. In addition to a research pipeline including several investigational medicines, TG has received approval from the U.S. Food and Drug Administration (FDA) for BRIUMVI® (ublituximab-xiiy) for the treatment of adult patients with relapsing forms of multiple sclerosis (RMS), to include clinically isolated syndrome, relapsing-remitting disease and active secondary progressive disease, in adults, as well as approval by the European Commission (EC) and the Medicines and Healthcare products Regulatory Agency (MHRA) for BRIUMVI to treat adult patients with RMS who have active disease defined by clinical or imaging features in Europe and the United Kingdom (UK), respectively. We also actively evaluate complementary products, technologies and companies for in-licensing, partnership, acquisition and/or investment opportunities.

Business Highlights

FDA Approval and U.S. Launch of BRIUMVI

On December 28, 2022, we announced that the FDA granted approval of ublituximab, now referred to as BRIUMVI, for the treatment of RMS, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults. BRIUMVI is an anti-CD20 monoclonal antibody approved for patients with RMS that can be administered in a one-hour infusion following the starting dose. Approval was granted for this indication based on data from the ULTIMATE I & II Phase 3 trials, which demonstrated superiority over teriflunomide in significantly reducing the annualized relapse rate (ARR, the primary endpoint), the number of T1 Gd-enhancing lesions and the number of new or enlarging T2 lesions. Results from the ULTIMATE I & II trials were published in August 2022 in *The New England Journal of Medicine*.

On January 26, 2023, we announced the commercial launch of BRIUMVI, making it available to physicians and patients. We are committed to helping patients access BRIUMVI through the BRIUMVI Patient Support Program, which we launched following the approval, additional information can be found at www.briumvi.com.

Ex-U.S. Commercialization of BRIUMVI

On June 1, 2023, we announced that the EC granted approval of BRIUMVI for the treatment of adult patients with RMS who have active disease defined by clinical or imaging features.

On August 1, 2023, we announced an agreement with Neuraxpharm Pharmaceuticals, S.L. (Neuraxpharm), a leading European specialty pharmaceutical company focused on the treatment of central nervous system (CNS) disorders, for the ex-U.S. commercialization of BRIUMVI.

On November 1, 2023, we announced that we also received approval by the MHRA for BRIUMVI to treat adult patients with RMS with active disease defined by clinical or imaging features in the UK.

On February 26, 2024, we announced the commercial launch of BRIUMVI in the European Union (EU) by Neuraxpharm, with BRIUMVI made available for commercial sale in Germany, with additional EU markets expected to follow.

Pipeline Expansion

On January 9, 2024, we entered into an agreement with Precision BioSciences, Inc. (Precision) to acquire a worldwide license to Precision's Azercabtagene Zapreleucel (azer-cel), an allogeneic CD19 CAR T cell therapy program for autoimmune diseases and all other non-oncology indications. Azer-cel is an allogeneic (off the shelf) CAR T program, and the Company has near term plans to evaluate the program in multiple autoimmune indications.

CORPORATE INFORMATION

We were incorporated in Delaware in 1993. Our executive offices are located at 3020 Carrington Mill Blvd, Suite 475, Morrisville, North Carolina, 27560. Our telephone number is 1-877-575-TGTX(8489), and our e-mail address is info@tgtxinc.com.

We maintain a website with the address www.tgtherapeutics.com and maintain various social media accounts, including but not limited to X (formerly Twitter) and LinkedIn. We also maintain websites related to BRIUMVI, including but not limited to www.BRIUMVI.com, and www.BRIUMVIPATIENTSUPPORT.com. We make available free of charge through our corporate website our annual reports on Form 10-K, quarterly reports on Form 10-Q and current reports on Form 8-K, as well as any amendments to these reports, as soon as reasonably practicable after we electronically file such material with, or furnish such material to, the SEC. We are not including the information on our website or our social media accounts as a part of, nor incorporating either by reference into, this report. The SEC maintains a website that contains annual, quarterly, and current reports, proxy statements, and other information that issuers (including us) file electronically with the SEC. The SEC's website address is http://www.sec.gov.

In addition, we intend to use our corporate website, SEC filings, press releases, public conference calls and webcasts as well as social media to communicate with our subscribers and the public. It is possible that the information we post on social media could be deemed to be material information. Therefore, in light of the SEC's guidance, we encourage investors, the media and others interested in us to review the information we post on the U.S. social media channels listed on our website.

STRATEGY

As a fully-integrated, commercial stage biopharmaceutical company focused on the acquisition, development and commercialization of novel treatments for B cell mediated diseases, our key corporate objectives include:

- Successfully commercializing BRIUMVI in the U.S. for relapsing forms of multiple sclerosis;
- Building upon the BRIUMVI approval to evaluate other uses for BRIUMVI in additional MS indications and/or other autoimmune diseases;
- Continuing to expand our pipeline with mechanisms of importance to B-cell mediated diseases;
- Evaluating potential strategic collaborations to maximize the value of our programs and B-cell directed platform; and
- Maintaining our "patient first" culture as we grow our business.

Our Approach and Platform

Our approach to drug development is centered on developing therapies for B-cell mediated diseases. Our process begins by identifying validated targets against B-cell mediated diseases, and then searching for and, ideally, acquiring what we believe to be "best-in-class" compounds with complementary mechanisms against these targets.

Our preference is to identify targets for which there is human clinical proof of concept that the mechanism is active in B-cell mediated diseases and then to identify drug candidates that effectively modulate the desired molecular target. We identify these drug candidates at academic centers of excellence or in development at biotech companies or pharmaceutical companies globally. Our current drug candidates were acquired through license agreements, collaborations, or joint ventures with biopharmaceutical companies located globally. This approach enables us to minimize target risk while looking for the best available drug candidates around the world. By focusing on B-cell mediated diseases and targets with a known activity profile, we believe that we can quickly identify the patients most likely to respond, resulting in a more efficient development path with the potential for a greater likelihood of success.

Our approach is enabled by our clinical development platform which includes an internal team with a deep understanding of B-cell mediated diseases and significant experience successfully obtaining FDA approval for innovative treatments for these complex diseases.

AUTOIMMUNE DISEASE OVERVIEW

An autoimmune disease occurs when the body's immune system attacks and destroys healthy body tissue by mistake. There are currently more than 80 types of autoimmune disorders that have been identified. Some of these diseases may result from inappropriate production of antibodies from the B-cells. These antibodies cannot discriminate "self" from "non-self," and inadvertently mount a disabling immune response against normal organs. Some of these diseases may not be antibody mediated but may still result from aberrant activity of B-cells. Examples of common and very debilitating autoimmune disorders for which abnormally functioning B-cells have been implicated include multiple sclerosis (MS) and rheumatoid arthritis (RA).

The Company's current focus is on MS

Multiple Sclerosis Overview

RMS is a chronic demyelinating disease of the central nervous system (CNS) and includes people with relapsing-remitting multiple sclerosis (RRMS) and people with secondary progressive multiple sclerosis (SPMS) who continue to experience relapses. RRMS is the most common form of MS and is characterized by episodes of new or worsening signs or symptoms (relapses) followed by periods of recovery. MS is the most prevalent chronic inflammatory disease of the CNS. It is estimated that nearly 1 million people are living with MS in the United States and over 2.3 million people world-wide are living with MS.

OUR PRODUCTS

We currently license worldwide development and commercial rights, subject to certain limited geographical restrictions, for all of our products under development. The following table summarizes the current status for our lead drug candidates as of February 2024.

Clinical Drug Candidate: (molecular target)	**Initial Target Disease**	**Stage of Development (trial name)**
Ublituximab (anti-CD20 mAb)	Relapsing Forms of Multiple Sclerosis (RMS)	APPROVED
TG-1701 (BTK inhibitor)	B-cell disorders	Phase 1 trial
TG-1801 (anti-CD47/CD19 bispecific mAb)	B-cell disorders	Phase 1 trial
Azer-cel	Auto-immune disorders	Phase 1 (pending)

BRIUMVI (ublituximab-xiiy) Overview

BRIUMVI is the first and only anti-CD20 monoclonal antibody approved for the treatment of RMS, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults, that can be administered in a twice a year one-hour infusion following the starting dose.

Late-Stage Clinical Development of Ublituximab-xiiy

ULTIMATE I & II Trials Evaluating Single Agent Ublituximab in RMS: ULTIMATE I and ULTIMATE II are two independent Phase 3 trials. Each trial is a global, randomized, multi-center, double-blinded, double-dummy, active-controlled study evaluating the efficacy and safety/tolerability of ublituximab-xiiy (450mg dose administered by one hour intravenous infusion every six months, following a Day 1 infusion of 150mg over four hours, and a Day 15 infusion of 450mg over one hour) to teriflunomide (14mg oral tablets taken once daily) in subjects with RMS. The primary endpoint for each study was ARR following 96 weeks of treatment. This program was led by Lawrence Steinman, MD, George A. Zimmermann Professor and Professor of Pediatrics, Neurology and Neurological Sciences at Stanford University.

In December 2020, we announced positive topline results from the ULTIMATE I & II trials. Both studies met their primary endpoint of significantly reducing ARR over a 96-week period ($p<0.005$ in each study) with ublituximab-xiiy demonstrating an ARR of <0.10 in each of the studies. Relative reductions of approximately 60% and 50% in ARR over teriflunomide were observed in ULTIMATE I & II, respectively. Key secondary magnetic resonance imaging (MRI) endpoints were also met.

On August 22, 2022, the full results from the ULTIMATE I & II trials were published in the New England Journal of Medicine.

ENHANCE Phase 3b Trial: On October 11, 2023, we presented the first data from the ENHANCE Phase 3b trial evaluating BRIUMVI in patients with RMS who switch from another anti-CD20 therapy to BRIUMVI. The presentation occurred at the 2023 European Committee for Treatment and Research in Multiple Sclerosis Annual Meeting. In this study, patients with low levels of B-cells as pre-specified in the protocol are eligible to proceed directly to a full dose of BRIUMVI 450mg without receiving a 150 mg loading dose. As of the presentation, 13 patients switched from Ocrevus to BRIUMVI 450mg as a 2-hour infusion with no infusion related reactions reported and no unexpected side effects. An additional 2 patients switched from Ocrevus to BRIUMVI 450mg as a 1-hour infusion again with no infusion related reactions reported and no unexpected side effects. The study has continued to enroll patients at 450mg as a 1-hour infusion and additional data is expected to be reported during the course of 2024.

U.S. Commercialization of BRIUMVI (ublituximab-xiiy)

On December 28, 2022, we announced the FDA approval of BRIUMVI (ublituximab-xiiy) for the treatment of RMS, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults, primarily based on results from the ULTIMATE I & II Phase 3 trials, and on January 26, 2023, we announced the U.S. commercial launch of BRIUMVI, making it available to physicians and patients. On July 1, 2023, the permanent J-Code for BRIUMVI (J2329) became effective.

Ex-U.S. Commercialization of BRIUMVI

On June 1, 2023, we announced that the EC granted approval of BRIUMVI for the treatment of adult patients with RMS who have active disease defined by clinical or imaging features. With this approval, the centralized marketing authorization is valid in all EU member states, Iceland, Norway and Liechtenstein.

On August 1, 2023, we announced an agreement with Neuraxpharm, a leading European specialty pharmaceutical company focused on the treatment of CNS disorders, for the Ex-US commercialization of BRIUMVI. Under the terms of the commercialization agreement, we received an upfront payment of $140 million, and are eligible to receive an additional $12.5 million upon launch in the first EU country and up to an additional $492.5 million in milestone-based payments on achievement of certain launch and commercial milestones. The total deal is valued at up to $645 million in upfront and milestone payments. In addition, we will receive tiered double-digit royalties on net product sales up to 30%. In exchange, Neuraxpharm will have the exclusive right to commercialize BRIUMVI in certain territories outside the United States, Canada and Mexico, the commercialization rights for which had been previously retained by TG, thus excluding certain Asian countries subject to previously existing partnerships. We retain an option to buy back all rights under the commercialization agreement for a period of two years in the event of a change in control of TG.

On November 1, 2023, we announced that we also received approval by the MHRA for BRIUMVI to treat adult patients with RMS with active disease defined by clinical or imaging features in the UK.

On February 26, 2024, we announced the commercial launch of BRIUMVI in the European Union (EU) by Neuraxpharm, with BRIUMVI made available for commercial sale in Germany, with additional EU markets expected to follow.

TG-1701 (BTK inhibitor) Overview

TG-1701 is a novel, orally available and covalently-bound Bruton's tyrosine kinase (BTK) inhibitor that exhibits strong selectivity to BTK in *in vitro* kinase screening.

B-cell receptor (BCR) signaling is crucial for normal B-cell development and supports the survival and growth of B-cells.

We are currently evaluating TG-1701 in a Phase 1, multi-center, dose-escalation clinical trial in patients with B-cell malignancies. Data from this trial was last presented at the 2021 American Society of Hematology (ASH) annual meeting.

TG-1801 (anti-CD47/anti-CD19 bispecific monoclonal antibody) Overview

TG-1801 is a potentially first-in-class, bispecific CD47 and CD19 antibody. It is the first therapy to target both CD19, a B-cell specific marker widely expressed across B-cell malignancies, and CD47, the "don't eat me" signal used by both healthy and tumor cells to evade macrophage mediated phagocytosis.

In the first quarter of 2019, we commenced a Phase 1 first-in-human, dose-escalation study of TG-1801 in patients with B-cell lymphoma. In December 2022, preliminary results from this first-in-human Phase 1 study were presented at the 64th American Society of Hematology (ASH) Annual Meeting & Exposition. TG-1801 was well tolerated as monotherapy and in combination with ublituximab with no maximum tolerable dose (MTD) identified and exhibited preliminary signs of efficacy in a variety of relapsed or refractory B-cell lymphomas.

In the first half of 2021, we commenced a second Phase 1 study of TG-1801 in the U.S. to continue dose optimization as monotherapy.

Azercabtagene Zapreleucel (azer-cel)

Azer-cel is an allogeneic (off-the-shelf) CD19 CAR T cell therapy program for autoimmune diseases and all other non-oncology indications. Made from donor-derived T cells modified using a proprietary ARCUS genome editing technology, azer-cel recognizes the well characterized B-cell surface protein CD19, an important and validated target in several B-cell cancers and autoimmune diseases. Azer-cel is designed to avoid graft-versus-host disease (GvHD), a significant complication associated with other donor-derived, cell-based therapies. The Company has near term plans to evaluate the program in autoimmune indications.

INTELLECTUAL PROPERTY AND PATENTS

General

Our goal is to obtain, maintain and enforce patent protection for our products, formulations, processes, methods and other proprietary technologies, preserve our trade secrets, and operate without infringing on the proprietary rights of other parties, both in the United States and in other countries. Our policy is to actively seek to obtain, where appropriate, the broadest intellectual property protection possible for our product candidates, proprietary information and proprietary technology through a combination of contractual arrangements and patents, both in the U.S. and elsewhere in the world.

We also depend upon the skills, knowledge and experience of our scientific and technical personnel, as well as that of our advisors, consultants and other contractors. This knowledge, trade secrets, proprietary information and experience we call "know-how." To help protect our proprietary know-how, which is not patentable, and for inventions for which patents may be difficult to enforce, we rely on trade secret protection and confidentiality agreements to protect our interests. To this end, we seek to protect our proprietary technology and processes, in part, by entering into confidentiality agreements with our collaborators, scientific advisors, employees and consultants, and invention assignment agreements with our employees and consultants. There can be no assurance, however, that we can prevent unauthorized disclosure or use of our trade secrets, know-how and proprietary information despite the existence of confidentiality agreements.

Patents and other proprietary rights are crucial to the development of our business. We will be able to protect our proprietary technologies from unauthorized use by third parties only to the extent that our proprietary rights are covered by valid and enforceable patents, supported by regulatory exclusivity or are effectively maintained as trade secrets. We have a number of issued patents and pending patent applications related to our compounds and other technology, but we cannot guarantee the scope of protection of the issued patents, or that such patents will survive a validity or enforceability challenge, or that any of the pending patent applications will issue as patents.

Generally, patent applications in the U.S. are maintained in secrecy for a period of 18 months or more. Since publication of discoveries in the scientific or patent literature often lags behind actual discoveries, we are not certain that we were the first to make the inventions covered by each of our issued patents and pending patent applications or that we were the first to file patent applications covering such inventions. The patent positions of biotechnology and pharmaceutical companies are highly uncertain and involve complex legal and factual questions. To date, there has been no consistent policy regarding the breadth of claims allowed in biotechnology patents. Therefore, we cannot predict the breadth of claims that may be ultimately allowed from our pending patent applications, cannot predict whether the claims in our issued patents will be invalidated or modified through the district courts, Patent Trial and Appeal Board (PTAB) proceedings, or reexamination proceedings at the United States Patent and Trademark Office (USPTO), and thus cannot predict the enforceability of the claims in our issued patents or the claims that may ultimately issue from our pending patent applications. Third parties or competitors may challenge or circumvent our patents or patent applications, if issued. If our competitors prepare and file patent applications in the U.S. that claim technology also claimed by us in a pending patent application or issued patent, we may have to participate in interference proceedings to determine priority of invention, which could result in substantial cost, even if the eventual outcome is favorable to us. Because of the extensive time required for development, testing and regulatory review of a potential product, it is possible that before we commercialize any of our products, any related patent may expire or remain in existence for only a short period following commercialization, thus reducing any advantage of the patent. However, the life of a patent covering a product that has been subject to regulatory approval may have the ability to be extended through the patent restoration program, although any such extension could still be minimal. If a patent is issued to a third party containing one or more preclusive or conflicting claims, and those claims are ultimately determined to be valid and enforceable, we may be required to obtain a license under such patent or to develop or obtain alternative technology. In the event of litigation involving a third-party claim, an adverse outcome in the litigation could subject us to significant liabilities to such third party, require us to seek a license for the disputed rights from such third party, and/or require us to cease use of the technology. Further, our breach of an existing license or failure to obtain a license to technology required to commercialize our products may seriously harm our business. We also may need

to commence litigation to enforce any patents issued to us or to determine the scope and validity of third-party proprietary rights. Litigation would involve substantial costs.

Exhibit 31.1

CERTIFICATION OF PERIODIC REPORT
PURSUANT TO SECTION 302 OF THE SARBANES-OXLEY ACT OF 2002

I, Michael S. Weiss, certify that:

1. I have reviewed this annual report on Form 10-K of TG Therapeutics, Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer(s) and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

   a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

   b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

   c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

   d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer(s) and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

   a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

   b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

Date: February 29, 2024

/s/ Michael S. Weiss
Michael S. Weiss
Chairman, Chief Executive Officer and President

CERTIFICATION OF PERIODIC REPORT
PURSUANT TO SECTION 302 OF THE SARBANES-OXLEY ACT OF 2002

I, Sean A. Power, certify that:

1. I have reviewed this annual report on Form 10-K of TG Therapeutics, Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer(s) and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

   a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

   b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

   c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

   d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer(s) and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

   a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

   b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

Date: February 29, 2024

/s/ Sean A. Power
Sean A. Power
Chief Financial Officer
Principal Financial and Accounting Officer

Exhibit 32.1

STATEMENT OF CHIEF EXECUTIVE OFFICER OF

TG THERAPEUTICS, INC.

PURSUANT TO 18 U.S.C. SECTION 1350,

AS ADOPTED PURSUANT TO

SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002

In connection with the annual report of TG Therapeutics, Inc. (the "Company") on Form 10-K for the year ended December 31, 2023 as filed with the Securities and Exchange Commission (the "Report"), I, Michael S. Weiss, Chairman, Chief Executive Officer and President of the Company, certify, pursuant to 18 U.S.C. §1350, as adopted pursuant to §906 of the Sarbanes-Oxley Act of 2002, that, based on my knowledge:

1) The Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934, as amended; and

2) The information contained in the Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

Date: February 29, 2024

/s/ Michael S. Weiss
Michael S. Weiss
Chairman, Chief Executive Officer and President

Exhibit 32.2

STATEMENT OF CHIEF FINANCIAL OFFICER OF

TG THERAPEUTICS, INC.

PURSUANT TO 18 U.S.C. SECTION 1350,

AS ADOPTED PURSUANT TO

SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002

In connection with the annual report of TG Therapeutics, Inc. (the "Company") on Form 10-K for the year ended December 31, 2023 as filed with the Securities and Exchange Commission (the "Report"), I, Sean A. Power, Chief Financial Officer of the Company, certify, pursuant to 18 U.S.C. §1350, as adopted pursuant to §906 of the Sarbanes-Oxley Act of 2002, that, based on my knowledge:

1) The Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934, as amended; and

2) The information contained in the Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

Date: February 29, 2024

/s/ Sean A. Power
Sean A. Power
Chief Financial Officer
Principal Financial and Accounting Officer

TG Therapeutics, Inc.
Incentive Compensation Recovery Policy

1.0 General.

1.1 TG Therapeutics, Inc. (the "Company") has adopted this Policy in accordance with the applicable listing standards of Nasdaq and Rule 10D-1 under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), which require listed companies to adopt and comply with a compensation recovery policy. To the extent this Policy is in any manner deemed inconsistent with such listing standards, this Policy shall be treated as retroactively amended to be compliant with such listing standard.

1.2 The effective date of this Policy is October 2, 2023 (the "Effective Date").

2.0 Definitions. The following words and phrases shall have the following meanings for purposes of this Policy:

2.1 Accounting Restatement. An "Accounting Restatement" means an accounting restatement due to the material noncompliance of the Company with any financial reporting requirement under the securities laws, including any required accounting restatement to correct an error in previously issued financial statements that is material to the previously issued financial statements, or that would result in a material misstatement if the error were corrected in the current period or left uncorrected in the current period.

2.2 Board. The "Board" means the Board of Directors of the Company.

2.3 Compensation Committee. The "Compensation Committee" means the Compensation Committee of the Board.

2.4 Erroneously Awarded Compensation. "Erroneously Awarded Compensation" is the amount of Incentive-Based Compensation Received that exceeds the amount of Incentive-Based Compensation that otherwise would have been Received had it been determined based on the restated amounts, computed without regard to any taxes paid. For Incentive-Based Compensation based on stock price or TSR, where the amount of Erroneously Awarded Compensation is not subject to mathematical recalculation directly from the information in an Accounting Restatement: (i) the amount shall be based on a reasonable estimate of the effect of the Accounting Restatement on the stock price or TSR upon which the Incentive-Based Compensation was Received, and (ii) the Company shall maintain documentation of the determination of that reasonable estimate and provide such documentation to Nasdaq.

2.5 Executive Officer. The term "Executive Officer" means the executive officers identified by the Company in the Company's filings with the SEC pursuant to Item 401(b) of Regulation S-K and the officers required to file reports under Section 16 of the Exchange Act.

2.6 Financial Reporting Measure. A "Financial Reporting Measure" is any measure that is determined and presented in accordance with the accounting principles used in preparing the Company's financial statements, and any measure that is derived wholly or in part from such measure. Stock price and TSR (and any measures that are derived wholly or in part from stock price and TSR) are also Financial Reporting Measures. A Financial Reporting Measure need not be presented within the Company's financial statements or included in a filing with the SEC.

2.7 Incentive-Based Compensation. The term "Incentive-Based Compensation" means any compensation (whether cash-based or equity-based) that is granted, earned, or vested based wholly or in part upon the attainment of a Financial Reporting Measure. Please refer to Appendix A to this Policy for a list of examples of Incentive-Based Compensation.

2.8 Nasdaq. "Nasdaq" means the Nasdaq Capital Market. In the event the Company's securities become listed on a different national securities exchange or national securities association in the future, then following such new listing, references to Nasdaq shall be deemed to refer to such other national securities exchange or national securities association.

2.9 Policy. "Policy" means this Incentive Compensation Recovery Policy.

2.10 Received. Incentive-Based Compensation is deemed "Received" in the Company's fiscal period during which the Financial Reporting Measure specified in the Incentive-Based Compensation award is attained, even if the payment or grant of the Incentive-Based Compensation occurs after the end of that period. For the avoidance of doubt, Incentive-Based Compensation that is subject both to one or more Financial Reporting Measures and to a service-based vesting condition shall be considered to be "Received" when the relevant Financial Reporting Measures are achieved, even if the Incentive-Based Compensation continues to be subject to the service-based vesting condition.

2.11 SEC. "SEC" means the United States Securities and Exchange Commission.

2.12 TSR. "TSR" means total stockholder return.

3.0 Statement of Policy.

3.1 In the event that the Company is required to prepare an Accounting Restatement, the Company will recover reasonably promptly the amount of all Erroneously Awarded Compensation Received by a person:

i. After beginning service as an Executive Officer;

ii. Who served as an Executive Officer at any time during the performance period for that Incentive-Based Compensation;

iii. While the Company has a class of securities listed on Nasdaq; and

iv. During the three completed fiscal years immediately preceding the date that the Company is required to prepare the Accounting Restatement and any transition period (that results from a change in the Company's fiscal year) within or immediately following those three completed fiscal years. For purposes of this Policy, a transition period between the last day of the Company's previous fiscal year and the first day of its new fiscal year that comprises a period of nine to twelve months would be deemed a completed fiscal year.

Notwithstanding the foregoing, this Policy shall only apply to Incentive-Based Compensation Received on or after the Effective Date.

3.2 The Company's obligation to recover Erroneously Awarded Compensation pursuant to this Policy is not dependent on when the restated financial statements are filed.

3.3 For purposes of determining the relevant recovery period under this Policy, the date that the Company is required to prepare an Accounting Restatement is the earliest to occur of: (i) the date the Board, a committee of the Board, or the officer or officers of the Company authorized to take such action if Board action is not required, concludes, or reasonably should have concluded, that the Company is required to prepare an Accounting Restatement; or (ii) the date a court, regulator, or other legally authorized body directs the Company to prepare an Accounting Restatement.

3.4 The Company must recover Erroneously Awarded Compensation in compliance with this Policy except to the extent that the conditions of paragraphs (i), (ii) or (iii) in this Section 3.4 are met, and the Compensation Committee, or in the absence of such a committee, a majority of the independent directors serving on the Board, has determined that recovery would be impracticable.

i. The direct expense paid to a third party to assist in enforcing this Policy would exceed the amount to be recovered. Before concluding that it would be impracticable to recover any amount of Erroneously Awarded Compensation based on expense of enforcement, the Company shall make a reasonable attempt to recover such Erroneously Awarded Compensation, document such reasonable attempt(s) to recover, and provide that documentation to Nasdaq.

ii. Recovery would violate home country law where that law was adopted prior to November 28, 2022. Before concluding that it would be impractical to recover any amount of Erroneously Awarded Compensation based on violation of home country law, the Company shall obtain an opinion of home country counsel, acceptable to Nasdaq, that recovery would result in such a violation, and provide such opinion to Nasdaq.

iii. Recovery would likely cause an otherwise tax-qualified retirement plan, under which benefits are broadly available to employees of the Company, to fail to meet the requirements of 26 U.S.C. 401(a)(13) or 26 U.S.C. 411(a) and regulations thereunder.

3.5 The Company shall not indemnify any Executive Officer or former Executive Officer against (i) the loss of Erroneously Awarded Compensation pursuant to this Policy, or (ii) any claims relating to the Company's enforcement of its rights under this Policy. Similarly, the Company shall not adopt or enter into any plan or agreement that exempts any Incentive-Based Compensation that is granted, paid or awarded to an Executive Officer or former Executive Officer from the application of this Policy. This Policy shall supersede any such plan or agreement, whether entered into before, on or after the Effective Date of this Policy. In addition, the Company shall not reimburse any Executive Officer or former Executive Officer for premiums on, or otherwise subsidize or pay for, an insurance policy that would cover such person's potential clawback obligations under this Policy.

3.6 The Compensation Committee shall determine, in its sole discretion, the appropriate means to seek recovery of any Erroneously Awarded Compensation, which may include, without limitation: (i) requiring cash reimbursement; (ii) seeking recovery or forfeiture of any gain realized on the vesting, exercise, settlement, sale, transfer or other disposition of equity-based awards; (iii) offsetting the amount to be recouped from any compensation otherwise owed by the Company to the Executive Officer or former Executive Officer; (iv) cancelling outstanding vested or unvested equity awards; or (v) taking any other remedial and recovery action permitted by law, as determined by the Compensation Committee.

3.7 The Compensation Committee shall determine the repayment schedule for any Erroneously Awarded Compensation in a manner that complies with the "reasonably prompt" requirement set forth in Subsection 3.1. The determination with respect to "reasonably prompt" recovery may vary from case to case, and the Compensation Committee may amend or supplement this Policy to further describe what repayment schedule satisfies this requirement.

3.8 The Company shall file all disclosures with respect to this Policy in accordance with the requirements of the U.S. Federal securities laws, including the disclosure required by the applicable SEC filings.

4.0 Application to Additional Persons.

4.1 In addition to the Executive Officers and former Executive Officers, this Policy shall apply to any other employee of the Company or its parent or subsidiaries designated by the Compensation Committee as a person covered by this Policy (each, an "Other Covered Person").

4.2 Unless otherwise determined by the Compensation Committee, this Policy shall apply to an Other Covered Person as if such individual was an Executive Officer during the relevant periods described in Section 3.0.

4.3 Notwithstanding the foregoing, the Compensation Committee may, in its discretion, limit recovery of Erroneously Awarded Compensation from an Other Covered Person to situations in which an Accounting Restatement was caused or contributed to by the Other Covered Person's fraud, willful misconduct or gross negligence.

4.4 In addition, the Compensation Committee shall have discretion as to (i) whether to seek to recover Erroneously Awarded Compensation from an Other Covered Person, (ii) the amount of the Erroneously Awarded Compensation to be recovered from an Other Covered Person, and (iii) the method of recovering any such Erroneously Awarded Compensation from an Other Covered Person. In exercising such discretion, the Compensation Committee may take into account such considerations as it deems appropriate, including whether the assertion of a claim may violate applicable law or prejudice the interests of the Company in any related proceeding or investigation.

5.0 Interpretation; Enforcement

5.1 The Compensation Committee shall have full authority to interpret and enforce this Policy to the fullest extent permitted by law.

5.2 Any determination by the Compensation Committee with respect to this Policy shall be final, conclusive, and binding on all interested parties.

5.3 To the extent an Executive Officer, former Executive Officer or Other Covered Person refuses to pay to the Company any Erroneously Awarded Compensation, the Company shall have the right to sue for repayment or, to the extent legally permitted, to enforce such person's obligation to make payment by withholding unpaid or future compensation.

6.0 Non-Exclusivity

6.1 The Company's rights to recoupment under this Policy are in addition to other rights the Company may have against any Executive Officer, former Executive Officer or Other Covered Person, including any remedies at law or in equity. Application of this Policy does not preclude the Company from taking other actions to enforce the obligations of an Executive Officer, former Executive Officer or Other Covered Person to the Company, including termination of employment or institution of legal proceedings. Nothing in this Policy shall be viewed as limiting the right of the Company or the Compensation Committee to pursue recoupment under or as provided by the Company's plans, awards, policies or agreements or the applicable provisions of any law, rule or regulation (including, without limitation, Section 304 of the Sarbanes-Oxley Act of 2002).

6.2 If the requirement to recover Erroneously Awarded Compensation is triggered under this Policy, then, in the event of any actual or alleged conflict between the provisions of this Policy and a similar clause or provision in any of the Company's plans, awards, policies or agreements, this Policy shall be controlling and determinative; provided that, if such other plan, award, policy or agreement provides that a greater amount of compensation shall be subject to clawback, the provisions of such other plan, award, policy or agreement shall apply to the amount in excess of the amount subject to clawback under this Policy.

7.0 Amendment

7.1 The Compensation Committee may amend this Policy, provided that any such amendment does not cause this Policy to violate applicable listing standards of Nasdaq or Rule 10D-1 under the Exchange Act.

APPENDIX A

Examples of Incentive-Based Compensation

Examples of compensation that constitutes Incentive-Based Compensation for purposes of this Policy include, but are not limited to, the following:

- Non-equity incentive plan awards earned based wholly or in part on satisfying a Financial Reporting Measure performance goal;
- Bonuses paid from a "bonus pool," the size of which is determined based wholly or in part on satisfying a Financial Reporting Measure performance goal;
- Other cash awards based wholly or in part on satisfying a Financial Reporting Measure performance goal;
- Equity-based awards (e.g., restricted stock, restricted stock units, performance share units, stock options, and stock appreciation rights) that are granted or become vested based wholly or in part on satisfying a Financial Reporting Measure performance goal; and
- Proceeds received upon the sale of shares acquired through an incentive plan that were granted or vested based wholly or in part on satisfying a Financial Reporting Measure performance goal.

Examples of compensation that does not constitute Incentive-Based Compensation for purposes of this Policy include the following:

- Salaries or salary increases for which the increase is not contingent upon the attainment of a Financial Reporting Measure performance goal;
- Bonuses paid solely at the discretion of the Compensation Committee or Board that are not paid from a bonus pool, the size of which is determined based wholly or in part on satisfying a Financial Reporting Measure performance goal;
- Bonuses paid solely upon satisfying one or more subjective standards (e.g., demonstrated leadership) and/or completion of a specified employment period;
- Non-equity incentive plan awards earned solely upon satisfying one or more strategic measures (e.g., consummating a merger or divestiture) or operational measures (e.g., opening a specified number of business locations, completion of a project, or increase in market share); and
- Equity awards for which the grant is not contingent upon achieving any Financial Reporting Measure performance goal and vesting is contingent solely upon completion of a specified employment period and/or attaining one or more non-Financial Reporting Measures.

North Carolina Department of Agriculture
and Consumer Services
Food and Drug Protection Division

Inspection Report

TG Therapeutics, Inc.
3020 Carrington Mill Blvd.
Suite 475
Morrisville, NC 27560
(919) 670-3989

Inspected 02/07/2024
By: Angela Harrison
Drug Specialist

Steven W. Troxler
Commissioner

North Carolina Department of Agriculture and Consumer Services

Food and Drug Protection Division

Christina Waggett
Assistant Commissioner
for Consumer Protection

Anita MacMullan
Director

Cover Sheet Report

TG Therapeutics, Inc.
3020 Carrington Mill Blvd.
Suite 475
Morrisville, NC 27560
(919) 670-3989

Inspected 02/07/2024
By: Angela Harrison

This visit was the initial inspection of this firm following receipt of application for registration and licensure with NCDA&CS Food & Drug Protection. The purpose of this inspection was to verify compliance with NCGS §106 Article 12 (Food, Drugs and Cosmetics) and Article 12A (Wholesale Prescription Drug Distributors).

Upon arrival, credentials were presented to, and Notice of Inspection issued to Mr. Mike Day, Senior Director Market Access Operations. He and Mr. Thomas Lander, Vice President Market Access, answered questions regarding business operations.

TG Therapeutics, Inc. is a biopharmaceutical company focused on the development and commercialization of novel treatments for B-cell malignancies and autoimmune disease. The firm has received approval from the United States Federal Drug Administration (FDA) for BRIUMVI™ (ublituximab-xiiy), for treatment of adult patients with relapsing forms of multiple sclerosis. BRIUMVI™ is manufactured by a contract manufacturing operation, Samsung Biologics Co., Ltd, located in South Korea. The drug product is then stored, managed, and distributed by a licensed external Third-Party Logistics Provider, Cardinal Health 105 dba Specialty Pharmaceutical Services located in LaVergne, TN. Accordingly, this corporate office location will not be used for storage and distribution of any prescription drugs.

There were no significant objectionable conditions noted during the inspection, and registration as a Virtual Manufacturer is approved.

This firm will be re-inspected on a routine or as-needed basis.

4000 Reedy Creek Road, 1070 Mail Service Center
Raleigh, North Carolina 27699-1070 • (919) 733-7366
An Equal Opportunity Employer

• Fax (919) 733-6801
www.ncagr.gov/fooddrug

Steven W. Troxler
Commissioner

North Carolina Department of Agriculture and Consumer Services
Food and Drug Protection Division

Christina Waggett
Assistant Commissioner for Consumer Protection

Anita MacMullan
Director

Inspection Report

TG Therapeutics, Inc.
3020 Carrington Mill Blvd.
Suite 475
Morrisville, NC 27560
(919) 670-3989

Inspected 02/07/2024
By: Angela Harrison

History of Business

TG Therapeutics, Inc. was founded in New York City, NY in May of 1993 with its headquarters established in Edison, NJ. The firm applied for registration and licensure as a Virtual Manufacturer with NCDA&CS in January 2024 and expects to fully transition its headquarters from NJ to this location by the fourth quarter of 2024.

Corporate Address

TG Therapeutics, Inc.
3020 Carrington Mill Blvd.
Suite 475
Morrisville, NC 27560
(919) 670-3989

Corporate Officers

Micheal S. Weiss	Chairman, President, and Chief Executive Officer
Sean A. Power	Certified Public Accountant and Chief Financial Officer
Adam Waldman	Chief Commercialization Officer

Person(s) Interviewed and Individual Responsibility

Credentials were presented to, and Notice of Inspection issued to Mr. Mike Day, Senior Director Market Access Operations. He and Mr. Thomas Lander, Vice President Market Access, answered questions regarding business operations.

Operations

TG Therapeutics, Inc. is a biopharmaceutical company focused on the development and commercialization of novel treatments for B-cell malignancies and autoimmune disease. The firm has received approval from the United States Federal Drug Administration (FDA) for BRIUMVI™ (ublituximab-xiiy), for treatment of adult patients with relapsing forms of multiple sclerosis (NDC #73150-150). BRIUMVI™ is manufactured by a contract manufacturing operation, Samsung Biologics Co., Ltd, located in South Korea. The drug product is then stored, managed, and distributed by a licensed external Third-Party Logistics Provider, Cardinal Health 105 dba Specialty Pharmaceutical Services located in LaVergne, TN. **Accordingly, this corporate office location will not be used for storage and distribution of any prescription drugs.**

TG Therapeutics, Inc. currently occupies an office suite of 7,730 square feet for administrative purposes, located on the fourth floor of this multi-client office building. The entire office suite is equipped with a continuously monitored security system, consisting of door access controls and motion detectable security cameras. Temperature and humidity levels are maintained by a thermostatically adjusted standard HVAC systems.

A small 10 x 11 foot document storage room containing a 2-drawer locked file cabinet is designated as a drug storage area; this room has a separate key lock entry to limit access to authorized personnel and is continuously monitored by security cameras. There is also a separate temperature and humidity monitoring device placed on top of the 2-drawer file cabinet. TG Therapeutics, Inc. has established written operating procedures to manage and document the receipt, storage and disposition of any drug product stored in this area. The receipt and disposition of any drug product received at this location is documented manually in a logbook and returned immediately to the 3PL for disposition.

TG Therapeutics, Inc. has demonstrated the ability to comply with NC General Statutes to meet the requirements licensing as a Virtual Manufacturer.

Observations

There were no significant objectionable conditions noted during the inspection, registration and licensure as a Virtual Manufacturer is approved (license #092-1870).

Compliance

This firm will be re-inspected on a routine or as-needed basis.

Attachments

Notice of Inspection

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
FOOD & DRUG PROTECTION DIVISION

Name and Title of Individual: Mike Day, Sr. Director Market Access Ops.	Date: 02/07/2024	
Firm Name: TG Therapeutics, Inc.	HOUR	10:35 a.m.
Number & Street: 3020 Carrington Mill Blvd. Suite 415		p.m.
City & State: Morrisville, NC	Zip Code: 27560	

Notice of inspection is hereby given pursuant to Article 12, §106-140 of North Carolina Food, Drug and Cosmetic.

Signature (NC Department of Agriculture Employee(s):	Title (NC Department of Agriculture Employee (s)
Angela Harrison	Drug Specialist

Article 12, §106-140 of the North Carolina Food, Drug and Cosmetic Act is quoted below:

§106-140. (a) For the purposes of enforcement of this Article, the Commissioner or any of his authorized agents, are authorized upon presenting appropriate credentials and a written notice to the owner, operator or agent in charge, (1) To enter at reasonable times any factory, warehouse or establishment in which food, drugs, devices or cosmetics are manufactured, processed, or packed or held for introduction into commerce or after such introduction or to enter any vehicle being used to transport or hold such foods, drugs, devices or cosmetics in commerce; and (2) To inspect at reasonable times and in a reasonable manner such factory, warehouse, establishment or vehicle and all pertinent equipment, finished or unfinished materials, containers and labeling therein, and to obtain samples necessary to the endorsement of this Article. In the case of any factory, warehouse, establishment, or consulting laboratory in which any food, drug, device or cosmetic is manufactured, processed, analyzed, packed or held, the inspection shall extend to all things therein (including records, files, papers, processes, controls and facilities) bearing on whether any food, drug, device or cosmetic which is adulterated or misbranded within the meaning of this Article or which may not be manufactured, introduced into commerce or sold or offered for sale by reason of any provision of this Article, has been or is being manufactured, processed, packed, transported or held in any such place or otherwise bearing on violation of this Article. No inspection authorized by the preceding sentence shall extend to a. Financial data, b. Sales data other than shipment data, c. Personnel data (other than data as to qualifications of technical and professional personnel performing functions subject to this Article), d. Pricing data, and e. Research data (other than data relating to new drugs and antibiotic drugs, subject to reporting and inspection under lawful regulations issued pursuant to section 505 (i) or (j) or section 507 (d) or (g) of the federal act, and data, relating to other drugs, which in the case of a new drug would be subject to reporting or inspection under lawful regulations issued pursuant to section 505 (j) of the federal act). Such inspection shall be commenced and completed with reasonable promptness. The provisions of the second sentence of this subsection shall not apply to such classes of persons as the Board may by regulation exempt from the application of this section upon a finding that inspection as applied to such classes of persons in accordance with this section is not necessary for the protection of the public health. (3) To have access to and to copy all records of carriers in commerce showing the movement in commerce of any food, drug, device, or cosmetic, or the holding thereof during or after such movement, and the quantity, shipper and consignee thereof: Provided, that evidence obtained under this subsection shall not be used in a criminal prosecution of the person from whom obtained; and provided further, that carriers shall not be subject to the other provisions of this Article by reason of their receipt, carriage, holding, or delivery of food, drugs, devices or cosmetics in the usual course of business as carriers. (b) Upon completion of any such inspection of a factory, warehouse, consulting laboratory or other establishment and prior to leaving the premises, the authorized agent making the inspection shall give to the owner, operator, or agent-in-charge a report in writing setting forth any conditions or practices observed by him which in his judgment indicate that any food, drug, device or cosmetic in such establishment: (1) Consists in whole or in part of any filthy, putrid, or decomposed substance; or (2) Has been prepared, packed or held under insanitary conditions whereby it may have become contaminated with filth or whereby it may have been rendered injurious to health. (c) If the authorized agent making any such inspection of a factory, warehouse or other establishment has obtained any salable product samples in the course of the inspection, upon completion of the inspection and prior to leaving the premises he shall offer reasonable payment for any such product samples. (d). It shall be the duty of the Commissioner of Agriculture to make or cause to be made examination of samples secured under the provisions of this section to determine whether or not any provision of this Article is being violated.

FORM #04-FDPD-001

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NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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 01856	☐ 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)

Section 1: General Information

Facility Name: Teleflex LLC

Physical Address: 11245 North Distribution Cove

City: Olive Branch State: MS Zip: 38654

Mailing Address (if different from physical address): 3015 Carrington Mill Blvd

City: Morrisville State: MS Zip: 38654

Telephone: 662-892-9100 Website: https://teleflex.com

Name of Designated Representative (DR): Jimmy Breedlove

Licensing Company Email: statelicensing@teleflex.com DR Email: Jimmy.breedlove@teleflex.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☒ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☒ Others: wholesaler, distributor

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

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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)

2/29/24
Date

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: Huons
Address: 901 Pangyo Innovalley City: Seongnam-Si South Korea State: _____ Zip: _____

Name: Spectra
Address: 299 Ballardvale Street City: Wilmington State: MA Zip: 01887

Name: Pfizer
Address: 275 N Field Drive Lake City: Lake Forest State: IL Zip: 60045

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 or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Teleflex Life Sciences II LLC
Corporation/Organization Name: Teleflex LLC
Mailing Address: 3015 Carrington Mill Blvd
City: Morrisville State: NC Zip: 27560
Telephone: 919 544 8000 Email: statelicensing@teleflex.com
Contact Person Name: Matthew Howald

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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [3]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [3]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Teleflex LLC

Facility Name

Matthew Howald

Print Name of Authorized Person Submitting Application

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

2/29/24

Date

Board Use Only	Date Received: 3-7-24	Amount: $1000.00

Accredited Drug Distributors

Find an Accredited Drug Distributor

Search Reset

Current list of 18 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

<<Previous 1 2

Name	Address	Accreditation Date
Kuehne + Nagel, Inc	4080 Executive Dr Southaven, MS 38672	11/30/23
Larken Laboratories, Inc	276 Nissan Pkwy, Bldg A, Ste 200 Canton, MS 39046	06/04/21
McKesson Corporation dba McKesson Drug Company	8313 Polk Ln Olive Branch, MS 38654	06/28/21
McKesson Specialty Distribution LLC	Olive Branch, MS	09/22/23
Medline Industries, LP	3446 Highway 51 N Southaven, MS 38672	06/28/21
Smiths Medical ASD, Inc	9124 Polk Ln, Ste 101 Olive Branch, MS 38654	05/26/21
Teleflex LLC	11245 North Distribution Cove Olive Branch, MS 38654	Reaccreditation in process
Willow Birch Pharma, Inc	447 County Road 303 Ste B Taylor, MS 38673	Reaccreditation in process

<<Previous 1 2

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Please consider the environment before printing this email

From: vawd@nabp.pharmacy <vawd@nabp.pharmacy>
Sent: Tuesday, December 5, 2023 12:23 PM
To: Knight, Bettina <Bettina.Knight@teleflex.com>; vawd@nabp.pharmacy
Subject: RE: NABP Drug Distributor Accreditation - Notice of Eligibility - Teleflex LLC, Olive Branch, MS

Good morning,

Your accreditation will stay active during the reaccreditation process, currently you are in que to have a Post Survey Letter generated. We are currently experiencing some delays with processing Post Survey Letters. We are working diligently to provide your Post Survey Letter to you as soon as possible. Please reach out if you have any questions.

Cordially,

I verified 3/27/24

Danielle McFarland
Coordinator, Accreditation Programs
847/391-4441

National Association of Boards of Pharmacy
1600 Feehanville Dr, Mount Prospect, IL 60056
www.nabp.pharmacy | vawd@nabp.pharmacy

From: Knight, Bettina <Bettina.Knight@teleflex.com>
Sent: Tuesday, December 5, 2023 9:15 AM
To: vawd@nabp.pharmacy
Subject: RE: NABP Drug Distributor Accreditation - Notice of Eligibility - Teleflex LLC, Olive Branch, MS

Good morning,

I submitted the application and fee on November 6, 2023.
Our current accreditation expires on December 15th.
Could you please let me know when I will be receiving the deficiencies and action items that the auditor has identified during the inspection (next step after payment)?
We are getting close to the holidays and I want to make sure I have time to respond before the Christmas break.

From: vawd@nabp.pharmacy
To: Knight, Bettina; vawd@nabp.pharmacy
Subject: RE: NABP Drug Distributor Accreditation - Notice of Eligibility - Teleflex LLC, Olive Branch, MS
Date: Thursday, January 11, 2024 1:01:43 PM
Attachments: image001.png
image002.png
image003.png
image004.png
image005.png

Good morning,

We are currently still experiencing some delays with processing Post Survey Letters. We are working diligently to provide your Post Survey Letter to you as soon as possible. Please reach out if you have any questions.

Cordially,

Danielle McFarland
Coordinator, Accreditation Programs
847/391-4441

National Association of Boards of Pharmacy
1600 Feehanville Dr, Mount Prospect, IL 60056
www.nabp.pharmacy | vawd@nabp.pharmacy

From: Knight, Bettina <Bettina.Knight@teleflex.com>
Sent: Thursday, January 11, 2024 8:43 AM
To: vawd@nabp.pharmacy
Subject: RE: NABP Drug Distributor Accreditation - Notice of Eligibility - Teleflex LLC, Olive Branch, MS

Good morning,

I am following up regarding the Post Survey letter

Thank you!

Bettina

Bettina Knight (she/her)
State Licensing Lead

M: [redacted]

Teleflex

Thank you

Bettina

Bettina Knight (she/her)
State Licensing Lead

M: [redacted]

Teleflex

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Please consider the environment before printing this email

From: vawd@nabp.pharmacy <vawd@nabp.pharmacy>
Sent: Thursday, November 2, 2023 5:38 PM
To: Knight, Bettina <Bettina.Knight@teleflex.com>
Subject: NABP Drug Distributor Accreditation - Notice of Eligibility - Teleflex LLC, Olive Branch, MS

Hello Bettina,

Thank you for your interest in the Drug Distributor Accreditation. This is to confirm that the National Association of Boards of Pharmacy® (NABP®) has reviewed the facility's Supply Chain Inspection Report in an effort to determine the facility's eligibility for Drug Distributor Accreditation program.

Congratulations! Your facility is eligible to proceed with NABP Drug Distributor Accreditation. Please review the attached eligibility letter carefully for additional details and next steps required to continue through the accreditation process.

If you have additional questions, please email vawd@nabp.pharmacy or by phone at (847) 391-4539.

We look forward to a continued successful partnership.

Cordially,

Danielle McFarland
Coordinator, Accreditation Programs
847/391-4441

National Association of Boards of Pharmacy
1600 Feehanville Dr, Mount Prospect, IL 60056
www.nabp.pharmacy | vawd@nabp.pharmacy

NABP ACCREDITED

DRUG DISTRIBUTOR

Teleflex LLC

located at

11245 North Distribution Cove, Olive Branch, MS 38654

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

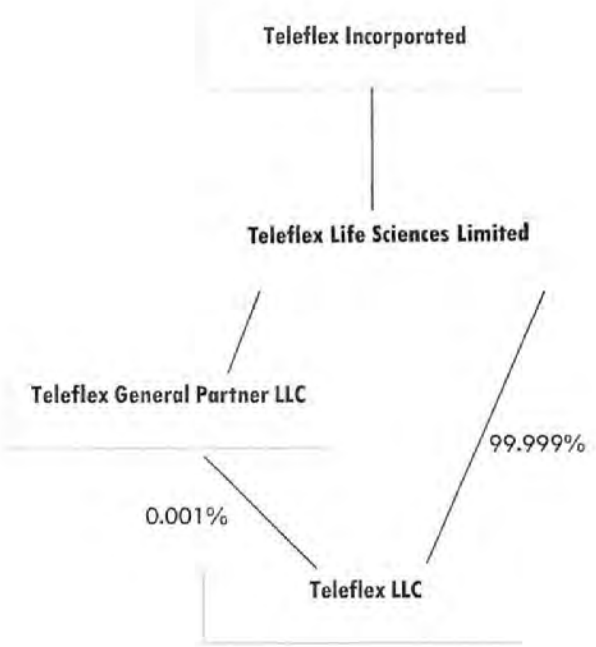
Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

12/15/2020 - 12/14/2023
Period of Accreditation

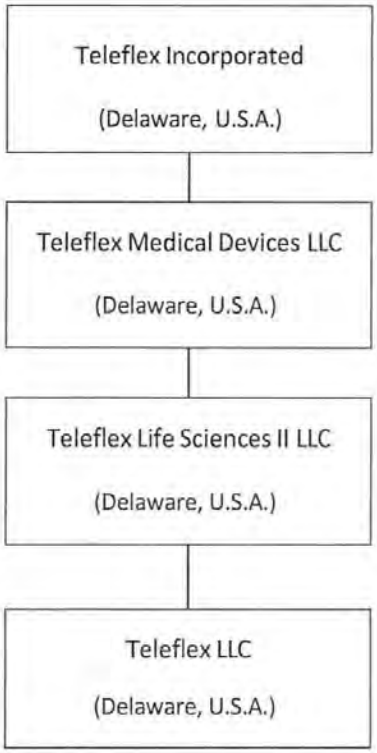
OFFICERS OF TELEFLEX LLC

OFFICERS	*TITLE*
Jay White jay.white@teleflex.com ***Director*	*President*
John Robert Deren john.deren@teleflex.com ***Director*	*Vice President*
Mikhail Kryukov michael .kryukov@teleflex.com	*Vice President & Secretary*
Matthew Howald matt.howald@teleflex.com ***Director*	*Vice President & Treasurer*

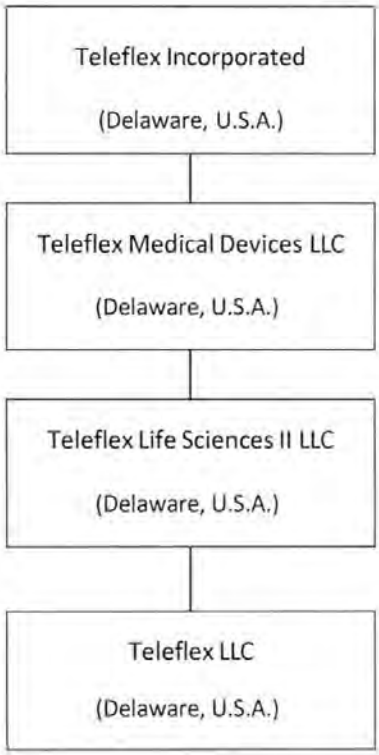
TELEFLEX LLC ORGANIZATION CHART 2020



Teleflex LLC
2024



Teleflex LLC
2024



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TELEFLEX 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 FOURTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TELEFLEX LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2018.

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

Jeffrey W. Bullock, Secretary of State

7023120 8300

SR# 20241306195

Authentication: 203182259

Date: 04-04-24

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

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **TELEFLEX LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 02/05/2019, 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 02/05/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202402054327382
You may verify this certificate online at http://www.nvsos.gov

MISSISSIPPI

Board of Pharmacy

Permit #
15198 / 16.5

Drug Facility

Wholesale Distributor (In-State)

Teleflex LLC

11245 North Distribution Cove
Olive Branch, MS 38654
DeSoto

Permit Holder:
Jimmy Breedlove

This permit is not transferable or assignable.

Issued: 03/02/2017
Renewed: 09/14/2023
Expires: 12/31/2024

Susan McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

MISSISSIPPI

Board of Pharmacy

Permit #
14181 / 9.1

Medical Gas Wholesaler

Teleflex LLC

Permit Holder:
Jimmy Breedlove

Teleflex LLC
11245 North Distribution Cove
Olive Branch, MS 38654
DeSoto

This permit is not transferable or assignable.

Issued: 01/21/2015
Renewed: 09/11/2023
Expires: 12/31/2025

Susa McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

MEMORANDUM OF INSURANCE	DATE 31-Aug-2023

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PRODUCER	COMPANIES AFFORDING COVERAGE
Marsh USA LLC ("Marsh")	Co. A Travelers Property Casualty Company of America
INSURED Teleflex Incorporated and Subsidiaries 550 E. Swedesford Road Suite 400, Wayne Pennsylvania 19087 United States	Co. B Travelers Casualty & Surety Company
	Co. C Columbia Casualty Company
	Co. D
	Co. E
	Co. F

COVERAGES

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 MEMORANDUM 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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS (LIMITS IN USD UNLESS OTHERWISE INDICATED)
A	GENERAL LIABILITY Commercial General Liability Occurrence	TJGLSA2J706154TIL23	01-Sep-2023	01-Sep-2024	GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG Excluded PERSONAL AND ADV INJURY 1,000,000 EACH OCCURRENCE 1,000,000 FIRE DAMAGE (ANY ONE FIRE) 1,000,000 MED EXP (ANY ONE PERSON) 5,000
A	AUTOMOBILE LIABILITY Any Auto Hired Autos Non-Owned Autos	TJCAP2J706166TIL23	01-Sep-2023	01-Sep-2024	COMBINED SINGLE LIMIT 2,000,000 BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE
A	EXCESS LIABILITY Other than Umbrella Form	EX6S790961	01-Sep-2023	01-Sep-2024	EACH OCCURENCE 10,000,000 AGGREGATE 10,000,000
A B	WORKERS COMPENSATION / EMPLOYERS LIABILITY THE PROPRIETOR / PARTNERS / EXECUTIVE OFFICERS ARE Included	UB8N3139892351K (AOS) UB8N3113332351R (Retro)	01-Sep-2022 01-Sep-2022	01-Sep-2023 01-Sep-2023	WORKERS COMP LIMITS Statutory EL EACH ACCIDENT 1,000,000 EL DISEASE - POLICY LIMIT 1,000,000 EL DISEASE - EACH EMPLOYEE 1,000,000

C	Primary Products Liability - Clinical Trials	ADT2091141649	01-Sep-2023	01-Sep-2024	Each Claim / Aggregate	15,000,000 / 15,000,000

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications here to are not authorized.

MEMORANDUM OF INSURANCE | **DATE** 31-Aug-2023

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PRODUCER
Marsh USA LLC
("Marsh")

INSURED
Teleflex Incorporated and Subsidiaries
550 E. Swedesford Road
Suite 400, Wayne
Pennsylvania 19087
United States

ADDITIONAL INFORMATION

ADDITIONAL INFORMATION
Provisions that we can include upon request:
Automobile
1. Broad Named Insured
2. Employees as Insureds
3. Additional Insured Lessor and Loss Payee as Required by Written Contract.

Workers Compensation:
1. Waiver of Subrogation as Required by Written Contract

General Liability and Premises Operations:
1. Broad Named Insured
2. Blanket Additional Insured as Required by Written Contract
3. Waiver of Subrogation as Required by Written Contract

Products Liability:
1. Worldwide Coverage Territory
2. Vendors are included as insureds as required by written contract
3. See key policy definition of Insured Product below
Note:
Excess Liability applies over General Liability, Automobile Liability and Employers Liability.

CNA policy definition of Insured Product
INSURED PRODUCT
Insured product means any goods or products:
A. manufactured, developed, designed, created, or tested;
B. sold, leased, licensed, rented, handled, marketed, distributed to others; or
C. disposed of;
by the Insured Entity or others on the Insured Entitys behalf, including but not limited to:
1. biological products, pharmaceutical drugs, medical devices, nutraceuticals; or
2. products that are used, or are intended for use in clinical trials, health care or the providing of

professional services; or
3. containers (other than vehicles), materials, parts or equipment furnished in connection with such goods or products.
Insured product includes:
a. warranties or representations made at any time with respect to the fitness, quality, durability, performance, use, handling, operation or safety of insured product; and
b. the providing of or failure to provide warnings or instructions.

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.

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. 800052326

Application/License No. _____

Teleflex LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 11245 North Distribution Cove, Olive Branch, MS 38654 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 605 Highway 169 North, Suite 600, Plymouth, MN 55441 (Address of Surety) as 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 19, 2019 (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 19th day of September, 2019.

APPLICANT/PRINCIPAL

Teleflex LLC

Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company

Surety Company's Representative

Adanna Brathwaite, 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

Adanna Brathwaite, Nevada Non-Resident Agent

OneBeacon
INSURANCE GROUP

Power of Attorney

Surety Bond No: 800052326

Principal: Teleflex LLC

Obligee: Nevada State Board of Pharmacy

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Minnetonka, Minnesota, does hereby constitute and appoint: Adanna Brathwaite, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars ($60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this eighth day of December, 2014.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNIPEN COUNTY

On this eighth day of December, 2014, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

SA LESHA V. S. BEEKS
Notary Public
State of Minnesota
My Commission Expires
January 31, 2020

_____
Notary Public

I, the undersigned, Assistant Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 19th day of September, 2019.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
James G. Jordan, Assistant Secretary

[redacted] JIMMY BREEDLOVE [redacted] Business [redacted]

SUMMARY OF QUALIFICATIONS

Professional leader offering a solid background in inventory management, and operations management within the transportation, warehousing, and medical distribution industries focusing on the companies KPI measures to ensure success. Coaching and developing employees to maintain performance metrics, production standards, and turnover rate to support the business goal of shipping accuracy, and back-order reduction.

PROFESSIONAL EXPERIENCE

Teleflex LLC, Olive Branch, MS
Teleflex is a manufacturer and supplier of specialty medical devices for a range of procedures in critical care and surgery. Teleflex has annual revenues of $2.4 billion, operations in 40 countries.

Inbound Manager – Internal Promotion **2021 – Current**

Manage a team of 43 employees in day to day receiving activities to ensure a steady flow of material from the truck to the pickable location. Work closely with the demand planners to coordinate delivery schedule for back-order reduction. Coordinate and document daily KPI metrics for management review, and production standards.

- Successful completion of the Inbound Damage CIP with a savings of over 90K by working with our Laredo plant to improve load stability and carton integrity.
- Actively participated in the implementation of Project One to ensure a complete transition from two systematic warehouses into one warehouse to improve the customer experience. Lead the team to mitigate the impact of loads not being able to be systematically received into SAP.
- Improved turnover for a stabilized first shift inbound team average tenure rate of 5.7 years.
- Successful implementation of the LPN project to transition to RF receipt capability.

Inbound Supervisor - Internal Promotion **2015 – 2021**

Supervise a team of 26 employees in day to day receiving activities to ensure a steady flow of material from the truck to the pickable location. Work closely with the demand planners to coordinate delivery schedule for back-order reduction. Coordinate and document daily KPI metrics for management review, and production standards.

- Successful completion of the Inbound Damage CIP with a savings of over 90K by working with our Laredo plant to improve load stability and carton integrity.
- Actively participated in the implementation of Project One to ensure a complete transition from two systematic warehouses into one warehouse to improve the customer experience. Lead the team to mitigate the impact of loads not being able to be systematically received into SAP.
- Improved turnover for a stabilized first shift inbound team average tenure rate of 5.7 years.
- Promoted to Inbound Manager

Inbound Lead **2014 – 2015**

Lead a team of 4 employees in the Suture and Instrument inbound team to insure timely and accurate receipts of all sutures and instrument receipts and put-away transactions. Work closely with the buyers to set the priority for the daily receipts. Coordinate the manufacturing of Kits per work order as they arrive from the instrument planners.

- Gained the trust from the buyers from the instrument team so that we could eliminate a weekly meeting about the timing of receipts.
- Maintained the stock level for kits to reduce back orders.
- Lead a Kaizen event to streamline and improve the processing area for the suture and instrument aspect of the department.
- Promoted to Inbound Supervisor.

Continued professional experience:

Triple C Hauling, Holly Springs, MS

Triple C Hauling is a family-owned business transporting trees to the paper mill for the production of paper products used worldwide.

Transportation Manager **2012 – 2014**

Manage a team of 5 drivers in the daily activity of scheduling pickup and delivery loads from the forest to the papermill. Develop and maintain paperwork SOPs for the constant inspection from the MS Department of Transportation. Maintain the scheduled maintenance agreement per truck in the fleet.

- Trained all drivers on successful completion of all paperwork for incoming inspections from the MS Department of Transportation
- Maintained driver logs and fuel records to mediate false records and theft.
- Developed SOPs for all drivers to maintain.
- Managed a fleet of 5 drivers to ensure deliverable schedule with external customers.

EDUCATION AND TRAINING

Northwest Mississippi Community College **Southaven, MS**
Business, Associate's Degree **Sophomore (On hold)**

Professional License:

- **Florida Certified Designated Representative**
- **California Certified Designated Representative**

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Teleflex LLC

Pharmacy/Wholesaler License # (if applicable): MP01280

Physical Address: 11245 North Distribution Cove

City: Olive Branch State: MS Zip: 38654

Mailing Address (if different from physical address): 3015 Carrington Mill Bvld

City: Morrisville State: NC Zip: 27560

Telephone: 919 544 8000 Website: https://www.teleflex.com

Licensing Company Email: statelicensing@teleflex.com

Section 2: Personal Information

First: Jimmy Middle: Last: Breedlove

Alias(es, nicknames, name changes, etc.): n/a

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 11245 North Distribution Cove

City: Olive Branch State: MS Zip: 38654

Telephone: [redacted] Email: jimmy.breedlove@teleflex.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

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?	X	

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)		
Northwest Mississippi Community College			
Address	**City**	**State**	**Zip**
8750 Deerfield Road	Olive Branch	MS	38654
Diploma/Degree obtained, if any			

School Name	**From - To (MM/YY – MM/YY)**		
Southeast Lauderdale High School	1995 – 1999		
Address	**City**	**State**	**Zip**
2362 Long Creek Road	Meridian	MS	39301
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
5/2017 - Present	[redacted]	Olive Branch	MS	38654
From - To (MM/YY – MM/YY)		City	State	Zip
2010 - 2017		Potts Camp	MS	38659
From - To (MM/YY – MM/YY)	**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 Teleflex LLC			**From - To (MM/YY – MM/YY)** 08/19 - 02/24
Business Address 11245 North Distribution Cove	**City** Olive Branch	**State** MS	**Zip** 38654
Phone 662-892-9100	**Title** Receiving Manager		**Number of Employed Hours** 8,000
Description of Duties I am responsible for all Inbound related Activities and processes. Also manage a team of employee's for this function. Continous Improvement & Cost Performance.			

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.)		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

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
N/A				
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)

22 feb 2024
Date

I, Jimmy Breedlove, certify that as the designated representative for

Teleflex LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. J.B. I am at least 21 years of age;
3. J.B 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. J.B. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. J.B I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. J.B 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. J.B I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jimmy Breedlove
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

22 Feb 2024
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.

Jimmy Breedlove
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

22 Feb 2024
Date

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

State of Mississippi, ss. County of Desoto

I, ~~Darlene Regan~~ Jimmy Breedlove, 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

22 Feb 2024
Date

Subscribed and Sworn to before me this 22 day of February 2024.

Darlene Regan
Notary Public Signature

State of Mississippi
DARLENE REGAN, Notary Public
De Soto County
My Commission Expires May 28, 2026
(Seal)
Commission Number 124166

List of Teleflex LLC employees

Legal First Name	Legal Last Name	Position Title
Gary	Thomas	Distribution Center Supervisor
Mack	Harris	Quality Specialist III
Henry	Hoang	Senior Team Lead
Leroy	Cryer	Forklift Operator
Tamekia	Watkins	Learning & Development Coordinator
Dean	Frazier	Quality Technician I
James	Hensley	Facilities Manager
William	Stanback	Distribution Yard Hostler
Vandasia	Bryant	Distribution Process Analyst
William	McCall	Senior Distribution Center Manager
Derrick	Bradley	Team Lead
Glenda	Settle	Wave Planner
Tasha	Hall	International Production Control Supervisor
Wade	Jackson	Team Lead
Velda	Currie	Buyer
Latosha	Harper	Quality Specialist
Christopher	Katchens	Team Lead
Tamela	Jones	Transportation Coordinator
Ngoc Van	Vo	Distribution Associate I
Cassandra	Jackson	Wave Planner
Daniel	Darby	Production Control Supervisor
Montina	Hughes	Distribution Associate I
Tracy	Barnes	Wave Planner
Derrick	Granderson	Senior Team Lead
Derly	Ayala	SAP Super User
Kenisha	Shelton	Distribution Process Analyst
Hang	Le	Distribution Associate II
Sheree	DODSON ELLIOTT	Distribution Associate II
Della	Kimbrough	Distribution Associate I
Brian	Tolentino	Team Lead
Lorena	Lopez	Quality Technician I
Alice	Crutcher	Senior Team Lead
Jimmy	Breedlove	Receiving Manager, NADC
Mohamedou	Gadio	Senior Team Lead
Erica	Kilpatrick	Quality Technician I
Shaun	Berryhill	Distribution Center Supervisor
Sharon	Brantley	Distribution Associate I
Bobby	Bolton	Forklift Operator
Ruth	Wainaina	Distribution Center Coordinator - Inventory
Zuher	Beikhan	Forklift Operator
Ashley	Burgess	Distribution Associate II
Gatt	Williams	Forklift Operator
Doneese	Williams	Forklift Operator

List of Teleflex LLC employees

Jennifer	Wilson	Quality Technician I
Paul	Satcher	Forklift Operator
Christina	Fitz	Quality Technician III
Tangie	Sykes	Team Lead
Kendrick	Oliver	Forklift Operator
Candace	Mallory	Distribution Associate II
Sheila	Campbell	Distribution Associate I
John	Hankins	Forklift Operator
Lizet	Loya Soto	Desktop Support Administrator
Sandra Alicia	Magallanes Funes	Assistant Financial Controller
Audrey	Evans	International Coordinator
Patricia	Moses	Distribution Associate I
Savy	Duch	Distribution Associate I
Joyce	Vera	Distribution Associate II
Carlos	Vera	Team Lead
Tyler	Dicarlo	Distribution Center Supervisor
Donna	Rollins	Distribution Center Supervisor
Canesha	Luellen	Team Lead
John	Sullivan	Forklift Operator
Mauriceo	Walker	Flex Operations Supervisor
John	Lewis Jr.	Forklift Operator
Marco	Watson	Forklift Operator
Sharonda	Phillips-Glover	Distribution Associate II
Tina	Phillips	Distribution Associate I
Chauntay	Williams	Distribution Center Supervisor
Sharon	Jones	Team Lead
Chelsey	Rutherford	Distribution Associate II
Karl	DeBose	Distribution Center Supervisor
Michael	Wiggison	Team Lead
Marvin	Farmer	Forklift Operator
LiQuita	Phillips	Forklift Operator
James	Pike	Senior Team Lead
Marcus	Reed	Forklift Operator
Robert	Scott Jr.	Distribution Associate I
Jeffrey	Hayes	Senior Transportation Professional
Larrisha	Bell	Senior Team Lead
James	Brown	Forklift Operator
Angela	Cook	Transportation Coordinator
David	Hill	Distribution Center Manager
Daniel	Willman	Distribution Process Analyst II
Darlene	Regan	Controller, Americas L&D
Rauricas	Tate	Distribution Yard Hostler
Janice	Eldridge	Distribution Associate II
Coshia	Smith	Forklift Operator
Michael	Greene	Forklift Operator

List of Teleflex LLC employees

Issouf	Toure	Forklift Operator
Kevin	Malone	Forklift Operator
Carol	Williams	Project Manager, L&D Products & Services - Americas
Alvin	Cross	Forklift Operator
Kelvin	Nutall	Senior Business Intelligence Software Developer
Miquanius	Williams	Forklift Operator
Marian	Smith	Distribution Associate I
Robert	Pearson	Team Lead
Heriberto	Trinidad Cruz	Team Lead
Necole	Levy	Forklift Operator
Kristina	Miller	Senior Quality Excellence & Training Specialist
Noah	Waalk	Facilities Supervisor
Rachel	Rousseau	Human Resources Senior Manager
Ricardo	Gant	Distribution Center Supervisor
Shandrea	Hurns	Human Resources Generalist II
Robert	Bell	Forklift Operator
Joselin	Letet	Team Lead
Terry	Boyle	Forklift Operator
Roosevelt	Walker	Forklift Operator
Veronica	James	Forklift Operator
Willie	Mack	Forklift Operator
Quinton	Jackson	Forklift Operator
Leticia	Perez Bernardino	Distribution Associate I
CaDandrice	Lynn	Distribution Associate I
Kim	Wright	Team Lead
Raymond	West	Forklift Operator
Deadrick	Boyd	Distribution Associate I
Marian	Thompson	Distribution Associate I
David	Martino	Distribution Center Supervisor
Alisha	Hurst	Team Lead
Candace	Love	Forklift Operator
Krystal	Felston	Team Lead
Mercedes	Fragoso	Quality Assurance Specialist
Tito	Lazo	Forklift Operator
Salvador	Campos Reyes	Forklift Operator
Enrique	Faz	Forklift Operator
Virginia	Campos	Forklift Operator
John	Milam	Forklift Operator
Sharon	Wood	Distribution Center Supervisor
Whitney	Young	Distribution Associate I
Mamadou	Sow	Forklift Operator
Kendrick	Hymon	Forklift Operator
Tyrod	Williams	Forklift Operator
Leticia	Esteva	Forklift Operator
Sandra	Dowdy	Distribution Process Analyst II

List of Teleflex LLC employees

Terrance	Bee	Forklift Operator
Ranae	Baker	Forklift Operator
Ezekiel	Mongeri	Wave Planner
Jason	Mcintosh	Team Lead
Yesica	Juarez	Recruiter
Andres	Jimenez	International Trade Compliance Specialist LatAm
Douglas	Grantham	Facilities Services Technician II
Kimberly	Arrington	Staff Accountant
Shyvell	Kelly	Distribution Associate I
Jeremy	Chinn	Senior Manager, Enterprise Excellence L&D
Kristi	Flowers	Distribution Center Supervisor
Shamim	Kasemire	Distribution Process Analyst
Lilia	Hernandez	Distribution Associate I
Jamila	Gipson	Distribution Associate II
Tabioas	Jackson	Distribution Associate I
James	Williams	Forklift Operator
Robert	Smith	Quality Technician I
Melody	Morrow	Logistics Specialist
Alan	Hardrick	Forklift Operator
Marcus	Sanders	Distribution Center Supervisor
Keesler	Edwards	Distribution Associate II
Brandon	Johnson	Forklift Operator
Lawrence	Dorsey	Forklift Operator
Kelvin	Gordon	Distribution Associate I
John	Coleman	Team Lead
John	Ray	Logistics & Distribution Director
Laquasha	Lee	Distribution Associate I
Pablo	Rodríguez	Distribution Associate II
Emilio	Pascual	Forklift Operator
Ernie	Dean	Forklift Operator
Johvante	Turner	Forklift Operator
Pearline	Grandberry	Distribution Associate I
Joseph	Gaspar	Forklift Operator
Tyrone	Thomas	Distribution Yard Hostler
Carmine Alberto	Casañas	Quality Assurance Manager
James	Yates	Junior Project Manager, DC Transformation
Dionne	Grantham	Distribution Associate I
Michael	Thomas	General Manager, Logistics and Distribution Operations
Deshun	Hamilton	Forklift Operator
Regina	Chalmers	Distribution Associate II
Alexus	Staples	Distribution Associate I
Christian	Rodriguez	Distribution Associate I
Anthony	Massey	Distribution Associate I
Tracy	Swearengen	Team Lead
Teresa	Crutcher	Distribution Associate I

List of Teleflex LLC employees

Stephen	Evans	Distribution Associate I
Roymiya	Kilpatrick	Distribution Associate II
Vanessa	Bell	Distribution Associate II
Sharon	Harris	Distribution Associate II
Walneisha	Austin	Team Lead
Devonta	Dortch	Forklift Operator
Lorenzo	McClinton	Forklift Operator
Robbie	McClinton	Distribution Associate II
Xitlaly	Perez	Distribution Associate II
Rose	Bee	Distribution Associate I
Moria	Dalton	Quality Supervisor
Kevon	Brooks	Forklift Operator
Jalen	Brooks	Forklift Operator
Eveling	Perez	Distribution Associate I
Jorge	Nevarez Barrera	Enterprise Excellence Engineer
Demetrick	Ward	Forklift Operator
Jahmiya	Jackson	Distribution Associate I
Bryan	Redd	Forklift Operator
Gerald	Boykin	Forklift Operator
Fernando	Rodriguez	Environmental Health & Safety Manager
Maisha	Campbell	Team Lead
Patrick	Renfroe	Forklift Operator
Zedrian	Jones	Forklift Operator
Damon	Granderson	Forklift Operator
Cyrille	Roethlisberger	Transportation Manager - Americas
Viviana	Miranda	Forklift Operator
John	Hughbanks	Senior Manager, Distribution Center Strategy & Transformation
Randall	Thomas	Distribution Center Supervisor - Inventory Control
Jasmine	Jackson	Distribution Associate I
Stanley	Ayers	Forklift Operator
Jessica	Foster	Quality Specialist I
Bryan	Hubbard	Distribution Associate I
Shari	Carver	Distribution Associate II
Gina	Shields	Distribution Associate II
Gatt	Johnson	Forklift Operator
Mary	Jones	Distribution Associate I
Xiao	Sun	Project Engineer, DC Processes & Systems Transformation
Nathan	Thomas	Forklift Operator
Nathaniel	Bullard	Forklift Operator
Zaquan	Phillips	Forklift Operator
Kevius	Malone	Forklift Operator
Jerrica	Taylor	Distribution Associate I
Brianna	Jefferys	Forklift Operator
Nicholas	McDaniel	Facilities Services Technician III
Kimyotta	Fernanders	Senior Logistics & Distribution Quality Manager Americas

List of Teleflex LLC employees

Brian	Savage	Forklift Operator
Matthew	Pulley	Facilities Services Technician I
Yolanda	Zuniga	Distribution Associate I
Abdel	Marrero Rodriguez	Forklift Operator
Elijah	Torres	Forklift Operator
Angela	Jackson	Distribution Associate II
Daniel	Juarez	Forklift Operator
Ricardo	Amezquita	Intercompany Buyer/Planner
Christina	Bowman	Quality Technician I
India	Cole	Distribution Associate I
Kyrah	Lovett	Quality Specialist II
Deivi	Perez Gonzalez	Forklift Operator
Shani	Knox	Forklift Operator
Ronald	Malone	Forklift Operator
David	Martinez	Forklift Operator
Marvin	Quarles	Forklift Operator
Christian	Rodriguez	Forklift Operator
Ronald	Greer	Forklift Operator
Marlon	Smaw	Distribution Associate I
Tanisha	Harper	Distribution Associate I
LaShonda	Richardson	Team Lead
Toni	Anders	Forklift Operator
Alexis	Boyce	Forklift Operator
Ezell	Neal	Forklift Operator
Shakeya	Moore	Distribution Associate I
Ema	Martinez	Distribution Associate I
Amber	Smith	Distribution Associate I
Amauri	Marbly	Forklift Operator
Toni	Coffer	Distribution Associate I
Ameannia	Smith	Forklift Operator
Tarsha	Bell	Distribution Associate I
Toinetta	Peterson	Distribution Associate I
Tyrone	Randle	Forklift Operator
Carrie	Alice	Distribution Associate II
Eduardo	Sosa	Supplier Quality Engineer II
Dajah	Harris	Forklift Operator
Melanie	Hill	Forklift Operator
Jarvise	Jones	Forklift Operator
Megal	Holliday	Forklift Operator
Jacqueline	Perez	Distribution Associate I
Alexia	Evans	Distribution Associate I
Yolanda	Holmes	Team Lead
Deterrio	Guy	Forklift Operator
Christian	Martinez	Forklift Operator
Elecia	Brown	Distribution Associate II

List of Teleflex LLC employees

Dawson	Bunn	Distribution Associate II
Mouhamadou	Ndiaye	Forklift Operator
Allen	Claiborne	Forklift Operator
Antmari	Gil	Distribution Associate I
Dallas	Mcgrew	Forklift Operator
Toya	Barber	Distribution Associate I
Cassaundra	Palmore	Forklift Operator
Dominic	Musarra	Distribution Associate I
Mamoudou	Basse	Distribution Associate I
Dorayci	Valero	Distribution Associate II
Hericson	Padron	Forklift Operator
Yohelvis	Pérez	Forklift Operator
Abdoulaye	Kane	Forklift Operator
Teddrick	Boyd	Forklift Operator
Levitta	Coleman	Quality Engineer, Distribution
Rodrecous	Hamilton	Distribution Center Supervisor
Amanda	Polanco	Distribution Associate I
Jada	Banks	Distribution Associate I
Antonio	Stewart	Distribution Associate I
Cristian	Morales Salvat	Distribution Associate I
Brandon	Shotwell	Forklift Operator
Ena	Garcia	Distribution Associate I
Derrick	Bradley	Forklift Operator
Jameka	Williams	Forklift Operator
Keith	Hightower	Forklift Operator
Sabrina	Gotera	Distribution Associate II
Jesus	Rondon	Forklift Operator
Ashiya	Brown	Distribution Associate II
Macarya	Smith	Distribution Associate II
Jalen	Philmore	Forklift Operator
Henry	Ellis	Forklift Operator
Corzerrius	Calhoun	Forklift Operator
Ivette	Carmona	Distribution Associate II
Melvin	Austin	Quality Engineer Supervisor
Sarah	Pira	Distribution Associate I
Nadia	Sanchez	Distribution Associate I
Ruben	Maquinales	Forklift Operator
Ruben	Lopez	Distribution Associate I
Erick	Pirela	Forklift Operator
DeAngelo	Leggett	Distribution Associate I
Renee	Safir	Forklift Operator
Leobardo	Lopez	Distribution Associate I
Luis	Ramos	Forklift Operator
Cierra	Simmons	Forklift Operator
Jasmine	Birchfield	Team Lead

List of Teleflex LLC employees

Robert	Jones	Forklift Operator
Antonio	Primera	Forklift Operator
Luis	Carreno Leon	Forklift Operator
Kelsey	Wilkerson	Distribution Associate I
Rashardo	Shields	Forklift Operator
Haleigh	Staff	Distribution Associate II
Marcus	Merriweather	Forklift Operator
Yoleyda	Garcia	Distribution Associate I
Gloria	Barrientos	Distribution Associate I
Michael	Reisedge	Distribution Associate I
Austen	Reeves	Distribution Associate I
Darrell	Kinney	Forklift Operator
Nicolas	Nelums	Forklift Operator
Lizz	Montes	Distribution Associate I
Rebecca	De leon	Distribution Associate I
Kendra	Kilpatrick	Forklift Operator
Lanikya	Harris	Forklift Operator
Ezekial	Coleman isom	Forklift Operator
Jacob	Williams	Distribution Associate I
Demarcus	Ware	Forklift Operator
John	Burnside	Distribution Associate I
Janet	Roaf	Distribution Associate I
Chad	Erwin	Forklift Operator
Chelsea	Grant	Distribution Associate I
Idrissa	Kane	Distribution Associate I
Marcus	Strong	Forklift Operator
Jakevia	Stamps	Forklift Operator
Holli	Erwin	Distribution Associate I
Nastasia	Hunt	Forklift Operator
Preston	Rice	Facilities Intern
Berhoney	Wiggins	Distribution Associate I
Dequavion	Lewis	Distribution Associate I
Angelina	Jones	Distribution Associate I
Sharnesia	Quinn	Distribution Associate I
Tascha	Rhodes	Forklift Operator
Chauncey	Seldon	Team Lead
Carl	Duesterbeck	Team Lead
Jill	McGaugh	Forklift Operator
Ukeela	Brown	Quality Technician I
Elizabeth	Zepponi	Distribution Associate I
Austran	Jefferson	Distribution Associate I
Claudia	Carreno	Distribution Associate I
Brittney	Seldon	Distribution Associate I
Tia	Johnson	Associate Quality Engineer
Logan	Cowart	Material Handler

List of Teleflex LLC employees

Joel	Lecaro	Team Lead
Kyra	Morrison	Distribution Associate I
Harold	Rigsby	Forklift Operator
Freddy	Uzcategui	Forklift Operator
Alejandra	Gotera	Distribution Associate II
Emily	Ferrell	Distribution Associate I
Maria	Parra	Distribution Associate I
Kevin	Espinoza	Distribution Associate I
Christopher	Victoria	Forklift Operator
Edixon	Gil	Forklift Operator
Aiden	Sloan	Distribution Associate I
Tiffany	Wilson	Distribution Associate I
Timothy	Goliday	Distribution Associate I
Francisco	Jiménez	Distribution Associate I
Keirra	Johnson	Forklift Operator
Brandon	Hardaway	Distribution Associate I
Ernesto	Murray	SAP Warehouse & Distribution Analyst

THIRD AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT

OF

TELEFLEX LLC

This Third Amended and Restated Limited Liability Company Agreement of Teleflex LLC is effective as of December 16, 2023 (the "***Effective Date***").

RECITALS

A. Teleflex LLC, a Delaware limited liability company (the "***Company***"), was formed by Teleflex Incorporated (the "***Initial Member***") on August 20, 2018 by the filing of the certificate of formation of the Company (as amended from time to time, the "***Certificate***") with the Office of the Secretary of State of the State of Delaware.

B. Prior to the Effective Date, the Initial Member was the sole member of the Company and the Company was governed pursuant to the terms and provisions of that certain Limited Liability Company Agreement of Teleflex LLC dated August 20, 2018.

C. On February 21, 2020, Teleflex Life Sciences Limited, a company formed and existing under the laws of Malta, having its registered office at 171, Old Bakery Street, Valletta, VLT 1455, Malta, and registered with the Malta Business Registry under registration number C94305 ("***TLS***"), acquired the Initial Member's Interest in the Company and became a member of the Company (the "***TLS Acquisition***").

D. Following the Acquisition, the Company issued an additional Interest in the Company to Teleflex General Partner LLC, a Delaware limited liability company ("***TGP***"), the Company was governed pursuant to the terms and provisions of that certain Amended and Restated Limited Liability Company Agreement of Teleflex LLC dated February 21, 2020, and TLS and TGP were the members of the Company.

E. On December 15, 2023, TLS assigned and transferred its 99.999% Interest in the Company to Teleflex Medical Devices LLC, a Delaware limited liability company ("***TMD***"), and TMD was admitted as a member of the Company, together with TGP, and the Company was governed pursuant to the terms and provisions of that certain Second Amended and Restated Limited Liability Company Agreement of Teleflex LLC dated December 15, 2023 (the "***Prior Agreement***").

F. On the Effective Date, TMD assigned and transferred its 99.999% Interest in the Company (the "***Assignment***") to Teleflex Technologies LLC, a Delaware limited liability company ("***TTech***"), and TTech was admitted as a member of the Company, together with TGP.

TTech and TGP, as the members of the Company following the Assignment, desire to amend and restate the Second A&R Agreement in its entirety to provide for the terms and provisions relating to their ongoing ownership and management of the Company.

Accordingly, the parties hereto agree as follows:

ARTICLE I
DEFINITIONS

Capitalized terms used but not otherwise defined in this agreement have the meanings given those terms in Exhibit A.

ARTICLE II
GENERAL PROVISIONS

2.1 Formation of Limited Liability Company

The Company was formed as a Delaware limited liability company on August 20, 2018, by the filing of the Certificate with the Office of the Secretary of State of the State of Delaware under and pursuant to the Act. The Manager will file or cause to be filed all such other certificates, notices, statements, amendments or other instruments required by law for the continued operation of the Company as a limited liability company.

2.2 Name of Company

The name of the Company is "Teleflex LLC." The business of the Company may be conducted under any name chosen by the Manager, and the Manager may, in its sole discretion consistent with the requirements of the Act, change the name of the Company from time to time.

2.3 Principal Place of Business; Registered Agent for Process

(a) The principal office of the Company will be at such place as the Manager may designate, in its sole discretion, from time to time.

(b) The registered office of the Company in the State of Delaware will be at such place as the Manager may designate, in its sole discretion, from time to time. The registered agent of the Company in the State of Delaware to accept service of process will be such Person as the Manager may designate, in its sole discretion, from time to time.

2.4 Term of Company

The term of the Company commenced on the date the Certificate was filed in the office of the Secretary of State of the State of Delaware in accordance with the Act and will continue until terminated pursuant to Section 9.1.

2.5 Purposes

The Company is organized for the purpose of carrying on any lawful business, as determined appropriate by the Manager. Notwithstanding the preceding sentence, the Company may execute and deliver and perform all contracts and other undertakings and engage in all the activities and transactions that may, in the opinion of the Manager, be necessary or advisable to carry out the foregoing purposes, subject to the limitations contained in this agreement and the Act. The Manager shall cause the Company to be qualified or registered under applicable laws of any jurisdiction in which the Company transacts business and shall be authorized to execute, deliver and file any certificates and documents necessary to

effect such qualification or registration, including without limitation the appointment of agents for service of process in such jurisdictions.

2.6 Title to Company Property

All property owned by the Company is to be deemed to be owned by the Company as an entity, and the Members will not have any direct ownership interest in any such property.

2.7 Failure to Observe Formalities

A failure to observe any formalities or requirements of this agreement, the Certificate or the Act will not be grounds for imposing personal liability on the Members or the Manager for liabilities of the Company.

2.8 Liability of the Members to Third Parties; No Reliance by Third-Party Creditors

(a) Except as otherwise provided in the Act, the Members will not be personally liable for any debt, obligation or liability of the Company, whether arising in contract or otherwise, by reason of being a member of the Company.

(b) This agreement is entered into by the Members for the exclusive benefit of the Members and their successors and assigns. This agreement is expressly not intended for the benefit of any creditor of the Company or any other Person. Except and only to the extent provided by applicable statute, no such creditor or third party has any rights under this agreement or any agreement between the Company and the Members with respect to any contributions or otherwise.

ARTICLE III
MEMBERS

3.1 Members

TTech is admitted as a member of the Company. The Members of the Company are TTech and TGP. As of the Effective Date, all Interests are held by the Members and Company is owned exclusively by the Members pursuant to the terms of this agreement. No Interest in the Company shall be represented by a separate certificate.

3.2 Capital

The Members shall be obligated to contribute capital to the Company in such amounts and at such times as may be determined by the Manager in its sole discretion. For the avoidance of doubt, the Manager is under no obligation to require the Members to contribute capital to the Company, but may do so in its sole discretion. Any capital contributions required shall be funded by the Members in proportion to their respective Percentage Interests.

ARTICLE IV
ALLOCATION OF NET INCOME AND NET LOSS

All items of Net Income or Net Loss will be allocated exclusively to the Members in proportion to their respective Percentage Interests.

ARTICLE V
DISTRIBUTIONS

Net Cash Flow and Company assets in kind will be distributed in such amounts, and at such times as the Manager may in its absolute discretion determine. Any such distribution will be made exclusively to the Members in proportion to their respective Percentage Interests.

ARTICLE VI
MANAGEMENT

6.1 Management Vested in the Manager

As provided and subject to the terms herein, the Manager has the authority to manage the business and affairs of the Company.

6.2 Manager

6.2.1 Appointment of Manager

The Manager shall be TGP.

6.2.2 Term of Manager

The Manager will hold office until such Manager dies, resigns or is otherwise removed pursuant to Section 6.2.3. Any Manager may resign at any time by delivering written notice to the Members. Any such resignation will be effective upon delivery thereof unless the notice of resignation specifies a later effective date. The acceptance of such resignation by the Members will not be necessary to make it effective.

6.2.3 Removal of Manager

A Manager may be removed with or without cause at any time by the unanimous written consent of the Members.

6.2.4 Filling a Vacancy

Any vacancy occurring with respect to the office of the Manager shall be filled by an appointee designated by the unanimous written consent of the Members. The term of any replacement Manager will extend to the remainder of the term of the departed Manager.

6.3 Compensation

Unless approved by the unanimous written consent of the Members, the Manager will not be paid any compensation in connection with their service as a Manager. Notwithstanding the preceding sentence, no Manager is precluded from serving the Company in any other capacity and receiving compensation therefor.

6.4 Authority of the Manager

6.4.1 Authority of the Manager

Except as otherwise provided herein, the Manager is vested with complete management and control of the affairs of the Company, except to the extent that the Manager delegates authority to one or more Officers or other Persons designated by the Manager. Except as otherwise provided herein, the Manager has the power and authority to do all things necessary or proper to carry out the purposes of the Company. All actions taken by the Manager will be subject to the terms of this agreement. In its capacity as Manager, the Manager is specifically authorized to execute authorized instruments, documents, agreements, contracts and other undertakings on behalf and in the name of the Company, and parties dealing with the Company are entitled to rely on the authority of the Manager to execute such documents on behalf of the Company. In addition, the Manager may delegate to one or more Persons the authority to execute authorized instruments, documents, agreements, contracts and other undertakings on behalf and in the name of the Company.

6.4.2 Limitation on Authority of the Manager

The Manager, without the unanimous written consent of the Members, has no authority to:

(a) cause the issuance or sale of any additional Interests in the Company;

(b) amend this agreement;

(c) effect a merger of the Company or the sale, lease, exchange or other disposition of all, or substantially all, the Company's property, or any other similar business combination pursuant to which any Interest of the Company is converted into or exchanged for cash, securities or other property of an acquiring entity or any of its affiliates;

(d) cause the Company to acquire any business by sale, lease, assignment or other transfer or conveyance of assets, property or securities or by merger or other form of business combination or otherwise, or make any agreement or become obligated to do so;

(e) do any act that would contravene this agreement;

(f) do any act that would make it impossible to carry on the ordinary business of the Company; or

(g) possess Company property, or assign rights in Company property, for other than a Company purpose.

6.5 Obligations of Manager

The Manager is to devote such business time to the Company as may be reasonably necessary to manage the affairs and activities of the Company.

6.6 Payment and Reimbursement of Expenses

The Company will reimburse the Manager and the Members for all reasonable expenses incurred by them on behalf of the Company.

ARTICLE VII
OFFICERS

7.1 Authority to Delegate to Officers

The Manager has the power and authority to appoint Officers of the Company. Officers have such authority, perform such duties and hold office for such period as may be prescribed by the Manager. The Manager may delegate to any Officer the power to appoint any subordinate Officers and to prescribe their respective terms of office, authority and duties. Any two or more offices may be held by the same Person. Unless an Officer dies, resigns or is removed from office, he or she will hold office until his or her successor is appointed.

7.2 Resignation or Removal

Any Officer of the Company may resign from such position by delivering written notice of the resignation to the Manager. Any Officer may be removed by the Manager, with or without cause, upon receiving written notice from the Manager. Election or appointment of an Officer will not of itself create any contractual right to continued employment, compensation or other benefit from the Company. Vacancies in any office caused by any reason may be filled by the Manager by selecting an individual to act during the unexpired term.

7.3 Salaries

The compensation of any Officers, agents or other employees of the Company is to be fixed by the Manager, and may be changed from time to time by the Manager.

7.4 Signing Authority

The Manager may authorize any Officer or Officers, or agent or agents, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Company. Such authority may be general or confined to specific instances. All checks, drafts or other orders for the payment of money, notes or other evidences of indebtedness issued in the name of the Company may be signed by such Officer or Officers, or agent or agents, of the Company as is from time to time determined by the Manager and in such manner as is from time to time determined by the Manager.

7.5 Appointment of Officers

As of the Effective Date, the Officers of the Company are as follows:

- Jay White, President;
- Mikhail Kryukov, Vice President
- Matthew Howald, Vice President and Treasurer

- John R. Deren, Vice President; and
- Daniel V. Logue, Secretary.

ARTICLE VIII
INDEMNIFICATION

8.1 Limitation on Liability

No Member, Manager or Officer, or employee, shareholder, member, partner, delegate or agent thereof, will be liable, responsible or accountable in damages or otherwise to the Company or the Members for any act or omission by any such Person if such Person acted in good faith and in a manner in which he, she or it believed to be in the best interests of the Company unless such conduct constitutes fraud, gross negligence, willful misconduct or a material breach of this agreement.

8.2 Indemnification

To the fullest extent not prohibited by law, the Company will indemnify and hold harmless the Members, each Manager and each Officer, and each employee, shareholder, member, partner, delegate or agent thereof, from and against any and all losses, claims, demands, costs, damages, liabilities (joint and several), expenses of any nature (including without limitation attorneys' fees and disbursements), judgments, fines, settlements and other amounts arising from any and all claims, demands, actions, suits or proceedings, civil, criminal, administrative or investigative, in which such Person may be involved or threatened to be involved, as a party or otherwise, arising out of or incidental to any business of the Company transacted or occurring while such Person was a member, Manager or Officer, or employee, shareholder, member, partner, delegate or agent thereof, regardless of whether such Person continues in such capacity at the time any such liability or expense is paid or incurred, except for fraud, gross negligence, willful misconduct or bad faith on the part of such Person. The indemnification provided by this Section 8.2 will be in addition to any other rights to which those indemnified may be entitled under any agreement, as a matter of law or equity, or otherwise, and will continue as to a Person who has ceased to serve in their capacity, and will inure to the benefit of the heirs, successors, assigns and administrators of the Person so indemnified. With respect to the satisfaction of any indemnification of the above-mentioned Persons, only assets of the Company will be available therefor and the Members will not have any personal liability therefor. Any indemnification required hereunder to be made by the Company will be made promptly after the liability, loss, damage, cost or expense is incurred or suffered. The Manager may establish reasonable procedures for the submission of claims for indemnification pursuant to this Section 8.2, determination of the entitlement of any Person thereto and review of any such determination.

8.3 Advancement of Expenses

The right to indemnification conferred in this Article VIII includes the right to be paid by the Company the expenses incurred in defending any proceeding in advance of its final disposition. An advancement of expenses must be made upon delivery to the Company of an undertaking, by or on behalf of such indemnitee, to repay all amounts so advanced if it is ultimately determined by final judicial decision from which there is no further right to appeal that such indemnitee is not entitled to be indemnified for such expenses under this Section 8.3.

ARTICLE IX
DISSOLUTION AND TERMINATION

9.1 Events of Dissolution

(a) The Company may be dissolved on a date designated by the Manager.

(b) Subject to the foregoing, the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event that terminates the continued membership of a Member will not cause the Company to be dissolved or its affairs to be wound up, and upon the occurrence of any such event, the limited liability company will be continued without dissolution.

9.2 Effectiveness of Dissolution

Dissolution of the Company will be effective on the date on which the event occurs giving rise to the dissolution, but the Company may not terminate until the assets of the Company have been distributed as provided herein. Notwithstanding the dissolution of the Company, prior to the termination of the Company, as aforesaid, the business of the Company and the affairs of the Members, as such, will continue to be governed by this agreement. Upon dissolution, the Manager must cause the assets of the Company to be liquidated and must cause the proceeds thereof to be applied and distributed as contemplated by this agreement.

9.3 Distributions Upon Liquidation

Distributions upon liquidation of the Company, after payment to all creditors, are to be made to the Members in proportion to their respective Percentage Interests.

ARTICLE X
BOOKS, RECORDS AND BANK ACCOUNTS

10.1 Books and Records

(a) The books and records of the Company will be maintained at the principal office of the Company.

(b) The Company will maintain with its books and records the following: (1) a current list of the full name and last known address of the Members; (2) a copy of the Certificate, and all certificates of amendment thereto; (3) copies of the Company's federal, state and local tax returns and reports, if any, for the three most recent fiscal years; (4) copies of this agreement and any amendments thereto; and (5) copies of all financial statements for the Company for the three most recent fiscal years.

10.2 Bank Accounts

The Manager is responsible for causing one or more accounts to be maintained in a bank (or banks), as necessary, which accounts are to be used for the payment of expenditures incurred in connection with the business of the Company, and in which are to be deposited any and all cash receipts. All such amounts are to be received, held and disbursed by the Company for the purposes specified in this agreement. There may not be deposited in any of such accounts any funds other than funds belonging to the Company, and no other funds will in any way be commingled with such funds.

ARTICLE XI
MISCELLANEOUS

11.1 Successors and Assigns

This agreement, and each and every provision hereof, will be binding on and will inure to the benefit of the Members, their respective successors, heirs, successors in title and assigns, and each and every successor in interest to any Member, whether such successor acquires an Interest by way of gift, purchase, foreclosure or by any other method, will hold such Interest subject to all the terms and provisions of this agreement.

11.2 Amendment of Agreement

Except as otherwise provided herein, this agreement may be amended only upon the unanimous written consent of the Members.

11.3 Captions

Titles or captions of articles or sections contained in this agreement are inserted only as a matter of convenience and for reference, and in no way define, limit, extend or describe the scope of this agreement or the intent of any provisions hereof.

11.4 Applicable Law

This agreement and the rights and obligations of the parties hereunder are to be governed by and interpreted, construed and enforced in accordance with the laws of the State of Delaware (regardless of the choice of law principles of the State of Delaware or of any other jurisdiction).

11.5 Severability

If any provision of this agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired or invalidated.

[*signature page follows*]

DocuSign Envelope ID: D39330A5-CF81-4EAB-A6EB-AA5B4003C190

The Members have executed this Third Amended and Restated Limited Liability Company Agreement as of the Effective Date.

MEMBERS:

TELEFLEX TECHNOLOGIES LLC

DocuSigned by:
Matt Howald
74CDEFA2F47641C...

By: Matthew Howald
Its: Manager

TELEFLEX GENERAL PARTNER LLC

DocuSigned by:
Matt Howald
74CDEFA2F47641C...

By: Matthew Howald
Its: Manager

EXHIBIT A

DEFINITIONS

Capitalized terms used in this agreement have the following meanings:

"***Act***" means the Delaware Limited Liability Company Act, as amended from time to time.

"***Assignment***" has the meaning given in Recital F of this agreement.

"***Certificate***" has the meaning given in Recital A of this agreement.

"***Company***" has the meaning given in Recital A of this agreement.

"***Effective Date***" has the meaning given in the opening paragraph of this agreement.

"***Initial Member***" has the meaning given in Recital B of this agreement.

"***Interest***" means the entire ownership interest of a Member in the Company at any particular time, including without limitation the right of such Member to any and all benefits to which such Member may be entitled as provided in this agreement, together with the obligations of such Member to comply with all the terms and provisions of this agreement.

"***Manager***" means the Person designated or appointed to manage and operate the affairs of the Company pursuant to Article VI.

"***Members***" means TTech, TGP and any other Person that may be admitted as a member of the Company subsequent to the Effective Date, in each case in their capacity as a member of the Company and for so long as they remain a member of the Company.

"***Net Cash Flow***" means, for each fiscal year or other period, the gross cash proceeds received by the Company for such year or period, less cash expenditures of the Company for such year or period, less reserves for future Company expenditures as determined by the Manager.

"***Net Income***" and "***Net Loss***" mean, for each fiscal year or other period, an amount equal to the Company's realized and unrealized net income or net loss for such fiscal year or other period.

"***Officer***" means a Person designated or appointed as an officer of the Company pursuant to Article VII.

"***Percentage Interest***" means, unless otherwise determined by the unanimous written consent of the Members: (i) 0.001% for TGP and (ii) 99.999% for TTech.

"***Person***" means any individual, corporation, partnership, trust, limited liability company or other entity.

"***Prior Agreement***" has the meaning given in Recital E of this agreement.

"***TGP***" has the meaning given in Recital C of this agreement.

"***TLS***" has the meaning given in Recital C of this agreement.

"***TLS Acquisition***" has the meaning given in Recital B of this agreement.

"***TMD***" has the meaning given in Recital D of this agreement.

"***TTech***" has the meaning given in Recital F of this agreement.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "TELEFLEX TECHNOLOGIES LLC", CHANGING ITS NAME FROM "TELEFLEX TECHNOLOGIES LLC" TO "TELEFLEX LIFE SCIENCES II LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF DECEMBER, A.D. 2023, AT 4:12 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

2773772 8100
SR# 20234274519

Authentication: 204858632
Date: 12-19-23

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

DocuSign Envelope ID: A949EAA0-FD8F-4A4F-9306-111D729A822D

CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF FORMATION
OF
TELEFLEX TECHNOLOGIES LLC

In accordance with the provisions of Section 18-202 of the Limited Liability Company Act of the State of Delaware, the Certificate of Formation of Teleflex Technologies LLC (the "***Company***") is hereby amended as follows:

1. The name of the Company is hereby changed from:

Teleflex Technologies LLC

to

Teleflex Life Sciences II LLC

2. Except as specifically set forth above, the Certificate of Formation of the Company is unchanged hereby.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on the 19th day of December, 2023.

TELEFLEX TECHNOLOGIES LLC

DocuSigned by:
Matt Howald
7ACDEFA2F47641C...

Matthew Howald
Authorized Signatory

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:12 PM 12/19/2023
FILED 04:12 PM 12/19/2023
SR 20234274519 - File Number 2773772

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"TELEFLEX GENERAL PARTNER LLC", A DELAWARE LIMITED LIABILITY COMPANY,

WITH AND INTO "TELEFLEX TECHNOLOGIES LLC" UNDER THE NAME OF "TELEFLEX TECHNOLOGIES LLC", A LIMITED LIABILITY COMPANY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2023, AT 4:43 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

2773772 8100M
SR# 20234260099

Authentication: 204846603
Date: 12-18-23

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:43 PM 12/18/2023
FILED 04:43 PM 12/18/2023
SR 20234260099 - File Number 2773772

CERTIFICATE OF MERGER

MERGING

TELEFLEX GENERAL PARTNER LLC
(a Delaware limited liability company)

into

TELEFLEX TECHNOLOGIES LLC
(a Delaware limited liability company)

Pursuant to Title 6, Section 18-209 of the Delaware Limited Liability Company Act (the "***DLLCA***"), the undersigned limited liability company executed the following Certificate of Merger:

FIRST: The name of the surviving limited liability company is Teleflex Technologies LLC, a Delaware limited liability company, and the name of the limited liability company being merged into this surviving limited liability company is Teleflex General Partner LLC, a Delaware limited liability company.

SECOND: The Agreement and Plan of Merger has been approved, adopted, certified, executed and acknowledged by the surviving limited liability company and the merging limited liability company.

THIRD: Teleflex Technologies LLC will continue its existence as the surviving limited liability company pursuant to the provisions of the DLLCA.

FOURTH: The certificate of formation of Teleflex Technologies LLC shall be the certificate of formation of the surviving limited liability company.

FIFTH: The Agreement and Plan of Merger is on file at 2751 Centerville Road, Suite 3150, Wilmington, Delaware 19808, the place of business of the surviving limited liability company.

SIXTH: A copy of the Agreement and Plan of Merger will be furnished by the surviving limited liability company on request and without cost to any member of any constituent limited liability company.

SEVENTH: That this Certificate of Merger shall become effective upon filing with the Delaware Secretary of State.

[Signature Page Follows.]

IN WITNESS WHEREOF, the undersigned limited liability company has caused this certificate to be signed by an authorized officer, and has executed and acknowledged this Certificate of Merger on December 18, 2023.

TELEFLEX TECHNOLOGIES LLC

DocuSigned by:

By: Matt Howald

74CDEFA2F47841C...

Name: Matthew Howald

Title: Vice President and Treasurer

4P

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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)

Section 1: General Information

Facility Name: Top Rx, LLC

Physical Address: 3893 Courtney Street

City: Bethlehem State: PA Zip: 18017

Mailing Address (if different from physical address): same as physical address

City: _____ State: _____ Zip: _____

Telephone: 901-441-5059 Website: www.toprx.com

Name of Designated Representative (DR): Jeffrey Kirkland

Licensing Company Email: compliance.toprxllc@gmail.com DR Email: j.kirkland@toprx.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Third-Party Logistic Provider

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)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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 # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
June 27, 2023	July 26, 2023	AK		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2023-000288	Alaska Board of Pharmacy

Reason/Charge
Failure to notify the board not later than 10 days after that designation of a new facility manager.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Top Rx, LLC	IMPOSITION OF CIVIL FINE and ORDER.

Name of Business/Industry/Entity
Top Rx, LLC/Wholesale Drug Distributor/2950 Brother Blvd, Bartlett, TN 38133

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

3/7/24
Date

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING
Anchorage Office

550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8160
Toll free fax: 907.269.8156

CERTIFIED# 7019 0140 0001 0060 8896
RETURN RECEIPT REQUESTED

August 24, 2023

Top Rx, LLC
Attn: John Richardson, Director of Compliance
[redacted]

RE: Case No. 2023-000288

Mr. Richardson:

This letter shall serve as formal notice to you that the Alaska Board of Pharmacy, during its August 10, 2023 meeting, adopted the Imposition of Civil Fine, presented to the Board by members of the staff from the Division of Corporations, Business and Professional Licensing. A copy of the Imposition of Civil Fine and Order, as adopted, is enclosed.

Please be advised that you were under official investigation by the Alaska Board and this subsequent disciplinary action is reportable to the necessary entities as required by law. You may be required to report this license action and to disclose it when applying for licensure in other states. Should you have any questions regarding this matter, please do not hesitate to contact me at the address and telephone number listed above.

Sincerely,

DocuSigned by:
Erika Prieksat
34F98CE5F1DF46C...

Erika Prieksat,
Chief Investigator

cc: Office of Administrative Hearings
Sylvan Robb, Director CBPL
Glenn Saviers, CBPL Deputy Director
Michael Bowles, Executive Administrator
William "Billy" Homestead, Senior Investigator
Holly Handley, Investigator
Marilyn Zimmerman, Paralegal II
Julienne Kim, Paralegal II
Litigation File 2023-000288 (Original)

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

IMPOSITION OF CIVIL FINE
Case # 2023-000288

I, John Richardson, as an agent for Top Rx, LLC admit and agree the Alaska Board of Pharmacy (Board) has jurisdiction over the subject matter of Out-of-State Wholesale Drug Distributor License No. 191040, and over this Imposition of Civil Fine.

1. On October 02, 2022, we appointed a new Facility Manager in reference to License #191040.
2. On February 06, 2023, the Board received our Change of Facility Manager/ Pharmacist-in-Charge form with the new Facility Manager notification; 131 days after the Facility Manager change occurred.
3. This is a violation of **12 AAC 52.635(a)**.

We admit that as a result of these facts, grounds exist for possible denial of licensure or other disciplinary sanctions of my license pursuant to AS 08.01.75 and 12 AAC 52.635(a). We are agreeing to this Imposition of a Civil Fine of three hundred dollars ($300) in cash, certified check, ~~or money order payable to the "State of Alaska"~~ within ninety (90) days after this Imposition of Civil Fine is accepted by the Board.

We have the right to consult with an attorney, and a right to an administrative hearing on the facts in this case. We understand and agree by voluntarily signing this Imposition of Civil Fine, we are waiving our rights to counsel and to a hearing on this matter.

Agent for Top RX, LLC. (Signature) — Date: 7/26/23

SUBSCRIBED AND SWORN TO before me this 26th day of July, 2023, at BARTLETT, ~~Alaska.~~ TENNESSEE

SEAL

Notary Public in and for ~~Alaska.~~ TENNESSEE

BH
BH

NOAH H. GRAY
Notary Printed Name
My commission expires: 12-2-2025

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

FORM REVISED 3/01/2015

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

In the Matter of:)
)
Top RX, LLC.)
)
Respondent)
Case No. 2023-000288

ORDER

The Alaska Board of Pharmacy (Board), having examined the Imposition of Civil Fine, Case No. 2023-000288, regarding License No. #191040, for failure to timely notify the Board of a Facility Manager change, hereby adopts the Imposition of Civil Fine.

The Board has determined this is a technical violation of professional licensing statutes and regulations, therefore this matter can be resolved with a civil fine.

This Imposition of Civil Fine takes effect immediately upon signature of this Order in accordance with the approval of the Board.

DATED this 10th day of August, 2023, at Anchorage, Alaska.

ALASKA BOARD OF PHARMACY

By: Ashley Lekaber
Board Chair

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

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: _____

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 or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Top Rx Intermediate LLC

Corporation/Organization Name: Top Rx, LLC

Mailing Address: 3893 Courtney Street

City: Bethlehem State: PA Zip: 18017

Telephone: 901-441-5059 Email: compliance.toprxllc@gmail.com

Contact Person Name: Scott Franklin

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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Top Rx LLC

Facility Name

Scott Franklin

Print Name of Authorized Person Submitting Application

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

3/7/24

Date

Board Use Only	Date Received: 4/1/24	Amount: $1000-CC

NABP ACCREDITED
DRUG DISTRIBUTOR

Top Rx, LLC

located at

3893 Courtney Street, Ste 2, Bethlehem, PA 18017

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

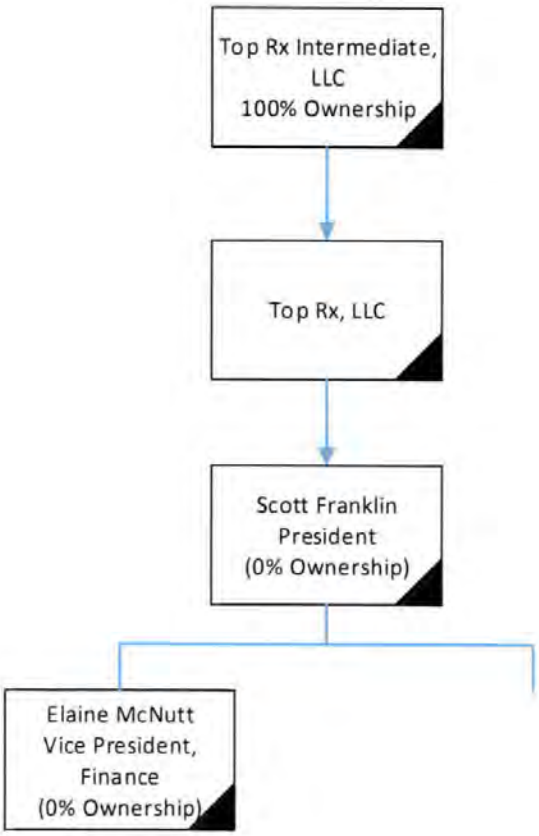
Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

10/18/2023 to 10/17/2026

Period of Accreditation

0639

Top Rx, LLC
Ownership Organizational Chart



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOP RX, 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 APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOP RX, LLC" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 2014.

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

Jeffrey W. Bullock, Secretary of State

5649353 8300

SR# 20240771485

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

Authentication: 203230287

Date: 04-11-24

Certificate of Licensure

Certificate No. 8000003139
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration
2525 North 7th Street
SUITE 210D
HARRISBURG, PA 17110
(717) 787-4779

TOP RX, LLC
3893 COURTNEY STREET
SUITE 2
BETHLEHEM, PA 18017

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: June 09, 2023
Expiration Date: The Last Day of June, 2024

pennsylvania
DEPARTMENT OF HEALTH

Jeanne Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Certificate of Registration

Certificate No. 3000010489
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
2525 North 7th Street
SUITE 210D
HARRISBURG, PA 17110
(717) 787-4779

Category:

Distributor (Prescription)
Distributor (Non-Prescription)

TOP RX, LLC
3893 COURTNEY STREET
SUITE 2
BETHLEHEM, PA 18017

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: June 09, 2023
Expiration Date: The Last Day of June, 2024

Jeanne Parisi
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RT0661416	11-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	09-27-2023

TOP RX, LLC
3893 COURTNEY ST
SUITE 2
BETHLEHEM, PA 18017

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
RT0661416	11-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	09-27-2023

TOP RX, LLC
3893 COURTNEY ST
SUITE 2
BETHLEHEM, PA 18017

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
RT0661416	11-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	09-27-2023

TOP RX, LLC
3893 COURTNEY ST
SUITE 2
BETHLEHEM, PA 18017

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
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-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

IAT INSURANCE GROUP Surety

HARCO NATIONAL INSURANCE COMPANY

BOND RIDER

To be attached to and form a part of Bond No 0786828

Dated The 31st Day of January 2024 By and Between:

Top Rx, LLC , as Principal, and

Harco National Insurance Company as Surety, in favor of

Nevada State Board of Pharmacy , as Obligee.

It is understood and agreed that the bond is changed or revised in the particulars checked below:

☐ Name of Principal changed to:

☐ Amount of Bond changed from
to

☑ Other Add Facility: Top Rx, LLC
3893 Courtney Street Bethlehem, PA 18071

Said bond shall be subject to all its terms, conditions and limitations, except as herein expressly modified. This bond Rider shall become effective as of January 31, 2024

IN WITNESS WHEREOF, has caused its corporate seal to be hereunto affixed this 8th day of February, 2024.

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Principal: Top Rx, LLC
By:

Harco National Insurance Company
By: Terrie L Conard
Terrie L. Conard Attorney-in-Fact

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. 0786828

Application/License No. WH00698

TopRx, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2950 Brother Boulevard, Suite 102, Bartlett, TN 38133 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 550 Kirkland Way, Suite 400, Kirkland, WA 98033 (Address of Surety) as 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 11/01/2020 (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.

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 11th day of September, 2020.

APPLICANT/PRINCIPAL
TopRx, LLC

Authorized Representative

SURETY COMPANY
Harco National Insurance Company

Surety Company's Representative

Erica E. Mosley, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Amelia Burrill

Witness Holli Albers

Countersigned by: Brent Heilesen

Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0786828

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

KYLE JOSEPH HOWAT, CHRISTOPHER KINYON, JAMIE L. MARQUES, CARLEY ESPIRITU, ALICEON A. KELTNER, ANNELIES M. RICHIE, JACOBB HADDOCK, ERICA E. MOSLEY, HEATHER L. ALLEN, DIANE M. HARDING, HOLLI ALBERS, KAREN C. SWANSON, JAMES B. BINDER, ERIC A. ZIMMERMAN, CYNTHIA L. JAY, BRENT E. HEILESEN, BRANDON K. BUSH

Tacoma, WA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto, and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC NEW JERSEY My Comm. Exp. 04-04-2023 No. 50079910

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 21, 2020

A01111

0649

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Top Rx, LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 3893 Courtney Street Suite 2

City: Bethlehem State: PA Zip: 18017

Mailing Address (if different from physical address): same as physical address

City: State: Zip:

Telephone: 901-441-5059 Website: www.toprx.com

Licensing Company Email: compliance.toprxllc@gmail.com

Section 2: Personal Information

First: Jeffrey Middle: Brian Last: Kirkland

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Bath State: PA Zip: 18014

Telephone: [redacted] Email: j.richardson@toprx.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		From - To (MM/YY – MM/YY)	
Plymouth Whitemarsh High School		1988-1992	
Address	**City**	**State**	**Zip**
201 E Germantown Pike	Plymouth Meeting	PA	19462
Diploma/Degree obtained, if any			
Local High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Winthrop University		1994-1999	
Address	**City**	**State**	**Zip**
701 Oakland Ave	Rock Hill	SC	
Diploma/Degree obtained, if any			
Bachelor of Arts, Political Science			

School Name		From - To (MM/YY – MM/YY)	
Villanova University		2015-2015	
Address	**City**	**State**	**Zip**
800 Lancaster Ave	Villanova	PA	19085
Diploma/Degree obtained, if any			
Six Sigma Black Belt			

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
07/2023-Present	[redacted]	Bath	PA	18014
03/12-07/23		Glenside	PA	19038

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			From - To (MM/YY – MM/YY)
Top Rx, LLC			March 2023 - Present
Business Address	**City**	**State**	**Zip**
3893 Courtney Street	Bethlehem	PA	18017
Phone	**Title**		**Number of Employed Hours**
901-441-5059	Distribution Center Manager		50 per week

Description of Duties
- Built out DC warehouse from empty shell to include free standing cooler, cage and vault, and started picking within four months while passing PA Board of Pharmacy, DEA, and NABP audits.
- Manage all aspects of companies' first remote DC from hiring, training, to security and maintaining of a safe and secure environment for personnel and product.
- Designated Representative for TopRx, thus permitting 3PL business.

Business Name			From - To (MM/YY – MM/YY)
Marken LLC, a UPS Company			Sept 2019 –March 2023
Business Address	**City**	**State**	**Zip**
25 Bridgewater	Aston	PA	19014
Phone	**Title**		**Number of Employed Hours**
484-754-7500	Site Manager		40 per week

Description of Duties
- Responsible for the day-to-day operations, setup and implementation of national/global projects by ensuring systems capacity are sufficient to meet business requirements and maintaining growth.
- Managed a team of Operations Associates and 10KSqFt cGMP facility according to Marken Quality and Global Standard SOPs, while focusing on operational excellence and controlling QA matters and CAPAs.
- Ensured adherence to all warehousing, handling and shipping legislation requirements including TSA, Homeland Security, FDA, etc.
- Drove the development and monitoring of KPIs, analysis of repetitive operational problems and development of successful processes.
- Developed high standards of health, safety, hygiene and security in accordance to company policy and applicable regulatory requirements

Business Name			From - To (MM/YY – MM/YY)
Johnson & Johnson, Consumer Inc.			Oct 2004 – Sept 2019
Business Address	**City**	**State**	**Zip**
7050 Camphill Rd	Fort Washington	PA	19034
Phone	**Title**		**Number of Employed Hours**
732-524-2455	Operations Manager		40 per week

Description of Duties
- Lead OTC Allocation Process, managing PSE Process and communication to Sales Field at OTC/Michel
- Voice of the customer for internal business partners and managed Military allocation process
- Increased allocation consumption above 95% by driving communication to sales field ensuring transparency, constructive conversations and Promises Kept which has led to achieving top 5 performance in the Advantage Survey
- Facilitate internal collaboration across the enterprise, leveraging a broad range of perspectives to create effective solutions
- Partner with Regulatory to determine customer's monthly PSE allocations, ensuring customers have acceptable RIS levels within regulatory parameters
- Drove improvement for the Military Allocation Process guaranteeing proper amounts are allocated when applicable through trainings and communication

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 # 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:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I, Jeffrey Kirkland, **certify that as the designated representative for**

Top Rx, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

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.

Jeffrey Kirkland

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/12/24

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.

Jeffrey Kirkland

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date 3/19/24

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

State of Pennsylvania, ss. County of Northampton

I, Jeffrey Kirkland, 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 3/19/24

Subscribed and Sworn to before me this 19 day of March 2024

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Jennifer Quinde, Notary Public
Lehigh County
My commission expires May 3, 2027
Commission number 1351892
Member, Pennsylvania Association of Notaries

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Top Rx, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 3893 Courtney Street, Suite 2

City: Bethlehem State: PA Zip: 18017

Mailing Address (if different from physical address): same as physical address

City: State: Zip:

Telephone: 901-441-5059 Website: www.toprx.com

Licensing Company Email: compliance.toprxllc@gmail.com

Section 2: Personal Information

First: Jeffrey Middle: Brian Last: Kirkland

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Bath State: PA Zip: 18014

Telephone: [redacted] Email: j.richardson@toprx.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		From - To (MM/YY – MM/YY)	
Plymouth Whitemarsh High School		1988-1992	
Address	**City**	**State**	**Zip**
201 E Germantown Pike	Plymouth Meeting	PA	19462
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Winthrop University		1994-1999	
Address	**City**	**State**	**Zip**
701 Oakland Ave	Rock Hill	SC	29733
Diploma/Degree obtained, if any			
Bachelor of Arts, Political Science			
School Name		**From - To (MM/YY – MM/YY)**	
Villanova University			
Address	**City**	**State**	**Zip**
800 Lancaster Ave	Villanova	PA	19085
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
07/2023-Present	[redacted]	Bath	PA	18014
03/2012-07/2023	[redacted]	Glenside	PA	19038
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
Top Rx, LLC			March 2023 – Present
Business Address	**City**	**State**	**Zip**
3893 Courtney Street	Bethlehem	PA	18017
Phone	**Title**		
901-441-5059	Distribution Center Manager		

Description of Duties
- Built out DC warehouse from empty shell to include free standing cooler, cage and vault, and started picking within four months while passing PA Board of Pharmacy, DEA, and NABP audits.
- Manage all aspects of companies' first remote DC from hiring, training, to security and maintaining of a safe and secure environment for personnel and product
- Designated Representative for TopRx, thus permitting 3PL business.

Business Name			From - To (MM/YY – MM/YY)
Marken LLC, a UPS Company			Sept 2019 –March 2023
Business Address	**City**	**State**	**Zip**
25 Bridgewater	Aston	PA	19014
Phone	**Title**		
484-754-7500	Site Manager		

Description of Duties
- Responsible for the day-to-day operations, setup and implementation of national/global projects by ensuring systems capacity are sufficient to meet business requirements and maintaining growth.
- Managed a team of Operations Associates and 10KSqFt cGMP facility according to Marken Quality and Global Standard SOPs, while focusing on operational excellence and controlling QA matters and CAPAs.
- Ensured adherence to all warehousing, handling and shipping legislation requirements including TSA, Homeland Security, FDA, etc.
- Drove the development and monitoring of KPIs, analysis of repetitive operational problems and development of successful processes.
- Developed high standards of health, safety, hygiene and security in accordance to company policy and applicable regulatory requirements

Business Name			From - To (MM/YY – MM/YY)
Johnson & Johnson, Consumer Inc.			Oct 2004 – Sept 2019
Business Address	**City**	**State**	**Zip**
7050 Camphill Rd	Fort Washington	PA	19034
Phone	**Title**		
732-524-2455	Operations Manager		

Description of Duties
- Lead OTC Allocation Process, managing PSE Process, and communication to Sales Field at OTC/McNeil
- Voice of the customer for internal business partners and managed Military allocation process
- Increased allocation consumption above 95% by driving communication to sales field ensuring transparency, constructive conversations and Promises Kept, which has led to achieving top 5 performance in the Advantage Survey.
- Facilitate internal collaboration across the enterprise, leveraging a broad range of perspectives to create effective solutions
- Partner with Regulatory to determine customer's monthly PSE allocations, ensuring customers have acceptable RIS levels within regulatory parameters
- Drove improvement for the Military Allocation Process guaranteeing proper amounts are allocated when applicable through trainings and communication

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			

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 # 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) 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.

Jeffrey Kirkland

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/19/24

Date

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

State of Pennsylvania, ss. County of Northampton

I, Jeffrey Kirkland, 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

3/19/24

Date

Subscribed and Sworn to before me this 19 day of March 2024

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Jennifer Quinde, Notary Public
Lehigh County
My commission expires May 3, 2027
Commission number 1351892
Member, Pennsylvania Association of Notaries

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Top Rx, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 3893 Courtney Street, suite 2

City: Bethlehem State: PA Zip: 18017

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 901-441-5059 Website: www.toprx.com

Licensing Company Email: compliance.toprxllc@gmail.com

Section 2: Personal Information

First: Norma Middle: Elaine Last: McNutt

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Memphis State: TN Zip: 38103

Telephon: [redacted] Email: e.mcnutt@toprx.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		From - To (MM/YY – MM/YY)	
University of Phoenix		Sept 2009	
Address	**City**	**State**	**Zip**
3641 Central Ave	Memphis	TN	38111
Diploma/Degree obtained, if any			
Bachelor of Science, Business Management			

School Name		From - To (MM/YY – MM/YY)	
Southwest Tennessee Community College		May 1978	
Address	**City**	**State**	**Zip**
737 Union Ave	Memphis	TN	36103
Diploma/Degree obtained, if any			
Associate of Science Degree, Accounting/Associates of Science Degree, Data Processing Technology			

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
5/09 -present	[redacted]	Memphis	TN	38103
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
Top Rx, LLC			2005-present	
Business Address		**City**	**State**	**Zip**
3893 Courtney Street		Bethlehem	PA	18017
Phone	**Title**			
901-373-9314	VP of Finance			

Description of Duties

Responsible for all financial, accounting, and payroll operations. Manage trade accounts receivable of $20MM and monitor $75MM product cost rebate income program. Executive Management Team, Plan Administrator

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.

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.

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:

N/A

Norma Elaine McNutt
Original Signature (electronic, copies or stamps not accepted)

3/7/2024
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.

Norma McNutt

Print Name (First, Last)

Norma McNutt — 3/7/2024

Original Signature (electronic, copies or stamps not accepted) — Date

---

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

State of TENNESSEE, ss. County of SHELBY

I, Norma McNutt, 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.

Norma McNutt — 3/7/2024

Original Signature — **Date**

Subscribed and Sworn to before me this 7TH day of MARCH 2024

Noah H Gray

Notary Public Signature

NOAH H. GRAY
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY
MY COMMISSION EXPIRES 12-2-2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Top Rx, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 3893 Courtney Street, Suite 2

City: Bethlehem State: PA Zip: 18017

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 901-441-5059 Website: www.toprx.com

Licensing Company Email: compliance.toprxllc@gmail.com

Section 2: Personal Information

First: William Middle: Scott Last: Franklin

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Germantown State: TN Zip: 38139

Telephone: [redacted] Email: s.franklin@toprx.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		From - To (MM/YY – MM/YY)	
Rhodes College		1990-1994	
Address	**City**	**State**	**Zip**
2000 North Parkway	Memphis	TN	38112
Diploma/Degree obtained, if any			
Bachelor of Arts Biology, Minor in Psychology			

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
10/08 -present	[redacted]	Germantown	TN	38139
From - To (MM/YY – MM/YY)	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: Top Rx, LLC			From - To (MM/YY – MM/YY): 1998-present
Business Address: 3893 Courtney Street	City: Bethlehem	State: PA	Zip: 18017
Phone: 901-441-5059	Title: President		
Description of Duties: Pharmaceutical distribution			

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.

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.

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:

N/A

Original Signature (electronic, copies or stamps not accepted)

3/7/24
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.

William Scott Franklin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/7/24

Date

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

State of TENNESSEE, ss. County of SHELBY

I, William Scott Franklin, 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

3/7/24

Date

Subscribed and Sworn to before me this 7TH day of MARCH 2024

Notary Public Signature

NOAH H. GRAY
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY
MY COMMISSION EXPIRES 12-2-2025

(Seal)

WSF

TopRx

List of employees for the Storage and Handling of the Prescription Drugs.

Jeffrey Kirkland [redacted]

Andrew Powell-

John Richardso

H114-257 (rev. 01/19)

Commonwealth of Pennsylvania
Department of Health (DOH)
(717) 787-4779 FAX (717) 787-3188

Drug, Device, & Cosmetic Program
555 Walnut St, 7th Floor, Suite 701
Harrisburg, PA. 17101

DRUG, DEVICE, & COSMETIC COMPLIANCE INSPECTION REPORT

FIRM NAME: Top Rx, LLC	DATE: 6/6/2023	PA DOH REGISTRATION: Pending	EXP. DATE
ADDRESS: 3893 Courtney Street Suite 2	CHANGE ☐	PA DOH LICENSE: Pending	EXP. DATE
CITY: Bethlehem ZIP CODE: PA 18017	COUNTY: Northampton	FDA REGISTRATION: N/A	EXP. DATE
OWNER/PARENT (if different than above)	LEAD PERSON INTERVIEWED: Jeffrey Kirkland	DEA REGISTRATION: Pending	EXP. DATE
PHONE: 344-334-9465	TITLE: Distribution MGR	PA L&I LICENSE: N/A	EXP. DATE
HOURS OF OPERATION: 6AM-11PM M-F	ID OF PERSON INTERVIEWED: PA 23376557	PA DOS LICENSE: N/A	EXP. DATE
TOTAL EMPLOYEES/ FACILITYSIZE: 40-50	INSPECTOR NAME: T. Ritchie	OTHER REGISTRATION	EXP. DATE

Initial Inspection	X	Type of Action/Pursuant to:	X
Investigation/Compliance		Initial	Controlled Substance, Drug, Device, & Cosmetic Act, Act 64 of 1972
Follow-up			Wholesale Prescription Drug Distributors License Act, Act 145 of 1992
Disaster			Noncontrolled Substance Registration & Reporting Act
			Other

	TYPE of FIRM		PRODUCTS		SUBTYPE
	Manufacturer-Drugs	X	Prescription Drugs (RX)		DME
	Manufacturer-Devices	X	Controlled Substances		Diagnostics
	Manufacturer-Cosmetics	X	List I Chemicals		Optical
	Transfiller-Medical Gases	X	OTC Drugs/Medicinals		Dental
	Relabeler/Repackager		Cosmetics/Cosmeceuticals		Orthotics
X	Distributor-Drugs		Veterinary-Prescription		Prosthetics
	Distributor-Medical Gases		Veterinary- OTC		Implants
X	Distributor-Devices		Medical Gases		Assisted Hearing Devices
	Distributor-Cosmetics	X	RX Devices		Reprocessor/Reuser
	Retailer-Medical Gases	X	OTC Devices		Delivery Systems
	Retailer-Drugs, Medicinals,	X	Biologics/Blood Products		Radiation Emitting Device
	Practitioner/Institution		Radiation Emitting Drug		Samples
	Medicated Feed Plant/Agri.		Medicated Feed		Clinical Trial/Investigation
	Research/Training		API (Active Pharm Ingred.)		Foreign Import/Export
	Other:		Other:		Other:

MISC.

mostly Dist. to Pharmacies intend to handle controlled substance & List I chemicals

FACILITY, PHYSICAL CONTROLS, & STAFF		STOCK, RECORDS, & POLICIES		QUALITY CONTROL	
"X" denotes firm meets standard in this area. "N" denotes deficiency in this area. " / " denotes not applicable					
X	Physical Condition	X	Inventory control/Errors	X	Adulterated/Expired
X	Adequate Equipment	X	Suspect Product Policy	X	Misbranded
X	Physical Security	X	Recall Policy	X	Contraband
X	Staff Security/Limited Access	X	Return Goods Policy		*Manufacturing/Repack Only*
X	Temperature system/Logs	X	Emergency Policy/Reporting		Adherence to GMP
X	Ventilation/Humidity	X	Track and Trace System		Validation: Equipment
X	Running Water/Restroom	X	Receiving Records/Pedigree		Raw Materials
X	Cleanliness/Pest-Free	X	Distributing Records		Intermediaries
X	Quarantine/Hold Area	X	Authorized trading/transfer		Finished Prod.
X	Appropriate Storage	X	Disposal/Destruction Records	X	Sterile/X Contamination
X	Registration/Licenses	X	Controlled Substance Rec	X	Product Label/Identifiers
X	Perm. Site (deed/lease > 6m)	X	Labels/Prescription Order	X	Batch Record/Lot No.
X	Qualified Staff & Supervision		Other:		Other:
X	Name/ID/qualifications of manager: Jeffrey Kirkland 3+yrs Experience PA 23376557				

KEY NOTES

Personnel standards met. Physical standards met. written policies & procedures standards met. Track/Trace/Record keeping standards met

PASS / **FAIL** or **PASS-pending** (pending corrections made noted above & date corrections must be made)

Signature of Inspector

Signature of Firm Representative

6/6/2023
Date

Scanned with CamScanner

4Q

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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)

Section 1: General Information

Facility Name: Durvet, Inc.

Physical Address: 100 SE Magellan Dr

City: Blue Springs State: MO Zip: 64014

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 816-229-9101 Website: www.durvet.com

Name of Designated Representative (DR): ~~Valarie Paris~~ Todd Muenstermann

Licensing Company Email: andreac@durvet.com DR Email: valariep@durvet.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: OTC and Rx veterinary only drugs	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ 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)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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)

2/5/2024
Date

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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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/.		✓	✓	✓

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: Merck
Address: 35500 W 91st St City: DeSoto State: KS Zip: 66018

Name: Elanco
Address: 2001 W Main St City: Greenfield State: IN Zip: 46140

Name: Bimeda
Address: One Tower Lane, STE 2250 City: Oakbrook Terrace State: IL Zip: 60181

Name: Norbrook
Address: 9733 Loriet Blvd City: Lenexa State: KS Zip: 66219

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 or Company

State of Incorporation/Organization: Missouri
Parent Company (if any):
Corporation/Organization Name: Durvet, Inc.
Mailing Address: 100 SE Magellan Dr.
City: Blue Springs State: MO Zip: 64014
Telephone: 816-229-9101 Email: andreac@durvet.com
Contact Person Name: Andrea Coleman

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:

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 further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Durvet, Inc.

Facility Name

Andrea Coleman

Print Name of Authorized Person Submitting Application

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

1-22-2024

Date

Board Use Only	Date Received: 2/12/24	Amount: $1000-CC

Maria Herrera

From: Andrea Coleman <AndreaC@durvet.com>
Sent: Wednesday, February 21, 2024 12:21 PM
To: Maria Herrera
Cc: Valarie Paris
Subject: RE: Nevada Out-of-State Wholesaler Application-Durvet, Inc.

Follow Up Flag: Follow up
Flag Status: Completed

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Maria,

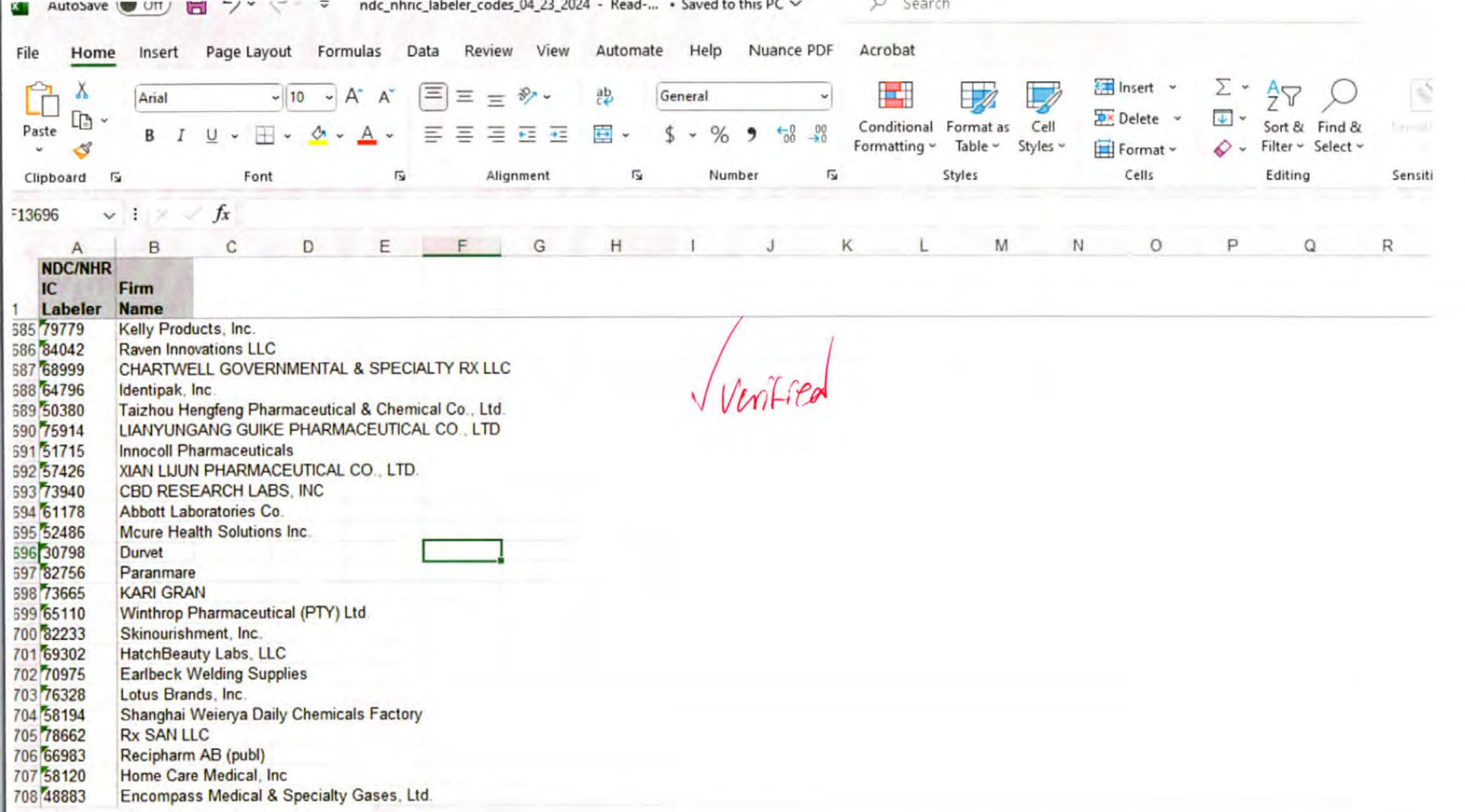
I've requested a check from accounting for the fingerprint processing fee. I apologize for not including it.

The signed surety bond and full list of employees will be included along with the check.

As far as the FDA labeler associated with Durvet, for our OTC products it is 30798 for our script items (VetTek) it is 60270. Is that what you are looking for?

Andrea Coleman
Administrative Assistant

A 100 SE Magellan Dr, Blue Springs, MO 64014
D 816.874.4536 O 816.229.9101 F 816.224.3080
E AndreaC@durvet.com W www.durvet.com



AutoSave Off ndc_nhric_labeler_codes_04_23_2024 - Read-... • Saved to this PC

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	A	B
1	NDC/NHRIC Labeler	Firm Name
585	79779	Kelly Products, Inc.
586	84042	Raven Innovations LLC
587	68999	CHARTWELL GOVERNMENTAL & SPECIALTY RX LLC
588	64796	Identipak, Inc.
589	50380	Taizhou Hengfeng Pharmaceutical & Chemical Co., Ltd.
590	75914	LIANYUNGANG GUIKE PHARMACEUTICAL CO., LTD
591	51715	Innocoll Pharmaceuticals
592	57426	XIAN LIJUN PHARMACEUTICAL CO., LTD.
593	73940	CBD RESEARCH LABS, INC
594	61178	Abbott Laboratories Co.
595	52486	Mcure Health Solutions Inc.
596	30798	Durvet
597	82756	Paranmare
598	73665	KARI GRAN
599	65110	Winthrop Pharmaceutical (PTY) Ltd
700	82233	Skinourishment, Inc.
701	69302	HatchBeauty Labs, LLC
702	70975	Earlbeck Welding Supplies
703	76328	Lotus Brands, Inc.
704	58194	Shanghai Weierya Daily Chemicals Factory
705	78662	Rx SAN LLC
706	66983	Recipharm AB (publ)
707	58120	Home Care Medical, Inc
708	48883	Encompass Medical & Specialty Gases, Ltd.

√ Verified

Durvet, Inc.

Officers/Directors

Todd Muensterman – President/Manager-in-Charge

100 S.E. Magellan Drive Blue Springs, MO 64014 816-229-9101 fax 816-224-3080

SECRETARY OF STATE
PO BOX 1366
JEFFERSON CITY, MISSOURI 65102

23 Distributor Member Stockholders
Each owning 4.35% share of the company

12/1/2023

NAME	ADDRESS
Armor Animal Health	Beaver Dam, Wisconsin
Bradley Caldwell, Inc.	Hazleton, Pennsylvania
Coastal Agricultural Supply, Inc.	Seguin, Texas
Colorado Animal Health	Longmont, Colorado
Florida Hardware, LLC	Jacksonville, Florida
Fuller Supply Company, Inc.	Birmingham, Alabama
MWI Veterinary Supply Company	Boise, Idaho
K & K Veterinary Supply, Inc.	Tontitown, Arkansas
Leedstone, Inc.	Melrose, Minnesota
Midland Vet Services, LLC	Omaha, Nebraska
Midwest Veterinary Supply, Inc.	Lakeville, Minnesota
Mitchell's Anchor Serum Company, Inc.	Grand Island, Nebraska
Nelson Wholesale Services, Inc.	Brownwood, Texas
R.J. Matthews Company	Massillon, Ohio
Simplot Western Stockmen's	Caldwell, Idaho
Steve Regan Company	Salt Lake City, Utah
Valley Veterinary Clinic, LLC	Marysville, Kansas
Veterinary & Poultry Supply, Inc.	Goshen, Indiana
Veterinary Service, Inc.	Modesto, California
Western Ranch Supply	Billings, Montana
Western Saddlery, Inc.	Pleasanton, California
West Plains Veterinary Supply	Springfield, Missouri
W & W Supply Co. of Florida, Inc.	Okeechobee, Florida

STATE OF MISSOURI

John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

DURVET, INC.
00367682

was created under the laws of this State on the 18th day of June, 1992, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 9th day of January, 2024.

Secretary of State

Certification Number: CERT-01092024-0050

State of Missouri

Division of Professional Registration
Licensed Drug Distributor
Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2025
ORIGINAL CERTIFICATE/LICENSE NO. 901101
DURVET INC
DURVET INC
TODD MUENSTERMANN, MIC
100 S. E. MAGELLAN DRIVE
BLUE SPRINGS MO 64014
USA

DURVET INC
DURVET INC
TODD MUENSTERMANN, MIC
100 S. E. MAGELLAN DRIVE
BLUE SPRINGS MO 64014
USA

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Pharmacy
Licensed Drug Distributor

Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2025
ORIGINAL CERTIFICATE/LICENSE NO. 901101
Todd Muenstermann
DURVET INC
DURVET INC
TODD MUENSTERMANN, MIC
100 S. E. MAGELLAN DRIVE
BLUE SPRINGS MO 64014
USA

EXECUTIVE DIRECTOR

DIVISION DIRECTOR

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. 100330243

Application/License No. _____

Durvet, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 100 SE Magellan Drive Blue Springs, MO 64014 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Mutual) (Surety Company), a 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 (Address of Surety) as 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 January 10, 2024 (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 10th day of January, 20 24.

APPLICANT/PRINCIPAL

COMPANY

Durvet, Inc.

Authorized Representative

SURETY

Merchants Bonding Company (Mutual)

Surety Company's Representative

Sandra Burnett, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Amanda L Bradford
Witness

SIGNED and SEALED in the presence of:

Witness Ed Weinheimer

Witness Linda Reynolds

Countersigned by:

Nevada Resident Agent Andrew Allen

LP 2079 NV (5/21)

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, d/b/a Merchants National Indemnity Company (in California only) (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Sandra Burnett

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 16, 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 10th day of January 2024.

MERCHANTS NATIONAL BONDING, INC. -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.
d/b/a MERCHANTS NATIONAL INDEMNITY COMPANY

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 10th day of January 2024, 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.

NOTARIAL SEAL IOWA
Kim Lee
Commission Number 702737
My Commission Expires
April 14, 2024

Kim Lee
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 10th day of January 2024.

MERCHANTS NATIONAL BONDING, INC. -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

William Warner Jr.
Secretary

POA 0018 (10/22)

Full List of Durvet Employees in the facility
This list includes accounting, IT, marketing, sales, administrative support, warehouse personnel
No one is prescribing, dispensing or selling Rx products. These come in to our warehouse in full cases and are shipped in full cases to our distributor members only. We are not a retail store or open to the public.

Updated 4/3/2024

First	Last
Bob	Arment
Jacob	Armstrong
Randy	Ayala
Callista	Bond
Bob	Bowers
Amanda	Bradford
Jacob	Brown
Kelli	Brown
Willie	Bushong
Jennifer	Card
Jeff	Carson
Rosalie	Christopher
Andrea	Coleman
Damion	Comacho
Mike	Gallagher
Courtney	Goerke
Stephen	Goodspeed
Robin	Hawes
Sara	Henggeler
Ray	Horton
Skyler	Jackson
Dakota	Jennings
Brian	Johnson
Lauren	Kerby
Chad	Lehmkuhl
Emily	Lewis
Kim	Manley
Nancy	Manley
Allison	Marriott
Brandi	Martin
Kevin	Mausbach
Ben	McChan
Tim	McConnell
Kevin	McGowan
Taneel	Moore
Todd	Muenstermann
Mark	Niblo
Amanda	Oldham
Alexis	Opfer
Scott	Overfield
Valarie	Paris
Erin	Reed
Matt	Rocha
Frank	Rogers
Shawn	Rohwer
Kyle	Rowland
Lucas	Schnelle
Stacy	Smith
Terry	Stevens
Mackenzie	Teal
Bryan	Timko
Mike	Tribble
Troy	Vest
Rhonda	Williams

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Durvet, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 100 SE Magellan Dr

City Blue Springs State MO Zip 64014

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 816-229-9101 Website www.durvet.com

Licensing Company Email info@durvet.com

Section 2: Personal Information

First Todd Middle R. Last Muenstermann

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 100 SE Magellan Dr

City Blue Springs State MO Zip 64014

Telephone 816-229-9101 Email toddm@durvet.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?		N/A

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)	
Central Missouri State University		08/88 - 05/92	
Address	**City**	**State**	**Zip**
1400 East South St	Warrensburg	MO	64093
Diploma/Degree obtained, if any			
BS in Business Administration - Marketing and Management			

School Name		From - To (MM/YY – MM/YY)	
Kingsville High School		08/84 to 05/88	
Address	**City**	**State**	**Zip**
101 East Adriatic St	Kingsville	MO	64061
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
11/04 to present	[redacted]	Odessa	MO	64076
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
Durvet, Inc.			12/96 to present	
Business Address		**City**	**State**	**Zip**
100 SE Magellan Dr		Blue Springs	MO	64014
Phone	**Title**		**Number of Employed Hours**	
816-229-9101	President		40 hrs/wk	
Description of Duties				
Attached				

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.

Todd R. Muenstermann
President/Manager in Charge

Durvet, Inc. / Blue Springs, MO

JOB DESCRIPTION

- Reports directly to the Durvet Board of Directors
- Ensures that the company follows its mission to serve its members
- Responsible for the company P&L
- Represents the organization as the top executive and manager in charge with employees, customers, suppliers, banking partners, government, and all other entities that the company associates with
- Provides strategic planning and vision for the organization
- Holds business operations accountable to stakeholders and company policies
- Provides a professional presence on behalf of the company
- Defines and establishes short-term and long-term goals for the company
- Leads top-level management personnel and is ultimately responsible for the entire workforce
- Takes charge of and manages the budgets and financial health of the company
- Ensures proper allocation of resources
- Ensures that all company departments (Accounting, Finance, Human Resources, Customer Service, Facilities, Information Technology, Transportation, Receiving, Shipping, Returns, Regulatory, Purchasing/Supply Chain, Sales and Marketing) are meeting or exceeding the goals and standards that the company sets and adheres to.
- Ensures that established policies and procedures that are in place are followed
- Explores and evaluates business alliances, mergers, partnerships, and investment opportunities
- Reviews and seeks legal opinions as needed on contracts and other matters

QUALIFICATIONS

- Master's of business administration or equivalent level of leadership experience
- Senior level management experience in the animal health industry is required
- Extensive knowledge of animal health market conditions
- Strong presentation and interpersonal skills
- Excellent verbal and written communication skills
- Strong public presence and professional image
- Exceptional critical thinking and analytical skills
- Strong business and financial acumen

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?		✓

I, Todd R. Muenstermann, **certify that as the designated representative for**

Durvet, Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. TM I am at least 21 years of age;
3. TM 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. TM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TM 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. TM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Todd R. Muenstermann

Print Name (First, Last)

Todd R Muenstermann

Original Signature (electronic, copies or stamps not accepted)

4/5/2024

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.

Todd R. Muenstermann

Print Name (First, Last)

Todd R Muenstermann

Original Signature (electronic, copies or stamps not accepted)

4/5/2024

Date

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

State of Missouri, ss. County of Jackson

I, Todd R. Muenstermann, 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.

Todd R Muenstermann

Original Signature

4/5/2024

Date

Subscribed and Sworn to before me this 5th day of April.

Notary Public Signature

ANDREA COLEMAN
Notary Public, Notary Seal
State of Missouri
Jackson County
Commission # 14398351
My Commission Expires 02-24-2026

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	Disposition Date	State	City	County
12/13/2017	6/11/2019	MO	Kansas City	Jackson County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
1716-CV30970	Circuit Court of Jackson County, Missouri

Reason/Charge
Civil matter involving personal injury, malpractice

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff	Lawsuit

Name of Business/Industry/Entity
N/A

Provide explanation below:

Todd Muenstermann was a Plaintiff in a civil personal injury/malpractice matter filed in Missouri state court. The matter was dismissed with prejudice on June 11, 2019. The terms of the disposition of the claims at issue in the lawsuit are confidential and not available for public knowledge.

Original Signature (electronic, copies or stamps not accepted)

4/5/2024
Date

Applicant's initials 7

MISSOURI COURTS
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1716-CV30970 - JANET MUENSTERMANN ET AL V ALISON SCHOLES ET AL (E-CASE)

Case Header | Parties & Attorneys | Docket Entries | Charges, Judgments & Sentences | Service Information | Scheduled Hearings & Trials | Civil Judgments | Garnishments/Execution

Sort Date Entries: Descending Ascending

06/11/2019
Voluntary Dismissal Filed
Voluntary Dismissal with Prejudice. Electronic Filing Certificate of Service
Filed By: ROGER ALAN JOHNSON
On Behalf Of: JANET MUENSTERMANN, TODD MUENSTERMANN, TONY MUENSTERMANN, JANET MUENSTERMANN

MISSOURI COURTS
Judicial Branch of Government

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1716-CV30970 - JANET MUENSTERMANN ET AL V ALISON SCHOLES ET AL (E-CASE)

Case Header | Parties & Attorneys | Docket Entries | Charges, Judgments & Sentences | Service Information | Scheduled Hearings & Trials | Civil Judgments | Garnishments/Execution

Judge/Commissioner Assigned	DEL MURO, JUSTINE E
Date Filed	12/13/2017
Location	Jackson - Kansas City
Case Type	CC Pers Injury-Malpractice
Disposition	Consent Judgment
Date of Disposition	05/31/2019
Judge/Commissioner At Disposition	DEL MURO, JUSTINE E

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
1/21/2016	1/27/2017	GA	Atlanta	Fulton County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2016CV270173		Superior Court of Fulton County State of Georgia		
Reason/Charge				
Product liability matter involving personal injury				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant		Lawsuit		
Name of Business/Industry/Entity				
Durvet, Inc.				

Provide explanation below:

Durvet was a defendant in a product liability matter, along with Bimeda, Inc. the manufacturer of the product. The case was filed in the Superior Court of Fulton County Georgia. The case was dismissed without prejudice January 27, 2017.

Original Signature (electronic, copies or stamps not accepted)

4/8/2024
Date

Applicant's initials

Fulton County Superior Court
EFILEDRM
Date: 1/27/2017 12:12:28 PM
Cathelene Robinson, Clerk

IN THE SUPERIOR COURT OF FULTON COUNTY

STATE OF GEORGIA

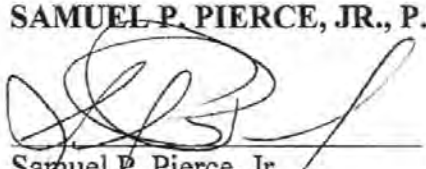
FREDERICK MARTINEZ,	)	
	)	
Plaintiff,	)	
	)	**CIVIL ACTION**
v.	)	**FILE NO.: 2016CV270173**
	)	
BIMEDA, INC. and DURVET, INC.,	)	
	)	
Defendants.	)	

DISMISSAL WITHOUT PREJUDICE

COMES NOW the Plaintiff, Frederick Martinez, by and through his counsel of record, hereby dismisses Plaintiff's claim against the Defendants Without Prejudice.

Respectfully submitted this 27th day of January, 2017.

SAMUEL P. PIERCE, JR., P.C.



Samuel P. Pierce, Jr.
Georgia Bar No.: 579550
Attorney for Plaintiff

P.O. Box 245
Roswell, Georgia 30077
(678) 735-5902 (telephone)
(770) 475-0256 (facsimile)
spierce@samuelpiercelaw.com

IN THE SUPERIOR COURT OF FULTON COUNTY

STATE OF GEORGIA

FREDERICK MARTINEZ,	)	
	)	
Plaintiff,	)	
	)	**CIVIL ACTION**
v.	)	**FILE NO.: 2016CV270173**
	)	
BIMEDA, INC. and	)	
DURVET, INC.,	)	
	)	
Defendants.	)	

CERTIFICATE OF SERVICE

I hereby certify that I have this day served a copy of the **PLAINTIFF'S DISMISSAL WITHOUT PREJUDICE** to all parties concerned by sending a true copy thereof to each party or counsel of record by the Odyssey eFileGA Electronic Filing System and by depositing true copies of same in the United States Mail with adequate postage thereon, properly addressed as follows:

Matthew G. Moffett, Esq.
Tynetra G. Evans, Esq.
Gray, Rust, St. Amand, Moffett
& Brieske, LLP
1700 Atlanta Plaza
950 East Paces Ferry Road
Atlanta, GA 30326

This the 27th day of January, 2017.

[*Signature on next page*]

SAMUEL P. PIERCE, JR., P.C.

Samuel P. Pierce, Jr.
Georgia Bar No.: 579550
Attorney for Plaintiff

P.O. Box 245
Roswell, Georgia 30077
(678) 735-5902 (telephone)
(770) 475-0256 (facsimile)
spierce@samuelpiercelaw.com

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
5/1/2019	1/22/2020	OK	Ponca City	Kay County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
17-cv-00372-F		Western District Court of Kay County, Oklahoma		
Reason/Charge				
Product liability matter involving personal injury				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant		Lawsuit		
Name of Business/Industry/Entity				
Durvet, Inc.				

Provide explanation below:

Durvet was a defendant in a product liability matter filed in Oklahoma district court. The matter was turned over to Durvet, Inc's liability insurance carrier. The case was originally filed in March of 2017 and dismissed without prejudice on May 3, 2018 and refiled May 1, 2019. The case was dismissed again without prejudice January 22, 2020.

Original Signature (electronic, copies or stamps not accepted)

4/4/2024
Date

Applicant's initials

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA

CHARLES TAUTFEST, an individual	)	
	)	
Plaintiff,	)	
	)	
vs.	)	Case No. **17-cv-00372-F**
	)	
DURVET, INC.,	)	
a Missouri Corporation,	)	
	)	
Defendant	)	

STIPULATION OF DISMISSAL WITHOUT PREJUDICE OF DEFENDANT, DURVET, INC.

COME now the Plaintiff and Defendant by and through counsel, and hereby stipulate to Dismissal Without Prejudice. Each party to be responsible for their own fees and costs.

Submitted on the 22nd day of January, 2020.

Respectfully submitted,

/s/ James G. Devinney
James G. Devinney
115 East Grand
Ponca City, OK 74601
Phone: (580) 765-9660
Facsimile: (580) 765-3019
JDevinney@DevinneyLawFirm.com
Attorneys for Plaintiff

/s/ Gene Robinson
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Kenneth M. Yates, OBA #14626
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918.587.2311
918.587.2317 (fax)
grobinson@grobinsonlaw.com
kyates@grobinsonlaw.com
Attorneys for Defendant

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA

CHARLES TAUTFEST,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	Case No. 17-cv-00372-F
	)	
DURVET, INC.,	)	
a Missouri Corporation,	)	
	)	
Defendant,	)	

JOINT STIPULATION OF DISMISSAL

IT IS HEREBY STIPULATED AND AGREED, by and between the parties, that this action shall be dismissed without prejudice pursuant to Rule 41(a)(1)(A)(ii) of the Federal Rules of Civil Procedure, each party to bear their own costs and fees.

/s/ Christopher W. Landes
Christopher W. Landes, OBA # 19857
Devinney Law Firm, P.C.
115 East Grand
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Attorneys for Plaintiff

/s/ Gene Robinson
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918.587.2311
918.587.2317 (fax)
grobinson@grobinsonlaw.com
Attorneys for Defendant Durvet, Inc.

Certificate of Service

I hereby certify that on 3rd day of May, 2018, I electronically transmitted the attached document to the Clerk of Court using the ECF System for filing. Based on records currently on file, the Clerk of Court will transmit a Notice of Electronic Filing to the following ECF registrants:

Gene Robinson - grobinson@grobinsonlaw.com

/s/ Christopher W. Landes

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
10/17/2022	3/18/2024	OR	Portland	Multnomah County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
22CV35620		Circuit Court of of the state of Oregon for the county of Multnomah		
Reason/Charge				
Product liability matter involving personal injury				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant		Lawsuit		
Name of Business/Industry/Entity				
Durvet, Inc.				

Provide explanation below:

Durvet Inc. was named as one of sixteen defendants in a product liability matter filed in Oregon circuit court. Durvet, Inc. was dismissed without prejudice from this matter on 3/18/2024.

Todd R Mueller

Original Signature (electronic, copies or stamps not accepted)

4/4/2024

Date

Applicant's initials _____ 7

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF MULTNOMAH

NICOLAAS KAMLADE and CORRIE KAMLADE, Plaintiffs, v. FISHER IMPLEMENT CO., *et al.*, Defendants.	No.: 22CV35620 STIPULATED LIMITED JUDGMENT OF DISMISSAL WITHOUT PREJUDICE AS TO DEFENDANT DURVET, INC. ONLY

BASED UPON the stipulation of the parties hereto:

IT IS HEREBY ORDERED AND ADJUDGED that the above matter be dismissed as to Defendant Durvet, Inc. only, without prejudice and without attorney fees or costs to either party, and Judgment is hereby entered therefor.

4/2/2024 2:44:35 PM

Circuit Court Judith H. Matarazzo
proxy signed by DES

Bullivant|Houser|Bailey PC
One SW Columbia Street, Suite 800
Portland, Oregon 97204-4022
Telephone: 503.228.6351
Facsimile: 503.295.0915

IT IS SO STIPULATED:

DATED: March 18, 2024

BULLIVANT HOUSER BAILEY PC

/s/ Hayley D. Hollis
Jeanne F. Loftis, OSB #913612
Hayley D. Hollis, OSB #191646
Email: asbestos@bullivant.com

Attorneys for Defendant Durvet, Inc..

BERGMAN OSLUND UDO LITTLE, PLLC

/s/Ruby Aliment
Glenn S. Draper
Chandler H. Udo
Ruby Aliment
Email: service@bergmanlegal.com

Attorneys for Plaintiffs

Submitted by:

BULLIVANT HOUSER BAILEY PC

By: */s/ Hayley D. Hollis*
Jeanne F. Loftis, OSB #913612
Hayley D. Hollis, OSB #191646
Email: asbestos@bullivant.com

Attorneys for Defendant Durvet, Inc.

Bullivant|Houser|Bailey PC
One SW Columbia Street, Suite 800
Portland, Oregon 97204-4022
Telephone: 503.228.6351
Facsimile: 503.295.0915

CERTIFICATE OF COMPLIANCE WITH UTCR 5.100(2)(B)

This proposed order or judgment is ready for judicial signature because:

1. [x] Each opposing party affected by this order or judgment has stipulated to the order or judgment, as shown by each opposing party's signature on the stipulation being submitted.

2. [ ] Each opposing party affected by this order or judgment has approved the order or judgment, as shown by signature on the document being submitted or by written confirmation of approval sent to me.

3. [ ] I have served a copy of this order or judgment on all parties entitled to service and:

a. [ ] No objection has been served on me.

b. [ ] I received objections that I could not resolve with the opposing party despite reasonable efforts to do so. I have filed a copy of the objections I received and indicated which objections remain unresolved.

c. [ ] After conferring about objections, [role and name of opposing party] agreed to independently file any remaining objection.

4. [ ] The relief sought is against an opposing party who has been found in default.

5. [ ] An order of default is being requested with this proposed judgment.

6. [ ] Service is not required pursuant to subsection (3) of this rule, or by statute, rule, or otherwise.

7. [ ] This is a proposed judgment that includes an award of punitive damages and notice has been served on the Director of the Crime Victims' Assistance Section as required by subsection (4) of this rule.

DATED: March 18, 2024

BULLIVANT HOUSER BAILEY PC

By */s/ Hayley D. Hollis*

Jeanne F. Loftis, OSB #913612
E-mail: jeanne.loftis@bullivant.com
Hayley D. Hollis, OSB #191646
E-mail: hayley.hollis@bullivant.com
SERVICE: asbestos@bullivant.com

Attorneys for Defendant Durvet, Inc.

4855-3543-1853.1

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Portland, Oregon 97204-4022
Telephone: 503.228.6351
Facsimile: 503.295.0915

CERTIFICATE OF SERVICE

The undersigned certifies that on March 18, 2024, I caused to be served the foregoing STIPULATED LIMITED JUDGMENT OF DISMISSAL WITHOUT PREJUDICE AS TO DEFENDANT DURVET, INC. ONLY on the following parties at the following addresses as indicated below:

Glenn S. Draper
Chandler H. Udo
Ruby Aliment
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SERVICE: service@bergmanlegal.com
Attorneys for Plaintiffs

☐ U.S. Postal Service, first class mail
☐ E-Filing
☒ E-Service, if applicable
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☒ Other (specify) E-mail

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Attorneys for Honeywell International Inc.

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☐ Hand Delivery
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Jeffrey W. Gordon (*Pro Hac Vice*)
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Attorneys for Deere & Company

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☒ E-Service, if applicable
☐ Hand Delivery
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hayleyb@mcewengisvold.com
Attorneys for Mitchell, Lewis & Staver Co. on Behalf of Mitchell Pumps

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☒ E-Service, if applicable
☐ Hand Delivery
☒ Other (specify) E-mail

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Attorneys for Huvepharma, Inc.

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☐ E-Filing
☒ E-Service, if applicable
☐ Hand Delivery
☒ Other (specify) E-mail

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Attorneys for Gorman-Rupp Company

☐ U.S. Postal Service, first class mail
☐ E-Filing
☒ E-Service, if applicable
☐ Hand Delivery
☒ Other (specify) E-mail

DATED this 18th day of March, 2024.

By /s/ Hayley D. Hollis
Jeanne F. Loftis, OSB #913612
Hayley D. Hollis, OSB #191646
SERVICE: asbestos@bullivant.com

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
11/27/2023	Active Case	TX	Houston	Harris County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
202378692	11th Judicial District Court of Harris County, TX

Reason/Charge
Product liability matter involving personal injury

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Durvet, Inc.

Provide explanation below:

Durvet was named as one of twelve defendants in a product liability matter filed in Texas district court. This is an active case.

Original Signature (electronic, copies or stamps not accepted)

4/3/2024
Date

Applicant's initials TM

Tracking Number: 74261692 EML

CAUSE NUMBER: 202378692

PLAINTIFF: NEWSOM, RITA DIANE (INDIVIDUALLY AND AS SUCCESSOR	In the 011th
vs.	Judicial District Court of
DEFENDANT: MILWHITE INC (F/K/A THE MILWHITE CO)	Harris County, Texas

OFFICER - AUTHORIZED PERSON RETURN

Came to hand at _____ o'clock ___.M. on the _____ day of _____, 20____. Executed at Address)_____ in _____ County at o'clock ___.M. on the _____ day of _____, 20____, by Summoning the _____ Delivering to _____in person a corporation By leaving in the principal office during office hours_____ of the said_____ a true copy of this notice, together with accompanying copy of _____To certify which I affix my hand officially this _____day of _____, 20___.

Fees $_____

_____ By_____

Affiant Deputy

On this day, _____, known to me to be the person whose signature appears on the foregoing return, personally appeared. After being by me duly sworn, he/she stated that this citation was executed by him/her in the exact manner recited on the return.

SWORN TO AND SUBSCRIBED BEFORE ME, On this _____ day of _____, 20__

_____

Notary Public

11/27/2023 4:32 PM
Marilyn Burgess - District Clerk Harris County
Envelope No. 81973323
By: Monica Jackson
Filed: 11/27/2023 4:32 PM

CAUSE NO. 2023-78692

RITA DIANE NEWSOM, *individually and as successor-in-interest to* **WAYMON CARL NEWSOM, JR.**, Deceased, and WAYMON CARL NEWSOM, III, *Individually*,	§	IN THE DISTRICT COURT OF
	§	
	§	HARRIS COUNTY, TEXAS
	§	
Plaintiffs,	§	11th JUDICIAL DISTRICT
	§	
vs.	§	
	§	
MILWHITE, INC. *f/k/a* THE MILWHITE CO., *as successor-in-interest to* WESTEX MINERALS, INC. *f/k/a* WESTEX TALC CORPORATION, a Texas Corporation with its principal place of business in the State of Texas; **TRACTOR SUPPLY CO. OF TEXAS, LP** *a/k/a* TRACTOR SUPPLY COMPANY, a Texas Corporation with its principal place of business in the State of Tennessee; **BAYER HEALTHCARE LLC** *f/k/a* BAYER HEALTHCARE, LLC Animal Health Division *f/k/a* BAYER CORPORATION, Agriculture Division, Animal Health *f/k/a* MILES, INC *f/k/a* MOBAY, CORP *f/k/a* CHEMGRO, Division of Baychem, Corp, a Delaware Corporation with its principal place of business in the State of New Jersey; **DURVET, INC.** *f/k/a* DURVET ACQUISITION, INC., a Missouri Corporation with its principal place of business in the State of Missouri; **ELANCO ANIMAL HEALTH INCORPORATED** (*successor-in-interest* BAYER HEALTHCARE ANIMAL HEALTH INC. (a Bayer subsidiary); *f/k/a* BAYER HEALTHCARE, LLC Animal Health Division; f/k/a BAYER CORPORATION, Agricultural Division, Animal Health; *f/k/a* Miles, Inc. *f/k/a* Mobay, Corp; f/k/a CHEMGRO, Division of Baychem, Corp), an Indiana Corporation with its principal place of business in the State of Indiana; **ELANCO US, INC.,** (*successor-in-interest* BAYER HEALTHCARE ANIMAL HEALTH INC. (a Bayer subsidiary); *f/k/a* BAYER	§	

HEALTHCARE, LLC Animal Health Division; f/k/a BAYER CORPORATION, Agricultural Division, Animal Health; *f/k/a* Miles, Inc. *f/k/a* Mobay, Corp; f/k/a CHEMGRO, Division of Baychem, Corp), a Delaware Corporation with its principal place of business in the State of Indiana;	§
JANSSEN PHARMACEUTICALS, INC., a Pennsylvania Corporation with its principal place of business in the State of New Jersey;	§
JOHNSON & JOHNSON, a New Jersey Corporation with its principal place of business in the State of New Jersey;	§
JOHNSON & JOHNSON CONSUMER INC., a Delaware Corporation with its principal place of business in the State of New Jersey;	§
JOHNSON & JOHNSON HOLDCO (NA) INC., a New Jersey Corporation with its principal place of business in the State of New Jersey;	§
KENVUE INC., a Delaware Corporation with its principal place of business in the State of New Jersey;	§
MONSANTO COMPANY, a Delaware Corporation with its principal place of business in the State of Missouri;	§
Defendants.	§

PLAINTIFFS' FIRST AMENDED PETITION AND JURY DEMAND

TO THE HONORABLE JUDGE OF THE COURT:

Plaintiffs, RITA DIANE NEWSOM, individually and as successor-in-interest to WAYMON CARL NEWSOM, JR., Deceased, and WAYMON CARL NEWSOM, III, Individually, file this original petition and jury demand against the Defendants listed below, and allege as follows:

DISCOVERY-CONTROL PLAN

1. Plaintiffs intend to conduct discovery under Level 2 of Texas Rules of Civil Procedure 190.3 and affirmatively plead that this suit is not governed by the expedited actions process in Texas Rule of Civil Procedure 169 because Plaintiffs seeks monetary relief over $250,000.

CLAIM FOR RELIEF

2. Plaintiffs seek monetary relief over $1,000,000. Plaintiffs further seek any relief in equity to which they are entitled.

PARTIES

3. Plaintiffs RITA DIANE NEWSOM and WAYMON CARL NEWSOM, III, reside in Mount Vernon, Texas.

4. Defendant, **MILWHITE, INC.** *f/k/a* THE MILWHITE CO., *as successor-in-interest to* WESTEX MINERALS, INC. *f/k/a* WESTEX TALC CORPORATION, a Texas Corporation with its principal place of business in Texas, was served with process by serving its registered agent, Armando De Leon III [redacted]. This Defendant is being sued as a supplier of asbestos-containing talcum powder and cosmetic products.

5. Defendant, **TRACTOR SUPPLY CO. OF TEXAS, LP** *a/k/a* TRACTOR SUPPLY COMPANY, a Texas Corporation with its principal place of business in the State of Tennessee, was served with process by serving its registered agent, CT Corporation System, 1999 Bryan St., Ste 900, Dallas, TX 75201. This Defendant is being sued as a supplier of asbestos-containing talcum powder and cosmetic products.

6. Defendant, **BAYER HEALTHCARE LLC** *f/k/a* BAYER HEALTHCARE, LLC Animal Health Division *f/k/a* BAYER CORPORATION, Agriculture Division, Animal Health f/k/a MILES, INC *f/k/a* MOBAY, CORP f/k/a CHEMGRO, Division of Baychem, Corp, a Delaware Corporation with its principal place of business in the State of New Jersey, is authorized to do business in Texas and may be served with process by serving its registered agent for service of process, Corporation Service Company d/b/a Lawyers Incorporated, 211 E. 7th Street Suite 620, Austin, TX 78701. This Defendant is being sued as a manufacturer of asbestos-containing talc products.

7. Defendant, **DURVET, INC.** *f/k/a* DURVET ACQUISITION, INC., a Missouri Corporation with its principal place of business in the State of Missouri, a foreign corporation organized and existing under the law of the State of Missouri whose principal office is located in the State of Missouri, may be served with process by serving the Texas Secretary of State at [redacted], as its agent for service because Defendant engages in business in Texas but does not maintain a regular place of business in Texas or a designated agent for service process, and this suit arose from Defendant's business in this state. Defendant may be served with

process through the Secretary of State for the State of Texas at its domicile registered agent: CT Corporation System, [redacted] Clayton, MO 63105. This Defendant is being sued as a manufacturer of asbestos-containing talc powder.

8. Defendant, **ELANCO ANIMAL HEALTH INCORPORATED** (*successor-in-interest* BAYER HEALTHCARE ANIMAL HEALTH INC. (a Bayer subsidiary); *f/k/a* BAYER HEALTHCARE, LLC Animal Health Division; f/k/a BAYER CORPORATION, Agricultural Division, Animal Health; *f/k/a* Miles, Inc. *f/k/a* Mobay, Corp; f/k/a CHEMGRO, Division of Baychem, Corp), a foreign corporation organized and existing under the law of the State of Indiana whose principal office is located in the State of Indiana, may be served with process by serving the Texas Secretary of State at [redacted] Texas 78701, as its agent for service because Defendant engages in business in Texas but does not maintain a regular place of business in Texas or a designated agent for service process, and this suit arose from Defendant's business in this state. Defendant may be served with process through the Secretary of State for the State of Texas at its domicile registered agent: Corporation Service Company, 135 North Pennsylvania Street, Suite 1610, Indianapolis, IN 46204. This Defendant is being sued as a manufacturer of asbestos-containing talc powder.

9. Defendant, **ELANCO US, INC.,** (*successor-in-interest* BAYER HEALTHCARE ANIMAL HEALTH INC. (a Bayer subsidiary); *f/k/a* BAYER HEALTHCARE, LLC Animal Health Division; f/k/a BAYER CORPORATION, Agricultural Division, Animal Health; *f/k/a* Miles, Inc. *f/k/a* Mobay, Corp; f/k/a CHEMGRO, Division of Baychem, Corp), a foreign corporation organized and existing under the law of the State of Delaware whose principal office is located in the State of Indiana, is authorized to do business in Texas and may be served with process by serving its registered agent for service of process: Corporation Service Company, 211 E. 7th Street, Suite 620, Austin, TX 78701. This Defendant is being sued as a manufacturer of asbestos-containing talc powder.

10. Defendant **JANSSEN PHARMACEUTICALS, INC.** ("**Janssen**") a foreign corporation organized and existing under the laws of the State of Pennsylvania, whose principal office is located in the State of New Jersey, is authorized to do business in Texas and may be served with process by serving its registered agent for service of process, CT Corporation System, in Dallas County at 1999 Bryan Street, Suite 900, Dallas, TX 75201-3136. This Defendant is being sued as a manufacturer of asbestos-containing Johnson's talc powder. Janssen is sued

individually and as successor in interest to Johnson & Johnson subsidiaries named Johnson & Johnson Consumer Inc., both prior to and after its 2021 restructurings and colloquially known as "Old JJCI" and "New JJCI."

11. Defendant, **JOHNSON & JOHNSON (J&J)** a foreign corporation organized and existing under the law of the State of New Jersey whose principal office is located in the State of New Jersey, may be served with process by serving the Texas Secretary of State at 1019 Brazos Street, Austin, Texas 78701, as its agent for service because Defendant engages in business in Texas but does not maintain a regular place of business in Texas or a designated agent for service process, and this suit arose from Defendant's business in this state. Defendant may be served with process through the Secretary of State for the State of Texas at its domicile registered agent: CT Corporation System, 820 Bear Tavern Road, West Trenton, NJ 08628. This Defendant is being sued as a manufacturer of asbestos-containing Johnson's talc powder. At all relevant times, upon information and belief, J&J, or its corporate subsidiaries, was engaged in the business of manufacturing, formulating, marketing, testing, promoting, selling, and/or distributing the asbestos-containing products to which Plaintiff was exposed. At all relevant times, J&J regularly transacted, solicited, and conducted business in all fifty States of the United States.

12. Defendant **JOHNSON & JOHNSON CONSUMER INC. ("JJCI 3")** is a Delaware Corporation with its principal place of business in the State of New Jersey, may be served with process by serving its registered agent, CT Corporation System, 1999 Bryan St., Ste 900, Dallas, TX 75201. This Defendant is being sued as a manufacturer of asbestos-containing Johnson's talc powder. JJCI 3 is sued individually and as successor in interest to Johnson & Johnson subsidiaries named Johnson & Johnson Consumer Inc., both prior to and after its 2021 restructurings and colloquially known as "Old JJCI" and "New JJCI."

13. Defendant **JOHNSON & JOHNSON HOLDCO (NA) INC. LTD, ("Holdco")** a foreign corporation organized and existing under the laws of the State of New Jersey, whose principal office is located in the State of New Jersey, is authorized to do business in Texas and may be served with process by serving its registered agent for service of process, CT Corporation System, in Dallas County at 1999 Bryan Street, Suite 900, Dallas, TX 75201-3136. This Defendant is being sued as a manufacturer of asbestos-containing Johnson's talc powder. Holdco is sued individually and as successor in interest to Johnson & Johnson subsidiaries named Johnson & Johnson Consumer Inc., both prior to and after its 2021 restructurings and colloquially known

as "Old JJCI" and "New JJCI."

14. Defendant, **KENVUE INC.** ("**Kenvue**") a foreign corporation organized and existing under the law of the State of Delaware whose principal office is located in the State of New Jersey, may be served with process by serving the Texas Secretary of State at 1019 Brazos Street, Austin, Texas 78701, as its agent for service because Defendant engages in business in Texas but does not maintain a regular place of business in Texas or a designated agent for service process, and this suit arose from Defendant's business in this state. Defendant may be served with process through the Secretary of State for the State of Texas at its domicile registered agent: The Corporation Trust Company, Corporation Trust Center, 1209 Orange St., Wilmington, DE 19801. This Defendant is being sued as a manufacturer of asbestos-containing Johnson's talc powder. Kenvue is sued individually and as successor in interest to Johnson & Johnson subsidiaries named Johnson & Johnson Consumer Inc., both prior to and after its 2021 restructurings and colloquially known as "Old JJCI" and "New JJCI."

15. Defendant, **MONSANTO COMPANY**, a Delaware Corporation with its principal place of business in the State of Missouri, may be served with process by serving its registered agent, Corporation Service Company d/b/a CSC-Lawyers Incorporated, 211 E. 7th Street, Suite 620, Austin, TX 78701. This Defendant is being sued as a supplier of asbestos-containing talcum powder and cosmetic products.

JURISDICTION

16. The Court has subject-matter jurisdiction over the lawsuit because the amount in controversy exceeds this Court's minimum jurisdictional requirements.

17. The Court has personal jurisdiction over Defendant **MILWHITE, INC.** *f/k/a* THE MILWHITE CO., *as successor-in-interest to* WESTEX MINERALS, INC. *f/k/a* WESTEX TALC CORPORATION because Defendant is a Texas Corporation whose registered office is located in Cameron County, Texas.

18. The Court has personal jurisdiction over Defendant **TRACTOR SUPPLY CO. OF TEXAS, LP** *a/k/a* TRACTOR SUPPLY COMPANY, because Defendant is a Texas Corporation whose registered office is located in Williamson County, Tennessee.

VENUE

19. Venue is proper in Harris County, Texas on the grounds that the cause of action, or a part thereof, accrued and/or arose in Harris County. Since this Court has venue as to any one claim or cause of action as against any one Defendant, this Court has venue as to all Defendants joined in this cause and as to all claims or causes of action properly joined in this cause.

20. This action is brought, and these allegations are made pursuant to Tex. Civ. Prac. & Rem. Code § 71.031.

FACTS

21. Decedent WAYMON CARL NEWSOM, JR. was wrongfully exposed to and inhaled, ingested, or otherwise absorbed asbestos fibers, an inherently dangerous and toxic substance, as described below:

a. WAYMON CARL NEWSOM, JR. was born and raised on a dairy farm. Between 1947 and 1967, the farm had roughly 200 dairy cows, as well as goats and horses ranging in number from dozens to hundreds over time.

b. In or around 1967 WAYMON CARL NEWSOM, JR. and RITA DIANE NEWSOM expanded operations of the dairy farm. Over time, the number of dairy cows grew to roughly 400-500. The farm was also home to more than 100 horses and hundreds of goats.

c. The dairy cows, horses, and goats had to be treated with various livestock dusts to prevent bacterial infection and/or infestation with parasitic insects such as lice, ticks, and mosquitos.

d. WAYMON CARL NEWSOM, JR. routinely used products designed, manufactured, distributed, and/or sold by Defendants to treat the livestock as described above. These products were powders that became airborne and generated respirable dust when applied. A major component of these products was asbestos-containing talc.

e. WAYMON CARL NEWSOM, JR. frequently and routinely applied the above-described livestock dusts that were designed, manufactured, distributed, and/or sold by Defendants. He also frequently and routinely worked in close proximity to others applying the above-described livestock dusts. By virtue of his work with or around these products, WAYMON CARL NEWSOM, JR. frequently and routinely inhaled asbestos fibers that were emitted from the products that were designed,

manufactured, distributed, and/or sold by Defendants.

22. Each and every allegation in this Petition is expressly made in the alternative to, as well as in addition to, every other allegation.

FACTS RELATING TO SUCCESOR LIABILITY BETWEEN DEFENDANTS KENVUE, J&J, JANSSEN, AND HOLDCO

23. "Defendants" and/or "Johnson & Johnson Defendants" as used in this and the subsequent section of the Complaint refers to and means Defendants Johnson & Johnson, Kenvue, Janssen, Holdco, and the John Doe parties, either or both in their own right or as corporate successor to an entity or person whose acts, omissions, undertakings, or activities are attributed to it by contract or operation of law.

a. The Assets and Business of JJCI Were Transferred to Defendants

24. The Declaration of John K. Kim in Support of First Day Pleadings in LTL's second Bankruptcy filing on April 4, 2023 ("**Kim LTL Decl.**"), *In re: LTL Management LLC*, Case No.: 23-12825, United States Bankruptcy Court District of New Jersey ("**LTL 2**"), summarizes J&J's and its affiliates' corporate history that is pertinent to the claims alleged herein against the Defendants as follows:

a) "J&J, a New Jersey company incorporated in 1887, first began selling JOHNSON'S® Baby Powder in 1894, launching its baby care line of products."

b) "In 1972, J&J established a formal operating division for its baby products business, which included JOHNSON'S® Baby Powder.... J&J transferred all its assets and liabilities associated with the baby products division to J&J Baby Products."

c) "In 1981, J&J Baby Products transferred all its assets, except those assets allocated to its diaper programs, to Omni Education Corporation ("**Omni**"), a wholly owned subsidiary of J&J Baby Products. In turn, Omni assumed all liabilities of J&J Baby Products except those liabilities related to its diaper program. Immediately following the transaction, J&J Baby Products merged into another subsidiary of J&J and was renamed Personal Products Company, and Omni changed its name to Johnson & Johnson Baby Products Company."

d) "In 1988, Johnson & Johnson Baby Products Company transferred all its assets in respect of its baby products business to Johnson & Johnson Dental Products

Company, which assumed all of its liabilities and was renamed Johnson & Johnson Consumer Products, Inc."

e) "In 1997, Johnson & Johnson Consumer Products, Inc. changed its name to Johnson & Johnson Consumer Companies, Inc. ("**J&J Consumer Companies**")."

f) "In 2015, J&J Consumer Companies merged with and into an affiliate, which then merged into McNeil-PPC, Inc. The resulting entity was renamed Johnson & Johnson Consumer Inc. (including all former names and historical forms, "**Old JJCI**")."

g) "Old JJCI became responsible for all claims alleging that JOHNSON'S® Baby Powder and other talc-containing products cause cancer or other diseases.... Old JJCI also became responsible for all claims alleging that Shower to Shower products, which contained talc, cause cancer or other diseases."

25. Each and every one of the J&J's corporate entities, including itself and its affiliated companies involved or associated with talc business and Products, were at all times material to this case aware that raw talc ingredient and/or resulting talc-based Products contained asbestos, and each and all collectively actively concealed such fact from the public for decades.

26. Prior to the implementation of J&J's multifaceted restructuring of its consumer product subsidiaries in 2021, Old JJCI and its predecessors milled, manufactured, labeled, sold, supplied, distributed, and/or marketed asbestos-containing Products to which Plaintiffs and/or Decedents were exposed.

27. In an effort to avoid or eliminate J&J's and Old JJCI's respective responsibility and liability for injuries and harm caused by Johnson & Johnson Baby Powder, as well as other talc Products, in or about October 2021, Old JJCI underwent a series of corporate restructuring transactions under Texas state corporation and business law in which it split itself into two separate entities through a device referred to as a "divisive merger," more commonly known as the "Texas Two Step."

28. The corporate restructuring was designed and undertaken with the intent to isolate the talc liabilities of Old JJCI into a newly invented company created by J&J called "LTL Management LLC" ("**LTL**"). "LTL" is an acronym for "Legacy Talc Liability."

29. LTL was immediately thereafter put into a Chapter 11 Bankruptcy wherein LTL and other J&J entities sought the protection of the Bankruptcy Code's processes and machinery to obtain a stay of all pending litigation and construct an aggregate resolution of its outstanding present and

future asbestos liabilities that would foreclose jury trials and reduce the compensation they would owe to those harmed by its Products and their families, given that J&J and its subsidiaries were increasingly being held liable by juries in lawsuits brought by talc asbestos claimants and were being ordered to pay compensatory and exemplary damages.

30. As part of J&J's liability avoidance/limiting corporate restructuring, all of the productive assets of Old JJCI, including those used to manufacture and market J&J Baby Powder, were transferred to a newly minted corporate entity named "Johnson & Johnson Consumer Inc." ("**New JJCI**"). New JJCI upon receipt of the Old JJCI's operating assets continued to sell J&J Baby Powder, as had Old JJCI before it.

31. Over the objection of tens of thousands of personal injury and wrongful death tort plaintiffs, the Bankruptcy Court presiding over LTL's 2021 bankruptcy case stayed and enjoined prosecution of all litigation against not only the Debtor LTL but all cosmetic talc injury related litigation involving J&J and New JJCI.

32. During LTL's bankruptcy proceedings, representatives of the affected personal injury and wrongful death tort victims challenged J&J's Texas Two Step scheme before the Bankruptcy Court. After losing their challenges before the Bankruptcy Court, they were ultimately successful on appeal before the United States Court of Appeals for the Third Circuit, which on January 30, 2023, ruled that the Bankruptcy filing by LTL was not proper and ordered that LTL's 2021 Bankruptcy case be dismissed. *In re: LTL Management, LLC*, No. 22-0007, 2023 WL 2760479 (3d Cir., decided Jan. 30, 2023; opinion entered Mar. 31, 2023).

33. LTL's efforts to obtain re-argument before the Third Circuit panel hearing its appeal or an *en banc* hearing were denied, and the Appeals Court's mandate to the Bankruptcy Court was issued by the Third Circuit Clerk on March 31, 2023, thereby triggering the lower court's duty to enter an order dismissing the case.

34. Within hours of the LTL Bankruptcy Court issuing its ensuing dismissal order on April 4, 2023, LTL filed a second Chapter 11 petition for bankruptcy protection in the same court seeking the same relief as in the dismissed case, claiming its funding sources and arrangements had been replaced and reconfigured in such way that purportedly overcomes the Third Circuit's reasons for ordering the earlier bankruptcy case be dismissed.

35. Unbeknownst to Plaintiffs, during the time the Third Circuit Court of Appeals was considering the propriety of LTL's bankruptcy filing, New JJCI began the process of moving its

assets and business to yet another J&J subsidiary, Defendant Kenvue Inc., by transfers through JJCI's direct parent, Defendant Janssen Pharmaceuticals, Inc.

36. According to the Kim Declaration, as part of J&J's further corporate restructuring, New JJCI changed its name to "Johnson & Johnson Holdco (NA) Inc." ("**Holdco**"), a New Jersey corporation. His declaration before the Bankruptcy Court additionally revealed that "in early January 2023, [New JJCI] transferred its Consumer Business assets to its parent entity." *See* Kim LTL Decl. at ¶26.

37. While Mr. Kim's declaration does not expressly state who the parent entity is, a careful examination of the affidavit demonstrates that Janssen Pharmaceuticals, Inc, is the parent entity of New JJCI. *Id.* Figure 1 below is from an Exhibit to Mr. Kim's Declaration and shows that Janssen is the parent that received all of the JJCI assets used to manufacture, market, and sell J&J Baby Powder.

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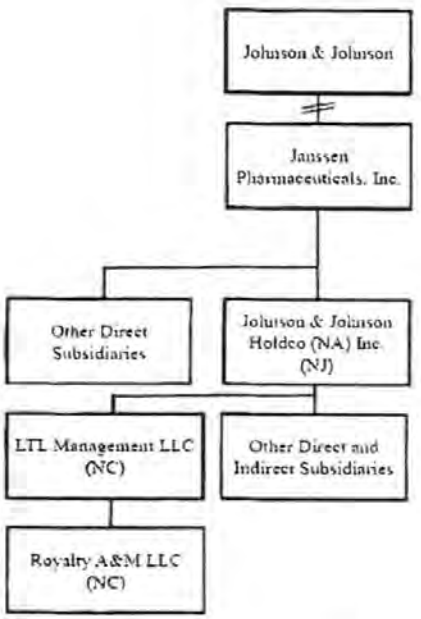
Figure 1



38. Accordingly, under New Jersey law, Janssen is a successor to Old JJCI and responsible for the contractual undertakings and tortious conduct of Old JJCI.

39. The information gleaned from Mr. Kim's Declaration and a J&J subsidiary's SEC filings shows that J&J is in the process once again of manipulating assets and responsibilities related to the sale of J&J's Baby Powder.

40. On January 4, 2023, Defendant Kenvue, another J&J subsidiary, submitted its first filing with the Securities and Exchange Commission ("**SEC**"), an S-1 registration of securities form. (Kenvue Inc. Form S-1 Registration Statement Under the Securities Act of 1933 (Jan. 4, 2023)). Figure 2 below reproduces a portion of the filing's cover page.

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Figure 2

41. Kenvue acknowledged in its SEC S-1 filing that it may be held accountable for the harm caused by the talc-based PRODUCTS it is responsible for: "It is also possible that various parties will seek to bring **and will be successful** in bringing claims against us, including by raising allegations that we are liable for the Talc-Related Liabilities." *Id.*

42. Kenvue further acknowledged itself as the company responsible for the manufacture of Johnson's Baby Powder indicating that it "may be subject to additional claims . . . related to the sale of **talc-based Johnson's Baby Powder in markets where we have discontinued** this product **(such as in the United States** and Canada), including potential governmental inquiries, investigations, claims and consumer protection cases from state attorneys general." *Id.* (emphasis added).

43. Kenvue also acknowledged that it is "responsible for all liabilities on account of or relating to harm arising out of, based upon, or resulting from, directly or indirectly, the presence of or exposure to talc or talc-containing products sold outside the United States or Canada." *Id.*

44. As such, Kenvue is responsible individually and as successor to all predecessor entities involved in the manufacturing, marketing, and sale of the asbestos-containing talc PRODUCTS to which the Plaintiffs and/or Decedents were exposed.

b. Defendants Continue the Business of JJCI, Including the Johnson's Baby Powder Product Line

45. In its SEC registration filing, Kenvue sets forth the products that it claims to manufacture and sell in the United States. In this regard, Kenvue represented to the SEC and the public: "A number of **our products marketed in the United States**, including many of our products in our Skin Health and Beauty segment, are considered cosmetics regulated by the FDA through the Federal Food, Drug, and Cosmetic Act and the Fair Packaging and Labeling Act. **Our**

cosmetic products include Aveeno Restorative Skin Therapy Oat Repairing Cream, Aveeno Restorative Skin Therapy Sulfate-Free Body Wash, **Johnson's Baby Powder** and certain of our Listerine mouthwash products." (Kenvue Inc. Form S-1 Registration Statement Under the Securities Act of 1933 (Jan. 4, 2023)). (emphasis added).

46. The bottle for the cornstarch-based formulation Johnson's® Baby Powder, which is sold today in the United States, states: "For over 125 years JOHNSON's® formulas have been specially designed for baby's unique and delicate skin. Great for kids and adults too!"

Figure 3

47. Kenvue admits in its SEC filing that while J&J transitioned to a cornstarch-based formula for Johnson's® Baby Powder in the United States and Canada in 2020, it is still distributing talc-based Johnson's® Baby Powder in other markets and will continue to do so until sometime in 2023. *Id.* at 63, 330.

48. It remains possible today, through Amazon's online shopping website, to purchase talc-based Johnson's Baby Powder and have it delivered to New Jersey. (Transcript of Motions May 24, 2023, Naranjo, et. al., v. Johnson & Johnson, et al., Vol. 1 of 2, at 44:18-45:10).

49. Kenvue's website lists Johnson's as one of its "iconic brands" under the categories of "Skin health & Beauty – Face & body" and "Essential health – Baby care". https://www.kenvue.com/brands.

50. Following the link to the Johnson's brand page, one finds Johnson's Baby Powder,

amongst a variety of baby care products. https://www.johnsonsbaby.com/baby-products.

51. On Kenvue's Johnson's brand website's FAQ page, under the questions "Why did Johnson's® reformulate?" and "How have the Johnson's® products changed?" Kenvue indicates it has generally reformulated its line of Johnson's baby products recently based on its continued scientific research and input from parents. https://www.johnsonsbaby.com/faq#why-did-johnson-s-reformulate and https://www.johnsonsbaby.com/faq#how-have-the-johnson-s-products-changed. As with its corn-starch-based Johnson's Baby Powder, Kenvue continues to market these reformulated products under the trusted Johnson's brand name.

FACTUAL ALLEGATIONS PERTAINING TO THIS SPECIFIC MATTER AS RELATED TO DEFENDANTS KENVUE, J&J, JANSSEN, AND HOLDCO

a. Overview of Talc & the Products

52. Talc is an inorganic magnesium silicate mineral that may occur in a variety of forms (massive or platy, foliated, and fibrous).

53. Talc is used in a wide array of industrial, commercial and cosmetic substances. It is the main substance in talcum powders, talc-based body powders, and the products.

54. Talc is mined from deposits in the earth that can contain asbestos, heavy metals (nickel, cadmium, cobalt, chromium, arsenic, etc.), and other toxic minerals.

55. Johnson & Johnson Defendants manufactured and marketed Johnson's Baby Powder.

56. Johnson & Johnson began the manufacture of Johnson's Baby Powder in approximately 1894.

57. In the late 1970's, Johnson & Johnson incorporated a new division that over several name changes became Johnson & Johnson Consumer Inc. ("JJCI"), Kenvue Inc., and/or LTL Management LLC, that sold Johnson's Baby Powder.

58. Although JJCI manufactured the product, starting in the late 1970's, critical decisions concerning safety and health were made by Johnson and Johnson including marketing, public relations, interaction with federal authorities, fraudulent concealment, and the refusal to warn people like the plaintiff that Johnson's Baby Powder was capable of causing cancer.

59. Johnson and Johnson at all times relevant hereto represented to consumers, doctors, regulators and courts that JBP was safe and free of asbestos.

60. During all relevant times, Johnson's Baby Powder® was composed primarily of talc

along with other constituent elements found in talc such as asbestos, fibrous talc, and heavy metals (e.g., nickel, cadmium, cobalt, chromium, arsenic), and fragrance chemicals.

61. The Johnson & Johnson Defendants obtained the talc for Johnson's Baby Powder from various sources including Guangxi, China, the Fontana mine in the Germanasca Valley and Val Chisone region in Italy, as well as the Johnson, Hammondsville, Rainbow, Hamm, and Argonaut mines in Vermont (collectively referred to as "Vermont mines"). *See* 2/15/2019 Deposition of Musco 63:7–64:5 (Hammondsville and Johnson mines were sources of cosmetic talc for Johnson's Baby Powder); *see also* 3/8/2019 Deposition of Nancy Musco 451:2–453:22 (Emtal 500 from Johnson Mine used in Cosmetics); 10/29/1982 Deposition of Roger Miller; *see also* July 22, 2019 Trial Testimony of John Hopkins *Barden et al. v. Johnson & Johnson* at 18:15-19:21.

62. From approximately 1967 until 2003, the primary source of talc for the products was Vermont mines including the Hammondsville, Rainbow, Hamm, and Argonaut mines. The mines were owned and operated by Johnson & Johnson's subsidiary, Windsor Minerals, with Johnson & Johnson exercising control over all key decisions concerning the mines.

63. Over time, the trade names for the talc ore used by the Johnson & Johnson Defendants in Johnson's Baby Powder and Shower to Shower included "Emtal," "Grade 66," "Grade 96," "1615," "Italian 00000," and "Supra" all of which contain asbestos.

64. At all relevant times, a feasible and safe alternative to talc has existed. For example, cornstarch is an organic carbohydrate that is quickly broken down by the body with no known adverse health effects. Cornstarch powders have been sold and marketed for the same uses as the products with nearly the same effectiveness as talcum powders. See Johnson & Johnson baby Powder Questions and Answers, October 1985 (JNJ 000011777); cornstarch "can be absorbed into the body, tending not to cause severe granuloma as may be the case with talc." November 3, 1964 Letter to Ashton from Stalker (JNJ 000332195). See *also* Johnson's baby powder, pure cornstarch, being marketed as "a change for the better."

65. At relevant times, the Johnson & Johnson Defendants advertised and marketed their "Johnson's Baby Powder" product as a symbol of "freshness" and "comfort," eliminating friction on the skin, absorbing "excess wetness" to keep skin feeling dry and comfortable, and "clinically proven gentle and mild." Johnson & Johnson induced people through advertisements to dust themselves with this product to mask odors. Johnson's Baby Powder bottle specifically targets women, stating: "For you, use every day to help feel soft, fresh, and comfortable." *See* P-121 (excerpts from

www.johnsonbaby.com and www.showertoshower.com; Shower to Shower Task Force – BP Brainstorm July 14, 2004 (JNJ 000058760); and P-49 (picture of Johnson & Johnson's Baby Powder bottle).

66. Although the labels on the bottles for Johnson & Johnson Baby Powder have changed over time, the core message has been the same: that people can safely use the products on their bodies.

b. Asbestos and Other Constituents in Talc

67. The products contain asbestos and fibrous talc and Defendants failed to warn the public, including Plaintiff, about the fact that the products contained such carcinogenic substances.

68. Beginning in the 1930s, medical and scientific literature emerged indicating talc was commonly, if not invariably, contaminated with substances known or suspected of being carcinogenic, such as asbestos. Over the next several decades, a growing body of medical and scientific literature demonstrated that direct and secondary exposure to talc, including asbestos-containing talc, was hazardous to exposed persons' health in that it could cause lung disease, cancer and death.

69. The United States Geological Survey on Commercial Talc Production conducted in 1965, as well as those dating back to the 1800s, noted the presence of tremolite, anthophyllite and chrysotile commonly among those minerals found within talc deposits.

70. In 1968, a scientific study of store-bought, commercially available talcum powders conducted by the Occupational Health Program, National Center for Urban Industrial Health, was published and presented by the American Industrial Hygiene Association revealing that, contrary to popular belief, talcum powders were not entirely pure, but rather contained various fibrous minerals, including tremolite, anthophyllite, and chrysotile. This was not unexpected, as the study explains, because these types of fibers are often present in fibrous talc mineral deposits like those mined by Defendants for use in the Products. Available documents indicate that during the same year and in the years following, at least one company began testing store-bought talcum powders for asbestos content. Despite tests showing some commercial talcum powders contained asbestos, there is no evidence that these positive results or the brand names of contaminated products were communicated to any governmental agency, the media or the public. The study concluded that "[a]ll of the 22 talcum products analyzed have a . . . fiber content . . . averaging 19%. The fibrous material was predominantly talc but probably contained minor amounts of tremolite, anthophyllite, and chrysotile

[asbestos-like fibers] as these are often present in fibrous talc mineral deposits . . . Unknown significant amounts of such materials in products that may be used without precautions may create an unsuspected problem." L. J. Cralley et al., Fibrous and Mineral Content of Cosmetic Talcum PRODUCT, 29 AM. INDUSTRIAL HYGIENE ASSOC. J. 350-354 (1968).

71. In 1971, the New York City Environmental Protection Administration Air Resources Board conducted a study of two "leading" brands of talcum powder using transmission electron microscopy ("TEM") and X-ray diffraction analysis ("XRD") and found them to contain 5-25% tremolite and anthophyllite asbestos fibers.

72. A 1976 follow-up study of commercially available talcum products concluded that "[t]he presence in these products of asbestiform anthophyllite and tremolite, chrysotile, and quartz indicates the need for a regulatory standard for cosmetic talc . . . We also recommend that evaluation be made to determine the possible health hazards associated with the use of these products." Arthur Rohl, et al., Consumer talcums and powders: mineral and chemical characterization, 2 J. Tox. Envtl. Health 255-284 (1976).

73. In 1981, Lockey in *Nonasbestos fibrous materials* (1981), reported that talc frequently exists in complex deposits containing quartz and asbestos, and that talc free from asbestos also contains talc in fibrous form.

74. Paoletti et al. *Evaluation by Electron Microscopy Techniques of Asbestos Contamination in Industrial, Cosmetic, and Pharmaceutical Talcs* (1983), analyzed talc powders from national and international markets in order to assess their fiber contents and the proportion of asbestos in the fibrous material. Analysis of talcum powder samples revealed that the powders contained fiber content up to 30% of total particles. About a half of the talc powders revealed the presence of asbestos.

75. In 1991, Alice Blount tested talcum powder mined from Vermont, including Johnson's Baby Powder, and found that the powder contained asbestos fibers and needles. Blount, A M. "Amphibole Content of Cosmetic and Pharmaceutical Talcs." *Environmental Health Perspectives* 94 (August 1991): 225–30; *See also* Deposition of Alice Blount (April 13, 2018) at 30:16-33:8; 47:15-25.

76. On November 14, 2018, Drs. William Longo and Mark Rigler published a report detailing results from tests they performed on samples of Johnson and Johnson talc products provided by the Johnson & Johnson Defendants dating from the 1960s to the early 2000s. 68% of the samples

tested contained amphibole asbestos. The authors further found that 98% of the samples contained fibrous talc.

77. In 2019, the U.S. Food and Drug Administration (FDA) contracted AMA Analytical Services, Inc. to test samples of talc-containing cosmetics, including Johnson's Baby Powder. AMA identified chrysotile asbestos and talc fibers in a sample of Johnson's Baby Powder. As a result, Johnson & Johnson Consumer Inc. issued a recall of all bottles (approximately 33,000) from the sampled lot.

c. Johnson & Johnson Concealed Evidence of Asbestos in the Products Despite Knowing the Risks to Consumers

78. Beginning at least in the 1950s, Johnson & Johnson tested its talc for contaminant or co-minerals, including "asbestos" and "tremolite," because the company knew they are deleterious minerals that could be harmful to a person's health and thus should not be found in talc-based cosmetic products.

79. At all times relevant hereto the Johnson & Johnson Defendants understood the dangers posed by asbestos exposure and that asbestos was a known contaminant of talc used in cosmetic and industrial products.

80. Internally, Johnson and Johnson historically defined "asbestos" as "the fibrous serpentine chrysotile and the fibrous forms of ... anthophyllite, ... tremolite, and actinolite." *See* Deposition of John Hopkins, August 16, 2018 at 174:24–175:23.

81. In addition to conducting its own internal tests described above, Johnson & Johnson hired testing laboratories, such as the Battelle Memorial Institute, McCrone Associates, the Colorado School of Mines Research Institute, and others to test for asbestos contamination (or co-mineralization) in the source talc ore used to manufacture Johnson's Baby Powder and Johnson & Johnson cosmetic products.[1]

82. All of these testing laboratories found asbestos minerals both in the source talc ore

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1 *See, e.g.*, 4/12/1960 Battelle Memorial Institute report; 10/15/1957 Battelle Memorial Institute report; 5/23/1958 Battelle Memorial Institute report; 7/31/1959 Battelle Memorial Institute report; 8/31/1959 Battelle Memorial Institute report; 9/15/1959 Battelle Memorial Institute report; 12/31/1959 Battelle Memorial Institute report; 1/24/1968 Battelle Memorial Institute report; 5/9/1958 Battelle Memorial Institute report; 3/8/1960 Battelle Memorial Institute report; 6/6/1961 Battelle Memorial Institute memo from W.L. Smith to W.H. Ashton summarizing observations of Smith Gouverneur, NY and Hammondsville, VT ore deposits, beneficiation products; 8/25/1961 Battelle Memorial Institute memo from W.L. Smith to W.H. Ashton evaluating exploration work on Hammondsville talc deposit.

and Johnson & Johnson's cosmetic talc products.2

83. Tests performed by the Johnson & Johnson Defendants and its consultants in the 1960s, 1970s, 1980s, and 1990s demonstrated that there was asbestos in the talc mined from Johnson & Johnson's Vermont mines.3

84. Contaminants satisfying Johnson & Johnson's own definition of asbestos have been found in Johnson & Johnson talc, include "chrysotile," "tremolite," "anthophyllite," and/or "actinolite". *See, e.g.*, 12/4/1970 Colorado School of Mines Institute testing results; 6/30/1971 Colorado School of Mines Institute testing results; *Barden* Trial Ex. P3695-082-86: Summary chart of testing of Johnson's Baby Powder detecting asbestos and asbestos minerals.

85. The existence of laboratory tests finding asbestos in Johnson &Johnson cosmetic talc products and source talc used in those products was verified by Johnson & Johnson under cross examination in recent litigation. *See* Trial Testimony of John Hopkins from Barden et al v. J&J, 8/14/19 at 148:17-21.

86. As detailed in the following paragraphs, Johnson & Johnson executives acknowledged and communicated internally about the results of testing demonstrating the presence of asbestos in Johnson & Johnson's consumer talc products and the source ore used to make these products.

87. In 1972 for example, Johnson & Johnson's Al Goudie confirmed that McCrone found trace tremolite and that these findings are "not new." *See* handwritten note from W. Nashed to Dr. Goudie.

88. In May 1973, Roger Miller, the President of Johnson & Johnson's mining company,

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2 *See, e.g.* 4/14/1971, Colorado School of Mines Institute letter to Johnson & Johnson; 10/27/1972, McCrone report; 2/26/1973, Colorado School of Mines Institute to W. Ashton of Johnson & Johnson re: Mineralogical Exam of Five Talc Samples; 6/6/1973, Johnson & Johnson memorandum; 2/11/1974, McCrone to JJ Rolle; 4/10/1974, McCrone to JJ Russell; 4/24/1974, McCrone report; 4/27/1973, Microscopic Exam of Johnson's Baby Powder; 5/8/1974, McCrone report; 7/8/1974, McCrone to J.J. Rolle; 10/10/1974, McCrone to Windsor Minerals Inc.; 12/9/1974, McCrone to Johnson & Johnson; 7/1/1975, McCrone to Windsor Minerals Inc.; 8/31/1976, Johnson & Johnson Memo Re: Vermont 66 Talc; 9/11/1975, Stewart to V. Zeitz; 11/5/1975, McCrone to Windsor Minerals Inc.; 11/19/1975 McCrone to Windsor Minerals Inc.; 7/5/1976, Colorado School of Mines Research Institute report; 1/25/1977, F. Pooley to J.J. Rolle; 4/1/1977, EMV Report to Johnson & Johnson; 10/5/1978, McCrone to Windsor Minerals Inc.; 2/9/1979, handwritten notes regarding conversation with Harold Cohen; 11/6/1980, McCrone to Windsor Minerals Inc.; 8/22/1985, McCrone to Windsor Minerals Inc., 4/29/1986, McCrone to Windsor Minerals Inc.; 3/25/1992, Johnson & Johnson Interoffice Memo by Munro; 12/4/1997, Bain Environmental Report; 5/23/2002, Luzenac America Inc. (hereinafter "Luzenac") Technical Report; 2/26/2004, Luzenac Product Certification Report; 2/27/2004 Luzenac - Product Certification; 3/4/2011, Summary of TEM Asbestos Results: Grade 66/96 USP Product Composites.

3 *See* 11/10/1971, Letter from A.M. Langer to G. Hildick-Smith; 8/24/1972, Memo from W. Nashed to R.A. Fuller; 9/25/1972, Memo from W. Nashed to Fuller, Hildick-Smith, on Shower-to-Shower/Asbestos FDA Meeting 9/21/1972; 6/12/1972, ES Laboratories Talc Analysis (Asbestos); 12/13/1973, Memo from M.J.M. Oerlemans to J.H. Smids, H.L. Farlow, Re: Asbestos in Baby Powder; 9/9/1975, Memo from G. Lee Re: A.M Langer Analysis of Talcum Powder Products – Edinburgh Meeting; 4/23/1998, Letter from A.M. Blount to R. Hatcher; Meeting with Dr. Langer on July 9 Concerning Analytical Analysis of Talc; University of Minnesota Investigation of Possible Asbestos Contaminations in Talc Samples.

Windsor Minerals, informed Dr. Dewitt Petterson of Johnson & Johnson that "the ore body contains actinolite." *See* 5/1/1973, Memo from R.N. Miller to Dr. Petterson. This talc ore body was actively used to produce Johnson & Johnson's cosmetic talc products.

89. One week later, Johnson & Johnson's William Ashton informed Dr. Petterson that "[t]he first showing of actinolite we know about is October 1972." *See* 5/8/1973, Memo from W. Ashton to D. Petterson.

90. In April 1969, Johnson & Johnson discussed the need to firm up the company's position on tremolite in talc because of potential dangers to human health and safety noted in the medical literature and by environmental health agencies. *See* April 9, 1969 Ashton to Hildick Smith - Alternate Domestic Talc Sources File No. 101.

91. Johnson & Johnson was concerned that the presence of tremolite in its cosmetic talc products, and thus, the resultant inhalation of talc with these needle-like crystalline structures, was related to the rising incidence of pulmonary diseases and cancer and increased the risk that the company would be drawn into litigation relating to these diseases and cancer. *See* April 15, 1969 Thompson to Ashton - Alternate Domestic Talc Sources File No. 101.

92. In July 1971, Johnson & Johnson reported a conversation with Dr. Clark Cooper, a professor at the School of Public Health at the University of California, Berkley, who expressed his concern that there is no place for asbestos in talc and any talc with asbestos should be removed from the market. *See* 7/30/1971 Hildick Smith to R.A. Fuller). According to Dr. Cooper, no level of asbestos in talc is acceptable for cosmetic use. *Id.*

93. Johnson & Johnson was aware of studies demonstrating that both talc and asbestos have been found in the tissue of women who never worked with asbestos or talc. *See* February 19, 2019 Deposition of Susan Nicholson at 83:6-11.

94. The Johnson & Johnson Defendants have known for many years that the talc used in Johnson's Baby Powder could be inhaled and reach deep into the lung.

95. For decades, the Johnson & Johnson Defendants (and their predecessors) have known about the dangers of talc powder inhalation during the normal and expected use of its talc-based cosmetic products, especially to babies. *Id.* at 111:2–112:15; *see also id.* at 116:11–119:18 and 5/27/2009 email from Nancy Musco.

d. Defendants' Actions in Response to the Evidence of Cancer Risk

96. In response to the publication of the studies referenced above and governmental and

consumer safety inquiries, the Johnson & Johnson Defendants have always assured consumers that asbestos has never been found in Johnson's Baby Powder and it never will. Historically, when pressed, Johnson & Johnson always responded that there is no evidence that Johnson's Baby Powder contained any amount of asbestos and there never was.

97. The Johnson & Johnson Defendants repeatedly informed consumers and the public that "Baby Powder does not contain asbestos and never will. We test every single lot to ensure it." *See* 12/19/2018 Johnson & Johnson Ad.

98. Johnson's Baby Powder product label says it was the "Purest Protection" and it was advertised as "the best you can buy" and "the purest."

99. The intent of these representations to consumers has always been "to reassure them they could feel safe and comfortable using Johnson's Baby Powder because it does not contain asbestos" and to convey that in using Johnson's Baby Powder, there was "zero chance" of exposing their families to asbestos. *See* February 15, 2019, Deposition of Nancy Musco at 39:7–42:8.

100. The statements made to consumers by the Johnson & Johnson Defendants, including that Johnson's Baby Powder does not contain asbestos and that there was "zero chance" consumers were exposing their families to asbestos, were false when they were made, and the Johnson & Johnson Defendants knew they were false when they made those statements.

101. As a direct result of the Johnson & Johnson Defendants' false representations that Johnson's Baby Powder never contained asbestos, millions of people, including babies, were unwittingly and needlessly exposed to asbestos.

102. The Johnson & Johnson Defendants have never communicated to the public or federal government that it knew that its asbestos containing talc-based cosmetic products would be aerosolized and inhaled during normal use.

103. The Johnson & Johnson Defendants have never placed warnings on its talc-based powder products about the potential hazards presented by the product being aerosolized in normal application.

104. The Johnson & Johnson Defendants never placed warnings on its talc-based powder products about the risk of asbestos exposure.

105. Johnson & Johnson purposely withheld from their spokespeople, whose job it was to communicate the "no evidence of asbestos" message, any reports indicating there was in fact evidence of asbestos in Johnson's Baby Powder.

106. In 1973, Cosmetic Toiletry and Fragrance Association ("CTFA"), now known as Personal Care Products Council ("PCPC"), the trade association utilized by the defendants to protect their interests, created a talc subcommittee and the Scientific Advisory Committee to develop a testing methodology for detecting asbestos in talc. Initially, PCPC designated a group of its members to test talc grades used in talcum powder utilizing the methodology proposed by the FDA in its notice of rulemaking. Six samples of talc used in commercially available talcum powders, plus one talc sample purposely spiked with tremolite and chrysotile, were circulated among the members, including representatives of Defendants. Of the eight participating members, four found asbestos in every sample, three did not find asbestos in any sample (including the spiked sample), and one found asbestos only in the spiked sample. In conclusion, all members agreed that the best and most reliable method of detecting asbestos in talc is not optical microscopy, but rather TEM and electron diffraction. The same members, however, dispensed with this analytical method, claiming TEM and electron diffraction equipment was too expensive, despite Defendants then owning or having unfettered access to same.

107. Going forward, the difference between what the Johnson & Johnson Defendants knew diverged from what they were representing to the FDA. Defendants and others in the industry knew that there was no such thing as asbestos-free talc—only talc in which asbestos could not be detected using the adopted and most economical analytical methodology, XRD, which at the time could not accurately identify chrysotile asbestos in talc, nor detect tremolite asbestos contamination levels below 2-5%.

108. Defendants and third parties collectively met with and corresponded with PCPC and also met with the FDA to individually and collectively advocate for the use of "voluntary" XRD testing of miniscule portions of the tons of talc to be used in consumer products. Defendants' "voluntary" method—that was developed collectively by Defendants and advocated to the FDA in lieu of regulations requiring asbestos labeling or warnings on talcum powder products—was inadequate because levels of asbestos contamination in talc commonly fell below the detection limit of XRD. Defendants knew that the XRD detection limits were inadequate. Defendants also knew that asbestos contamination was not uniformly distributed, such that the miniscule amounts tested would not reveal the true level of contamination in talc products, such as those to which Plaintiff was exposed.

109. In support of their voluntary XRD methodology, which was finally published in 1977,

PCPC produced letters to the FDA written by its members, including Defendants, identifying tests conducted showing talcum powder products did not contain asbestos. Defendants, however, never informed the FDA of the hundreds of positive tests showing talc and talcum powders contained asbestos and other carcinogens. Defendants made and published representations claiming that their testing method was adequate, that they were ensuring that talcum powder products were safe, and that the talc reaching consumers was "safe," despite having substantial knowledge and evidence to the contrary. Defendants intentionally and knowingly did so to avoid FDA regulations that may have required them to place warnings regarding the asbestos content of their products, and thereby inform the public, including Plaintiff, that talc-containing products contained asbestos.

110. The Defendants have represented to various news media outlets and the public at large that their products are "asbestos-free" when, in fact they were aware that their products did test positive for asbestos and those that did not were merely the result of inadequate and imprecise testing methods. "No asbestos detected" means something much different than "no asbestos," but due to Defendants' repeated conflation of the terms, the public has been led to erroneously believe talc products are safe.

111. Between 1970 and the 1990s, tests conducted by and on behalf of Defendants and the talc industry continued to show that talc and talcum powder products contained asbestos as well as other constituents such as fibrous talc, cadmium, cobalt, chromium, copper, iron, manganese, and nickel. None of the results of the positive tests were ever produced or made known to any regulatory agency until late 2019, and only after knowledge of their existence became known in civil litigation.

112. Since at least 1979, Defendants have conducted a campaign to convince the public that their products are regulated by the FDA, their tests are conducted pursuant to FDA regulations, and that talcum powder products are, therefore, safe when in fact the FDA has never been granted the regulatory authority by Congress to regulate cosmetics, including talcum powders.

113. Defendants, collectively by their agreement and conspiracy, controlled industry standards regarding the testing, manufacture, sale, distribution and use of talcum powder products, and controlled the level of knowledge and information available to the public, including Plaintiff, regarding the hazards of exposure to carcinogens, including talc, asbestos, and fibrous talc. Defendants knowingly and intentionally released, published and disseminated invalid, inaccurate, outdated and misleading scientific data, literature containing misinformation and false statements regarding the health risks associated with the use of talc and talcum powder products, including those

to which Plaintiff was exposed.

114. Defendants, while cognizant of the aforementioned data, deliberately chose to ignore the health and safety issues raised in the data and embarked upon a plan of deception intended to deprive the public at large, including Plaintiff, of alarming medical and scientific findings surrounding the safety of asbestos -containing talc and talcum powder products, many of which remained in their exclusive possession and under their exclusive control.

115. Defendants conspired and/or acted in concert with each other and/or with other entities through agreement and consciously parallel behavior: (a) to withhold from users of their products—and from persons who Defendants knew and should have known would be exposed thereto—information regarding the health risks of asbestos, talc, and other carcinogens contained in the products ; (b) to eliminate or prevent investigation into the health hazards of exposure to asbestos, talc and other carcinogens in the products; (c) to ensure that asbestos-containing talc and talcum powder products became widely used in commerce, irrespective of the potential and actual risk of harm to the users and consumers from the asbestos, talc and other carcinogens therein; and (d) to falsely represent that talc and talcum powder products, including those of Defendants, were safe for use by consumers.

116. McCrone Associates, the laboratory selected by several talc producers—including Defendants—to analyze their products, was already using TEM for asbestos analysis. An article by McCrone and Stewart from 1974 describes the advantages of TEM for asbestos analysis and states that TEM "only recently installed in our laboratory will undoubtedly be the ideal instrument for the detection and identification of very fine asbestos fibers."

117. The "Method J4-1," published on October 7, 1976, states that TEM-SAED "offers greater sensitivity, but is not presented since it is unsuitable for normal quality control applications." The published J4-1 method did not rely on TEM, but on XRD with "the level of detection of amphibole by this method [being] 0.5% and above." PCPC met with and corresponded with Defendants and third parties to advocate to the FDA for the use of inadequate XRD testing on miniscule portions of the tons of talc obtained from the mining sources to be used in the consumer products, followed by tests by TEM when XRD was positive or suspicious.

118. This voluntary testing method was developed by PCPC and Defendants and was advocated to the FDA by Defendants, among others, in lieu of regulations requiring labeling and warnings on talcum powder products, even though Defendants knew that the J4-1 method would not

reveal the true level of asbestos in the talc that reached consumers. In fact, the first "round robin" tests, which analyzed a "PCPC Tremolite-Spiked Talc," resulted in 6 of 7 participating laboratories failing to detect the tremolite.

119. In other words, 84% of the industry's laboratories failed to detect asbestos in a sample known to contain tremolite asbestos while using the J4-1 method. There is no evidence that the Defendants ever shared this remarkable failure with the FDA or the public.

120. The FDA, and ultimately Plaintiff, directly and/or indirectly relied upon false representations regarding the safety of cosmetic talc. In fact, an FDA letter dated January 11, 1979, states "In cooperation with scientists from industry, our scientists have been making progress in the development of such regulatory methods." The continuing lack of FDA awareness regarding Defendants' misrepresentations and concealment was obvious seven years later. In a response to a July 11, 1986 Citizen Petition requesting an asbestos warning label on cosmetic talc, the FDA stated that an "analytical methodology was sufficiently developed" to ensure that "such talc [is] free of fibrous amphibole..." The J4-1 method has continued for the past four decades to be the cosmetic talc industry's method for "ensuring" "asbestos-free" talc.

121. In 1990, Kremer and Millette published a TEM method for analysis of asbestos in talc with a theoretical detection limit of about 0.00005%. Despite such improvements in analytical techniques, the cosmetic talc industry continues, three decades later, to use and promote its antiquated and wholly inadequate J4-1 method.

122. In response to safety issues related to talc and talc-based body powders, the CTFA formed the Talc Interested Party Task Force (TIPTF). The TIPTF, which was originally formed in anticipation of litigation related safety issues, periodically convened, including in the 1970s and 1980s, to defend talc in response to safety concerns about talc. The TIPTF once again convened in and around 1992 to combat the United States National Toxicology Program's study. Defendant Johnson & Johnson was one of the primary actors and contributors to the TIPTF. *See* Talc Interested Party Task Force Draft Minutes, July 21, 1993 (JNJ000011704), Talc Interested Party Task Force Memorandum February 13, 1998P-83 (LUZ011963); and see February 18, 2016 Deposition of Mark Pollak Exhibit No. 2 Spreadsheet: Talc IP – Revenue Received; Date Initiated: 08/17/92.

123. The stated purpose of the TIPTF was to pool financial resources of these companies in an effort to collectively defend the use of talc and, specifically, talc-based body powders at all costs, in anticipation of future litigation, ensure self-regulation, and to prevent local, state or federal

regulation of any type over this industry. Johnson & Johnson wielded considerable influence on TIPTF. TIPTF hired scientists to perform biased research regarding the safety of talc. Members of TIPTF, including Johnson & Johnson, edited reports of the scientists hired by this group before they were submitted to governmental agencies and/or released to the consuming public. Members of TIPTF knowingly released false information about the safety of talc to the consuming public, and used political and economic influence on local, state and federal regulatory bodies regarding talc. These activities were conducted by these companies and organizations, including Johnson & Johnson, over the past four (4) decades in an effort to prevent regulation of talc and to create confusion to the consuming public about the true hazards of talc relative to cancer. *See* Talc Interested Party Task Force Draft Minutes, July 21, 1993 (JNJ000011704); Luzenac America Slideshow (JNJTALC000249618); CTFA Memorandum July 17, 1992 (JNJ000021035); Luzenac America Call Report November 8, 1993(P-66 (IMERYS-A_0006056); Letter from Alfred Wehner to Chudkowski, September 17, 1997 (JNJ000040596); Narrative Talc – NTP Regulatory Challenge (IMERYS-A_0021921); Facsimile from Zazenski to Ashton, March 26, 2002 (JNJ000000636); Cosmetics Consultant Update Kollmar to Bernstein et al, September 12, 2000 (JNJTALC000716846); Talc Franchise to C.D. Simons, August 3, 1992 (JNJTALC000224218).

124. In and around the mid-1970s, the Cosmetic Ingredient Review ("CIR") was formed to give the cosmetic industry more credibility for self-regulation. Since that time, CIR has reviewed the safety of ingredients used in the cosmetic and personal care products industry. Although Defendants have, at all relevant times, promoted CIR as an independent, regulatory body, CIR is an organization within and wholly funded by PCPC, to which Defendants regularly contributed.

125. Over the years, CIR has reviewed thousands of ingredients used in the cosmetics industry but has only found 12 ingredients to be "unsafe for use in cosmetics." In contrast, CIR has deemed approximately 1,800 ingredients to be "safe as used." Additionally, the CIR Expert Panel annually holds two-day quarterly meetings to review substances. Over the course of these annual meetings, the panel is able to review about 500 ingredients per year. On average, only about 20 minutes are spent discussing the safety of each ingredient.

126. The CIR did not begin to review talc until after the first lawsuit alleging a link between talc use and ovarian cancer was filed. Upon information and belief, during the CIR review process, Defendants, influenced the CIR scientists writing and performing the review and, ultimately, edited the reviews in a biased manner. Not surprisingly, when CIR published its final

report in 2015, it found talc to be safe as used in cosmetics.

127. In addition, Defendants procured and disseminated false, misleading, and biased information regarding the safety of talc, talc-based body powders and the products to the public, and used influence over federal, state and local governmental and regulatory bodies regarding talc and talc-based body powder. *See* Letter from Alfred Wehner to Chudkowski, September 17, 1997 (JNJ000040596); Johnson's Baby Powder Major Opportunities, August 5, 1992 (JNJ000021093); and Litigation Issues, February 26, 2002 (IMERYS-A_0013094).

128. Defendants engaged in wrongful conduct and were negligent and created a dangerous and unreasonable risk of harm to others, including Plaintiff, by mining, milling, processing, supplying, distributing, designing, manufacturing, and selling talcum powder products which contained asbestos and fibrous talc, which Defendants knew or should have known were dangerous and posed substantial risks of harm to others, including Plaintiff.

129. Defendants have long employed and/or consulted with doctors, scientists, geologists, mineralogists, and toxicologists, and they have maintained extensive medical and scientific libraries and archives containing materials relating to the health hazards of talc and the presence of asbestos and asbestiform talc fibers in talc and talc deposits. Despite the wealth of knowledge, Defendants continued to mine, mill, process, supply, distribute, design, manufacture, and sell talcum powder products which Defendants knew or should have known were dangerous and posed substantial risks of harm to others, including Plaintiff.

e. Johnson & Johnson had an Independent Duty to Ensure the Safety of All Johnson & Johnson Products

130. Johnson & Johnson, through its Chief Medical Officer, had the independent and ultimate responsibility for the safety of talc and all products developed and sold by all J&J subsidiaries, including Johnson & Johnson Consumer Inc.

131. Johnson & Johnson, through its Chief Medical Officer, had the independent and ultimate responsibility for the safety of talc and all products developed and sold by all J&J subsidiaries, including Johnson & Johnson Consumer Inc.

132. As described by Ed Kuffner, MD., the Johnson & Johnson Consumer Inc. Chief Medical Officer, JJCI had a Consumer Medical Safety Committee (CMSC) which was initially responsible for the review of safety of consumer products produced by JJCI at that sector level but

that J&J had a separate and distinct J&J Medical Safety Council (JJMSC) responsible for all products sold by any J&J Subsidiary. Testimony of Ed Kuffner, MD, *In re: LTL Management LLC*, November 5, 2021, at 396-398. One of the products within the JJMSC was Johnsons Baby Powder.

133. The Chair of the JJMSC was not an employee of JJCI. Rather, the Chair of the JJMSC was J&J's Chief Medical Officer, employed by defendant J&J. *Id.* at 398. While the JJMSC had representatives from different J&J subsidiaries within the Consumer Products, Pharmaceuticals, and Medical Devices divisions, the Committee Chair was the J&J Chief Medical Officer, who had ultimate responsibility to make decisions regarding safety of any product sold by any subsidiaries.

134. J&J's internal Policies and Procedures described the JJMSC as the highest body of the Johnson & Johnson Enterprise engaged in "setting the standards for medical safety" across the J&J enterprise. According to J&J Policies and Procedures, the role of the JJMSC was to: (a)"Set [] medical safety standards to protect safety of patients, consumers, and users of products marketed by Johnson & Johnson companies"; and (b) To "provid[e] review and consultation on matters of medical safety at the Enterprise level." *Id.* at 401. The purpose of the JJMSC was to review and, where necessary, correct the safety decisions made by subsidiaries like JJCI to "to make sure that they are in accord with the overall safety standards of" J&J. *Id.* at 404.

135. The independent decision-making authority of the J&J CMO over any product sold by any subsidiary—including the products—is clear. According to the J&J Policies and Procedures, the J&J Chief Medical Officer makes the final decision on any issue relating to safety and can summarily overrule every member of the JJMSC.

136. In a formal public video released by Johnson & Johnson in 2017, made by the J&J Chief Medical Officer, Joanne Waldstreicher, M.D., J&J made clear that all issues concerning the safety of all J&J products reside in the hands of the J&J Chief Medical Officer. https://www.youtube.com/watch?v=yhhaD03Vjeo. According to Dr. Waldstreicher, the J&J Chief Medical Officer's authority "includes changes to development programs, labeling updates, warnings, and, when necessary, product withdrawals." Dr. Waldstreicher further explained that, as the J&J employee responsible for safety of all J&J products, she was central in evaluating the safety of all products sold across the J&J enterprise. "When questions are raised regarding the safety of our products, members of the OCMO team are dedicated to understanding the concerns."

137. According to Mr. Kim, LTL Chief Legal Officer and former J&J Associate General Counsel, the role of J&J as described in the J&J Policies and Procedures has long been the practice

at J&J.

f. Defendants Misrepresented or Concealed Information about Asbestos in the Products from the Government and the Public

138. Since the early 1970's the FDA has repeatedly asked Johnson & Johnson whether its talc-based products contained asbestos, including whether there was any evidence of any amount of asbestos in any Johnson & Johnson cosmetic talc product. *See* February 19, 2019 Deposition of Susan Nicholson at 87:10-23; 88:20-24.

139. The Johnson & Johnson Defendants' answer to the FDA's inquiries was always the same: there is no evidence of any amount of asbestos in any Johnson & Johnson cosmetic talc product. *Id.* at 89:3-8.

140. While Johnson & Johnson's CEO has recently proclaimed that "we have always cooperated fully and openly with the FDA and other regulators and have given them full access to our talc testing results" the record is to the contrary. *See* December 19, 2018 Johnson & Johnson Ad; *see also*, Alex Gorsky Video4 (Johnson & Johnson claims that it "has cooperated fully with the U.S. FDA and other global regulators providing them with all the information they requested over decades.").

141. In the early 1970s, independent scientists publicly reported finding asbestos in Johnson & Johnson talc products. *See* 11/10/1971, Letter from A.M. Langer to G. Hildick-Smith, 9/9/1975, Memo from G. Lee Re: A.M. Langer Analysis of Talcum Powder Products – Edinburgh Meeting, and Meeting with Dr. Langer on July 9 Concerning Analytical Analysis of Talc.

142. In response, Johnson & Johnson sought to discredit the independent scientists' results and hired consultants to refute the asbestos in talc findings. Some of Johnson & Johnson's experts found asbestos when evaluating consumer talc products. These results were reported to Johnson & Johnson though the company never provided those results to the FDA. Johnson & Johnson's claim that it provided the FDA with its "entire background file on asbestos talc testing" related to the company's cosmetic talc products was untrue because it never provided the FDA with the test results it received that identified asbestos in its talc and cosmetic talc products. *See* February 19, 2019

4 A copy of the Alex Gorsky video can be provided upon request.

Deposition of Susan Nicholson at 184:20–185:9.

143. Johnson & Johnson did not tell the FDA that it possessed test results finding asbestos in the mine ore and the finished talc product, nor did it give those results to the FDA. *Id.* at 105:2-5.

144. Under cross-examination, Johnson & Johnson's representative was forced to admit that despite claiming that it provided all testing to the FDA, Johnson & Johnson never provided any results of asbestos testing of its talc products or ore to the FDA for the Vermont mine after 1973. *See* March 6, 2019 Deposition of Susan Nicholson at 293:12–294:19. These include tests in which fibers matching the Johnson & Johnson definition of asbestos were found. *Id.* at 349:6–353:23.

145. Since the early 1970s, Johnson & Johnson represented to the FDA that there was no tremolite or fibrous talc in its talc-based cosmetic products. *Id.* at 89:17–90:8); *see also* 7/21/1971 J&J Memo to File: Special Talc Project No. 503 FDA Meeting.

146. Over the course of more than 4 decades, Johnson & Johnson represented to the FDA "over and over again" that there is not a single instance or report of asbestos – including chrysotile asbestos – in its products. *See* February 19, 2019 Deposition of Susan Nicholson at 98:10-19.

147. Beginning in early 1970s, Johnson & Johnson represented to the FDA that its data "conclusively proves that Johnson's Baby Powder is free of asbestos." *Id.* at 90:9-23; *see also* 9/21/1971 Letter from W. Nashed to FDA Director R. Schaffner ("It is seen that the data conclusively proves that Johnson's Baby Powder is free of asbestos.")

148. Johnson & Johnson has represented to the FDA that "no amphibole materials have been detected" in the company's talc-based products. *See* February 19, 2019 Deposition of Susan Nicholson at 99:2-21; *see also* 3/15/1976 Letter from G. Lee re: Examination of Asbestos in Talc at 6.

149. When pressed, Johnson & Johnson went so far as to represent to the FDA that "there wasn't a shred of evidence to support the idea that either our Johnson's Baby Powder or Shower to Shower contained any chrysotile asbestos." *See* 12/13/1972 J&J Memo re: Meeting Nov. 1, 1972 with Dr. Schaffner – FDA; *see also* February 19, 2019 Deposition of Susan Nicholson 90:24–91:18.

150. Johnson & Johnson knew that its standby consultant McCrone purposely omitted findings of asbestos in its talc-based products because it "would only tend to confuse the issue perhaps with the FDA" and offered that if Johnson & Johnson "decide[d] to use these reports with the FDA" to "please call us." *See* 10/12/1971 Letter from G. Grieger to A. Goudie; *see also* March

6, 2019 Deposition of Susan Nicholson at 327:14–328:21.

151. As a part of its testing and reporting protocol for the Johnson & Johnson Defendants' talc-based products, McCrone would segregate any test results that were positive for the presence of asbestos in talc ore or cosmetic talc products from those that allegedly found "no quantifiable" asbestos. For instance, on April 29, 1986, under McCrone Project No. ME-2275 and Purchase Order WS-0503, McCrone authored two separate reports of test results for Windsor Minerals. The first was for 11 talc samples in which "no quantifiable" amounts of asbestiform were found. The second was for the three talc samples (noticeably extracted from the numbering sequence) in which traces of chrysotile were found. *Compare* Nancy Musco Dep. Ex. 8B, Tab 73 with 4/29/1986 *Edley* Samples.

152. As further explained in the paragraphs below, McCrone and the Johnson & Johnson Defendants worked together to manipulate the asbestos testing results of Johnson & Johnson products done by outside laboratories and reported those manipulated findings to the FDA as negative results.

153. Although aware of McCrone reports to the contrary, Johnson & Johnson represented to the FDA that its consultant McCrone Associates never found asbestos in the talc ore that was used to make the PRODUCTS. Deposition of Susan Nicholson At 316:8-23; *see also id.* 326:20–327:2 (Johnson & Johnson cites McCrone tests to the FDA to support its position that there was "no evidence" of asbestos in the Shower to Shower product). This statement to the FDA was false.

154. In 1972, after Johnson & Johnson was notified that an FDA consultant found asbestos in the Johnson & Johnson talc products, Johnson & Johnson hired Professor Hutchinson from the Minnesota Space Center to privately test the products with the intention of refuting the FDA consultant's findings.

155. On September 20, 1972, in anticipation of a meeting with the FDA to discuss the asbestos test results, Johnson & Johnson executives arranged for its consultant, Ian Stewart of McCrone, to meet with Professor Hutchinson in the Chicago O'Hare airport. At that meeting, Professor Hutchinson informed Ian Stewart that he found "incontrovertible asbestos" in Johnson & Johnson's talc-based products. *See* handwritten notes by Professor Hutchinson. From there Mr. Stewart, on behalf of Johnson & Johnson, flew directly to Washington DC to meet with the FDA to discuss test results. Mr. Stewart never disclosed Dr. Hutchinson's findings of asbestos to the FDA. *See* Ian Stewart Traveling Expense report.

156. Thereafter, Professor Hutchinson provided Johnson & Johnson with a formal report documenting his asbestos findings with photographs of the asbestos he found in the Johnson & Johnson products. Johnson & Johnson produced excerpts of the report to the FDA, removing all references to Professor Hutchinson's "incontrovertible" findings of chrysotile asbestos. *See* March 6, 2019 Deposition of Nicholson at 339:20–341:9, 345:11-21.

157. Johnson & Johnson similarly never informed the FDA that it was aware of additional evidence demonstrating the presence of actinolite in Johnson's Baby Powder. *Id.* at 325:4-15. For example, Johnson & Johnson did not submit a March 1974 test result from Professor Reynolds at Dartmouth College that "Actinolite is the dominant fiberform amphibole in the ore and talc product provided by Windsor Minerals." *Id.* at 346:24–347:2; *see also* JNJ 000266903 (3/1974 Memo re: Analysis of Talc Products and Ores for Asbestiform Amphiboles).

158. Instead, Johnson & Johnson submitted test results to the FDA from Dartmouth claiming that no amphiboles were found in the company's talc products. *See* February 19, 2019 Deposition of Susan Nicholson at 158:10–159:1.

159. As part of its plan to mislead the FDA and falsely claim its talc ore and cosmetic talc products were free of any asbestos, Johnson & Johnson hired outside consultants to conduct tests of Johnson & Johnson talc products using test methods Johnson & Johnson knew would not detect asbestos at low levels. *Id.* at 196:19-24, 197:24–198:8.

160. Thereafter, Johnson & Johnson submitted test reports to the FDA as proof that its talc was asbestos free knowing that the methods used would not detect asbestos at low levels and, thus, were not reliable to rule out the presence of asbestos. *See* March 6, 2019 Deposition of Susan Nicholson at 255:23-256:4.

161. Instead of utilizing a method it knew was sensitive enough to find asbestos at low levels, Johnson & Johnson routinely used a testing method that was not sufficient to detect asbestos at those level and continued to submit the same false negative testing results to the FDA. This method was known as J4-1.

162. The J4-1 testing method utilized "XRD" as the initial screen to determine if any further testing was necessary (with a level of detection of about 1%). *See* CTFA Method J4-1 Part I & Part II. If the XRD test result was negative, no more testing would occur, and the sample would be reported as "none detected." This process virtually guaranteed that low levels of asbestos would never be found.

163. Johnson & Johnson similarly knew that XRD could not detect chrysotile at levels below two or three percent of the talc product and was also incapable of detecting low levels of tremolite. See February 19, 2019 Deposition of Susan Nicholson at 196:19-198:8.

164. In the unlikely event an XRD test result was positive, Johnson & Johnson implemented a second step, polarized light microscopy ("PLM"), but instructed the PLM analyst not to count *all* of the fibers he or she would actually see under the microscope. *See* CTFA Method J4-1 Part I & Part II. Short fibers, below a defined size, recognized as carcinogenic, were excluded from any reporting. According to the J4-1 method, a fiber must have an aspect ratio (length to width) of 5:1 or greater, and both dispersion testing and fibrous morphology criteria must be satisfied before a particle can be identified as asbestiform. *Id.* and *see* JNJNL61_000005032 (5/21/1995, Johnson & Johnson TM7024 TEM Analysis of Talc for Asbestiform Minerals).

165. Johnson & Johnson knew and was advised of other methods of testing talc that were sensitive enough to detect the presence of small fibers of asbestos in its talc ore and/or cosmetic talc products and, thus, provide more accurate results than the testing it purposely utilized to increase the likelihood of negative results. One of those methods was the "pre-concentration" method. *See* JNJ 000268037 (12/27/1973 Colorado School of Mines Research Institute report); 6/6/1973, Memo JNJAZ55_000005081 to Pooley from Rolle; JNJ000266903 (3/1974 Memo from R.C. Reynolds, Jr. to Windsor Minerals, Inc.)("a concentration technique is mandatory because it brings the amphiboles into a reasonable concentration range for optical or other methods of analysis."); JNJNL61_000007330 (Special Talc Studies Monthly Report, March, 1974 – Assay Methods for Asbestos Minerals in Talc); JNJ 000250919 (3/11/1974, Memo from J.P. Schelz to F.R. Rolle); JNJNL61_000062964 (11/26/1974, Memo from J.P. Schelz to F.R. Rolle) (collectively referred to as "concentration method").

166. Internal Johnson & Johnson memoranda prove the company considered "the limitation" of the concentration method "is that it may be too sensitive" and when used found traces of tremolite which the J&J testing methods would fail to expose. JNJAZ55_00001892 (5/16/1973, Memo from F.R. Rolle to T.H. Shelley).

167. When Johnson & Johnson consultant, Dr. Fred Pooley, told Johnson & Johnson that the concentration method was being used in Great Britain, the method was rejected by Johnson & Johnson as not "in the worldwide company interest." JNJNL61_000062953 (2/18/1975 Johnson & Johnson Limited letter to Johnson & Johnson).

168. Although many of Johnson & Johnson's consultants — including the Colorado Research School of Mines, Professor Pooley of Cardiff University, Professor Reynolds of Dartmouth College, and Professor Alice Blount of Rutgers University — found asbestos in Johnson & Johnson's talc-based cosmetic products using the pre-concentration method, the company did not provide any of those test results to the FDA. *See* February 19, 2019 Deposition of Susan Nicholson at 172:8-15.

169. Johnson & Johnson was also urged by its consultants to use TEM to test for asbestos as it was far more sensitive than the J4-1 method used by Johnson & Johnson. *See, e.g.*, (JNJNL61_000006726 (5/18/1973, Message on from G.E. Heinze to W. Ashton *et al.* – Talc Symposium), JNJ 000035507 (9/30/1992, Notes on Meeting with Professor F. Pooley, Cardiff) ("TEM is the only suitable method for looking for fibers of biologically relevant dimensions in lungs, therefore it is logical to use the same technique for examining mineral products for biologically relevant fibers."); Johnson & Johnson correspondence at FDA_FOIA_013573 ("I think we all recognize XRD, PCM, and PLM are simply not sensitive enough to provide complete assurance that the talc is free of detectable asbestos.").

170. Eventually, Johnson & Johnson began to use TEM as a testing method on a limited basis, but implemented a TEM reporting methodology designed to yield negative, rather than accurate results. In this regard, Johnson & Johnson intentionally limited the amount of each sample that was analyzed and required a high fiber count of the same mineral type before a positive result could be reported. Johnson & Johnson called its method TM7024.

171. According to Johnson & Johnson's TM7024 method, Johnson & Johnson would report the test results as negative and "not quantifiable" unless the scientist, who was directed to look only at approximately 10 percent of the material available to examine under the microscope, counted 5 or more asbestos fibers of the same variety. JNJNL_000005032 (5/21/1995, Johnson & Johnson TM7024 TEM Analysis of Talc for Asbestiform Minerals). Thus, even if the examiner counted as many as 16 asbestos fibers (i.e. four fibers each of tremolite, actinolite, anthophyllite, and chrysotile) looking only at 10 % of the sample seen under the microscope, it would be reported as not finding asbestos or "not quantifiable."

172. Johnson & Johnson's position about the scientific propriety of its TM7024 testing protocol was and remains inconsistent with that of environmental and health agencies. The United States Environmental Protection Agency ("EPA") has refused to limit its concern to only the type of identifiable asbestos fibers Johnson & Johnson instructs its microscopists to count. *See* 4/20/2006

US EPA Region IX Response to the November 2005 R.J. Lee Group, Inc.

173. To further reduce the likelihood of detecting asbestos in its cosmetic talc ore, Johnson & Johnson required J4-1 method testing on only a composite from every two silos of talc (each silo containing hundreds of tons of talc), TM7024 testing only quarterly from a composite of all siloed talc, and a monthly composite of float feed. JNJMX68_000002913_(10/4/1984, Memo from J.A. Molnar to B. Semple, on Evaluation Program for Talc). As a result, the total amount of talcum powder Johnson & Johnson ever put under a microscope to test for asbestos was approximately 1/100 of a breath mint by weight. January 29, 2020 Trial Testimony of Matthew Sanchez at 134:19:135:20.

174. Even though Johnson & Johnson tested miniscule amounts of product, and utilized methods specifically designed to yield negative results, asbestos was still found in Johnson & Johnson's cosmetic talc. *See* J&J-414 (Hopkins 28) chart of various testing results. Upon information and belief, Johnson & Johnson did not produce these asbestos-positive test results to the public until 2017.

175. In 1976, Johnson & Johnson rejected the FDA's request to provide the results of its respective periodic monitoring for asbestos. *See* March 6, 2019 Deposition of Susan Nicholson at 255:17-256:6.)

176. Johnson & Johnson also submitted false and misleading statements through its trade association (CTFA).

177. In March of 1976, the CTFA told the FDA that all industry testing had shown all talcum powder products to be completely free of asbestos. *See* Letter to Eiermann from Estrin, March 15, 1976 (JNJ000330157).

178. On March 15, 1976, George Lee, Director of Applied Research for Johnson & Johnson, wrote to the CTFA, with the "understanding that you would wish to submit this information to the FDA," that it was "erroneously reported in 1971 that our powder contained asbestos," that the Vermont talc is "highly purified," and that Johnson & Johnson confirms the "absence of asbestos materials in this talc." *See* Letter from Lee to Estrin, March 15, 1976 WCD000009. This false information was then transmitted by the CTFA to the FDA to "give assurance as to the freedom from contamination by asbestos form materials of cosmetic talc products." *See* Ltr. to Eiermann from Estrin, March 15, 1976 (JNJ000330157).

179. Two weeks later, on March 31, 1976, Johnson & Johnson met privately in Hillside, New Jersey. During this meeting, Defendants congratulated themselves on the "success" of the

"presentations" to the FDA and agreed that they should not bind themselves to having to further update the FDA. *See* Talc Subcommittee Minutes, March 31, 1976 (JNJ000299024).

180. On March 1, 1978, John Schelz, the Chairman of the CTFA Task Force On Round Robin Testing and then current employee of Johnson & Johnson, instructed the CTFA to "destroy your copy of the table" containing the results of the CTFA Task Force on Round Robin Testing of Consumer Talcum Products for Asbestiform Amphibole Minerals. *See* JNJNL_000062534 (3/1/1978 correspondence from Johnson & Johnson to the CTFA).

181. Decades after asbestos was first reported, Johnson & Johnson continued to represent to the FDA that it had confirmed "the absence of asbestiform minerals" in its finished talc-based products. *See* JNJ 000021285 (6/27/1995 Comments of CTFA in Response to a Citizens Petition at 7-8).

182. As recent as 2016, the Johnson & Johnson Defendants represented to the FDA that no asbestos structures have ever been found in its talc-based products in any testing anywhere in the world. *See* February 19, 2019 Deposition of Susan Nicholson at 99:18–100:9; *see also* JNJ 000489313 (3/17/2016 J&J Response to FDA Request for Information on Talc at 12). This statement made to the FDA was false.

183. In about 2013, while editing information for its website, Johnson & Johnson even acknowledged internally that it "cannot say our talc-based consumer products have always been asbestos free"5 but made the representations anyhow. *See* Draft 1 – Copy for SafetyandCareCommitment Website.

g. Johnson & Johnson Destroyed or Secreted Away Relevant Evidence.

184. Johnson & Johnson has had the duty to preserve evidence and documents relevant to foreseeable litigation, including the responsibility to suspend any document destruction policies beginning 1969, and certainly no later than 1971.

185. Defendant Johnson & Johnson intentionally failed to preserve relevant documents generated in litigation in a number of cases filed against it between 1960s to the 1990s.

186. Since at least 1969, Johnson & Johnson was aware that it was foreseeable and likely

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5 *See* n. 3 & 4, *supra*.

that it would be sued in personal injury litigation alleging pulmonary injuries – including asbestos-related disease – attributable to Johnson & Johnson's talc-based products.

187. On April 15, 1969, Dr. T.M. Thompson, Medical Director for Johnson & Johnson, wrote to Mr. William H. Ashton, a Johnson & Johnson executive supervising the company's talc-based products, to advise him of danger relative to "inhalation" of the "spicule" or "needle-like" crystals of tremolite in Johnson & Johnson's talc. *See* JNJ000087991 (4/15/1969 Letter from T. Thompson to W. Ashton Re: Alternate Domestic Talc Sources) ("[S]ince pulmonary diseases, including inflammatory, fibroplastic and neoplastic types, appear to be on the increase, it would seem prudent to limit any possible content of tremolite in our powder formulations to an absolute minimum.").

188. Although Dr. Thompson states that he was not aware of "any litigation involving either skin or lung penetration by our talc formulations," he cautioned Mr. Ashton that "since the usage of these products is so widespread, and the existence of pulmonary disease is increasing, it is not inconceivable that [Johnson & Johnson] could become **involved in litigation** in which pulmonary fibrosis or other changes might be rightfully or wrongfully attributed to inhalation of our powder formulations." *Id.* To that end, Dr. Thompson recommended that "someone in the Law Department should be consulted with regard to the defensibility of our position in the event that such a situation could ever arise." *Id.*; *see also* February 15, 2019 Deposition of Nancy Musco at 64:18–68:1.

189. Dr. Thompson further forewarned Mr. Ashton that the company could confront a situation where the company would be more or less compelled to remove its talc products "if it became known that our talc formulations contained any significant amount of Tremolite." *See* JNJ000087991 (4/15/1969 Letter from T. Thompson to W. Ashton Re: Alternate Domestic Talc Sources).

190. Dr. Thompson's prediction of litigation came to fruition shortly thereafter. By the early 1970's, Johnson and Johnson was involved in litigating and planning its defense to personal injury cases related to its talc products.

191. Through the litigation process, Johnson & Johnson has been forced to identify documents from as early as 1971 (and from every year thereafter) relating to "ongoing," "pending," and "anticipated" litigation regarding Johnson's Baby Powder. See February 15, 2019 Deposition of Nancy Musco at 74:23–76:7, 93:3-16.

192. Since at least 1971, Johnson & Johnson has known and recognized that information and documentation in the company's possession relevant to or produced in any particular talc-based lawsuit would be relevant to discovery in future talc-based cases. *Id.* at 25:13-20.

193. Johnson & Johnson has reported that during the 1970s alone, the company was sued in talc-based cases in nearly each year of the decade. *Id.* at 81:25–82:18. Although Johnson & Johnson was legally obligated to retain the evidence, it claims it does not know where the documents and evidence related to these cases are located or whether they even exist. *Id.* at 78:25-79:23; 80:6-81:24.

194. While the evidence from the cases is missing, documents listed on Johnson & Johnson's privilege log related to these cases date back to 1971 and every year thereafter. *Id.* at 93:3-16. The cases described on the log indicate the records from which were spoliated and no longer exist include litigation involving both industrial talc and Johnson's Baby Powder. *Id.* at 93:17-94:16.

195. The destruction or secreting away of evidence began at least as early as the 1970's. In 1977, for example, the Talc Task Force conducted "round robin" testing of talcum powder products manufactured by member companies.

196. John P. Schelz, a Johnson & Johnson employee and chair of the Talc Task Force, coordinated the testing and review of the testing data. *See* Task Force Member Letter, June 10, 1977 (JNJ 000250596).

197. Once the testing data was received, Schelz compiled the data in a table and assigned each sample a coded value. He then created a separate "code key" to interpret the coded value assigned to each sample.

198. He did not send the code key to any of the other companies. *See* Ltr. to Haynes from Schelz, March 1, 1978 (JNJ 000265120).

199. Schelz sent the only other copy of the code key to Charles Haynes at PCPC with instructions to destroy the code key after Haynes called the companies to inform them of the results. *Id.*

200. Upon information and belief, both Schelz and Haynes destroyed the code keys to the "round robin" testing results. As a result, it's impossible to determine which products were tested. *Id.*

201. All companies involved in the "round robin" testing agreed to the process of

destroying the code key.

202. The information contained in files of cases involving injuries sustained from Johnson and Johnson's industrial talc are highly relevant to this case as it was the same used in JBP. *See* Affidavit of Roger Miller, *Edley v. Windsor Minerals, Inc.*, No. MID-L-075913-86 (N.J. Super. Ct. Middlesex County).

203. According to Johnson & Johnson's own records prior to 2000, there were personal injury cases involving Johnson's Baby Powder filed and pending with future cases anticipated.

204. Although Johnson & Johnson, by its own admission, had an obligation to preserve evidence once litigation concerning the health effects of its talc products was foreseeable, it failed to do so. *See* February 15, 2019 Deposition of Nancy Musco at 278:24-280:23.

205. Johnson & Johnson knew and understood that evidence adduced in litigation concerning the health effects of its talc products would be material and relevant to other anticipated cases. *Id.* Yet Johnson & Johnson failed to preserve records from any of the lawsuits that alleged injuries as a result of Johnson's Baby Powder, talc, or asbestos, even though Johnson & Johnson knew that relevant and material documents existed and were in its possession.

206. While Johnson and Johnson internally recognized there could be dire consequences for failing to preserve evidence there is no record of a litigation hold ever being imposed prior to 1997. Even then, Johnson & Johnson's General Counsel John O'Shaughnessy only preserved evidence when there was a case actually pending and not when anticipated. *See* June 29, 2021 Deposition of John O'Shaughnessy at 310:20-311:5.

207. The Johnson & Johnson Defendants did not retain any samples of its talc ore or milled talc used in its talc-based cosmetic products, which it tested regularly, albeit insufficiently, for the presence of asbestos and asbestiform minerals at any time until 2017. *See* October 18, 2018 Deposition of James Mittenthal at 405:22-407:9; 424:2-425:7.

208. The entries on the Johnson & Johnson privilege log indicate that samples of talcum powder used in litigation existed at the time the litigation in the 1970s, 1980's and 1990's was pending, but those samples were destroyed. *Id.* at 93:17-94:16. The relevance of those samples were acknowledged by Johnson and Johnson internally on numerous occasions.

209. Although litigation was pending and anticipated, the samples chosen by Johnson & Johnson specifically to create test results were not retained under the company's evidence retention schedules and were not subject to any litigation-hold. *Id.* at 371:14-374:9; 384:8-387:4; 405:22-

407:9.

210. Johnson & Johnson's failure to institute a litigation hold also made certain that the testing results were destroyed in accordance with its document retention policy. *Id.* at 405:22-407:1.

211. At all times relevant to this current lawsuit, Johnson & Johnson has been in complete control of all aspects of the domestic and foreign subsidiaries implicated in its talc, including, but not limited to, the testing of talc source ore mines and testing of finished Johnson's Baby Powder end-products. Johnson & Johnson knew, or should have known, that this material would be material in pending and anticipated cases alleging injury resulting from exposure to its talc products and, therefore, had a duty to preserve that testing evidence. Johnson & Johnson destroyed those testing results and discarded its samples of talc.

212. Johnson & Johnson failed to preserve talc samples maintained in its museum after 1982 when the museum was suspended, even though litigation was pending and anticipated at that time. See July 12, 2018 Deposition of Margaret Gurowitz at 157:24–159:17.

213. The Johnson & Johnson Defendants did not instruct its consultants that repeatedly tested its talc ore and products to retain the samples tested, even though litigation was pending and anticipated. *See, e.g., Id.* 158:12–159:16. Although the Johnson & Johnson Defendants were acutely aware that it was McCrone's policy to dispose of samples 30 days after testing results were generated, it never instructed McCrone to retain any samples including the samples specifically tested for purposes of litigation. *See, e.g.*, 1/28/87 McCrone Letter at JNJTALC000387715.

214. Johnson & Johnson failed to retain all test results for the presence of asbestos and asbestiform minerals of the talc ore and milled talc used in its talc-based cosmetic products. *See* Deposition of James Mittenthal at 405:22-406:24.

215. Even after a litigation hold was finally issued, Johnson & Johnson failed to retain samples from its Worldwide Talc Survey. *See* JNJNL_000015761 (10/20/2000 Letter).

216. From the 1950s to the 2000s, Defendant Johnson & Johnson (or outside laboratories, including RJ Lee and McCrone) tested samples of talc for asbestos content.

217. Upon information and belief, Defendant Johnson & Johnson failed to ensure the preservation of these samples, TEM grids, count sheets, photomicrographs, and other documents generated during the testing and, as a result, the samples, TEM grids, count sheets, photomicrographs, and other documents generated during the testing were destroyed.

218. Any test results that Johnson & Johnson has not yet produced are presumed to be

destroyed, as the disposal of these results was mandated by the company's evidence retention scheduled absent a litigation hold, which Johnson & Johnson never issued. *Id.*

219. In addition to final testing results, Johnson & Johnson failed to preserve any of the original scientific data underlying these results. Besides failing to retain the actual talc ore and milled talc samples, Johnson & Johnson did not retain photomicrographs, count sheets, or TEM grids and knowingly allowed for this evidence to be destroyed.

220. This missing scientific data is of utmost importance to the fair and proper vetting of Johnson & Johnson's defense. The limited underlying scientific data that still exists confirms that the reports of "no detectable" asbestos are belied by the underlying scientific data, which shows evidence of asbestos. *Compare* page 1 with pages 4 and 10 in 11/26/1990 McCrone letter to Michael J. Keener Re: sample analysis. There are countless similar non-detect letters with no underlying data.

221. Plaintiff is clearly hampered in the ability to prove Plaintiff's case by the intentional destruction of the samples and underlying testing data as evidenced by the fact that the underlying data that mistakenly avoided the shredder prove that tests Johnson & Johnson asserts were negative prove the J&J talc was contaminated with asbestos. See ¶187.

222. The destruction of the underlying testing data is not limited to McCrone but extends to all outside consultants hired by Johnson & Johnson. For example, while the University of Minnesota found asbestos in Johnson & Johnson talc while litigation was pending against Johnson & Johnson the photomicrographs underlying the reported findings of asbestos minerals are missing. *See* March 6, 2019 Deposition of Susan Nicholson at 333:8-23.

223. In 1989, after facing litigation related to its talc-based products for nearly two decades and anticipating further litigation, Johnson & Johnson intentionally destroyed records relating to its Hammondsville, Vermont mining operations. JNJ 000240739 (11/23/1993 Denton to Ashton and Jones at p. 3).

224. Johnson & Johnson has represented that "[i]f we had any reason to believe our talc was unsafe, it would be off our shelves immediately." *See* 12/19/2018 Johnson & Johnson Ad.

225. Yet in the *Joly* case, Johnson & Johnson's Medical Services Department – including the company's Medical Director – recognized that the plaintiff, who had used Johnson's Baby Powder for years, had "scarring of lung tissue [that] was noted on x-ray." Furthermore, "Pulmonary function studies revealed very severe obstruction of the small airways. Consumer did not respond to bronchodilators. Talc crystals were identified in the consumer's sputum." *See* February 15, 2019

Deposition of Nancy Musco Dep. 155:18–158:25; *see also* JNJ 000058414 (5/10/1985 J&J Ingestions and Inhalations Memorandum).

226. Besides this report, Johnson & Johnson has not located its records related to the *Joly* litigation even though Mr. George Lee, a Johnson & Johnson scientist, had a file on the case in his possession as late as July 1988. *See* February 15, 2019 Deposition of Nancy Musco at 170:16–172:20. Yet, J&J's designated corporate representative concerning the history and substance of prior litigation was not supplied with a single piece of paper regarding the *Joly* case. *Id.* at 159:21-161:11.

227. Evidence indicates that Johnson & Johnson historically preserved no records whatsoever from the majority of cases in which it has been sued for causing talc related injuries.

228. For those cases where there is at least some documentation, Johnson & Johnson either lost or destroyed most of the material evidence related to historical litigation alleging asbestos-related disease from its talc-based products. *See e.g.*, March 8, 2019 Deposition of Nancy Musco at 361:24-362:17 (missing *Westfall* photographs); February 15, 2019 Deposition of Nancy Musco Dep. 232:9-1 (missing *Edley* interrogatories); *id.* at 111:23–112:3 (no records from the *Cunningham* case); *id.* at 112:10-25 (no records from the *Kreppel* case); *id.* at 113:12–114:3) (no records from the *Lopez* case); *id.* at 114:19-22 (no records from the *Sheldon* case).

229. Despite being involved in countless cases dating back to 1971, Johnson & Johnson could only locate two sets of discovery responses for its corporate representative to review. *See id.* at 202:2-13.

230. In this litigation, Johnson & Johnson has repeatedly asserted the relevance of its communications with the FDA concerning the safety of talc. Johnson & Johnson once maintained a paper file documenting all of its telephone conversations with the FDA related to its talc-based cosmetic products dating to the early 1970s. *See* February 19, 2019 Deposition of Susan Nicholson at 48:9–15. The "FDA Call File" was destroyed while litigation was pending depriving all future litigants including the plaintiff herein of the evidence concerning Johnson & Johnson's extensive discussions with the FDA. See *id.* at 113:25–114:19.

231. Johnson & Johnson once maintained toxicology information in boxes and binders. This toxicology information contained in those files was never disclosed and apparently missing.

232. William Ashton otherwise known within J&J as "Mr. Talc" was intimately involved in issues affecting the safety of talc for the entire length of his career at Johnson & Johnson spanning many decades. As part of his responsibility, Ashton maintained his own set of files concerning J&J

talc. Those files concerning talc and asbestos maintained by William Ashton, while litigation was pending remain unaccounted for. See Note from Rebecca Farlow to William Ashton with a "list of TALC files from the last case."

233. According to Johnson and Johnson, McCrone was the primary outside consultant charged with testing J&J talc for asbestos. The original McCrone testing files were sent to in house counsel while litigation was pending. Instead of producing those files to litigants alleging talc related injuries, the files were secreted away in the offices of outside counsel. *See* Letter Dated 1/3/1995 and June 29, 2021 Deposition of John O'Shaughnessy at 24:10-25:1; 155:12-156:3; 251:14-252:13. When some McCrone testing results were finally produced after 2016 the complete McCrone the files secreted away in the offices of outside counsel were not produced. Virtually all of the underlying scientific data was either lost or destroyed.

h. Johnson & Johnson Made Material Misrepresentations to Courts and Litigants for More Than 40 Years

234. That Johnson & Johnson intentionally destroyed and secreted away evidence is demonstrated by its representations to Courts, litigants and regulators that the evidence never existed in the first place.

235. Johnson & Johnson knowingly and intentionally concealed relevant and discoverable evidence and made repeated false and misleading statements to plaintiffs, their counsel and the courts, ultimately leading to the dismissal of numerous cases. Upon dismissal of the cases, Johnson & Johnson destroyed all relevant records, including any discovery.

236. Despite being involved in litigation for decades, upon information and belief, Johnson & Johnson never produced a single positive asbestos test in any case prior to 2017, even when specifically requested. See Deposition March 8, 2019 of Nancy Musco at 420:19–424:13; *see also* February 15, 2019 Deposition of Nancy Musco at 262:2-13.

237. Many of the same Johnson & Johnson executives who were involved in discussions with the FDA about the company's talc-based cosmetic products were involved in defending Johnson & Johnson in litigation alleging asbestos-related injuries from Johnson's Baby Powder and other talc-based cosmetic products. *See* March 8, 2019 Deposition of Nancy Musco at 381:25–383:23.

238. In litigation involving its talc products, Johnson & Johnson was repeatedly asked whether the talc used in any of its talc-based cosmetic products contained any amount of asbestos. February 15, 2019 Deposition of Nancy Musco at 37:1-20.

239. In defending against litigation, Johnson & Johnson represented to plaintiffs' counsel that "there was no evidence" of asbestos in the cosmetic talc used in Johnson's Baby Powder or Johnson & Johnson's Shower to Shower. *See* March 8, 2019 Deposition of Nancy Musco at 400:12–401:15.

240. Johnson and Johnson clearly understood there was a difference between representing that evidence existed that Johnson and Johnson disagrees with and the representation that no evidence exists at all. *See* February 15, 2019 Deposition of Nancy Musco at 173:10-21 and June 30, 2021 Deposition of John O'Shaughnessy at 466:12-20. These representations exemplified Johnson & Johnson's pattern and practice in defending talc-injury litigation, which was to conceal all evidence of asbestos in its cosmetic talc products and represent that no such evidence ever existed. *See* March 8, 2019 Deposition of Nancy Musco at 400:12–401:15.

241. J&J in-house counsel, John O'Shaughnessy admitted under oath that he supervised litigation where J&J asserted under oath Johnson's Baby Powder never contained asbestos in any form or tremolite. *See* June 23, 2021 Deposition of John O'Shaughnessy at 289:4-22.

242. In furtherance of this practice, Johnson & Johnson routinely provided sworn affidavits from company executives asserting that there was no evidence of asbestos in the talc used for Johnson & Johnson cosmetic products. *See* March 8, 2019 Deposition of Nancy Musco at 415:8–417:7.

243. Johnson & Johnson similarly repeatedly certified answers to interrogatories in asbestos-injury cases stating that there was never any evidence of asbestos in any Johnson & Johnson cosmetic talc product. *See* February 15, 2019 Deposition of Nancy Musco at 139:8-22.

A. ***Westfall v. Whittaker Clark & Daniels*, et al., No. 79-0269 (D.R.I.)**

244. In 1979, David Howard Westfall filed an asbestos death lawsuit in the United States District Court for the District of Rhode Island captioned *Westfall v. Whittaker Clark & Daniels, et al.*, C.A. No. 79-0269 (hereinafter referred to as "*Westfall*"), arising out of exposure to asbestos-containing talc products sourced from the Vermont mines.

245. The *Westfall* case focused on talc mined from the Johnson Mine which was owned by Johnson and Johnson until 1967 when it sold the mine to Engelhard Corporation.

246. While the Johnson mine sold primarily industrial grade talc it also sold talc for use in Johnson's baby powder until 1967 when sales were suspended because of the high arsenic content of the talc coming out of the Johnson mine. *See* Eastern Magnesia Talc Co., Inc.'s The Cosmetics

Industry outline; June 12, 1991 Deposition of Roger Miller at 45:6-19.

247. After the sale of the Johnson Mine, this sales of talc from the Johnson Mine for use in Johnson's Baby Powder ceased.

248. The *Westfall* lawsuit initially named J&J's subsidiary Windsor Mineral Inc.6 as a defendant. Windsor Mineral in turn sued Engelhard Corporation.

249. Numerous high level J&J executives participated in the case including George Lee (Director of Applied Research), Windsor Mineral President Roger Miller, J&J General Counsel John Beidler, J&J Medical Director, Bruce Semple, and "Mr. Talc" William Ashton.

250. During the course of the case numerous scientists testified that the Johnson Mine contained asbestos including the head Engelhard scientist Glenn Hemstock and company mineralogist Peter Gale. Peter Gale testified that he identified chrysotile asbestos in talc taken from the Johnson Mine by "using selected area electron diffraction in conjunction with transmission electron microscopy". *See* April 26, 1983 Deposition of Peter Gale in *Westfall*. Similarly, Glenn Hemstock, chief scientist at Engelhard, testified that his department also found chrysotile in both the raw ore and finished talc. *See* March 16, 1983 Deposition of Glenn Hemstock in *Westfall*.

251. After the evidence of asbestos contamination came out, the case was quietly settled and all evidence of asbestos contamination including sworn testimony of all of the scientists was placed under seal. See Stipulation and Order of Confidentiality relating to document disclosure from *Westfall* case.

B. *Gambino v. Johnson & Johnson Baby Products Co.*, No. L-064200-83 (N.J. Super.)

252. In the same year the *Westfall* case was quietly settled, 1983, Johnson & Johnson was named as a defendant in another product liability action captioned *Gambino v. Johnson & Johnson Baby Products Company,* Docket No. L-064200-83, Superior Court of New Jersey, Law Division, Middlesex County (hereinafter "*Gambino*").

253. In *Gambino*, the plaintiff alleged that his talcosis diagnosis was a direct result of exposure to and use of Johnson's Baby Powder. Although documents were once in the control of Johnson & Johnson's Legal department, no evidence from the case exists with the exception of the complaint and answers to one set of interrogatories. *See* February 15, 2019 Deposition of Nancy Musco at 105:16–107:5.

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6 Johnson & Johnson sold Windsor Minerals sold to Cyprus Mines Corporation in 1989.

254. Johnson & Johnson never issued a litigation hold during the *Gambino* proceedings and presumably any other case involving talc used in its cosmetic talc products until 1997. *See* October 19, 2018 Deposition of James Mittenthal at 478:1-481:9.

C. ***Yuhas v. Windsor Minerals, Inc., et al.*, No. MID-L-029706-84 (N.J. Super.); *Edley v. Windsor Minerals Inc., et al.*, No. MID-L-075913-86 (N.J. Super.)**

255. In 1986, the *Edley* case was filed in Middlesex County New Jersey. Mr. Edley alleged he developed asbestosis as a result of working with talc from Johnson & Johnson's Vermont talc mine.

256. On August 27, 1986, John Beidler, the same J&J in house counsel who worked on the *Westfall* case, wrote to the plaintiff's attorney Ronald Grayzel demanding a dismissal and citing to the New Jersey frivolous lawsuit statute as a veiled threat. In his letter, J&J's Beidler represented "All of the talc mined by Windsor Minerals, Inc., whether it is ultimately sold to industrial users or used in Johnson's Baby Powder, is sampled and tested for the presence of asbestos. ***No evidence of the presence of asbestos*** in Windsor Minerals' product ***has ever been revealed*** by this testing. Attached as Exhibit 'A' is a true copy of a recent report of that testing." (Beidler cited as precedent another case dismissed two months earlier based upon the same representations). See August 27, 1986 Johnson & Johnson letter from John Beidler to Ronald Grayzel Re: *Edley v. Windsor Minerals, Inc.*. No other testing reports including those finding asbestos in the Vermont talc were referenced or turned over.

257. After Mr. Edley refused to dismiss his case, J&J sent another letter to Mr. Grayzel demanding dismissal citing as precedent another case dismissed based upon the same representations. Attached to the letter was an affidavit of the President of Windsor Minerals, Roger Miller, parroting the representation of J&J's counsel "All of the talc mined by Windsor Minerals, Inc., whether it is ultimately sold to industrial users or used in Johnson's Baby Powder, is sampled and tested for the presence of asbestos. ***No evidence of the presence of asbestos*** in Windsor Minerals' product ***has ever been revealed*** by this testing. *See* Affidavit of Roger Miller, *Edley v. Windsor Minerals, Inc.*, No. MID-L-075913-86 (N.J. Super. Ct. Middlesex County.) (emphasis added).

258. Roger Miller's affidavit makes no distinction between industrial and cosmetic talc stating unequivocally the same talc was used in both products.

259. Roger Miller's affidavit attached an Exhibit "A", was the report of a 1987 assay by McCrone that found "no quantifiable amounts of asbestiform minerals" in Windsor talc samples. *Id.*

260. Not disclosed was the scheme to use as code language "non quantifiable" in the reports from McCrone to cover up asbestos findings. That scheme is disclosed in the correspondence between Roger Miller, the author of the *Edley* Affidavit, and McCrone Laboratories.

261. On August 22, 1985, the year prior to the filing of the *Edley* case, McCrone sent a letter to J&J subsidiary Windsor Minerals advising that chrysotile asbestos was found in J&J talc. *See* August 22, 1985 McCrone letter to Arthur LaPierre Re: McCrone Project No. ME-1862.

262. Upon finding out about the report, Windsor Minerals President Miller wrote to McCrone admonishing "We received on August 22, the enclosed report on these samples mailed to another Company employee. The August 22, report is couched in substantially different language than earlier reports. As I explained to you on my visit to Chicago it is very important that specific language be used." *See* September 10, 1985 Windsor Minerals letter to Ian Stewart Re: methodology and reports.

263. After receiving the letter from Miller, McCrone issued a new report omitting the asbestos findings and substituting the code words "non quantifiable" indicating the test of the J&J talc was negative for asbestos. *See* October 8, 1985 McCrone letter to Roger Miller Re: McCrone Project No: ME-1862.

264. Not only did Johnson & Johnson use code words to cover up the McCrone asbestos findings, it failed to disclose numerous other tests in possession of J&J reporting asbestos in J&J talc. *See* for example 10/27/1972, McCrone report, 2/11/1974, McCrone to JJ Rolle; 4/24/1974, McCrone report, 5/8/1974, McCrone report; 7/8/1974, McCrone to J.J. Rolle, 10/10/1974, McCrone to Windsor Minerals Inc., 7/1/1975, McCrone to Windsor Minerals Inc., 9/11/1975, Stewart to V. Zeitz, 10/5/1978, McCrone to Windsor Minerals Inc.; 8/22/1985, McCrone to Windsor Minerals Inc., McCrone Images of Plate 46770 4678, June 4, 1962 Battelle letter to Ashton Re: field work in Chester, Vermont, September 3, 1971 McCrone preliminary report to Dr. Goudie, May 9, 1974 Windsor MA Number 3295, Examination of Talc Ores and Products from the Argonaut Ore Body, March 4, 2014 Mount Sinai letter to Steven Smith Re: Cashmere Bouquet powder, September 1, 1983 McCrone letter to Roger Miller Re: fiber count analysis purchase order R-503, November 2, 1984 McCrone letter to Roger Miller Re: analyses for four air filter samples, and August 8, 1986 Roger Miller handwritten notes Re: sample origins.

265. In urging the *Edley* plaintiff to agree to dismiss his case, Johnson & Johnson cited to a similar case named *Yuhas* where the plaintiff had previously agreed to dismiss his case based upon a similar false affidavit. *See* Windsor Ans. to *Yuhas* Compl. and Stip. of Dismissal.

266. In a recent trial in the same Middlesex County courthouse, Johnson & Johnson's corporate representative was forced to admit under oath that the representations made in Miller's affidavit were false and perjurious. *See* July 23, 2019 John Hopkins Trial Transcript *Barden* et al v. J&J at 189:1–195:4.

267. In reliance upon the fraudulent affidavits and affirmations, Mr. Edley voluntarily dismissed his case as Yuhas did before him. *See, e.g.*, Stipulation of Dismissal, R.B. Grayzel; *Yuhas* dismissal.

268. By the end of 1987 at least three documented cases were dismissed based upon the representation that no evidence existed reporting asbestos in J&J talc. *See* June 30, 2019 Deposition of John O'Shaughnessy at 478:11-480:14. As numerous pre-1987 files are missing, the question remains how many other plaintiffs met the same fate.

D. Countless fraudulent dismissals followed in the 1980s and 1990s.

269. When Johnson & Johnson entered into negotiations with Cyprus to sell its wholly-owned subsidiary, Windsor Minerals Inc., the parties included an indemnification provision for then-current asbestos-in-talc litigation. *See* Cyprus Agreement of Transfer.

270. The agreement provided the details of numerous claims and lawsuits regarding injuries allegedly due to asbestos and talc on file at the time. *Id.*

271. "Exhibit I" to Indemnification agreement establishes that Johnson & Johnson was aware of substantial pending and probable asbestos-in-talc litigation involving Windsor Minerals Inc., including the cases of 982 plaintiffs, all of whom suffered from asbestos-related diseases and attributed their injuries to exposure to asbestos and asbestos-containing talc. *Id.*

272. While scant evidence exists from the approximate 1000 dismissed cases involving Windsor Minerals, discovery has disclosed false sworn discovery responses as well as affidavits similar to that used to secure dismissals in the *Edley* and *Yuhas* cases executed by Roger Miller and other Johnson & Johnson executives.

273. On July 8, 1988, a year after executing his affidavit in the *Edley* case, Roger Miller executed another sworn affidavit attesting — "All of the talc mined by Windsor Minerals, Inc. has been regularly sampled and tested for the presence of asbestos. ***No evidence of the presence of***

asbestos in Windsor Mineral, Inc.'s product ***has ever been revealed*** by this testing." *See* Affidavit of Roger Miller, *Andonian v. A.C. & S, Inc.*, No. ACV-88-6-1731 (Summit Cnty. Ct. Comm. Pls.) (emphasis added).

274. **On the same date in a different case,** Roger Miller again swore — "All of the talc mined by Windsor Minerals, Inc. has been regularly sampled and tested for the presence of asbestos. ***No evidence of the presence of asbestos*** in Windsor Mineral, Inc.'s [product] ***has ever been revealed*** by this testing." *See* Affidavit of Roger Miller, *Miller v. A.C. & S, Inc.*, No. ACV884-1087 (Summit Cnty. Ct. Comm. Pls.) (emphasis added).

E. The Ashton Affidavit

275. Pending at the time against J&J were an additional 1827 cases alleging injury from talc exposure from the Johnson mine. Also named in the cases was Engelhard as a result of purchasing the Johnson mine from J&J.

276. After Engelhard threatened to sue J&J for selling the Johnson mine to Engelhard J&J decided to cooperate with Engelhard in an effort to obtain dismissals of pending cases. According to J&J's in house counsel "[wh]at we did was we participated in this affidavit and Mr. Ashton wrote the affidavit to protect Johnson &Johnson's interests." *See* June 30, 2021 Deposition of John O'Shaughnessy at 525:5-15.

277. In order to extricate itself from responsibility, similar to Roger Miller, Johnson and Johnson arranged for J&J executive William Ashton to execute a false affidavit under oath in Somerset County, New Jersey that "From the 1940s through the 1980s, talc mined in Vermont and specifically, the talc mined by Engelhard Corporation (and its predecessors) from the talc mine located in Johnson, Vermont (the "Johnson mine") has been considered to be talc free from contamination by asbestos." *See* Affidavit of William Ashton (Somerset Cnty., N.J.).

278. According to Johnson and Johnson's privilege log, the Ashton Affidavit is acknowledged as directly relevant to "ongoing and anticipated Johnson Baby Powder litigation." *See* entry specifying May 5, 1989 memo from Dembrow to Ashton.

279. Attached to the Ashton affidavit in support of the no asbestos assertion was the deposition of Alfred Chidester, J&J's expert from the *Westfall* case. Having worked on the *Westfall* case, Ashton was intimately familiar with the proof from that case.

280. Conspicuously missing from the Ashton affidavit was any reference to the depositions of the scientists in the *Westfall* case unequivocally stating there was in fact asbestos in the mine.

281. Thereafter, the Ashton affidavit was sent to numerous plaintiffs' attorneys around the country demanding dismissal of the cases asserting that the talc from the mine "did not contain asbestos." *See* May 17, 1989 Cahill letter to Schwartz Re: Tireworkers' Asbestos Litigation).

282. The affidavit was even submitted to the Federal Judge in charge of all of the federal asbestos cases in the country with the representation that "Mr. Ashton concludes that our client's talc did not contain asbestos." *See* August 14, 1985, Victoria N. Komarnicki letter to Judge Weiner Re: Tireworkers' Litigation.

283. Upon information and belief in excess of 10,000 cases were ultimately dismissed using the Ashton affidavit.

F. *Ritter v. Cyprus, et al.*, No. 93-5121-CV-8 (W.D. Mo.)

284. In 1993, Johnson & Johnson was implicated and participated in the defense of *Ritter v. Cyprus et al.* (hereinafter "*Ritter*"), related to injuries caused by Johnson & Johnson's talc products. *See* 10/17/1994 Luzenac America Inc. letter to Johnson & Johnson.

285. During that case, McCrone sent its entire original testing file to J&J in house counsel John O'Shaugnesssy. *See* January 3, 1995 McCrone letter to John O'Shaughnessy Re: McCrone Project No. IL-2689.

286. Apparently O'Shaugnessy then shared all or part of the original file including the underlying scientific data with its expert Barry Doolan who confirmed the tests in the file reported that the J&J talc contained chrysotile asbestos. *See* April 4, 1995 Johnson & Johnson Memo Re: Site visit to Vermont Mines and Interview with Barry Doolan).

287. The McCrone file was secreted away by sending the file offsite to J&J outside counsel. *See* June 30, 2021 Deposition of John O'Shaughnessy at 442:22-443:1; 443:19-444:7. See *also* January 3, 1995 McCrone letter to John O'Shaughnessy Re: McCrone Project No. IL-2689.

288. Discussions between Johnson & Johnson and its talc supplier, Cyprus, regarding the *Ritter* litigation confirmed that Johnson & Johnson and its talc supplier destroyed all samples of talc tested for the presence of asbestos, including the samples tested by Johnson & Johnson's retained laboratory, McCrone Associates. *See* 10/19/2018 October 19, 2018 Deposition of James Mittenhal at 496:21:14–504:1.

289. Despite being properly requested, the related documents, information, and samples, was never identified, disclosed, or produced in litigation.

290. After J&J recieived the original McCrone file, Roger Miller once again swore under

oath that no fiber form materials were ever found in the J&J talc. with J&J's corporate counsel, John O'Shaugnessey defending him. *See* apperance page from April 16, 1995 Roger Miller deposition.

G. ***Selby v. Johnson & Johnson, et al.*, No. 670577 (Cal. Sup. Ct.)**

291. In 1994, Marlene Selby and Lowell Wayne Selby filed a lawsuit in the Superior Court of California, County of San Diego, captioned *Selby v. Johnson & Johnson, et al.* (hereinafter "*Selby*"), alleging that Mrs. Selby's lung injury was caused as a direct result of exposure to Johnson's Baby Powder.

292. In *Selby*, Johnson & Johnson once again made the false representation in answers to interrogatories that its talc products never contained asbestos. *See* April 20, 1994 Johnson & Johnson's Supplemental Responses to Plaintiffs' Special Interrogatories in *Selby*.

H. ***Coker v. Johnson & Johnson, et al.*, No. D-157,746 (Tex. 136th Judicial Dist. Ct.)**

293. In September 1997, Darlene Coker and her husband, Roy Coker, filed suit against Johnson & Johnson Consumer Companies and others in the 136th Judicial District Court of Jefferson County, Texas ("*Coker*").

294. Despite its subsidiaries being named in the complaint, Johnson & Johnson's Corporate Counsel John O'Shaughnessy dictated the strategy and actively participated in the defense of the companies. *See* June 30, 2021 Deposition of John O'Shaughnessy at 209:21-210:1. On May 6, 1998, Johnson & Johnson served its responses to plaintiffs' interrogatories and requests for production ("*Coker* discovery responses").

295. In Johnson & Johnson's "Preliminary Statement" in the *Coker* discovery responses, Johnson & Johnson, stated in pertinent part:

> Johnson & Johnson Consumer Companies, Inc. (hereinafter Johnson & Johnson) states that in the preparation of its responses to plaintiffs requests and interrogatories, it has made, and continues to make, a concerted good faith effort to collect all of the requested information or documents from Johnson & Johnson as well as any relevant predecessors and vendors.

***

As for its responses to interrogatories, Johnson & Johnson state that

> when the requested information is readily available from documents, the documents will be produced as noted in individual interrogatory responses.
>
> ***
>
> In response to requests for documents and interrogatories, Johnson & Johnson will produce information relevant to talc or baby powder.

Id.

296. In the *Coker* discovery responses, Johnson & Johnson concealed and refused to produce documents from any analyses of Johnson's Baby Powder for fibrous material or for asbestiform material, objecting that such requests for documents constituted a "fishing expedition," even though Johnson & Johnson knew that relevant and material documents showing the asbestos content of Johnson & Johnson's cosmetic talc products existed. *Id.*

297. Johnson & Johnson concealed and refused to produce in response to plaintiffs' discovery requests, any geological surveys or documents regarding the source mines for Johnson & Johnson's talc products despite knowingly possessing documents relating to the Vermont mines, which were owned and operated by Johnson & Johnson's wholly-owned subsidiary prior to 1989.

298. Johnson & Johnson concealed and refused to produce in response to plaintiffs' discovery requests in *Coker* any documents evidencing or relating to tests, studies, investigations, or analyses of Johnson's Baby Powder for the presence of asbestos at the request of, or by, Johnson & Johnson, members of the CTFA, Johnson & Johnson's talc suppliers, the federal government, McCrone, E.S. Laboratories, Colorado School of Mines Research Institute, Bain Environmental, or other outside laboratories in the 1950, 1960s, or 1970s, despite Johnson & Johnson's knowledge that relevant and material documents existed and were in its possession. *See* May 7, 1998 J&J interrogatory responses in *Coker*.

299. Johnson & Johnson concealed and refused to turn over these documents despite knowing that it had an obligation to turn over what was requested. *See* February 15, 2019 Deposition of Nancy Musco at 279:11-17.

300. In response to plaintiffs' questioning regarding whether Colorado School of Mines

Research Institute or McCrone "found the presence of asbestos or asbestiform minerals" in its testing of Johnson & Johnson talcum products, Johnson & Johnson objected, asserting that such a request violated the Texas Rules of Civil Procedure as it requested proprietary and trade secret information and required each witness "to speculate and provide an expert opinion that [the] witness is not qualified to express." *See* March 8, 2019 Deposition of Musco at 402:4–405:21.

301. Notably, the Colorado School of Mines Research Institute, who had been retained by Johnson & Johnson since the 1950s, repeatedly and consistently detected the presence of asbestos in Johnson & Johnson's talc sources, yet Johnson & Johnson failed to disclose this information or produce said testing results during the *Coker* litigation.

302. Similarly, McCrone Associates, also retained by Johnson & Johnson since the 1970s, repeatedly and consistently detected the presence of asbestos in Johnson & Johnson's talc sources, yet Johnson & Johnson failed to disclose this information or produce said testing results during the *Coker* litigation.

303. When McCrone files were subpoenaed by the plaintiff, J&J asserted that the testing information were trade secrets. *See* October 27, 1997 letter from Hobson's office to Appleman Re: Coker enclosing Affidavit of Return Services. As explained by J&J's general counsel, John O'Shaughnessy, the reason the testing documents were not turned over was because they "were so sensitive that disclosure of them were so sensitive without certain protections would harm the business of the company." *See* June 30, 2021 Deposition of John O'Shaughnessy at 657:15-658:12.

304. During the course of the case, J&J's talc supplier Luzenac sent J&J's counsel all of its testing documents concerning Italian talc going back to 1982. *See* April 17, 1998 Facsimile from Jean-Pierre Grange to John O'Shaughnessy. Instead of turning the documents over in litigation, they were also secreted away in the offices of outside counsel. *See* June 30, 2021 Deposition of John O'Shaughnessy at 442:10-20.

305. Finally, Johnson & Johnson was aware that E.S. Laboratories, who had also been retained by Johnson & Johnson, reported a finding of 1% chrysotile asbestos in Italian talc A.G.T. 1615, the same talc source used in Johnson's Baby Powder and Shower to Shower, but Johnson & Johnson never disclosed this information during the *Coker* litigation.

306. Instead, while defending against the plaintiffs' claim, Johnson & Johnson represented to the plaintiffs' counsel that "there was no evidence" of asbestos in the cosmetic talc used in Johnson's Baby Powder and Johnson & Johnson's Shower to Shower. *See* March 8, 2019 Deposition

of Nancy Musco at 400:12–401:15.

307. In defending the *Coker* case, Johnson & Johnson contacted Dr. Alice M. Blount, Ph.D., a Rutgers University professor and researcher who had studied the asbestos content of various cosmetic talc products about serving as the company's consultant. Subsequently, on April 23, 1998, Dr. Blount advised Johnson & Johnson's counsel that the "Sample I" referred to in her 1991 paper "Amphibole Content of Cosmetic and Pharmaceutical Talcs" was a sample from Johnson & Johnson's Vermont mines that was found to have contained asbestos. *See* JNJ 000064241 (4/23/1998 correspondence from Dr. Blount). In this letter, Dr. Blount states "[a]s I told you, I believe that Johnson & Johnson's Vermont talc contains trace amounts of asbestos..." *Id.*

308. Sample I in Dr. Blount's study was found to contain asbestos at levels that would not have been identified using the industry-created procedure, the J4-1 method, for which Johnson & Johnson had advocated, used in-house, and required its outside laboratories to use. Sample I was a sample of Johnson's Baby Powder, though the identity of its manufacturer was not disclosed in Blount's article. Johnson & Johnson concealed this information and never disclosed it to the plaintiffs during litigation. *Id.*

309. Johnson & Johnson thus knew that Dr. Blount had found asbestos in Johnson's Baby Powder but concealed this fact and never informed the plaintiffs or their counsel of this fact.

310. It was no secret that Alice Blount found asbestos in cosmetic talc as it was published in the open literature and so important was ultimately published by IARC. *See* April 23, 1998 letter from Alice Blount to Raymond Hatcher enclosing report & Arsenic, Metals, Fibres, and Dusts, Volume 100C A Review of Human Carcinogens.

311. What was kept and remained a secret, however, was that it was Johnson and Johnson's talc that contained the asbestos. The secret was relayed to people inside J&J but went no further until it was turned over by mistake in a lawsuit. *See* June 30, 2021 Deposition of John O'Shaughnessy at 638:4-19.

I. *Krushinski v. Johnson & Johnson Baby Products Co.*, Docket No. MID-L-9389-99 (N.J. Super.)

312. In *Krushinski v. Johnson & Johnson Baby Products Co.*, Docket No. MID-L-9389-99, Superior Court of New Jersey, Law Division, Middlesex County (hereinafter "*Krushinski*") Johnson & Johnson again objected to producing scientific testing to determine whether there are any health risks in Johnson's Baby Powder as confidential, proprietary trade secrets. See *Krushinski*

Interrogatories at 3.

313. In *Krushinski*, Johnson & Johnson controlled all discovery provided and caused certified interrogatories to be served swearing that "talc used in the manufacture of Johnson's Baby Powder **never contained asbestos in any form, or tremolite**." *Id.* at 7 (emphasis added); *see also* February 15, 2019 Deposition of Nancy Musco at 123:18–124:1.

314. Johnson & Johnson has since been forced to admit that these interrogatories, which were answered in conjunction with the company's lawyers, are false. *See* July 22, 2019 Trial Testimony of John Hopkins in *Barden et al. v. J&J* at 139:14–140:15.

315. Johnson & Johnson also admitted that it cannot be sure that the information that was available to it during the pendency of the *Gambino* case was available to it years later in the *Krushinski* case.

316. Yet, Johnson & Johnson knew there was tremolite in Johnson's Baby Powder when responding to the *Krushinski* discovery requests. *See* March 6, 2019 Deposition of Susan Nicholson at 319:21–320:2.

317. In making representations in asbestos-injury litigation, Johnson & Johnson knew there was a difference between representing that there is "no evidence" of asbestos contamination and acknowledging that evidence exists, but claiming it is unreliable. Despite this knowledge, Johnson & Johnson, through its general counsel, chose to represent that there was "no evidence" of asbestos contamination. *See* February 15, 2019 Deposition of Nancy Musco at 173:10-21 and June 30, 2021 Deposition of John O'Shaughnessy at 466:12-20.

318. The answers swearing that there was never any evidence of any form of asbestos or tremolite were approved by J&J's in house counsel. *See* June 29, 2021 Deposition of John O'Shaughnessy at 37:15-21.

319. In certifying answers to interrogatories, it was Johnson & Johnson's pattern and practice that its representative signing the responses never independently verify whether the information supplied was truthful and complete.

J. *Durham v. Metropolitan Life Ins. Co.*, No. 05C-07-136 ASB (Del. Sup. Ct. New Castle Cnty.)

320. On September 19, 2006, Johnson & Johnson Executive John Hopkins executed another fraudulent affidavit swearing:

a. "The conclusion of the Audits was that for both of the Italian and Vermont mines, there was ***zero evidence*** of asbestos in the geology and mineralogy of the mines."

b. "For the talc sources in use in the United States over the period 1955-2002, there has ***never*** been an instance of asbestos contamination."

c. "***No evidence*** of asbestos in the mineralogy and geology in the talc mines supplying Johnson & Johnson in the United States"

d. "***No evidence*** of asbestos contamination in each production batch sampling as certified by the suppliers, from the period 1975 – date."

e. "It may be concluded that there has ***never*** been asbestos contamination of the talc used by Johnson & Johnson in the United States from the period in question, 1955-2002." *See* September 14, 2006 Durham v. Met Life Hopkins Affidavit.

321. According to Hopkins, Pooley who was a consultant to J&J, reported zero evidence of asbestos in the Italian and Vermont mines.

322. Unfortunately, evidence discovered years later prove unequivocally that Hopkins's representations concerning Pooley were false.

323. As early as 1972, Pooley conducted analysis of samples of Italian talc from the mine used to produce Johnson's Baby Powder and concluded that "the only asbestos type mineral to be found in the hand samples was tremolite." *See* University College Cardiff, An Examination of Italian Mine Samples and Relevant Powders, Conclusions.

324. Hopkins's representations concerning Pooley's analysis of Vermont talc was equally false. As reported on May 16,1973, internally at J&J, Pooley found asbestos "tremolite-type in Vermont." *See* JNJAZ55_00001892 (5/16/1973, Memo from F.R. Rolle to T.H. Shelley).

325. Apparently forgetting the substance of his own sworn testimony, years later the same John Hopkins would testify that similar affidavits executed by Windsor Minerals were in fact false. *See* July 23, 2019 Trial Testimony of John Hopkins in *Barden et al v. J&J* at 189:1–195:4.

K. *Lopez v. J&J* (2007)

326. In 2007, Roger Miller testified McCrone never found asbestos in any mine. *See* January 16, 2007 Deposition of Roger Miller, 84:12-15.

327. Miller went on to testify specifically that the testing of the Argonaut mine, which was

the primary mine at the time used to manufacture Baby powder, "never revealed" any asbestos. *Id.* at. 103:10-104:13.

328. That testimony is proven false by numerous reports including the report issued by McCrone before the mine was officially opened finding Chrysotile asbestos throughout the mine. *See* April 24, 1974 McCrone Examination of Talc Samples, Argonaut Ore Body.

L. ***Payan v. CBS Corp., et al.*, Caso No. BC 608412 (Cal. Sup. Ct., Los Angeles Cnty.)**

329. While the majority of the early litigation files are now missing, the evidence demonstrates that the false representations continued into the second decade of the 21st century as evidenced in the *Payan* case. Accordingly, on July 7, 2016, Dr. John Hopkins executed another fraudulent affidavit swearing (*See* July 7, 2016 Affidavit of John Hopkins):

a. "*Confirmation of the absence of asbestos* on a historical basis has been reported in a Johnson & Johnson internal report from 1966 that summarized the results of 13 samples of talc from the Company Museum and dating from the period 1910-1964."

b. "The conclusion of the Audit was *that there was zero evidence of asbestos* in the geology and mineralogy of the Italian mine."

c. "Based on the absence of asbestos contamination in historical talc samples; an in-house raw material specification requirement dating from at least 1949, for absence of asbestos in talc; no evidence of asbestos in the mineralogy and geology in the talc mines supplying Johnson & Johnson in the United States; and no evidence of asbestos contamination in each production batch sampling as certified by the suppliers, from the period of 1975 to the present, it is my expert opinion that Johnson & Johnson baby powder ... was not contaminated with asbestos."

COUNT ONE
ALLEGATIONS AGAINST TALC MANUFACTURING DEFENDANTS

330. Plaintiffs allege that Decedent WAYMON CARL NEWSOM, JR. was exposed to asbestos, and/or asbestos-containing products, and/or asbestos-containing talc, and/or other finished and unfinished asbestos-containing talcum powder products, and/or raw asbestos fiber of various kinds and grades through the use of asbestos-containing livestock powder products. Each Defendant corporation or its predecessor-in-interest is, or at times material hereto, has been engaged in the mining, processing, and/or manufacturing, sale, and distribution of asbestos, and/or

asbestos-containing products, and/or asbestos-containing talc, and/or other finished and unfinished asbestos-containing talcum powder products, and/or raw asbestos fiber of various kinds and grades (hereinafter collectively referred to as "Defendants' Products"). Decedent WAYMON CARL NEWSOM, JR. was exposed to, on numerous occasions, to Defendants' Products which were produced and/or sold by Defendants and in so doing, inhaled great quantities of asbestos fibers. Further, Plaintiffs allege, as more specifically set out below, that Decedent WAYMON CARL NEWSOM, JR. has suffered injuries, illnesses, and disabilities proximately caused by his exposure to Defendants' Products which were designed, manufactured, and sold by Defendants. In that each exposure to Defendants' Products caused or contributed to Decedent WAYMON CARL NEWSOM, JR. injuries, illnesses, and disabilities, Plaintiffs say that the doctrine of joint and several liabilities should be extended to apply to each Defendant herein.

331. Decedent WAYMON CARL NEWSOM, JR. was exposed to Defendants' Products that were manufactured, designed and/or distributed by the Defendants and/or their predecessors-in-interest through his personal use of asbestos-containing body powders. Plaintiffs would show that the defective design and condition of Defendants' Products rendered Defendants' Products unreasonably dangerous, and that Defendants' Products were in this defective condition at the time they were designed by and/or left the hands of Defendants. Plaintiffs would show that Defendants' Products were defective in the manner in which they were marketed for their failure to contain or include warnings regarding potential asbestos health hazards associated with the use of or the exposure to Defendants' Products. Plaintiffs would show that this market defect rendered Defendants' Products unreasonably dangerous at the time they were designed or left the hands of the Defendants. Plaintiffs would show that Defendants are liable in product liability including, but not limited to, strict product liability for the above-described defects.

332. The Defendants are or were engaged in the business of selling, manufacturing, producing, designing, and/or otherwise putting into the stream of commerce Defendants' Products, and those Products, without substantial change in the condition in which they were sold, manufactured, produced, designed, and/or otherwise put into the stream of commerce, were a proximate and/or producing cause of the injuries, illnesses, and disabilities of Decedent WAYMON CARL NEWSOM, JR..

333. Defendants knew that Defendants' Products would be used without inspection for defects and, by placing them on the market, represented that they would safely do the job for which

they were intended, which must necessarily include being safe for personal use, handling and/or application.

334. Decedent WAYMON CARL NEWSOM, JR. was unaware of the hazards and defects in Defendants' Products which made them unsafe for purposes of personal use, handling, and/or application. Similarly, Decedent WAYMON CARL NEWSOM, JR. was unaware of the hazards and defects in Defendants' Products.

335. During the periods that Decedent WAYMON CARL NEWSOM, JR. was exposed to Defendants' Products which were manufactured and sold by various Defendants, those Products were being utilized in a manner which was intended by Defendants.

336. In the event that Plaintiffs are unable to identify each injurious exposure to Defendants' Products, Plaintiffs would show the Court that the Defendants named herein represent and/or represented a substantial share of the relevant market of Defendants' Products at all times material to this cause of action. Consequently, each Defendant should be held jointly and severally liable under the doctrines of enterprise liability, market-share liability, concert of action and alternative liability, among others.

337. The injuries, illnesses and disabilities of Decedent WAYMON CARL NEWSOM, JR. are a direct and proximate result of the negligence of each Defendant and/or its predecessor-in-interest in that said entities produced, designed, sold and/or otherwise put into the stream of commerce Defendants' Products which the Defendants knew, or in the exercise of ordinary care should have known, were deleterious and highly harmful to Decedent's health and well-being. Certain Defendants created hazardous and deadly conditions to which Decedent was exposed and which caused Decedent to be exposed to a large amount of asbestos fibers. The Defendants were negligent in one, some and/or all of the following respects, among others, same being the proximate cause of Decedent's injuries, illnesses, disabilities, and death:

a. in failing to timely and adequately warn Decedent WAYMON CARL NEWSOM, JR. and others of the dangerous characteristics and serious health hazards associated with the personal use of and exposure to Defendants' Products;
b. in failing to place timely and adequate warnings on the containers of Defendants' Products or on Defendants' Products themselves to warn of the dangers to health of coming into contact with Defendants' Products;
c. in failing to develop and utilize a substitute material or design to eliminate asbestos

fibers in Defendants' Products;

d. in failing to properly design and manufacture Defendants' Products for safe use under conditions of use that were reasonably anticipated;

e. in failing to properly test Defendants' Products before they were released for consumer use; and

f. in failing to recall and/or remove Defendants' Products from the stream of commerce despite knowledge of the unsafe and dangerous nature of Defendants' Products.

COUNT TWO
ALLEGATIONS AGAINST ASBESTOS-CONTAINING TALC SUPPLIER AND ASBESTOS-CONTAINING PRODUCT SUPPLIER DEFENDANTS

338. All of the allegations contained in the previous paragraphs are realleged.

339. For all pertinent times, **TRACTOR SUPPLY CO. OF TEXAS, LP** *a/k/a* TRACTOR SUPPLY COMPANY ("Supplier Defendants"), sold, distributed, and supplied asbestos-containing talc, and/or asbestos-containing products, and/or raw asbestos fiber of various kinds and grades that Decedent WAYMON CARL NEWSOM, JR. came in contact with and inhaled during his personal use of asbestos-containing body powders.

340. Supplier Defendants, as manufacturers, miners, shippers, distributors, and suppliers of asbestos-containing talc, and/or asbestos-containing products, and/or raw asbestos fiber of various kinds and grades to various locations owned and/or operated by asbestos product manufacturers are liable to Plaintiffs for their failure to warn of the health hazards of exposure to asbestos and failure to design and package their products so as to adequately protect and warn users and bystanders of the dangers of exposure to asbestos.

341. Further, Supplier Defendants made misrepresentations regarding the safety of asbestos to the asbestos-product manufacturers, thereby fraudulently inducing other sophisticated users to use Supplier Defendants' asbestos-containing talc, and/or asbestos-containing products, and/or raw asbestos fiber of various kinds and grades instead of other types. As such, Supplier Defendants are liable to Decedent WAYMON CARL NEWSOM, JR. for his suffering and injuries from a disease caused by exposure to Supplier Defendants' asbestos-containing talc, and/or asbestos-containing products, and/or raw asbestos fiber of various kinds and grades because Supplier Defendants' fraudulent misrepresentations were detrimentally relied upon (1) by

asbestos-product manufacturers incorporating Supplier Defendants' asbestos-containing talc and/or raw asbestos fiber of various kinds and grades into their finished products and (2) by Decedent WAYMON CARL NEWSOM, JR. who was exposed to the asbestos-containing talc, and/or asbestos-containing products, and/or raw asbestos fiber of various kinds and grades.

342. Supplier Defendants are further liable to Plaintiffs because they knew or should have known that the asbestos-containing talc, and/or asbestos-containing products, and/or raw asbestos fiber of various kinds and grades which they sold and supplied were unreasonably dangerous in normal use, and their failure to communicate this information constitutes negligence, gross negligence, and grounds for strict liability. This negligence was the cause of Decedent WAYMON CARL NEWSOM, JR.'s injuries including, but not limited to, asbestos-related mesothelioma and other ill health effects.

COUNT THREE
CONSPIRACY ALLEGATIONS AGAINST ALL DEFENDANTS

343. All of the allegations contained in the previous paragraphs are re-alleged herein.

344. Plaintiffs further allege that Defendants and/or their predecessors-in-interest knowingly agreed, contrived, combined, confederated, and conspired among themselves and with other entities to cause Decedent WAYMON CARL NEWSOM, JR.'s illnesses, injuries and disabilities by exposing his to harmful and dangerous Defendants' Products. Defendants and other entities further knowingly agreed, contrived, combined, confederated, and conspired to deprive Decedent WAYMON CARL NEWSOM, JR. of the opportunity of informed free choice as to whether to use Defendants' Products or to expose himself to said dangers. Defendants committed the above-described wrongs by willfully misrepresenting and suppressing the truth as to the risks and dangers associated with the use of and exposure to Defendants' Products

345. In furtherance of said conspiracies, Defendants performed the following overt acts:

a. for many decades, Defendants individually, jointly, and in conspiracy with each other and other entities have been in possession of medical and scientific data, literature and test reports, which clearly indicated that talc can be contaminated with asbestos, the inhalation of asbestos dust and fibers resulting from the ordinary and foreseeable use of Defendants' Products was unreasonably dangerous, hazardous, deleterious to human health, carcinogenic, and potentially deadly;

b. despite the medical and scientific data, literature and test reports possessed by and available to Defendants, Defendants individually, jointly, and in conspiracy with each other and other entities fraudulently, willfully, and maliciously:

i. withheld, concealed, and suppressed said medical and scientific data, literature and test reports regarding the risks of cancer, mesothelioma and other illnesses and diseases from Decedent WAYMON CARL NEWSOM, JR. who was using and being exposed to Defendants' Products;

ii. caused to be released, published and disseminated medical and scientific data, literature and test reports containing information and statements regarding the risks of cancer, mesothelioma and other illnesses and diseases, which Defendants knew were incorrect, incomplete, outdated and misleading; and

iii. distorted the results of medical examinations conducted upon workers and/or individuals such as Decedent WAYMON CARL NEWSOM, JR., who were using or in close proximity to Defendants' Products and being exposed to the inhalation of asbestos dust and fibers, by falsely stating and/or concealing the nature and extent of the harm to which Decedent and others such as Decedent have suffered.

c. Other conspirators participating in the conspiracy, or in ongoing or subsequent conspiracies (hereinafter called the "conspirators"), were member companies in the Quebec Asbestos Mining Association, and/or Asbestos Textile Institute, and/or the Industrial Hygiene Foundation, and/or the Cosmetic Toiletry and Fragrance Association (now Personal Care Products Council). Acting in concert, the conspirators fraudulently misrepresented to the public and public officials, inter al/a, that asbestos did not cause cancer and that the disease asbestosis had no association with pleural and pulmonary cancer and affirmatively suppressed information concerning the carcinogenic and other adverse effects of asbestos exposure on the human respiratory and digestive systems.

d. In addition, Defendants contrived, combined, confederated and conspired through a series of industry trade meetings and the creation of organizations such as the Air Hygiene Foundation (later the Industrial Hygiene Foundation) to establish

authoritative standards for the control of industrial dusts which would act as a defense in personal injury lawsuits, despite knowing that compliance with such standards would not protect individuals such as Decedent WAYMON CARL NEWSOM, JR. from contracting an asbestos-related disease or cancer.

e. In furtherance of said conspiracies, Defendants and/or their co-conspirators contributed to cause the establishment of a Threshold Limit Value for asbestos exposure and contributed to the maintenance of such Threshold Limit Value despite evidence that this supposed "safe" level of exposure to asbestos would not protect the health of individuals such as Decedent WAYMON CARL NEWSOM, JR. even if complied with.

f. As the direct and proximate result of the false and fraudulent representations, omissions and concealments set forth above, Defendants individually, jointly, and in conspiracy with each other intended to induce Decedent WAYMON CARL NEWSOM, JR. to rely upon said false and fraudulent representations, omissions and concealments, to continue to expose himself to the dangers inherent in the use of and exposure to Defendants' Products, which caused the release of respirable asbestos fibers.

346. Decedent WAYMON CARL NEWSOM, JR. reasonably and in good faith relied upon the false and fraudulent representations, omissions and concealments made by Defendants regarding the nature of Defendants' Products.

347. As a direct and proximate result of Decedent WAYMON CARL NEWSOM, JR. reliance on Defendants' false and fraudulent representations, omissions and concealments, Decedent WAYMON CARL NEWSOM, JR. sustained damages including injuries, illnesses and disabilities and was deprived of the opportunity of informed free choice in connection with the use of and exposure to Defendants' Products.

COUNT FOUR
GROSS NEGLIGENCE ALLEGATIONS AGAINST ALL DEFENDANTS

348. All of the allegations contained in the previous paragraphs are re-alleged herein.

349. The actions and inactions of Defendants and their predecessors-in-interest, as specifically alleged hereinabove, whether taken separately or together, were of such a character as to constitute a pattern or practice of gross negligence, intentional, wrongful conduct and/or malice

resulting in damages and injuries to Decedent WAYMON CARL NEWSOM, JR.. Defendants' conduct was specifically intended by Defendants to cause substantial injury to Decedent or was carried out by Defendants with a conscious and flagrant disregard for the rights, safety and welfare of others and with actual awareness on the part of Defendants that the conduct would, in reasonable probability, result in human deaths and/or great bodily harm. More specifically, Defendants and their predecessors-in-interest consciously and/or deliberately engaged in oppression, fraud, willfulness, wantonness and/or malice with regard to Decedent WAYMON CARL NEWSOM, JR. and should be held liable in punitive and exemplary damages to Plaintiffs.

COUNT FIVE
NEGLIGENCE *PER SE* ALLEGATIONS AGAINST ALL DEFENDANTS

350. All of the allegations contained in the previous paragraphs are re-alleged herein.

351. The actions of all Defendants also constituted negligence *per se*.

352. Each Defendant violated federal and state regulations relating to asbestos exposure. Such violations constitute negligence *per se* or negligence as a matter of law. Further, each such violation resulted in dangerous and unlawful exposures to asbestos for Decedent WAYMON CARL NEWSOM, JR.. Plaintiffs are not making any claims under federal law; instead, Plaintiffs are simply using the violation of federal standards as proof of liability on their state-law theories. Further, the reference to Federal regulations does not create a Federal question. *See Merrell Dow Pharmaceuticals, Inc. v. Thompson*, 478 U.S. 804 (1986). Any removal on this basis will be met with an immediate motion for remand and for sanctions.

353. The negligence *per se* of each Defendant was a proximate cause of Decedent WAYMON CARL NEWSOM, JR.'s injuries, illnesses, disabilities, and death.

COUNT SIX
LOSS OF CONSORTIUM ALLEGATIONS AGAINST ALL DEFENDANTS

354. Plaintiff, RITA DIANE NEWSOM, brings this cause of action against Defendants for the loss of consortium in the marital relationship between his spouse, WAYMON CARL NEWSOM, JR., and himself. Plaintiff RITA DIANE NEWSOM has suffered damages, both past and future, as a result of the acts and omissions of the Defendants described herein. The physical injuries to WAYMON CARL NEWSOM, JR. were directly and proximately caused by Defendants and the injuries to WAYMON CARL NEWSOM, JR. have detrimentally impaired the love, companionship, comfort, affection, solace, moral support, and physical assistance in the operating

and maintaining a home that Plaintiff RITA DIANE NEWSOM once shared in their marital relationship, causing Plaintiff RITA DIANE NEWSOM pain and suffering in the past and to which he will in all likelihood continue to suffer in the future.

DAMAGES

355. The conduct of Defendants, as alleged hereinabove, was a direct, proximate, and producing cause of the damages resulting from the asbestos-related lung disease of Decedent, and of the following general and special damages including:

(a) Damages to punish Defendants for proximately causing Decedent WAYMON CARL NEWSOM, JR.'s untimely injuries, illness, disabilities and death;

(b) The conscious physical pain and suffering and mental anguish sustained by Decedent WAYMON CARL NEWSOM, JR. while she was alive;

(c) The physical impairment suffered by Decedent WAYMON CARL NEWSOM, JR., while she was alive;

(d) The disfigurement suffered by Decedent WAYMON CARL NEWSOM, JR.;

(e) Reasonable and necessary medical expenses incurred by Decedent WAYMON CARL NEWSOM, JR.;

(f) Reasonable funeral and burial expenses incurred by the Estate of WAYMON CARL NEWSOM, JR.;

Decedent WAYMON CARL NEWSOM, JR.'s lost earnings and net accumulations;

(g) Decedent WAYMON CARL NEWSOM, JR.'s mental anguish caused by the extraordinarily increased likelihood of developing (or the progression and recurrence of) asbestos-related cancer of the lungs, mesothelioma, and other cancers due to said exposure to products manufactured, sold, and distributed by the named Defendants;

(h) The past and future loss of the care, maintenance services, support, advice, counsel, and consortium, which Decedent's spouse would have received from Decedent prior to his illness and death caused by his exposure to asbestos;

(i) Punitive and exemplary damages; and

(j) All forms of pecuniary damages, and loss of inheritance suffered by RITA DIANE NEWSOM as a consequence of the death of WAYMON CARL NEWSOM, JR.

(k) Any and all recoverable survival and wrongful death damages on behalf of all statutory beneficiaries of WAYMON CARL NEWSOM, JR.

356. By their acts and omissions described herein, Defendants intentionally, knowingly, and recklessly caused serious bodily injury to Decedent within the meaning of Tex. Civ. Prac. & Rem. Code §41.008(c)(7) and Tex. Penal Code §22.04.

357. Plaintiffs filed suit within two (2) years of the date of Decedent WAYMON CARL NEWSOM, JR.'s death as a result of his asbestos-related conditions.

WHEREFORE, PREMISES CONSIDERED, Plaintiffs demand judgment against the Defendants, and each of them, jointly and severally, for general damages, for their costs expended herein, for interest on said judgment from the date this action accrued until paid, at the legal rate, and for such other and further relief, both at law and in equity, to which Plaintiffs may show themselves justly entitled.

JURY DEMAND

Plaintiffs demand that all issues of fact in this case be tried to a properly impaneled jury.

Respectfully submitted,

WATERS & KRAUS, LLP

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ATTORNEYS FOR PLAINTIFFS

4R

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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)

Section 1: General Information

Facility Name: Kulzer LLC

Physical Address: 4315 S. Lafayette Boulevard

City: South Bend State: IN Zip: 46614

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): David Vincent

Licensing Company Email: _____ DR Email: David.Vincent@kulzer-dental.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Manufacturer		☐ 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)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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:

Carl Hall

Original Signature (electronic, copies or stamps not accepted)

Feb 28, 2024

Date

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: N/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: _____

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 or Company

State of Incorporation/Organization: DE

Parent Company (if any): Mitsui Chemicals

Corporation/Organization Name: Kulzer LLC

Mailing Address: 4315 S. Lafayette Boulevard

City: South Bend State: IN Zip: 46614

Telephone: 574-299-5401 Email: Carsten.Horch@kulzer-dental.com

Contact Person Name: Carsten Horch

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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Kulzer, LLC

Facility Name

Carsten Horch

Print Name of Authorized Person Submitting Application

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

2/29/2024

Date

Board Use Only	Date Received: 3/13/24	Amount: $1000 check 0162438

Establishment Registration & Device Listing

Verified 3/17/24

New Search | Back To Search Results

Establishment:
KULZER, LLC
4315 S. Lafayette Blvd.
SOUTH BEND, IN 46614
Registration Number: 1821514
FEI Number*: 1821514
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2024

Owner/Operator:
KULZER, LLC
4315 S. Lafayette Blvd.
South Bend, IN US 46614
Owner/Operator Number: 9056636

Official Correspondent:
David A Vincent
4315 S Lafayette Blvd
South Bend, IN 46614
Phone: 574-2995421

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

Page Last Updated: 03/18/2024
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

Registration Information

Facility

Registration Number
1821514

FEI Number
1821514

Registration Status
Active

Registration Status Reason
Legacy Data - Registration activated

Initial Importer
Y

Facility Name
KULZER, LLC

Legal Name

Facility Address
4315 S. LAFAYETTE BLVD.
SOUTH BEND, INDIANA, 46614, UNITED STATES

DUNS Number

Foreign Trade Zone
N

Facility URL

Other Business Trade Name(s)

Establishment located on a campus

Owner/Operator

Owner/Operator Number
9056636

Contact Name
DAVID A VINCENT

Business Name
KULZER, LLC

Address
4315 S. LAFAYETTE BLVD.
SOUTH BEND, INDIANA, 46614, UNITED STATES

Phone Number
1 - 574 - 2995421

Fax Number
1 - 574 - 2912542

E-mail David.Vincent@kulzer-dental.com

DUNS Number

Official Correspondent

Contact Name
DAVID A VINCENT

Business Name

Address
4315 S LAFAYETTE BLVD
SOUTH BEND, INDIANA, 46614, UNITED STATES

Phone Number
574 - 2995421

Fax Number
574 - 2912542

E-mail David.Vincent@kulzer-dental.com

DUNS Number

Registration Status

Expiration Date
2024-12-31

PIN - PCN
50408023 - 24580990

BUSINESS INFORMATION
DIEGO MORALES
INDIANA SECRETARY OF STATE
03/26/2024 10:39 AM

Business Details

Business Name:	**KULZER, LLC**	Business ID:	**1995091068**
Entity Type:	**Foreign Limited Liability Company**	Business Status:	**Active**
Creation Date:	**09/22/1995**	Inactive Date:	
Principal Office Address:	**4315 S. Lafayette Blvd, SOUTH BEND, IN, 46614 - 2517, USA**	Expiration Date:	**Perpetual**
Jurisdiction of Formation:	**Delaware**	Business Entity Report Due Date:	**09/30/2025**
Original Formation Date:	**12/05/1980**	Years Due:	

Governing Person Information

Title	Name	Address
President	Donald Eichsadt	4315 S. LAFAYETTE BLVD, South Bend, IN, 46614 - 2517, USA
Secretary	Michael Adenau	KULZER, GMBH, Leipziger StraBe 2, Hanau, DEU
Manager	Clemens Hoess	KULZER, GMBH, Leipziger StraBe 2, Hanau, DEU
Manager	Marc Berendes	KULZER, GMBH, Leipziger StraBe 2, Hanau, DEU
Manager	Jeanette Abuja	KULZER, GMBH, Leipziger StraBe 2, Hanau, DEU
Director of Finance	Carsten Horch	4315 S LAFAYETTE BLVD, SOUTH BEND, IN, 46614, USA

Registered Agent Information

Type: **Business Commercial Registered Agent**

Name: **URS AGENTS, LLC**

Address: **150 W. Market Street, Suite 400, Indianapolis, IN, 46204, USA**

FRANCISCO V. AGUILAR
Secretary of State

DEPUTY BAKKEDAHL
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
401 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

02/22/2024

Work Order Item Number:	W2024022200989-3481018
Filing Number:	20243846447
Filing Type:	Registration – Foreign LLC
Filing Date/Time:	2/22/2024 1:13:00 PM
Filing Page(s):	3

Indexed Entity Information:

Entity ID: E38464482024-9 **Entity Name:** KULZER, LLC

Entity Status: Active **Expiration Date:** None

Commercial Registered Agent
URS AGENTS, LLC
4625 WEST NEVSO DR. STE 2 & 3, Las Vegas, NV 89103, 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,

FRANCISCO V. AGUILAR
Secretary of State

Filed in the Office of	Business Number
FVAguilar	E38464482024-9
	Filing Number
	20243846447
Secretary of State	Filed On
State Of Nevada	2/22/2024 1:13:00 PM
	Number of Pages
	3

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

ABOVE SPACE IS FOR OFFICE USE ONLY

Formation - Limited-Liability Company

- ☐ NRS 86 - Articles of Organization Limited-Liability Company
- ☒ NRS 86.544 - Registration of Foreign Limited-Liability Company
- ☐ NRS 89 - Articles of Organization Professional Limited-Liability Company
- ☐ NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Name Being Registered in Nevada: (See instructions)
Kulzer, LLC

2. Foreign Entity Name: (Name in home jurisdiction)
Kulzer, LLC

3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)
3a) Jurisdiction of formation: Delaware
3b) Date formed: 06/30/2008
3c) I declare this entity is in good standing in the jurisdiction of its formation. ☒

4. 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)

URS Agents, LLC
Name of Registered Agent **OR** Title of Office or Position with Entity

4625 W. Nevso Dr Suite 2&3 | Las Vegas | Nevada | 89103
Street Address | City | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

4a. 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 Natalie Leiba-Paul - Assistant Secretary — 02/21/2024
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

5. Management: (Domestic Limited-Liability Companies only)
Company shall be managed by: (check one box) ☒ Manager(s) **OR** ☐ Member(s)

6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)

Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)

IMPORTANT:
A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.

1) Clemens Hoess — Germany
Name — Country
Leipziger StraBe 2 | Hanau | 63450
Street Address | City | State | Zip/Postal Code

2) Marc Berendes — Germany
Name — Country
Leipziger StraBe 2 | Hanau | 63450
Street Address | City | State | Zip/Postal Code

3) Jeanette Abuja — Germany
Name — Country
Leipziger StraBe 2 | Hanau | 63450
Street Address | City | State | Zip/Postal Code

7. Dissolution Date: (Domestic only)
Latest date upon which the company is to dissolve (if existence is not perpetual):

This form must be accompanied by appropriate fees.

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)

9. Series and/or Restricted Limited-Liability Company: (Optional)

Check box if a Series Limited-Liability Company ☐

Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐

10 Records Office: (Foreign Limited-Liability Companies)

4315 S Lafayette Blvd — Address
South Bend — City
IN — State
46614 — Zip Code
Country USA

11. Street Address of Principal Office: (Foreign Limited-Liability Companies)

4315 S Lafayette Blvd — Address
South Bend — City
IN — State
46614 — Zip Code
Country USA

12. Name, Address and Signature of the Organizer:
(NRS 86, NRS 89 -Each Organizer must be a licensed professional.)

*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.

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.

Name and Signature of Manager or Member:
(NRS 86.544 only)

See instructions

Carsten Horch — Name
USA — Country
4315 S Lafayette Blvd — Address
South Bend — City
IN — State
46614 — Zip/Postal Code

X _____

(attach additional page if necessary)

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)

This form must be accompanied by appropriate fees.

Kulzer, LLC Officer's and Director's

Donald Eichstadt – President USA and Canada

Carsten Horch – Compliance Officer

Michael Dewey – Director of Operations

David Vincent – Director Quality Assurance & Regulatory Affairs Mgmt Rep

Melissa Defauw – Director of Human Resources

Obioma Clifford – Director Marketing & Product Management

Jeffrey Bachey – Director of Dealer Growth & Customer Service

Anthony Circelli – Director of Scrap Refining

List of all corporation shareholders and their percent ownership

1. Mitsui Chemicals America 100% Ownership

APPROVED AND FILED
DIEGO MORALES
INDIANA SECRETARY OF STATE
09/13/2023 11:57 AM

BUSINESS ENTITY REPORT

NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID	1995091068
BUSINESS TYPE	Foreign Limited Liability Company
BUSINESS NAME	KULZER, LLC
ENTITY CREATION DATE	09/22/1995
JURISDICTION OF FORMATION	Delaware
PRINCIPAL OFFICE ADDRESS	4315 S. Lafayette Blvd, SOUTH BEND, IN, 46614 - 2517, USA

YEARS FILED

YEARS	2023/2024

EFFECTIVE DATE

EFFECTIVE DATE	09/13/2023
EFFECTIVE TIME	11:57 AM

REGISTERED OFFICE AND ADDRESS

REGISTERED AGENT TYPE	Business Commercial Registered Agent
NAME	URS AGENTS, LLC
ADDRESS	9221 Crawfordsville Road, Indianapolis, IN, 46234, USA

0807

APPROVED AND FILED
DIEGO MORALES
INDIANA SECRETARY OF STATE
09/13/2023 11:57 AM

GOVERNING PERSON INFORMATION	
TITLE	President
NAME	Donald Eichsadt
ADDRESS	4315 S. LAFAYETTE BLVD, South Bend, IN, 46614 - 2517, USA
TITLE	Secretary
NAME	Michael Adenau
ADDRESS	KULZER, GMBH, Leipziger StraBe 2, Hanau, DEU
TITLE	Manager
NAME	Clemens Hoess
ADDRESS	KULZER, GMBH, Leipziger StraBe 2, Hanau, DEU
TITLE	Manager
NAME	Marc Berendes
ADDRESS	KULZER, GMBH, Leipziger StraBe 2, Hanau, DEU
TITLE	Manager
NAME	Jeanette Abuja
ADDRESS	KULZER, GMBH, Leipziger StraBe 2, Hanau, DEU
TITLE	Director of Finance
NAME	Carsten Horch
ADDRESS	4315 S LAFAYETTE BLVD, SOUTH BEND, IN, 46614, USA

APPROVED AND FILED
DIEGO MORALES
INDIANA SECRETARY OF STATE
09/13/2023 11:57 AM

SIGNATURE

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **September 13, 2023.**

THE UNDERSIGNED ACKNOWLEDGES THAT A PERSON COMMITS A CLASS A MISDEMEANOR BY SIGNING A DOCUMENT THAT THE PERSON KNOWS IS FALSE IN A MATERIAL RESPECT WITH THE INTENT THAT THE DOCUMENT BE DELIVERED TO THE SECRETARY OF STATE FOR FILING.

SIGNATURE	Donald F Eichstadt III
TITLE	Authorized Agent

Business ID : 1995091068
Filing No. : 10025287

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF REGISTRATION
FOREIGN LIMITED-LIABILITY COMPANY

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **KULZER, LLC** did on 02/22/2024 file in this office its registration to do business in this state and is now on file and of record in the office of the Nevada Secretary of State, and further, that said entity is at the date of this certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/22/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202402224382307
You may verify this certificate online at http://www.nvsos.gov

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KULZER, 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-FIRST DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KULZER, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 1985.

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

2076741 8300

SR# 20240613873

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

Authentication: 202855822

Date: 02-21-24

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/08/2024

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	CONTACT NAME:	
Aon Risk Services Central, Inc. Indianapolis IN Office 450 East 96th Street Suite 275 Indianapolis IN 46240 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Mitsui Sumitomo Insurance USA Inc.	22551
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Kulzer, LLC.
4315 S. Lafayette Blvd.
South Bend IN 46614 USA

COVERAGES **CERTIFICATE NUMBER:** 570105009986 **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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			GL2122510	04/01/2024	04/01/2025	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	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)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)						E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
Evidence of General Liability coverage.

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno NV 89521 USA

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

Aon Risk Services Central Inc.

Holder Identifier :

Certificate No : 570105009986

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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. 1106885

Application/License No. _____

KULZER, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4315 S Lafayette Blvd South Bend, IN 46614 (Address of Applicant/Principal), as PRINCIPAL, and THE HANOVER INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of NH (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 440 Lincoln Street Worcester, MA 01653 (Address of Surety) as 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 January 26, 2024 (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.

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 26th day of January, 2024.

APPLICANT/PRINCIPAL
KULZER, LLC

Authorized Representative

SURETY COMPANY
THE HANOVER INSURANCE COMPANY

Surety Company's Representative

Christopher P. Troha, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

MELISSA ANN DEFAUW
Notary Public - Seal
St Joseph County - State of Indiana
Commission Number NP0651552
My Commission Expires Mar 4, 2030

SIGNED and SEALED in the presence of:

Witness Karolina Zawadzka

Witness Bartlomiej Siepierski

Countersigned by:

Nevada ~~Resident~~ Agent
Non-Resident

Posted February 20, 2020

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

POWER OF ATTORNEY

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.
KNOW ALL PERSONS BY THESE PRESENTS:

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint,

Susan A. Welsh, Christopher P. Troha, Sandra M. Winsted, Salena Wood, Christina L. Sandoval, Derek J. Elston, Judith A. Lucky-Eftimov, Aerie Walton, Bartlomiej Siepierski, Barbara Pannier, Rachel Fore, Kristin L. Hannigan, Jennifer Williams, Nicholas Kertesz, Corinne Chapman, Jean Torres, Roger Paraison, Samantha Chierici, Tara A. Maquinto, Dartonya Wright, Richard Casas, and/or Stephanie Miller

Of **AON Risk Services of Chicago, IL** each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

Any such obligations in the United States, not to exceed Fifty Million and No/100 ($50,000,000) in any single instance

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America and affirmed by each Company on March 24, 2014)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this 6th day of November, **2023**

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

James H. Kawiecki, Vice President

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

Joellen M. Mendoza, Vice President

STATE OF CONNECTICUT)
COUNTY OF HARTFORD) ss.

On this **6th** day of **November 2023** before me came the above named Executive Vice President and Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.

Wendy Latournes
Notary Public, State of Connecticut
My Commission Expires July 31, 2025

Wendy Latournes, Notary Public
My commission expires July 31, 2025

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this _26th__ day of _January_____ 2024_____.

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

John Rowedder, Vice President

CERTIFIED COPY

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Kulzer, LLC MDEG License # (if applicable): _____

Physical Address: 4315 S Lafayette Blvd

City: South Bend State: IN Zip: 46614

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: 800-431-1785 Website: kulzerus.com

Licensing Company Email: customerservice.na@kulzer-dental.com

Section 2: Personal Information

First: David Middle: Anthony Last: Vincent

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 4315 S Lafayette Blvd

City: South Bend State: IN Zip: 46614

Telephone: [redacted] Email: david.vincent@kulzer-dental.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		From - To (MM/YY – MM/YY)	
Purdue University		08/01 - 05/06	
Address	City	State	Zip
610 Purdue Mall	West Lafayette	IN	47906
Diploma/Degree obtained, if any			
B.S. in Mechanical Engineering Technology			

School Name		From - To (MM/YY – MM/YY)	
ITT Technical Institute		06/93 - 05/95	
Address	City	State	Zip
4919 Coldwater Road	Fort Wayne	IN	46825
Diploma/Degree obtained, if any			
A.A.S. Tool Engineering Technology			

School Name		From - To (MM/YY – MM/YY)	
New Prairie High School		08/89 - 05/93	
Address	City	State	Zip
5333 N Cougar Road	New Carlisle	IN	46552
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
12/07 - Current	[redacted]	Nappanee	IN	46550
From - To (MM/YY – MM/YY)	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 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			From - To (MM/YY – MM/YY)
Kulzer, LLC			01/22 - Current
Business Address	**City**	**State**	**Zip**
4315 S Lafayette Blvd	South Bend	IN	46614
Phone	**Title**		**Number of Employed Hours**
574-299-5421	Director of Quality Assurance and Regulatory Affairs		4,080

Description of Duties

Leading North America Quality and Regulatory teams and activities. Ensure all Kulzer facilities remain compliant to US FDA and Health Canada regulations: establishments, regulatory pathways for product registrations, postmarket activities.

Business Name			From - To (MM/YY – MM/YY)
Zimmer Biomet			02/07 - 12/21
Business Address	**City**	**State**	**Zip**
1800 W Center Street	Warsaw	IN	46580
Phone	**Title**		**Number of Employed Hours**
1-800-613-6131	Quality Assurance Associate Director, Manager & Engineer		28,800

Description of Duties

Responsible for all elements of Quality Management Systems for manufacturing. Establish requirements, validation and ongoing monitoring for all ISO 14644 environmentally controlled areas, water, and product contact air systems.

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?		✓
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? 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:

N/A

D. Vincent

Original Signature (electronic, copies or stamps not accepted)

January 3, 2024

Date

I, David Vincent, **certify that as the MDEG Administrator for**

Kulzer, LLC in South Bend, IN,

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

1. DV Have a high school diploma or its equivalent;
2. DV Have
   a. At least 1,500 hours of verifiable 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. DV 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. DV 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.

David Vincent

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

January 3, 2024

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Kulzer, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 4315 S Lafayette Blvd

City South Bend State IN Zip 46614

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone 800-431-1785 Website kulzerus.com

Licensing Company Email customerservice.na@kulzer-dental.com

Section 2: Personal Information

First David Middle Anthony Last Vincent

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 4315 S Lafayette Blvd

City South Bend State IN Zip 46614

Telephone [redacted] Email david.vincent@kulzer-dental.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		From - To (MM/YY – MM/YY)	
Purdue University		08/01 - 05/06	
Address	City	State	Zip
610 Purdue Mall	West Lafayette	IN	47906
Diploma/Degree obtained, if any			
B.S. in Mechanical Engineering Technology			

School Name		From - To (MM/YY – MM/YY)	
ITT Technical Institute		06/93 - 05/95	
Address	City	State	Zip
4919 Coldwater Road	Fort Wayne	IN	46825
Diploma/Degree obtained, if any			
A.A.S. Tool Engineering Technology			

School Name		From - To (MM/YY – MM/YY)	
New Prairie High School		08/89 - 05/93	
Address	City	State	Zip
5333 N Cougar Road	New Carlisle	IN	46552
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
12/07 - Current	[redacted]	Nappanee	IN	46550
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
Kulzer, LLC			01/22 - Current	
Business Address		**City**	**State**	**Zip**
4315 S Lafayette Blvd		South Bend	IN	46614
Phone	**Title**		**Number of Employed Hours**	
574-299-5421	Director of Quality Assurance and Regulatory Affairs		4,080	
Description of Duties				
Leading North America Quality and Regulatory teams and activities. Ensure all Kulzer facilities remain compliant to US FDA and Health Canada regulations: establishments, regulatory pathways for product registrations, postmarket activities.				

Business Name			From - To (MM/YY – MM/YY)	
Zimmer Biomet			02/07 - 12/21	
Business Address		**City**	**State**	**Zip**
1800 W Center Street		Warsaw	IN	46580
Phone	**Title**		**Number of Employed Hours**	
1-800-613-6131	Quality Assurance Associate Director, Manager & Engineer		28,800	
Description of Duties				
Responsible for all elements of Quality Management Systems for manufacturing. Establish requirements, validation and ongoing monitoring for all ISO 14644 environmentally controlled areas, water, and product contact air systems.				

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

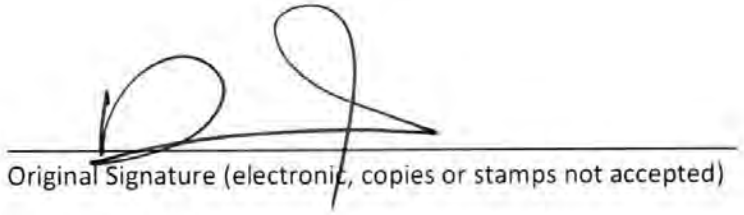
Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A



Original Signature (electronic, copies or stamps not accepted)

January 3, 2024

Date

I, David Vincent, **certify that as the designated representative for**

Kulzer, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DV I am at least 21 years of age;
3. DV 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. DV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DV 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. DV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

David Vincent
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

January 3, 2024
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.

David Vincent

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

January 3, 2024

Date

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

State of Indiana, ss. County of St. Joseph

I, David Vincent, 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

January 3, 2024

Date

Subscribed and Sworn to before me this 3 day of January 2024

Notary Public Signature

MELISSA ANN DEFAUW
Notary Public - Seal
St Joseph County - State of Indiana
Commission Number NP0651552
My Commission Expires Mar 4, 2030

(Seal)

Kulzer LLC-Employees

As of 2/27/24	
Payroll Name	**Job Title Description**
Allison, Stephanie	Expense & Compliance Accountant
Bachey, Jeffrey J	Director, Dealer Growth
Baker, Kyle	IT Technician
Balla, Mustafa	Machine Operator/Mixer
Benson, Megan Marie	Technical Service Consultant
Berkowitz, Alec J	Quality Engineer
Bishop, Patricia L	Senior Dealer Relations/Special Markets Manag
Bixler, Kasey L	Material Handler
Brown, Arnetta L	Customer Service Rep
Bryant, Moriah	Human Resource Generalist
Carlisle, Kimberly	Product Manager
Circelli, Anthony	Director of Scrap
Clifford, Obioma	Director, Marketing & Product Mgmt
Collins, Dick L.	Machine Operator/Mixer
Collins, Eddie D	Machine Operator/Mixer
Coria, Vanessa	Customer Service Rep
Costa, Shelli J	Materials Manager
Couch, Amy	HR Manager
Daisy, Nicholas A	Accountant
Daube, Kelly Ann	Manager, FP&A
DeFauw, Melissa Ann	Director of HR
DeMeulenaere, Brittany R	Accounting Mgr
Deal, Shirley A	Assembler
Dejewski, Therese A	Territory Manager-Clinical
Delgado, Deborah	Territory Manager-Clinical
Demaegd Jr, Raymond C.	Material Handler
Dewey, Michael R	Director of Operations
Dobnikar, Steven M	Regional Manager
Doll, Terry L	Maintenance Tech
Doonan, Megan Kathleen	Territory Manager-Lab
Edet, Roselynn E.	QA Technician
Eichstadt, Donald Fredrick	Director of Finance
Ek, Adam Lester	Territory Manager-Lab
Enriquez, Patricia	Territory Manager-Clinical
Ettl, Adam	Machine Operator/Mixer
Fozo, Gayle A	Sr. QA Auditor Specialist
Frazier, Kristina Patton	Sr. Territory Manager-Clinical
Fricker, Sherrill L	Material Handler
Garrage, Jason	Machine Operator/Mixer
Genyk, LoriAnne	Territory Manager-Clinical
Gill, Sara	Territory Manager-Clinical
Gonzalez, Pablo	Machine Operator/Mixer
Gosse, Tammy	Sr. Territory Manager-Clinical
Graham, Mary	Key Account Manager

Gray, Robin	Territory Manager-Clinical
Gritton, Jason Thomas	Maintenance Tech
Grundy, Mary Edith	Purchasing Associate
Hall, Synott	Machine Operator/Mixer
Harmon, Lucas	Regulatory & Quality Engineer
Harris, Wade A	Digital Solutions Specialist
Henry, Keith	Vice President of Sales
Hoover, Blake	IT Technician
Horch, Carsten	Director of Finance
Ingole, Ryan	Project Manager
Kayser, Matthew J	Associate Director of Service and Project Mgm
Keck, Daniella	Product Manager
Keiffner, Mary K	Territory Manager-Clinical
Kelly, John	Maintenance Supervisor
Kemp, John S	Key Account Manager
Kerns, Jennifer	Territory Manager-Clinical
Konieczny, Lauren	Technical Service Consultant
Kowalski, Jan Lee	Sr. Accountant
Livingston, Phillip D	Operations Supervisor
Loehrke, Henry M	Territory Manager-Clinical
Lopez, Jazmin	Territory Manager-Lab
Mainella, Therese M	KOL/Training Manager
Martinez, Betty Alice	Machine Operator/Mixer
Mashburn, M'Lou	Territory Manager-Clinical
McCabe, William Curtis	Territory Manager-Clinical
McDaniel, Rachel W	Sr. Territory Manager-Lab
Medina, Philip J	Production Manager - Scrap
Miller, Jennifer	Territory Manager-Clinical
Mulligan, Timothy B	Material Handler
Navarrete, Hillary Jean	Senior Financial Analyst
Nekvasil, Marcy A	Sr. Customer Service Rep
Nickerson, Tonya J	Material Handler
O'Loughlin, Michael Patrick	Territory Manager-Clinical
O'Regan, Kevin Joseph	Territory Manager-Clinical
Pacheco-Roa, Mariana	Material Handler
Pacheco-Roa, Rosario	HR Associate
Palmer, Anthony D	Machine Operator/Mixer
Pannu, Gurjit	Sr. Territory Manager-Clinical
Paterno, Marc S	Production Assistant - Scrap
Payne, Christine K	Machine Operator/Mixer
Peterson, Jill	Regional Manager
Pittman, Mary	Customer Service Lead - Dealer Engagement
Platz, Brett A	Material Handler
Pope, Robert D	Digital Technical Field Consultant
Reed, Cuwan	Machine Operator/Mixer
Remington, John	Territory Manager-Clinical
Renkiewicz, Scott A	Senior Cost Accounting Analyst

Ribeiro, Dean A.	Key Account Manager
Rist, Chad	Customer Service Account Specialist
Robinson, Stuart	Key Account Manager
Sadler, Ian	Territory Manager-Lab
Schultz, Steven	Logistics Manager
Sheets, Carmen Gayle	Technical Service Consultant
Shelanskey, David R	Data Base Development Manager
Snyder, Joy	Territory Manager-Lab
Stanley, Tiffany Michelle	Accountant: Credit/AR
Stoneburner Rabe, Claire	Territory Manager-Lab
Talley III, William Ardis	Territory Manager-Clinical
Timme, Matthew J	Regional Manager
Torres, Carlos	Territory Manager-Clinical
Troyer, Adam	Maintenance Tech
Vezina, Louis	Territory Manager-Clinical & Lab
Villa Alcocer, Elizabeth	Machine Operator/Mixer
Vincent, David A	Director of QA + Regulatory
Waidner, Lauri	Product Manager
Walsh, Sandra A	Operations Coordinator
Whiteman, Joyce Lynn	Material Handler
Whittaker, Christian	Digital Marketing Manager
Wilson, Wyatt	Material Handler
Wiseman, Brian T	Material Handler
Woolven, Casey M	Sr. Territory Manager-Lab
Yashan, Halyna	SR QA Scientist & QA Lab Lead

4S

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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)

Section 1: General Information

Facility Name: LiteCure, LLC

Physical Address: 3300 Eagle Parkway, Suite # 170

City: Fort Worth State: TX Zip: 76177

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA - Facility Licensing

City: Dublin State: OH Zip: 40317

Telephone: 877-627-3858 Website: www.djoglobal.com/litecure

Name of Designated Representative (DR): ~~Bartosz Rataj~~ Benjamin Leesley

Licensing Company Email: licensure@cardinalhealth.com DR Email: bart.rataj@enovis.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ 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)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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)

12/21/2023
Date

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: HARDINGE INC
Address: 1235 Westlakes Dr #410 City: Berwyn State: PA Zip: 19312

Name: HURON TOOL & CUTTER GRINDING CO INC
Address: 485 Smith Street City: Farmingdale State: NY Zip: 11735

Name: INTEGRATED MEDICAL TECHNOLOGY
Address: 548 Apollo Drive, Suite 10 City: Lino Lakes State: MN Zip: 55014

Name: KTEC CLEANROOM SYSTEMS INC
Address: 5040 East State Hwy 29 City: Georgetown State: TX Zip: 78626

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 or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): DJO, LLC
Corporation/Organization Name: LiteCure, LLC
Mailing Address: 5919 Sea Otter Place, Ste. 200
City: Carlsbad State: CA Zip: 92010
Telephone: 800-321-9549 Email: licensure@cardinalhealth.com
Contact Person Name: LaToyia Martin

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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

LiteCure, LLC

Facility Name

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

K Chamberlain

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

12/21/2023

Date

Board Use Only	Date Received: 1/24/24	Amount: $1000 - check 10838170

LITECURE
Lasers for Life

101 Lukens Dr, Suite A
New Castle, DE 19720

P | 302.709.0408
F | 302.709.0409
LiteCure.com

November 30, 2023

Subject: Delegation of Authorization for LiteCure, LLC

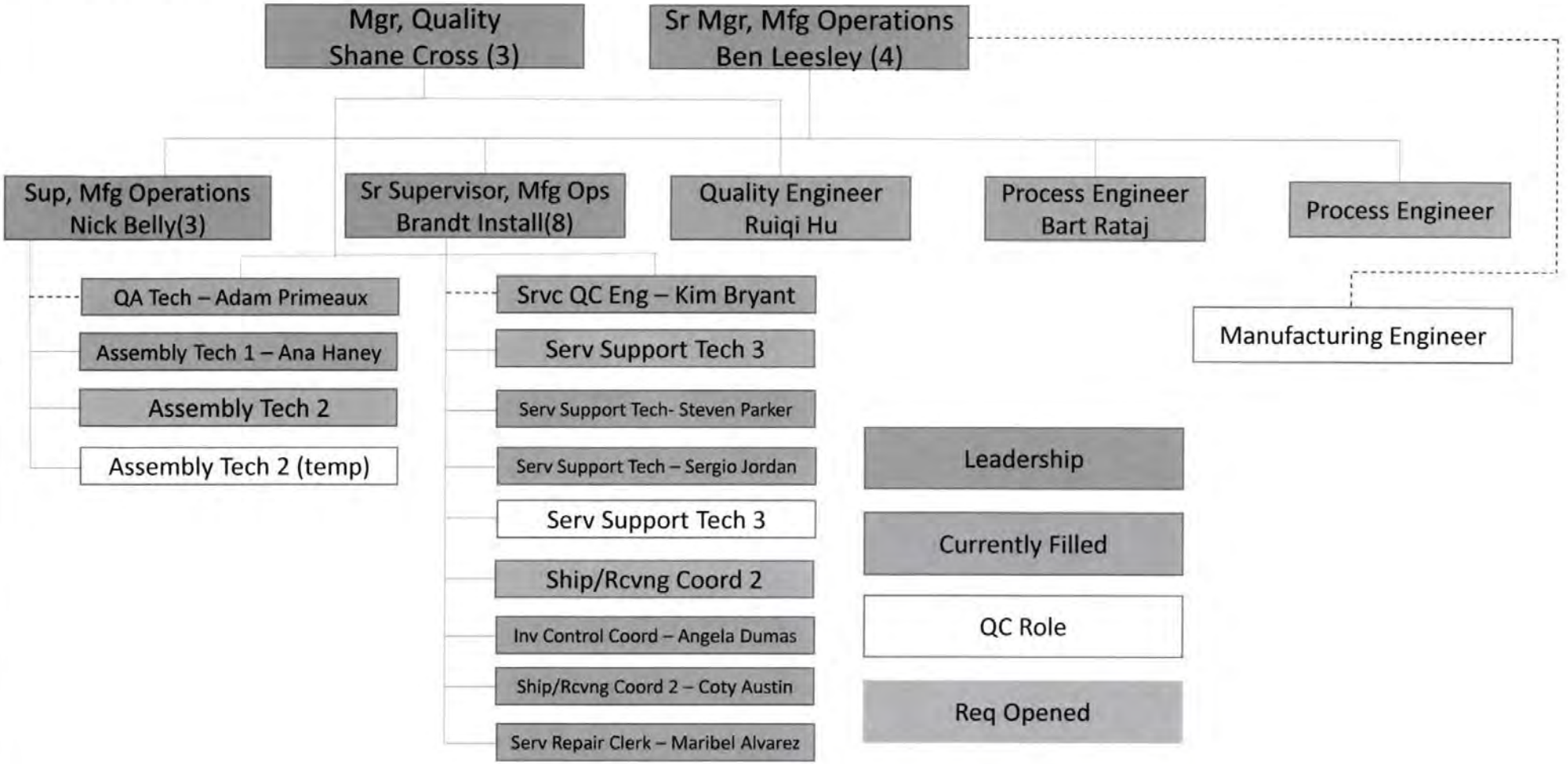
The undersigned, Bradley J. Tandy, SVP & General Counsel, an Authorized Officer of LiteCure, LLC, hereby delegates to Keegan Chamberlain, Director of Quality Management, employee of Cardinal Health 200, LLC, the authority to sign for all documents, applications, and submissions, and other related instruments required for the licensing and legally required permits filed on behalf LiteCure, LLC and that this delegation of authority is subject to revocation, by any officer of LiteCure, LLC at any time and shall occur automatically when Keegan Chamberlain ceases to be an employee of Cardinal Health 200, LLC.

The undersigned further approves and ratifies any and all actions taken by Keegan Chamberlain, in connection with the execution of the above-referenced matters.

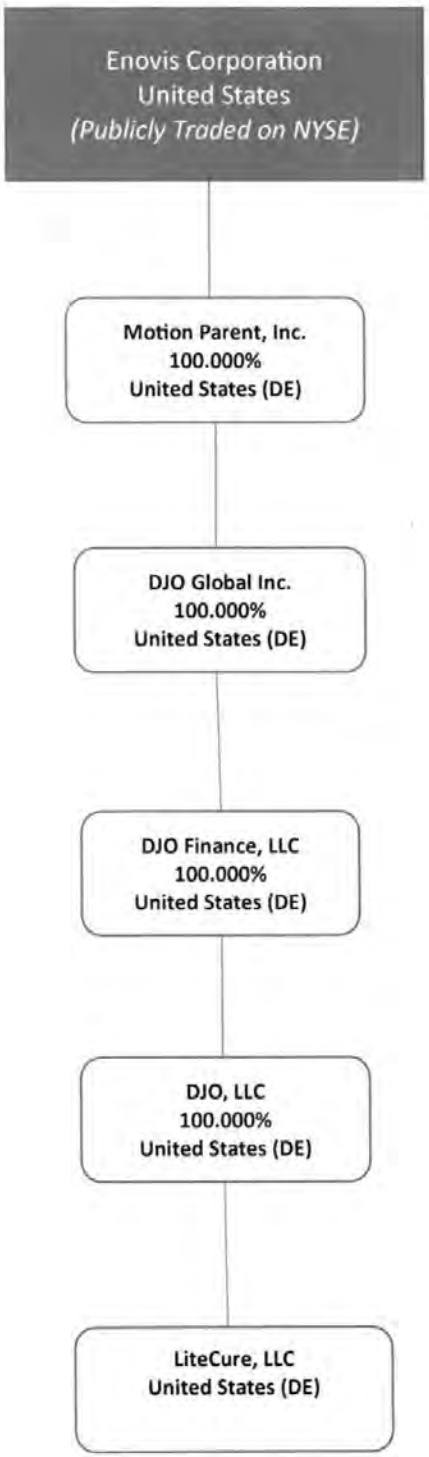
Respectfully,

Bradley J. Tandy
SVP & Chief Legal Officer

New Proposal (15 + 1)



Organizational Structure
LiteCure, LLC
2023



FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
LiteCure, LLC
3300 Eagle Parkway
Suite 170
Fort Worth, TX 76177
Registration Number: 3026668625
FEI Number*: 3026668625
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
Date Of Registration Status: 2024

Owner/Operator:
LITECURE, LLC[6]
2900 Lake Vista Drive
Suite 200
Lewisville, TX US 75067
Owner/Operator Number: 9097724[7]

Official Correspondent:
Dave Hunter
Enovis
2900 Lake Vista Drive
Suite 200
Lewisville, TX 75067
Phone: 1-858-2458747

verified 1/6/24

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

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Page Last Updated: 01/01/2024

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?
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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9097724&OwnerOperator

LiteCure, LLC

Corporate Officer List

Officer Name	Title
Phillip B. Berry	SVP, Chief Financial Officer
Brian P. Hanigan	VP, Chief Counsel - Securities, Governance and M&A, and Corporate Secretary
Bradley J. Tandy	Executive Vice President and General Counsel

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Application for Registration for LITECURE LLC (file number 803073202), a DELAWARE, USA, Foreign Limited Liability Company (LLC), was filed in this office on July 23, 2018.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: July 24, 2018

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 07, 2023.

Jane Nelson
Secretary of State

Delaware

The First State

BU596-1951 08/03/2023 Received by ND Secretary of State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LITECURE 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 THIRD DAY OF AUGUST, A.D. 2023.

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

Jeffrey W. Bullock, Secretary of State

4232231 8300

SR# 20233160803

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

Authentication: 203890337

Date: 08-03-23

- 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.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. 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 / ORA FACILITY LICENSING
7000 CARDINAL PLACE
DUBLIN OH 43017

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

LITECURE LLC

3300 EAGLE PKWY STE 170
FORT WORTH, TX 76177

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:

DEVICE MANUFACTURER

License # 1003209
Expires: April 2, 2025

NON-TRANSFERABLE

Commissioner 0847

513227

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2023

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
MARSH USA, LLC.
445 SOUTH STREET
MORRISTOWN, NJ 07962-1966
Attn: morristown.certrequest@marsh.com Fax 212-948-0979

CN101292797-DJO.-GAWUX-22-24

INSURED
DJO, LLC
1430 Decision St.
Vista, CA 92081

CONTACT NAME:
PHONE (A/C, No, Ext): | **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : ACE American Insurance Company	22667
INSURER B : Travelers Prop. Casualty Co. Of America	25674
INSURER C : N/A	N/A
INSURER D : See Attached Acord 101	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** NYC-011652003-01 **REVISION NUMBER:** 5

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	X COMMERCIAL GENERAL LIABILITY			OGL G2570132A	05/31/2023	05/31/2024	EACH OCCURRENCE	$	5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
							MED EXP (Any one person)	$	
							PERSONAL & ADV INJURY	$	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	10,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	EXCLUDED
	OTHER:							$	
B	AUTOMOBILE LIABILITY			TC2JCAP-2H532302-TIL-23	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X 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)	$	
								$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB-1W929206-23-51-K (AOS)	01/01/2023	01/01/2024	X PER STATUTE OTH-ER		
B	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N (Mandatory in NH) N / A			UB-1W92950A-23-51-R (AZ,MA,NE,WI)	01/01/2023	01/01/2024	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
D	PRODUCTS LIABILITY			LSR-PCO-00451-22	08/15/2022	08/15/2023	EACH OCC / AGGREGATE		10,000,000
				SIR: $1M EA EVENT / $2.5M AGG					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: DJO, LLC, 5919 Sea Otter Place, Suite 200, Carlsbad, CA 92010

CERTIFICATE HOLDER

National Supplier Clearinghouse
P O Box 100236
Columbia, SC 29202-3236

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

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101292797
LOC #: Morristown

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA, LLC.	DJO, LLC 1430 Decision St. Vista, CA 92081
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

EXCESS AUTO LIABILITY:
CARRIER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
POLICY NO: EX-9S191122-23-NF
EFFECTIVE: 01/01/2023 - 01/01/2024
COMBINED SINGLE LIMIT: $3,000,000

Product Coverage Carriers:
Underwriters:
47.50% Underwriters at Lloyd's
20.00% AXA XL Insurance Company UK Limited
12.50% Arch Specialty Insurance Company
20.00% Scottsdale Insurance Company

Name Insured Schedule:

Enovis Corporation
DJO Consumer LLC
DJO LLC
Elastic Therapy LLC
LiteCure LLC
Surgi-Care Inc.
Trilliant Surgical LLC
Ortho Pros Xpress Inc
Stoody Company
E6259-Central NA
Encore Medical
DJO Consumer LLC
DJO UK Limited
Elastic Therapy LLC
ENCORE MEDICAL, L.P. dba DJO SURGICAL
Matrix Orthopedics Surgical Devices
Apex Health Solutions, LLC
CalSurg, Inc
CP Medical, LLC
Dr. Comfort

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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. K41801694

Application/License No. _____

LiteCure, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3300 Eagle Parkway, Suite 170, Fort Worth, TX 76177 (Address of Applicant/Principal), as PRINCIPAL, and Federal Insurance Company (Surety Company), a corporation organized under the laws of the state of Indiana (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 (Address of Surety) as 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 10, 2023 (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 8th day of November, 2023.

LiteCure, LLC
APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

Federal Insurance Company
SURETY

Surety Company's Representative

April D. Perez, Attorney-in-fact
print name
NV Non-Resident License #722132

SIGNED and SEALED in the presence of:

Witness Jessica Iannotta

Witness Kimberly Leonard

Countersigned by:

n/a
Nevada Resident Agent

Posted February 20, 2020

CHUBB

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

April D. Perez

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 **10th** 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 **10th** 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 16, 2024

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 November 8, 2023

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

FEDERAL INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

December 31, 2022

(in thousands)

ASSETS		*LIABILITIES AND SURPLUS TO POLICYHOLDERS*	
Cash and Short Term Investments	$ 123,147	Outstanding Losses and Loss Expenses	$ 9,263,034
United States Government, State and Municipal Bonds	3,769,695	Reinsurance Payable on Losses and Expenses	1,723,798
Other Bonds	5,984,506	Unearned Premiums	2,832,590
Stocks	245,498	Ceded Reinsurance Premiums Payable	380,182
Other Invested Assets	1,979,194	Other Liabilities	471,528
TOTAL INVESTMENTS	12,082,042	TOTAL LIABILITIES	14,471,130
Investments in Affiliates		Capital Stock	20,980
Great Northern Ins. Co.	422,405	Paid-In Surplus	2,711,474
Vigilant Ins. Co.	381,723	Unassigned Funds	1,545,403
Chubb Indemnity Ins. Co.	185,044		
Chubb National Ins. Co.	194,379	SURPLUS TO POLICYHOLDERS	4,277,857
Other Affiliates	124,046		
Premiums Receivable	1,659,933		
Other Assets	3,519,415		
TOTAL ADMITTED ASSETS	$ 18,748,987	TOTAL LIABILITIES AND SURPLUS	$ 18,748,987

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At December 31, 2022, investments with a carrying value of $512,747,632 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 31 st day of December, 2022.

Sworn before me this March 16, 2023

Senior Vice President

Notary Public

September 19, 2023
My commission expires

Commonwealth of Pennsylvania - Notary Seal
Jaime L. Yates, Notary Public
Philadelphia County
My commission expires September 19, 2023
Commission number 1357070
Member, Pennsylvania Association of Notaries

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG LiteCure, LLC MDEG License # (if applicable) New App.

Physical Address 3300 Eagle Parkway, Suite # 170

City Fort Worth State TX Zip 76177

Mailing Address (if different from physical address) 7000 Cardinal Place - QRA Facility Licensing

City Dublin State OH Zip 43017

Telephone 614-553-3420 Website www.djoglobal.com/litecure

Licensing Company Email licensure@cardinalhealth.com

Section 2: Personal Information

First Benjamin Middle Charles Last Leesley

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City McKinney State TX Zip 75072

Telephone [redacted] Email licensure@cardinalhealth.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		From - To (MM/YY – MM/YY)	
Texas State University		01/06 - 07/08	
Address	**City**	**State**	**Zip**
601 University Dr	San Marcos	TX	78666
Diploma/Degree obtained, if any			
Bachelors of Science			

School Name		From - To (MM/YY – MM/YY)	
North Central Texas College		08/01 - 12/05	
Address	**City**	**State**	**Zip**
1500 N Corinth St	Corinth	TX	76208
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
University of North Texas		08/00 - 05/01	
Address	**City**	**State**	**Zip**
1155 Union Cir	Denton	TX	76205
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Lake Dallas High School		08/97-05/00	
Address	**City**	**State**	**Zip**
3016 Parkridge Dr	Corinth	TX	76210
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
11/19 - Present	[redacted]	McKinney	TX	75072
08/16 - 11/19		Denton	TX	76210
08/14-08/16		Lewisville	TX	75077

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable 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			From - To (MM/YY – MM/YY)	
LiteCure, LLC			08/23 - Present	
Business Address		**City**	**State**	**Zip**
3300 Eagle Pkwy, Ste 170		Ft Worth	TX	76177
Phone	**Title**		**Number of Employed Hours**	
214-558-2780	Sr Manager, Manufacturing Operations		1040	
Description of Duties				
Lead a manufacturing operation as the site leader.				

Business Name			From - To (MM/YY – MM/YY)	
Stryker			03/11 - 04/23	
Business Address		**City**	**State**	**Zip**
571 Silveron Blvd		Flower Mound	TX	75028
Phone	**Title**		**Number of Employed Hours**	
214-558-2780	Sr Manager, Operations		26,000	
Description of Duties				
Lead an operations unit as site leader and operations manager				

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?		✔
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? 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:

R Eady

Original Signature (electronic, copies or stamps not accepted)

4/22/24

Date

I, Benjamin Leesley, **certify that as the MDEG Administrator for**

LiteCure, LLC,

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

1. BL Have a high school diploma or its equivalent;
2. BL Have
   a. At least 1,500 hours of verifiable 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. BL 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. BL 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.

Benjamin Leesley
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/15/24
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler LiteCure, LLC

Pharmacy/Wholesaler License # (if applicable) New Application

Physical Address 3300 Eagle Parkway, Suite # 170

City Fort Worth State TX Zip 76177

Mailing Address (if different from physical address) 7000 Cardinal Place - QRA Facility Licensing

City Dublin State OH Zip 43017

Telephone 614-553-3420 Website www.djoglobal.com/litecure

Licensing Company Email licensure@cardinalhealth.com

Section 2: Personal Information

First Benjamin Middle Charles Last Leesley

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City McKinney State TX Zip 75072

Telephone [redacted] Email licensure@cardinalhealth.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		From - To (MM/YY – MM/YY)	
Texas State University		01/06-07/08	
Address	**City**	**State**	**Zip**
601 University Dr	San Marcos	TX	78666
Diploma/Degree obtained, if any			
Bachelors of Science			

School Name		From - To (MM/YY – MM/YY)	
North Central Texas College		08/01-12/05	
Address	**City**	**State**	**Zip**
1500 N Corinth St	Corinth	TX	76208
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
University of North Texas		08/00-05/01	
Address	**City**	**State**	**Zip**
1155 Union Cir	Denton	TX	76205
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Lake Dallas High School		08/97-05/00	
Address	**City**	**State**	**Zip**
3016 Parkridge Dr	Corinth	TX	76210
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
11/19-Present	[redacted]	McKinney	TX	75072
08/16-11/19		Denton	TX	76210
08/14-08/16		Lewisville	TX	75077
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
LiteCure, LLC			08/23 - Present	
Business Address		**City**	**State**	**Zip**
3300 Eagle Pkwy, Ste 170		Ft Worth	TX	76177
Phone	**Title**		**Number of Employed Hours**	
214-558-2780	Sr Manager, Manufacturing Operations		1,040	
Description of Duties				
Lead a medical technologies manufacturing and service operation as the site leader				

Business Name			From - To (MM/YY – MM/YY)	
Stryker			03/11-04/23	
Business Address		**City**	**State**	**Zip**
571 Silveron Blvd		Flower Mound	TX	75028
Phone	**Title**		**Number of Employed Hours**	
214-558-2780	Sr Manager, Operations		26,000	
Description of Duties				
Led a medical technologies operations unit as site leader and operations manager				

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)

4/22/24
Date

I, Benjamin Leesley, **certify that as the designated representative for**

LiteCure, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. BL I am at least 21 years of age;
3. BL 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. BL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BL 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. BL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Benjamin Leesley

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/15/24

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.

Benjamin Leesley

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/15/24

Date

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

State of Texas, ss. County of Denton

I, Ben Leesley, 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

4/23/24

Date

Subscribed and Sworn to before me this 23 day of April.

Christy D Bennett

Notary Public Signature

CHRISTY D BENNETT
Notary ID #129258202
My Commission Expires
February 23, 2025

(Seal)

LiteCure - Fort Worth, Employee List

Shane Cross	Manager, Quality
Ben Leesley	Sr. Manager, Mfg Operations
Nick Belly	Supervisor, Mfg Operations
Ruiqi Hu	Quality Engineer
Bart Rataj	Process Engineer
Adam Primeaux	Quality Assurance Tech
Ana Haney	Assembly Tech 1
Kim Bryant	Service QC Engineer
Steven Parker	Service Support Tech
Sergio Jordan	Service Support Tech
Angela Dumas	Inventory Control Coordinator
Coty Austin	Shipping/Receiving Coordiantor 2
Maribel Alvarez	Service Repair Clerk

4T

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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)

Section 1: General Information

Facility Name: QuVa Pharma, Inc.

Physical Address: 12620 West Airport Blvd. Suite 130

City: Sugar Land State: Texas Zip: 77478

Mailing Address (if different from physical address): same as physical

City: _____ State: _____ Zip: _____

Telephone: _____ Website: www.quvapharma.com

Name of Designated Representative (DR): Truptiben Sindhi

Licensing Company Email: michelle.kostroun@quvapharma.c DR Email: trupti.sindhi@quvapharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☒ Manufacturer not applicable
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: Prescription drugs sold to hospitals	☑ Warehouse 3PL activity of QuVa Pharma, Inc. 503B products (prescription drugs sold to hospitals)
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ 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)?		✓

Not applicable

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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

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

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: Not applicable

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 or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): QuVa Pharma Holdings, Inc.

Corporation/Organization Name: QuVa Pharma, Inc.

Mailing Address: 3 Sugar Creek Center Blvd.

City: Sugar Land State: Texas Zip: 77478

Telephone: 888-339-0874 Email: peter.jenkins@quvapharma.com

Contact Person Name: Peter Jenkins

Section 6: Partnership

Partnership Name: Not applicable

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: Not applicable

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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
✓ **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
✓ **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.** N/A			✓	
✓ **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 **12 months**.	✓	✓	✓	✓
✓ **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
✓ **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
✓ **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: N/A letter attached 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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

QuVa Pharma, Inc.

Facility Name

Peter Jenkins

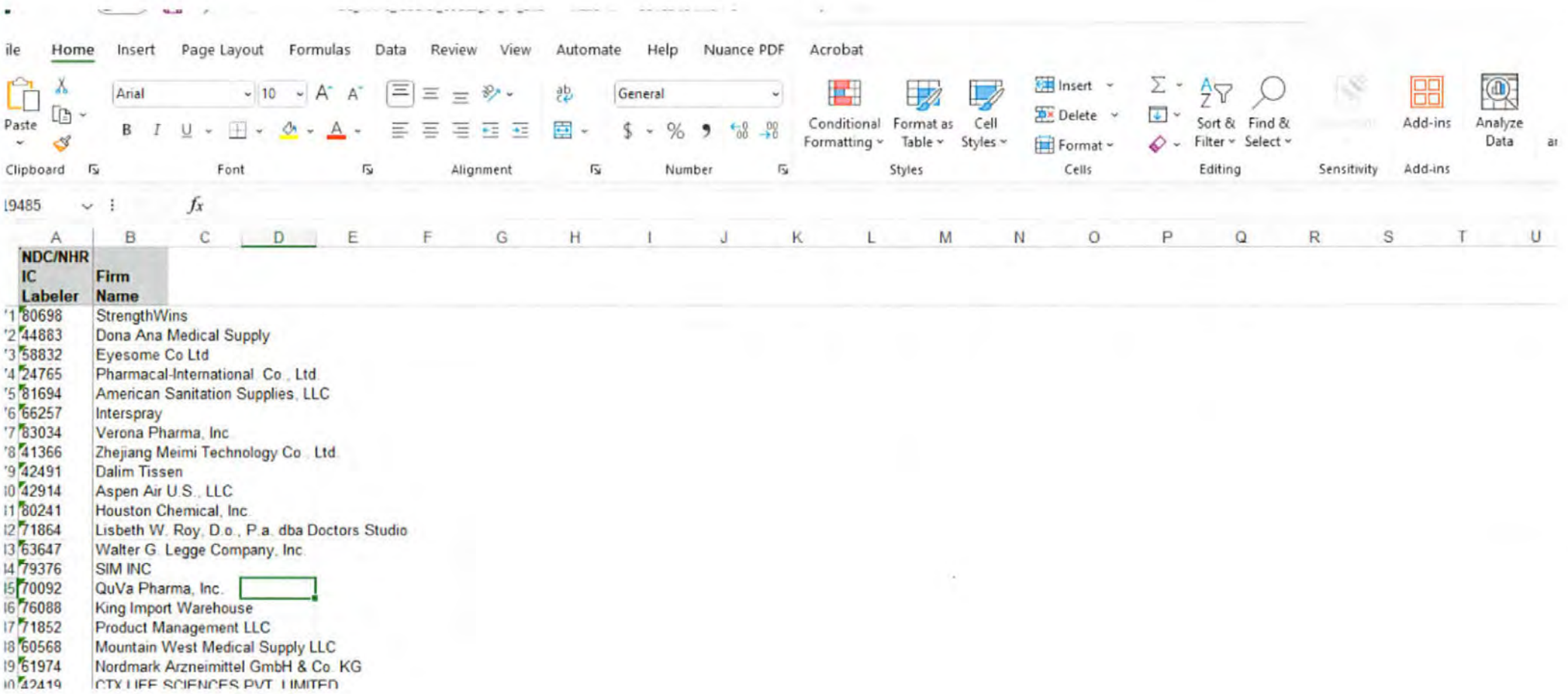
Print Name of Authorized Person Submitting Application

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

3/21/2024

Date

Board Use Only	Date Received: 3/27/24	Amount: $1000-check 32350



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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
	NDC/NHRIC Labeler	**Firm Name**																			
1	80698	StrengthWins																			
2	44883	Dona Ana Medical Supply																			
3	58832	Eyesome Co Ltd																			
4	24765	Pharmacal-International Co., Ltd.																			
5	81694	American Sanitation Supplies, LLC																			
6	66257	Interspray																			
7	83034	Verona Pharma, Inc.																			
8	41366	Zhejiang Meimi Technology Co., Ltd.																			
9	42491	Dalim Tissen																			
10	42914	Aspen Air U.S., LLC																			
11	80241	Houston Chemical, Inc.																			
12	71864	Lisbeth W. Roy, D.o., P.a. dba Doctors Studio																			
13	63647	Walter G. Legge Company, Inc.																			
14	79376	SIM INC																			
15	70092	QuVa Pharma, Inc.																			
16	76088	King Import Warehouse																			
17	71852	Product Management LLC																			
18	60568	Mountain West Medical Supply LLC																			
19	61974	Nordmark Arzneimittel GmbH & Co. KG																			
20	42419	CTX LIFE SCIENCES PVT. LIMITED																			

Verified
4/4/24 M.H

QuVa PHARMA

QuVa Pharma, Inc. Corporate Officers

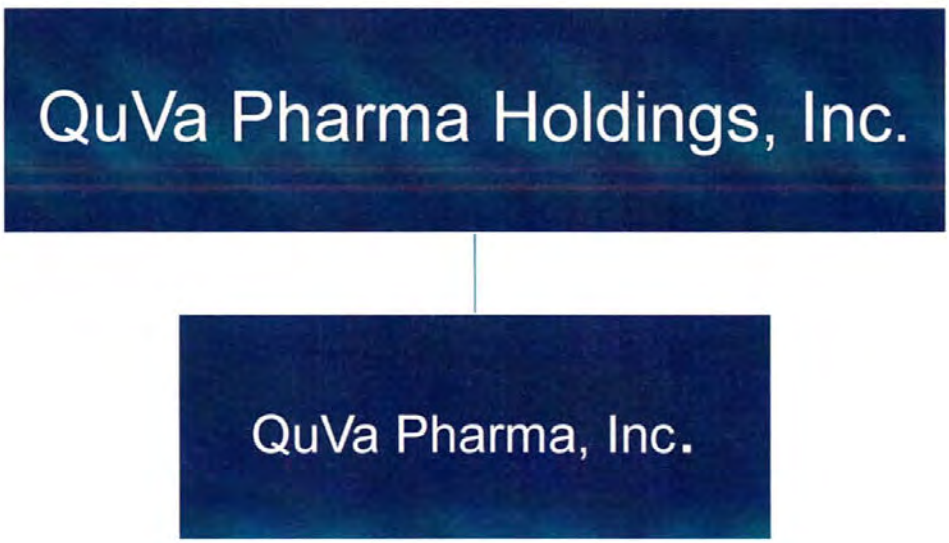
1) **Stuart Hinchen – President and Chief Executive Officer**
   Corporate Address: 3 Sugar Creek Center Blvd, Suite 250
   Sugar Land, Texas 77478
   Business Phone: 888-339-0874

2) **Peter Jenkins - Chief Development Officer and Treasurer**
   Corporate Address: 3 Sugar Creek Center Blvd, Suite 250
   Sugar Land, Texas 77478
   Business Phone: 888-339-0874

3) **Ryan Sullivan – Chief Legal Officer, General Counsel and Secretary**
   Corporate Address: 3 Sugar Creek Center Blvd, Suite 250
   Sugar Land, Texas 77478
   Business Phone: 888-339-0874

4) **Scott Hirsch – Chief Operations Officer**
   Corporate Address: 3 Sugar Creek Center Blvd, Suite 250
   Sugar Land, Texas 77478
   Business Phone: 888-339-0874

QuVa Pharma Business Organization



Confidential and Proprietary

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QuVa PHARMA

Shareholder Information

QuVa Pharma Holdings is the 100% shareholder of QuVa Pharma, Inc.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUVA PHARMA, 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 SEVENTH DAY OF MARCH, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUVA PHARMA, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2015.

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

Jeffrey W. Bullock, Secretary of State

5755668 8300

SR# 20240926417

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

Authentication: 202974490

Date: 03-07-24

- 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.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. 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.

QUVA PHARMA INC
12620 W AIRPORT BLVD STE 130
SUGAR LAND TX 77478

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

QUVA PHARMA INC

12620 W AIRPORT BLVD STE 130
SUGAR LAND, TX 77478

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

J. A. Hinojosa, MD
Commissioner

License # 1003342
Expires: November 1, 2025

NON-TRANSFERABLE

517342

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. 6213034584

Application/License No. _____

QuVa Pharma, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 12620 West Airport Blvd. Ste. 130 Sugar Land, Texas 77478 (Address of Applicant/Principal), as PRINCIPAL, and United States Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Delaware (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 305 Madison Avenue, Morristown, NJ 07960 (Address of Surety) as 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 03/21/2024 (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.

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 21st day of March, 2024.

APPLICANT/PRINCIPAL
QuVa Pharma, Inc.

Authorized Representative

SURETY COMPANY
United States Fire Insurance Company

Surety Company's Representative

Doritza Mojica, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness, Vangie McKnight

Witness, Gentry Stewart

Countersigned by:

Nevada Resident Agent - Non Resident Agent
Michelle Anne McMahon, Lic #: 3159869

Posted February 20, 2020

POWER OF ATTORNEY
UNITED STATES FIRE INSURANCE COMPANY
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY

79560

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

Gentry Stewart, Kathryn Pryor, Michelle Anne McMahon, Joshua Sanford, Nicholas Turecamo, Sam E. Begun, Melissa J. Stanton, Robyn Salley, Rebecca M. Josephson, Jennifer Godere, Jonathan Gleason, Doritza Mojica, Nicholas Miller, Sarah Murtha, Connor Wolpert, Richard Hackner, Kristopher Pisano

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties: **Unlimited**

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

(a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;
(b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 28th day of September, 2021.

UNITED STATES FIRE INSURANCE COMPANY

Matthew E. Lubin, President

State of New Jersey}
County of Morris }

On this 28th day of September, 2021, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.

MELISSA H. D'ALESSIO
NOTARY PUBLIC OF NEW JERSEY
Commission # 50126833
My Commission Expires 4/7/2025

Melissa H. D'Alessio (Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the 21st day of March, 2024

UNITED STATES FIRE INSURANCE COMPANY

Michael C. Fay, Senior Vice President

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler QuVa Pharma, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 12620 West Airport Blvd. Ste. 130

City Sugar Land State Texas Zip 77478

Mailing Address (if different from physical address) same as physical

City _____ State _____ Zip _____

Telephone 888-339-0874 Website www.quvapharma.com

Licensing ~~Company~~ Email michelle.kostroun@quvapharma.com

Section 2: Personal Information

First Truptiben Middle G Last Sindhi

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City Houston State TX Zip 77084

Telephone [redacted] Email trupti.sindhi@quvapharma.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		From - To (MM/YY – MM/YY)	
University of Maryland Eastern Shore School of Pharmacy		2015 - 2018	
Address	City	State	Zip
11868 College backbone Rd	Princess Anne	MD	21853
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of Maryland Baltimor county		2013 - 2014	
Address	City	State	Zip
1000 Hilltop circle	Baltimore	MD	21250
Diploma/Degree obtained, if any			
B.S. in biological sciences			

School Name		From - To (MM/YY – MM/YY)	
community college of Baltimore county		2009 - 2012	
Address	City	State	Zip
800 S. Rolling Rd	Catonsville	MD	21228
Diploma/Degree obtained, if any			
Associate of Science			

School Name		From - To (MM/YY – MM/YY)	
D.Z. Patel High School		2006 - 2008	
Address	City	State	Zip
India			
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
2021 - Present	[redacted]	Houston	TX	77084
2018 - 2021		Round Rock	TX	78665
2017 - 2018		Ellicott city	MD	21043
2015 - 2018		Delmar	MD	21875
2009 - 2015		Catonsville	MD	21228
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
QuVa pharma			07/2018 – Present
Business Address	**City**	**State**	**Zip**
3 Sugar creek Blvd # 250	Sugarland	Tx	77478
Phone	**Title**		**Number of Employed Hours**
888-339-0874	Manufacturing operations Manager		10,400
Description of Duties			
Overseeing manufacturing, inspecting, packaging and distribution of controlled and non-controlled sterile preparations			

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.

Not Applicable

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?		✓

Not Applicable

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

I, Truptiben. sindhi, **certify that as the designated representative for**

12620 w airpost Blvd, Sugarland, Tx, 77478,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. TS I am at least 21 years of age;
3. TS 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. TS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TS 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. TS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Truptiben. sindhi

Print Name (First, Last)

Trupti

Original Signature (electronic, copies or stamps not accepted)

03/25/24

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.

Truptiben. Sindhi

Print Name (First, Last)

Truptiben Sindhi

Original Signature (electronic, copies or stamps not accepted)

03/26/24

Date

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

State of Texas, ss. County of Bell

I, Truptiben. Sindhi, 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.

Truptiben Sindhi

Original Signature

03/26/24

Date

Subscribed and Sworn to before me this 26th day of 2024 March

Michelle Renee Kostroun

Notary Public Signature

MICHELLE RENEE KOSTROUN
Notary Public, State of Texas
Comm. Expires 11-10-2024
Notary ID 130896985

(Seal)

QuVa PHARMA

List of Employees

Truptiben Sindhi – Designated Representative

4U

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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) (ultimate parent company is publicly traded.) ☒ 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)

Section 1: General Information

Facility Name: ReCor Medical, Inc.

Physical Address: 1049 Elwell Court

City: Palo Alto State: CA Zip: 94303

Mailing Address (if different from physical address): Same as physical address

City: _____ State: _____ Zip: _____

Telephone: 650-542-7700 Website: www.recormedical.com

Name of Designated Representative (DR): David Kim

Licensing Company Email: dkim@recormedical.com DR Email: dkim@recormedical.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [3]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Clinics		☐ 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)?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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

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: _____

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 or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Otsuka Medical Devices Co., Ltd. (wholly-owned by Otsuka Holdings Co., Ltd., a publicly traded company)

Corporation/Organization Name: ReCor Medical, Inc.

Mailing Address: 1049 Elwell Court

City: Palo Alto State: CA Zip: 94303

Telephone: 650-542-7700 Email: dkim@recormedical.com

Contact Person Name: David Kim

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 See Attachment B N/A - See Attachment E 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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment E	✓			
• **List of all corporation shareholders and their percent ownership.** N/A - See Attachment E		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **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 **12 months.** See Attachment D	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form 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** (First 15 pages only) See Attachment E	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment F	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment G	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ See Attachment H	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). See Attachment H	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A		✓	✓	✓
• **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/. N/A		✓	✓	✓

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 further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

ReCor Medical, Inc.

Facility Name

David Kim

Print Name of Authorized Person Submitting Application

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

14 Dec, 2023

Date

Board Use Only	Date Received: 12/21/23	Amount: $1000 check 1358

Attachment A

Nature of Business

ReCor Medical, Inc. "ReCor" is a prescription medical device manufacturer. ReCor's first product will be a class III prescription medical device for clinical use only. The company will distribute its product to clinics and hospitals from its manufacturing facility.

Attachment C

Corporate Officer and Director Information

ReCor Medical, Inc.
1049 Elwell Court
Palo Alto, CA 94303

Corporate Officers:

Lara Barghout
President and Chief Executive Officer

Fredrick Feller
Chief Operating Officer

Michael Jones
Chief Financial Officer

Darci Teobaldi
Vice President, General Counsel

Board of Directors:

Noriko Tojo, Chairman
Kazumichi Kobayashi
Lara Barghout

FDA U.S. FOOD & DRUG ADMINISTRATION

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
RECOR MEDICAL
1049 Elwell Ct
Palo Alto, CA 94303
Registration Number: 3010024164
FEI Number*: 3010024164
Status: Active
Date Of Registration Status: 2024

Owner/Operator:
ReCor Medical[6]
1049 Elwell Ct
Palo Alto, CA US 94303
Owner/Operator Number: 10082465[7]

Official Correspondent:
Aruna Akkapeddi
1049 Elwell Ct
Palo Alto, CA 94303
Phone: 650-2853433

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

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5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10082465&OwnerOperatorName=&ProductCode=&DeviceName=&
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10082465&OwnerOperatorName=&ProductCode=&DeviceName=&

Page Last Updated: 10/16/2023

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 Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

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

USA.gov

For Government For Press

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U.S. Department of Health & Human Services

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4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10082465&OwnerOperatorName=&ProductCode=&DeviceName=&
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10082465&OwnerOperatorName=&ProductCode=&DeviceName=&

✓ verified
M.H 1/4/24

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RECOR MEDICAL, 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 NOVEMBER, A.D. 2023.

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.

Jeffrey W. Bullock, Secretary of State

4683078 8300

SR# 20234073755

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

Authentication: 204676109

Date: 11-28-23

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

ReCor Medical, Inc.
1049 Elwell Court
Palo Alto, CA 94303

LICENSE NUMBER: 73906
EXPIRATION DATE: 5/5/2025

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with 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

Printed: 5/11/2023

Attachment H

MDEG Administrator Form and Proof of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/03/2023

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
Marsh Risk & Insurance Services
CA License #0437153
633 W. Fifth Street, Suite 1200
Los Angeles, CA 90071

CN130206798--GAUWP-23-24

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Travelers Property Casualty Co. Of America	25674
INSURER B : Sompo America Insurance Company	11126
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ReCor Medical, Inc.
1049 Elwell Ct.
Palo Alto, CA 94303

COVERAGES **CERTIFICATE NUMBER:** LOS-002709821-01 **REVISION NUMBER:** 1

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	X COMMERCIAL GENERAL LIABILITY			ZLP81N72654	10/01/2023	10/01/2024	EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$	1,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$	1,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$	Excluded
								$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	
	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)	$	
								$	
A	X UMBRELLA LIAB X OCCUR			CUP2X753435	10/01/2023	10/01/2024	EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	5,000,000
	DED RETENTION $							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			UB2X587035	10/01/2023	10/01/2024	X PER STATUTE OTH-ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Products Liab/Clinical Trials			LGL30040553700	07/01/2023	07/01/2024	Occurrence / Aggregate		5,000,000
	Claims Made Coverage			Retroactive Date: 01/01/09			Deductible - Each Occurrence		100,000

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

CERTIFICATE HOLDER

ReCor Medical, Inc.
1049 Elwell Ct.
Palo Alto
Palo Alto, CA 94303

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

Marsh Risk & Insurance Services

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****Duplicate Original****

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. 800171895

Application/License No. _____

ReCor Medical, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1049 Elwell Court, Palo Alto, CA 94303 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 605 Highway 169 North, Suite 800, Plymouth, MN 55441 (Address of Surety) as 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 February 14, 2024. (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.

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 14th day of February, 2024.

APPLICANT/PRINCIPAL

ReCor Medical, Inc.

Authorized Representative

Michael Jones, CFO

SIGNED and SEALED in the presence of:

Witness Darci Teobaldi, VP/GC

Witness David H Kim, VP QA

SURETY COMPANY

Atlantic Specialty Insurance Company

Surety Company's Representative

Andrea Allman, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Bonnie Rice

Witness Mara Sloan

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

intact INSURANCE

Power of Attorney

Surety Bond No: 800171895

Principal: ReCor Medical, Inc.

Obligee: Nevada State Board of Pharmacy

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: Andrea Allman, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 14th day of February, 2024.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara Barrow, Secretary

Please direct bond verifications to surety@intactinsurance.com

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG ReCor Medical, Inc. MDEG License # (if applicable) N/A

Physical Address 1049 Elwell Court

City Palo Alto State CA Zip 94303

Mailing Address (if different from physical address) Same as physical address

City _____ State _____ Zip _____

Telephone 650-542-7700 Website www.recormedical.com

Licensing Company Email dkim@recormedical.com

Section 2: Personal Information

First David Middle Ho-Yup Last Kim

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 1049 Elwell Court

City Palo Alto State CA Zip 94303

Telephone [redacted] Email dkim@recormedical.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		From - To (MM/YY – MM/YY)	
University of Southern California		Aug. 1991 - May 1995	
Address	**City**	**State**	**Zip**
3470 Trousdale Parkway	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
B.S. Biomedical 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)	Address	City	State	Zip
06/21 - 12/23	[redacted]	Mountain View	CA	94040
From - To (MM/YY – MM/YY)		City	State	Zip
08/08 - 06/21		Mountain View	CA	94040
From - To (MM/YY – MM/YY)	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 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			From - To (MM/YY – MM/YY)	
ReCor Medical, Inc.			June 2015 - Present	
Business Address		**City**	**State**	**Zip**
1049 Elwell Court		Palo Alto	CA	94303
Phone	**Title**		**Number of Employed Hours**	
650-542-7700	Vice President, Quality Affairs		3,000+	
Description of Duties				
Head of quality department responsible for implementation and maintenance of the quality management system and ongoing compliance.				

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?		✔
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? 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.

N/A **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, David Kim, **certify that as the MDEG Administrator for**

ReCor Medical, Inc.,

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

1. DK Have a high school diploma or its equivalent;
2. DK Have
   a. At least 1,500 hours of verifiable 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. DK 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. DK 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.

David Kim
Print Name (First, Last)

DK
Original Signature (electronic, copies or stamps not accepted)

12 Dec, 2023
Date

Board Use Only	Date Received: 12/21/23

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ReCor Medical, Inc.

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 1049 Elwell Court

City Palo Alto State CA Zip 94303

Mailing Address (if different from physical address) Same as Physical Address

City _____ State _____ Zip _____

Telephone 650-542-7700 Website www.recormedical.com

Licensing Company Email dkim@recormedical.com

Section 2: Personal Information

First David Middle Ho-Yup Last Kim

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 1049 Elwell Court

City Palo Alto State CA Zip 94303

Telephone [redacted] Email dkim@recormedical.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		From - To (MM/YY – MM/YY)	
University of Southern California		Aug. 1991 - May 1995	
Address	**City**	**State**	**Zip**
3470 Trousdale Parkway	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
B.S. Biomedical 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)	Address	City	State	Zip
06/2021 - 2/2024	[redacted]	Mountain View	CA	94040
08/2008 - 06/2021	[redacted]	Mountain View	CA	94040
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
ReCor Medical, Inc.			June 2015 - Present	
Business Address		**City**	**State**	**Zip**
1049 Elwell Court		Palo Alto	CA	94303
Phone	**Title**		**Number of Employed Hours**	
	Vice President, Quality Affairs		6,000+	
Description of Duties				
Head of quality department responsible for implementation and maintenance of the quality management system and ongoing compliance.				

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?		✔

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)

5March, 2024
Date

I, David Kim, certify that as the designated representative for

ReCor Medical, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

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 Kim

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5 March, 2024

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.

David Kim

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5 March, 2024

Date

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

State of _____, ss. County of _____

I, SEE ATTACHED, 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

5 March, 2024

Date

Subscribed and Sworn to before me this ____ day of _____.

SEE ATTACHED

Notary Public Signature

(Seal)

CALIFORNIA
JURAT CERTIFICATE

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 Santa Clara

Subscribed and sworn to (or affirmed) before me on this 05 day of March, 2024, by David Ho-Yup Kim,

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

WITNESS MY HAND AND OFFICIAL SEAL.

Signature of Notary Public

(Notary Seal)

OPTIONAL INFORMATION

The jurat contained within this document is in accordance with California law. Any affidavit subscribed and sworn to before a notary shall use the preceding wording or substantially similar wording pursuant to Civil Code sections 1189 and 8202. A jurat certificate cannot be affixed to a document sent by mail or otherwise delivered to a notary public, including electronic means, whereby the signer did not personally appear before the notary public, even if the signer is known by the notary public. The seal and signature cannot be affixed to a document without the correct notarial wording. As an additional option an affiant can produce an affidavit on the same document as the notarial certificate wording to eliminate the use of additional documentation.

DESCRIPTION OF ATTACHED DOCUMENT

(Title of document)

Number of Pages _____(Including jurat)

Document Date _____

(Additional Information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual
- ☐ Corporate Officer
- ☐ Partner
- ☐ Attorney-In-Fact
- ☐ Trustee
- ☐ Other _____

MMX V BAN2 510 409 1334 www.BayAreaNotary.com

Recor Employees as of November 30, 2023

Full name	Function
Aaron Arnold	Clinical Data Management
Adrian Gaona Cuevas	Operations
Alejandro Duenas	System Design
Amy Vo	Operations
Andrea Scicli	Scientific Affairs US
Ankita Joshi	Regulatory Affairs
Ankita Singh	Talent Acquisition
Anna Rodin	Quality Affairs
Arthur Espinosa	Operations
Aruna Akkapeddi	Regulatory Affairs
Ashley Bong	Operations
Bindu Ganapathineedi	Medical Affairs
Bipasa Bose	Operations
Carolina Cuevas	Operations
Chao Vang	Operations
Christina Degala	Clinical Affairs
Christine Davis-Kellerman	Operations
Cindy Arregoitia Sarabia	Medical Affairs
Connie Long	Marketing Communications
Connie Yan	Finance US
Daisy Nhan	Operations
Daniel Bakaitis	Accounting
Daniel Vuich	Operations
Darci Teobaldi	Legal
Dave Haugaard	Operations
David Craig	Medical Affairs
David Kim	Quality Affairs
David Lawrence	Product Development
Desmond Cheung	Product Development
Devon Klosterman	IT
Diana Hontiveros	Accounting US
Diana Tasker	Advanced Technologies
Dimitri Augustin	Medical Affairs
Dominic Marinelli	Global Training
Douglas Ives	Accounting US
Echo Kuan	Accounting US
Elizabeth Sheehan	Clinical Programs
Elizabeth Verdugo	Accounting US
Eric Dailey	System Design
Ernie Swanson	Operations
Fahima Sultana	Medical Affairs
Gaby Novo de Oliveira	Medical Affairs
George Bobias	IT
Gexsy Nava	System Design
Gil Choi	Advanced Technologies
Hajime Arnold	Clinical Data Management

Full name	Function
Harmanpreet Panesar	Medical Affairs
Helen Reeve-Stoffer	Clinical, Medical Affairs
Hyeonsoo Chang	Operations
Jackie Midel	
Jaime Merino	Operations
Jenny Hong-Gonzalez	Intellectual Property
Jesse Marshall	IT
Jim Mazzone	Product Development
Joann Gonzalez	Clinical Affairs
John Stetak	Product Development
Jon Messamer	Operations
Jordan Myer	Clinical Data Management
Julie Hernandez	Accounting US
Julie Wentz	Marketing Communications
Kenichiro Kubo	Executive Projects
Koji Inui	Operations
Kristen Easterday	Product Marketing
Kshama Mishra	Medical Affairs
Kyoko Koizumi	Hypertension Marketing
Lara Barghout	
Liang Zhai	Advanced Technologies
Liem Vo	Quality Affairs
Lisa Claude	Scientific Affairs US
Loan Huynh	Operations
Lori Hioki	HR US
Lorraine Yoo-Lin	Intellectual Property
Lucki Qin	Product Development
Luis Bustamante	Product Development
Mai Hua	Operations
Mailien Ngo	Operations
Malissa Miller	Accounting US
Marc Perkins	Talent Acquisition
Mark Perez	Quality Affairs
Matt Holton	Legal & Compliance US
Matt Thompson	IT
Maureen Sharkey	Clinical Affairs
Megan Lopez	Operations
Meghan Smith	Quality Affairs
Meital Horesh-Bar	Scientific Affairs US
Michael Jones	Accounting, Finance, IT
Michele Chunn	Accounting US
Michelle Haddix	Clinical Data Management
Mohsen Chamanirad	System Design
Neil Mahalanobis	Operations
Nick Gentile	Program Management
Norma Fausto	Operations

Full name	Function
Ozzie Guarin	IT
Peter Gabel	Advanced Technologies
Raji Roshan	Regulatory Affairs
Richa Kankarej	Clinical Data Management
Rick Bautista	Operations
Rick Feller	Operations and R&D
Ricky Robinson	Human Resources
Ric Leguidleguid	Operations
Robin Bek	System Design
Rona Wu	Quality Affairs
Rosa Park	HR US
Rosilyn Noblejas	Operations
Ryan Donovan	Program Management
Ryan Elbalawy	Quality Affairs
Ryan Hilaman	System Design
Sammy Ly	Operations
Seobon Kim	Finance US
Shannon Nash	Medical Affairs
Shradha Aravind Rao	Clinical Affairs
Shruthi Thirumalai	Operations
Simplicio Velilla	Product Development
Simranjit Kaur	Clinical Data Management
Sonja Cherry-Mendenhall	HR US
Swaroop Bhatt	Hypertension Marketing
Sydney Collier	Clinical Affairs
Thach Cao	Product Development
Theresa Ramos	HR US
Theresa Raymer	Intellectual Property
Thomas McDermott	System Engineering
Thomas Ting	Quality Affairs
Tim Dalbec	Quality Affairs
Tomomi Kuwata	Software
Toni Caruso	Operations
Tracy Rodriguez	Clinical Programs
Trina Chau	Legal & Compliance US
Valery Do	Operations
Van Nguyen	Operations
Veronica Larios	Product Development
Victor Stephenson	Operations
Vince Chung	Operations
Vivian Fan	Accounting US
Wani Tunggal	Clinical Affairs
Xi Chen	Advanced Technologies
Yen Vo	Operations
Yini Wei	Accounting US
Yusuke Kogata	Planning and Business Development

Attachment E

Stock Information

ReCor Medical, Inc. is a wholly-owned subsidiary of Otsuka Medical Devices Ltd., a company wholly-owned by Otsuka Holdings Co., Ltd., a publicly traded company.

Enclosed please find the first 15 pages of Otsuka Holdings Co., Ltd.'s latest Annual Securities Report. The entire report may be viewed here: https://www.otsuka.com/en/ir/library/securities.html

Consolidated Financial Statements are English translations of the Annual Securities Report Financial section) filed with the Director of the Kanto Local Finance Bureau via Electronic Disclosure for Investors' NETwork ("EDINET") pursuant to the Financial Instruments and Exchange Act of Japan.

Top Four Shareholders:

1. Vanguard International Stock Index-Total Intl Stock Indx 1.15%
2. Vanguard Specialized-Health Care Fund 0.84%
3. Vanguard Tax Managed Fund-Vanguard Developed Markets Index Fund 0.68%
4. Price (T.Rowe) Overseas Stock Fund 0.48%

Consolidated Financial Statements

for the fiscal year ended December 31, 2022

Otsuka Holdings Co., Ltd.

Financial Information

1. Basis of Preparation of Consolidated Financial Statements

The consolidated financial statements of Otsuka Holdings Co., Ltd. (hereinafter referred to as the "Company") are prepared in accordance with International Financial Reporting Standards (hereinafter referred to as "IFRS") pursuant to the provision of Article 93 of the Ordinance on Terminology, Forms, and Preparation Methods of Consolidated Financial Statements (Ordinance of the Ministry of Finance No. 28 of 1976; hereinafter referred to as the "Ordinance on Consolidated Financial Statements").

2. Audit Certification

In accordance with the provision of Article 193-2, paragraph (1) of the Financial Instruments and Exchange Act, the consolidated financial statements for the fiscal year ended December 31, 2022 were audited by KPMG AZSA LLC.

3. Special Effort to Ensure the Appropriateness of Consolidated Financial Statements and Others, and Development of a System for Preparing Consolidated Financial Statements Appropriately in Accordance with IFRS

The Company has been making special effort to ensure the appropriateness of consolidated financial statements and others, and developing a system for preparing consolidated financial statements and others appropriately in accordance with IFRS. The details are as follows:

(1) In order to develop a system that ensures a proper understanding of the contents of accounting standards, etc. and an adequate response to changes in accounting standards and others, the Company has joined the Financial Accounting Standards Foundation, regularly provides internal training, subscribes to professional journals published by the Japanese Institute of Certified Public Accountants, attends seminars hosted by the Financial Accounting Standards Foundation and auditing firms, etc., and makes other efforts.

(2) With regard to application of IFRS, the Company keeps up on accounting standards by obtaining press releases and standards published by the International Accounting Standards Board. In addition, the Company has developed the group's accounting policies and accounting guidelines in accordance with IFRS and practices accounting procedures based on these policies and guidelines to prepare appropriate consolidated financial statements in accordance with IFRS.

1. Consolidated Financial Statements

(1) Consolidated Financial Statements

(i) Consolidated Statements of Financial Position

(Millions of yen)

	Note	FY2021 (As of December 31, 2021)	FY2022 (As of December 31, 2022)
Assets			
Current assets			
Cash and cash equivalents	6, 33	410,684	471,634
Trade and other receivables	7, 33	380,191	423,426
Inventories	8	180,350	223,507
Income taxes receivable		8,543	2,954
Other financial assets	9, 33	20,074	17,481
Other current assets	10	48,036	52,934
Subtotal		1,047,880	1,191,939
Assets held for sale	11	1,508	91
Total current assets		1,049,389	1,192,030
Non-current assets			
Property, plant and equipment	12, 20	487,089	510,674
Goodwill	13	295,735	335,442
Intangible assets	13	522,662	579,786
Investments accounted for using the equity method	15	227,790	241,743
Other financial assets	9, 33	173,956	177,421
Deferred tax assets	16	31,936	53,460
Other non-current assets	10, 23	32,355	12,156
Total non-current assets		1,771,526	1,910,685
Total assets		2,820,915	3,102,716

(Millions of yen)

	Note	FY2021 (As of December 31, 2021)	FY2022 (As of December 31, 2022)
Liabilities and equity			
Liabilities			
Current liabilities			
Trade and other payables	17, 33	170,103	198,356
Bonds and borrowings	18, 33	32,877	26,440
Lease liabilities	20	17,096	17,717
Other financial liabilities	19, 33	1,988	3,307
Income taxes payable		10,490	28,340
Provisions	22	9,542	763
Contract liabilities	25	12,458	13,376
Other current liabilities	21	213,302	250,891
Subtotal		467,859	539,193
Liabilities directly associated with assets held for sale	11	50	–
Total current liabilities		467,910	539,193
Non-current liabilities			
Bonds and borrowings	18, 33	102,754	93,775
Lease liabilities	20	59,726	56,229
Other financial liabilities	19, 33	24,815	30,515
Net defined benefit liabilities	23	14,075	16,011
Provisions	22	1,358	1,507
Contract liabilities	25	57,771	50,736
Deferred tax liabilities	16	27,560	29,410
Other non-current liabilities	21	19,753	22,787
Total non-current liabilities		307,815	300,975
Total liabilities		775,725	840,168
Equity			
Equity attributable to owners of the Company			
Share capital	24	81,690	81,690
Capital surplus	24	506,724	506,579
Treasury shares	24	(45,572)	(44,858)
Retained earnings	24	1,482,197	1,553,219
Other components of equity	24	(14,046)	128,775
Total equity attributable to owners of the Company		2,010,994	2,225,407
Non-controlling interests		34,195	37,140
Total equity		2,045,189	2,262,547
Total liabilities and equity		2,820,915	3,102,716

(ii) Consolidated Statements of Income

(Millions of yen)

	Note	FY2021 (Fiscal year ended December 31, 2021)	FY2022 (Fiscal year ended December 31, 2022)
Revenue	5, 25	1,498,276	1,737,998
Cost of sales	26	(495,030)	(569,501)
Gross profit		1,003,245	1,168,496
Selling, general and administrative expenses	22, 26	(622,326)	(724,129)
Share of profit of investments accounted for using the equity method	15	8,508	5,780
Research and development expenses	26	(232,299)	(275,230)
Impairment losses	14	(6,479)	(41,521)
Other income	27	11,348	23,445
Other expenses	28	(7,499)	(6,518)
Operating profit		154,497	150,323
Finance income	29	13,981	28,693
Finance expenses	29	(4,840)	(6,063)
Profit before tax		163,638	172,954
Income tax expenses	16	(34,429)	(35,534)
Profit for the year		129,209	137,419
Attributable to:			
Owners of the Company	31	125,463	134,019
Non-controlling interests	31	3,745	3,400
Profit for the year		129,209	137,419
Earnings per share:			
Basic earnings per share (Yen)		231.32	247.01
Diluted earnings per share (Yen)		231.15	246.99

(iii) Consolidated Statements of Comprehensive Income

(Millions of yen)

	Note	FY2021 (Fiscal year ended December 31, 2021)	FY2022 (Fiscal year ended December 31, 2022)
Profit for the year		129,209	137,419
Other comprehensive income			
Items that will not be reclassified to profit or loss			
Remeasurements of defined benefit plans	30	7,166	(5,407)
Financial assets measured at fair value through other comprehensive income	30	(13,092)	8,937
Share of other comprehensive income of investments accounted for using the equity method	15, 30	(252)	462
Subtotal		(6,178)	3,992
Items that may be reclassified to profit or loss			
Exchange differences on translation of foreign operations	30	81,254	117,463
Cash flow hedges	30	(0)	26
Share of other comprehensive income of investments accounted for using the equity method	15, 30	12,982	13,458
Subtotal		94,236	130,948
Total other comprehensive income		88,057	134,940
Comprehensive income for the year		217,267	272,360
Attributable to:			
Owners of the Company		212,218	268,095
Non-controlling interests		5,049	4,265
Comprehensive income for the year		217,267	272,360

(iv) Consolidated Statements of Changes in Equity

FY2021 (Fiscal year ended December 31, 2021)

(Millions of yen)

	Note	Equity attributable to owners of the Company					
						Other components of equity	
		Share capital	Capital surplus	Treasury shares	Retained earnings	Remeasurements of defined benefit plans	Financial assets measured at fair value through other comprehensive income
Balance as of January 1, 2021		81,690	506,295	(45,781)	1,402,644	–	43,298
Profit for the year		–	–	–	125,463	–	–
Other comprehensive income		–	–	–	–	7,025	(13,364)
Comprehensive income for the year		–	–	–	125,463	7,025	(13,364)
Purchase of treasury shares		–	–	(1)	–	–	–
Dividends	24	–	–	–	(54,236)	–	–
Share-based payment transactions		–	456	210	–	–	–
Changes in ownership interests in subsidiaries that do not result in loss of control		–	(27)	–	–	–	–
Changes associated with losing control of subsidiaries		–	–	–	–	–	–
Transfer from other components of equity to retained earnings		–	–	–	8,326	(7,025)	(1,300)
Total transactions with owners		–	428	209	(45,910)	(7,025)	(1,300)
Balance as of December 31, 2021		81,690	506,724	(45,572)	1,482,197	–	28,632

	Note	Equity attributable to owners of the Company					
		Other components of equity					
		Exchange differences on translation of foreign operations	Cash flow hedges	Total	Total	Non-controlling interests	Total equity
Balance as of January 1, 2021		(135,766)	(5)	(92,474)	1,852,375	31,057	1,883,432
Profit for the year		–	–	–	125,463	3,745	129,209
Other comprehensive income		93,093	(0)	86,754	86,754	1,303	88,057
Comprehensive income for the year		93,093	(0)	86,754	212,218	5,049	217,267
Purchase of treasury shares		–	–	–	(1)	–	(1)
Dividends	24	–	–	–	(54,236)	(1,751)	(55,988)
Share-based payment transactions		–	–	–	666	–	666
Changes in ownership interests in subsidiaries that do not result in loss of control		–	–	–	(27)	(17)	(44)
Changes associated with losing control of subsidiaries		–	–	–	–	(143)	(143)
Transfer from other components of equity to retained earnings		–	–	(8,326)	–	–	–
Total transactions with owners		–	–	(8,326)	(53,598)	(1,911)	(55,510)
Balance as of December 31, 2021		(42,673)	(6)	(14,046)	2,010,994	34,195	2,045,189

FY2022 (Fiscal year ended December 31, 2022)

(Millions of yen)

	Note	Equity attributable to owners of the Company					
						Other components of equity	
		Share capital	Capital surplus	Treasury shares	Retained earnings	Remeasurements of defined benefit plans	Financial assets measured at fair value through other comprehensive income
Balance as of January 1, 2022		81,690	506,724	(45,572)	1,482,197	–	28,632
Profit for the year		–	–	–	134,019	–	–
Other comprehensive income		–	–	–	–	(5,091)	8,961
Comprehensive income for the year		–	–	–	134,019	(5,091)	8,961
Purchase of treasury shares		–	–	(0)	–	–	–
Dividends	24	–	–	–	(54,251)	–	–
Share-based payment transactions		–	(101)	714	–	–	–
Changes in ownership interests in subsidiaries that do not result in loss of control		–	(43)	–	–	–	–
Transfer from other components of equity to retained earnings		–	–	–	(8,746)	5,091	3,655
Total transactions with owners		–	(144)	713	(62,997)	5,091	3,655
Balance as of December 31, 2022		81,690	506,579	(44,858)	1,553,219	–	41,249

	Note	Equity attributable to owners of the Company					
		Other components of equity					
		Exchange differences on translation of foreign operations	Cash flow hedges	Total	Total	Non-controlling interests	Total equity
Balance as of January 1, 2022		(42,673)	(6)	(14,046)	2,010,994	34,195	2,045,189
Profit for the year		–	–	–	134,019	3,400	137,419
Other comprehensive income		130,178	26	134,075	134,075	864	134,940
Comprehensive income for the year		130,178	26	134,075	268,095	4,265	272,360
Purchase of treasury shares		–	–	–	(0)	–	(0)
Dividends	24	–	–	–	(54,251)	(1,342)	(55,593)
Share-based payment transactions		–	–	–	612	–	612
Changes in ownership interests in subsidiaries that do not result in loss of control		–	–	–	(43)	22	(21)
Transfer from other components of equity to retained earnings		–	–	8,746	–	–	–
Total transactions with owners		–	–	8,746	(53,682)	(1,320)	(55,002)
Balance as of December 31, 2022		87,504	20	128,775	2,225,407	37,140	2,262,547

(v) Consolidated Statements of Cash Flows

(Millions of yen)

	Note	FY2021 (Fiscal year ended December 31, 2021)	FY2022 (Fiscal year ended December 31, 2022)
Cash flows from operating activities			
Profit before tax		163,638	172,954
Depreciation and amortization expenses		84,855	93,761
Impairment losses and reversal of impairment losses		6,479	41,521
Share of profit of investments accounted for using the equity method		(8,508)	(5,780)
Finance income		(13,981)	(28,693)
Finance expenses		4,840	6,063
(Increase) decrease in inventories		6,505	(21,700)
(Increase) decrease in trade and other receivables		13,322	(22,481)
Increase (decrease) in trade and other payables		(12,162)	1,394
Others		29,398	773
Subtotal		274,389	237,812
Interest and dividends received		9,281	12,747
Interest paid		(2,662)	(3,460)
Income taxes paid		(52,144)	(35,250)
Net cash flows provided by operating activities		228,864	211,848
Cash flows from investing activities			
Proceeds from sales of property, plant and equipment		1,697	3,702
Payments for acquisition of property, plant and equipment		(52,453)	(60,949)
Payments for acquisition of intangible assets		(60,699)	(46,838)
Proceeds from sales and redemption of investments		22,245	43,526
Payments for acquisition of investments		(23,714)	(19,971)
Proceeds from sales of subsidiaries		—	8,323
Payments for acquisition of subsidiaries		(8,035)	—
(Increase) decrease in time deposits		23,551	(8,956)
Others		2,119	(411)
Net cash flows used in investing activities		(95,288)	(81,575)
Cash flows from financing activities			
Purchase of treasury shares		(1)	(0)
Change in short-term borrowings, net	37	10	4,436
Proceeds from long-term borrowings	37	220	1,073
Repayments of long-term borrowings	37	(21,131)	(25,671)
Repayments of lease liabilities	37	(18,912)	(19,729)
Dividends paid		(55,984)	(55,561)
Others	37	(44)	(21)
Net cash flows used in financing activities		(95,844)	(95,474)
Increase in cash and cash equivalents		37,732	34,798
Cash and cash equivalents at the beginning of the year		356,851	410,684
Effect of exchange rate changes on cash and cash equivalents		16,101	26,151
Cash and cash equivalents at the end of the year		410,684	471,634

Notes to Consolidated Financial Statements

1. Reporting Entity

Otsuka Holdings Co., Ltd. (hereinafter referred to as the "Company") is a company incorporated in Japan. The addresses of its registered head office and principal business office are disclosed on the Company's website (URL https://www.otsuka.com/en/). The consolidated financial statements of the Company, which were prepared with the end of the fiscal year on December 31, 2022, comprise the Company and its subsidiaries (hereinafter referred to as the "Group") and interests in its associates.

The details of businesses and principal business activities of the Group are provided in Note "5. Operating Segments."

2. Basis of Preparation

(1) Compliance with IFRS

Pursuant to the provision of Article 93 of the Ordinance on Consolidated Financial Statements, the consolidated financial statements of the Company have been prepared in compliance with IFRS since the Company qualifies as a "Specified Company under Designated International Accounting Standards" prescribed in Article 1-2 of the Ordinance.
The Company's consolidated financial statements for the fiscal year ended December 31, 2022 were approved on March 24, 2023 by Tatsuo Higuchi, President and Representative Director, CEO, and Yuko Makino, Executive Director, CFO.

(2) Basis of measurement

The consolidated financial statements have been prepared on a historical cost basis except for financial instruments and other items measured at fair value.

(3) Functional currency and presentation currency

The consolidated financial statements are presented in Japanese yen, which is the Company's functional currency, and figures are rounded down to the nearest million yen.

(4) New standards not yet adopted

Among the standards and interpretations newly issued or amended by the date of approval that is provided in "(1) Compliance with IFRS," there were no new or amended standards and interpretations that have been early adopted by the Group as of December 31, 2022. The impact of the adoption of these standards and interpretations has not been provided because it is expected to be insignificant.

3. Significant Accounting Policies

(1) Basis of consolidation

(i) Subsidiaries

Subsidiaries are entities that are controlled by the Group. The Group controls an investee when the Group has power over the investee, is exposed or has rights to variable returns arising from the Group's involvement in the investee and has an ability to affect those returns through its power over the investee.

The financial statements of subsidiaries are included in the consolidated financial statements from the date that the Group obtains control until the date that control is lost.

If any accounting policies applied by a subsidiary differ from those applied by the Group, adjustments are made to the subsidiary's financial statements when needed. The balances of receivables and payables among the Group and inter-company transactions as well as unrealized gains or losses arising from inter-company transactions are offset in preparing the consolidated financial statements.

When the ownership interest in a subsidiary is partially disposed of, the transaction is accounted for as an equity transaction if the Group retains control over the subsidiary. Any difference between the amount of

adjustment to the non-controlling interests and the fair value of the consideration paid or received is recognized directly in equity attributable to owners of the Company.

If the Group loses control over the subsidiary, gains or losses derived from such loss are recognized in profit or loss.

(ii) Associates

Associates are entities over which the Group has significant influence in terms of financial and operating policies but which the Group does not control or jointly control. The Group is presumed to have significant influence over another entity when it holds at least 20% but 50% or less of the voting rights of the entity.

Investments in associates are recognized at cost at the time of acquisition and subsequently accounted for using the equity method. Goodwill recognized on acquisition is included in investments in associates. Because such goodwill is not separately recognized, it is not tested for impairment separately. Instead, the entire amount of the investments in associates is tested for impairment as a single asset whenever objective evidence indicates that the investments in associates may be impaired.

If any accounting policies applied by an associate differ from those applied by the Group, adjustments are made to the associate's financial statements when needed.

When the Group has retained interests after losing significant influence, these interests are measured at fair value and any difference between the fair value and the carrying amount of the investment as of the date on which the equity method was discontinued is recognized in profit or loss.

(2) Business combinations

Business combinations are accounted for using the acquisition method.

Goodwill is measured as the excess of the aggregate of the consideration transferred, the amount of non-controlling interests in the acquiree and the acquisition-date fair value of the acquirer's previously held equity interest in the acquiree over the net of the acquisition-date amounts of the identifiable assets acquired and the liabilities assumed. In case the identifiable net asset exceeds the aggregate of the consideration and others, such excess is immediately recognized in profit or loss.

The consideration transferred is calculated as the sum of the acquisition-date fair values of the assets transferred by the acquirer, the liabilities incurred by the acquirer to former owners of the acquiree and the equity interests issued by the acquirer. The consideration transferred includes any assets or liabilities resulting from a contingent consideration arrangement. The amount of non-controlling interests in the acquiree at the acquisition date is measured for each business combination either at fair value or as the present ownership instruments' proportionate share in the recognized amounts of the acquiree's identifiable net assets.

Identifiable assets acquired and liabilities assumed at the acquisition date are measured at fair value as of the acquisition date, except for limited exceptions based on the requirements of IFRS 3 "Business Combinations."

Transaction costs incurred in relation to business combinations are recognized as expenses when they are incurred.

If the initial accounting for business combinations is incomplete by the end of the fiscal year in which the business combinations occur, the Group reports provisional amounts for the items for which the accounting is incomplete. Those provisional amounts recognized at the acquisition date are retrospectively adjusted to reflect new information obtained during the measurement period about facts and circumstances that existed as of the acquisition date and, if known at the acquisition date, would have affected the measurement of the amounts recognized. Additional assets or liabilities are recognized if new information is known to have resulted in the additional recognition of assets or liabilities. The measurement period does not exceed one year.

(3) Foreign currency translation

(i) Foreign currency transactions

Foreign currency transactions are translated to the functional currencies at exchange rates on the transaction dates or exchange rates which are close to the actual rate on the transaction dates. Foreign currency monetary assets and liabilities are translated into the functional currency at the exchange rate on each reporting date. Non-monetary assets and liabilities that are measured at fair value in a foreign currency are translated into the functional currency using the exchange rate at the date of measurement. Non-monetary assets and liabilities that are measured at cost in a foreign currency are translated into the functional currency using the spot exchange rate on the date of the original transaction.
Translation differences arising from translations or settlements are recognized as profit or loss. However, equity instruments measured through other comprehensive income as well as the effective portion of translation differences arising from hedging instruments related to cash flow hedges used to hedge foreign currency risk are recognized as other comprehensive income.

(ii) Foreign operations

The assets and liabilities of foreign operations are translated into Japanese yen at the exchange rate on each reporting date. The revenues and expenses of foreign operations are translated into Japanese yen at the average exchange rate for the reporting period. Translation differences arising from translation of financial statements of foreign operations are recognized as other comprehensive income. The exchange differences on translation of foreign operations are recognized in profit or loss for periods in which foreign operations are disposed.

(4) Financial instruments

(i) Financial assets

i) Initial recognition and measurement

Trade and other receivables are initially recognized on the date when they are incurred. All other financial assets are initially recognized on the contract date when the Group becomes a party to the contract of the instruments.

At initial recognition, all financial assets, except for those measured at fair value through profit or loss, are measured at fair value plus directly attributable transaction costs. However, trade receivables that do not contain a significant financing component are measured at the transaction price.
Transaction costs of financial assets measured through profit or loss are recognized in profit or loss.

At initial recognition, financial assets are classified as (a) financial assets measured at amortized cost, (b) debt instruments measured at fair value through other comprehensive income, (c) equity instruments measured at fair value through other comprehensive income or (d) financial assets measured at fair value through profit or loss.

(a) Financial assets measured at amortized cost
Financial assets are classified as financial assets measured at amortized cost if both of the following conditions are met.

- The financial assets are held within a business model whose objective is to hold financial assets in order to collect contractual cash flows.
- The contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

(b) Debt instruments measured at fair value through other comprehensive income

Financial assets are classified as debt instruments measured at fair value through other comprehensive income if both of the following conditions are met.

- The financial asset is held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets.
- The contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

(c) Equity instruments measured at fair value through other comprehensive income

For investments in some equity instruments, the Group has chosen an irrevocable option to present subsequent changes in the fair value of investments that are neither 'held for trading' nor 'contingent consideration recognized by an acquirer in a business combination to which IFRS 3 "Business Combinations" applies,' in other comprehensive income. The Group classifies such investments as equity instruments measured at fair value through other comprehensive income.

(d) Financial assets measured at fair value through profit or loss

Financial assets, except for financial assets measured at amortized cost and equity instruments measured at fair value through other comprehensive income stated above, are classified as financial assets measured at fair value through profit or loss.

ii) Subsequent measurement

After initial recognition, financial assets are measured according to their classification as follows:

(a) Financial assets measured at amortized cost

Financial assets measured at amortized cost are measured at amortized cost using the effective interest method. Amortization by using the effective interest method and any gains or losses on derecognition are recognized in profit or loss.

(b) Equity instruments measured at fair value through other comprehensive income

Equity instruments measured at fair value through other comprehensive income are measured at fair value. Any changes in fair value are recognized in other comprehensive income. When such financial assets are derecognized, the accumulated other comprehensive income is transferred to retained earnings. Meanwhile, dividends from such financial assets are recognized as profit or loss.

(c) Financial assets measured at fair value through profit or loss

Financial assets measured at fair value through profit or loss are measured at fair value, and any changes in their fair value are recognized in profit or loss.

iii) Impairment

With regard to impairment of financial assets measured at amortized cost, the Group recognizes an allowance for expected credit losses on such financial assets.

At each reporting date, the Group evaluates whether the credit risk on financial instruments has increased significantly after initial recognition.

If credit risk on financial instruments has not increased significantly after initial recognition, the allowance for those instruments is measured at an amount equal to the 12-month expected credit losses. If credit risk on financial instruments has increased significantly after initial recognition, the allowance for such financial instruments is measured at an amount equal to the lifetime expected credit losses.

The Group considers that there has been a significant increase in credit risk when contractual payments are more than 30 days past due. The assessment of whether or not credit risk has increased significantly takes into account all relevant current information that is reasonably available to the Group, as well as past due information.

However, with regard to trade receivables that do not contain a significant financing component, the allowance is always measured at an amount equal to the lifetime expected credit losses, regardless of whether or not there has been a significant increase in credit risk after initial recognition.

iv) Derecognition

The Group derecognizes financial assets only when the contractual rights to the cash flows from the financial assets expire, or when the Group transfers substantially all the risks and rewards of ownership of the financial assets.

(ii) Financial liabilities

i) Initial recognition and measurement

Bonds and borrowings are initially recognized on the date when they are issued or incurred. All other financial liabilities are initially recognized on the contract date when the Group becomes a party to the contract of the financial instruments.

At initial recognition, financial liabilities are classified as (a) financial liabilities measured at amortized cost or (b) financial liabilities measured at fair value through profit or loss.

At initial recognition, financial liabilities measured at amortized cost are measured at fair value net of transaction costs that are directly attributable to the financial liabilities. Transaction costs of financial liabilities measured at fair value through profit or loss are recognized in profit or loss.

ii) Subsequent measurement

After initial recognition, financial liabilities are measured according to their classification as follows:

(a) Financial liabilities measured at amortized cost

Financial liabilities measured at amortized cost are measured at amortized cost using the effective interest method. Amortization by using the effective interest method and any gains or losses on derecognition are recognized in profit or loss.

(b) Financial liabilities measured at fair value through profit or loss

Financial liabilities measured at fair value through profit or loss are measured at fair value, and any changes in their fair value are recognized in profit or loss.

iii) Derecognition

The Group derecognizes the financial liabilities only when they are extinguished, that is, the obligations specified in the contract are discharged, cancelled or expired.

(iii) Offsetting of financial assets and financial liabilities

Financial assets and financial liabilities are offset and the net amount is presented only when the Group currently has a legally enforceable right to set off the recognized amount and intends either to settle on a net basis or to realize the assets and settle the liabilities simultaneously.

(iv) Derivatives and hedge accounting

Derivatives are initially recognized at fair value. After initial recognition, derivatives continue to be measured at fair value.

The Group designates certain derivatives such as forward foreign exchange contracts, currency swap agreements, currency option transactions, and interest rate swap agreements to hedge foreign currency risk and interest rate risk.

At the inception of a hedging relationship, the Group formally designates and documents the hedging relationship and the risk management objective and strategy for undertaking the hedge. The documentation includes identification of the hedging instrument, the hedged item, the nature of the risk being hedged, and the methods of assessing whether the hedging relationship meets the hedge effectiveness requirements. The Group assesses whether the hedging relationship meets the hedge effectiveness requirements, both at inception and on an ongoing basis. Ongoing assessments are performed at each reporting date or upon a significant change in the circumstances affecting the hedge effectiveness requirements, whichever comes first.

The Group applies hedge accounting to cash flow hedges which meet the criteria for hedge accounting and such hedges are accounted for as follows:

The portions of the gain or loss on the hedging instrument that are determined to be effective hedges are recognized in other comprehensive income, while the remaining ineffective portions are recognized in profit or loss. The amounts associated with the hedging instruments recognized in other comprehensive income are reclassified to profit or loss when the hedged transactions affect profit or loss. However, in cases where the hedged forecast transaction subsequently results in the recognition of a non-financial

asset or liability, the amount recognized in other comprehensive income is accounted for as an adjustment to the initial carrying amount of the non-financial asset or liability.

When the hedging relationship ceases to meet the qualifying criteria, or the hedging instrument expires or is sold, terminated or exercised, the application of hedge accounting is discontinued prospectively. When forecast transactions or firm commitments are no longer expected to occur, any related cumulative gains or losses that have been recognized in equity through other comprehensive income are reclassified to profit or loss.

The Group does not undertake any fair value hedges or any hedges of net investment in foreign operations.

(5) Cash and cash equivalents

Cash and cash equivalents consist of cash on hand, demand deposits, and short-term investments with original maturities of three months or less that are readily convertible to known amounts of cash and are so near maturity that they present insignificant risk of changes in value.

(6) Inventories

Inventories are measured at the lower of cost or net realizable value. Net realizable value is the estimated selling price in the ordinary course of business less the estimated costs of completion and the estimated costs necessary to make the sale. The cost of inventories is determined mainly by the weighted-average cost formula. The cost of inventories comprises all costs of purchase, costs of conversion and other costs incurred in bringing the inventories to the present location and condition.

(7) Property, plant and equipment

Property, plant and equipment are measured under the cost model and carried at their cost less any accumulated depreciation and impairment losses.

The cost of property, plant and equipment includes the cost directly incidental to the acquisition of assets, the initial estimated costs of dismantling, removing and restoring the assets.

Depreciation expense for assets except for land and construction in progress is recognized mainly by the straight-line method over the respective estimated useful lives. The estimated useful lives of major asset items are as follows:

- Buildings and structures: 2 to 65 years
- Machinery and vehicles: 2 to 40 years
- Tools, furniture and fixtures: 2 to 20 years

The estimated useful lives, residual values and depreciation methods of assets are reviewed at the end of each fiscal year, and any changes are applied prospectively as a change in an accounting estimate.

(8) Goodwill

Measurement of goodwill at initial recognition is provided in "(2) Business combinations." After initial recognition, the amount is recorded at its cost less any accumulated impairment losses.

Goodwill is allocated to each of the cash-generating units or groups of cash-generating units (hereinafter referred to as the "Cash-Generating Units") that is expected to benefit from the synergies of the business combination. Cash-Generating Units to which goodwill has been allocated are tested for impairment annually and whenever there is an indication that the unit may be impaired. If the recoverable amount of Cash-Generating Units is less than their carrying amounts, an impairment loss is recognized in profit or loss. With regard to allocation of impairment losses recognized in association with Cash-Generating Units, first the carrying amount of goodwill allocated to the unit is reduced, and then the remaining amount of impairment loss is allocated to other assets of the unit pro rata on the basis of the carrying amount of each asset in the unit. For impairment losses recognized on goodwill, no reversal is made in subsequent periods.

4V

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

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 02933	☐ 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)

Section 1: General Information

Facility Name: Validus Pharmaceuticals LLC

Physical Address: 90 East Halsey Road Suite 210

City: Parsippany State: NJ Zip: 07054

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: 973 265 2777 ext101 Website: validuspharma.com

Name of Designated Representative (DR): ~~Diane Hofmann~~ John Kinney

Licensing Company Email: dhofmann@validuspharma.com DR Email: dhofmann@validuspharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer - Virtual
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ 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)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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. N/A

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)

3/25/24
Date

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: McKesson
Address: PO Box 4017 City: Dannville State: IL Zip: 61834

Name: Cencora
Address: PO Box 247 City: Thorofare State: NJ Zip: 08086

Name: Cardinal
Address: PO Box 182516 City: Colubus State: OH Zip: 43218

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 or Company

State of Incorporation/Organization: DELAWARE
Parent Company (if any): ADVANGEN HOLDINGS, INC
Corporation/Organization Name: VALIDUS PHARMACEUTICALS LLC
Mailing Address: 90 EAST HALSEY ROAD, SUITE 210
City: PARSIPPANY State: N J Zip: 07054
Telephone: 973-265-2777 EXT 101 Email: DHOFMANN@VALIDUSPHARMA.COM
Contact Person Name: DIANE HOFMANN

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: 3PL Attached	✓	
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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.** Delaware ✓	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ ✓		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form 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** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** N/A	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** ✓	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

VALIDUS PHARMACEUTICALS LLC

Facility Name

JOHN KINNEY

Print Name of Authorized Person Submitting Application

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

3/25/24

Date

Board Use Only	Date Received: 3/28/24	Amount: $1000 - check 2939

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service
Food and Drug Administration
Rockville, Maryland 20857

Mar 23, 2007

VALIDUS PHARMACEUTICALS INC
2001 RT 46 EAST STE 310
PARSIPPANY NJ 07054

The Food and Drug Administration (FDA) has assigned the following Labeler Code Number to your firm:

30698

Verified N.H 4/4/24

This Labeler Code should be used on all forms related to drug establishment registration and/or drug product listing. Per Title 21, Part 207 of the Code of Federal Regulations (CFR), 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.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products. If you have any questions, please contact the Quality Control Team (301) 210-2840.

Sincerely,

Paul M. Loebach
Public Health Analyst
Office of Compliance
(Drug Registration and Listing)

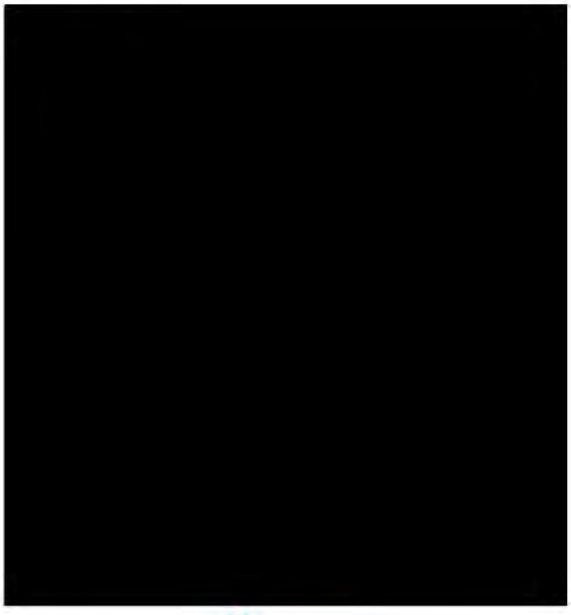
90 East Halsey Rd.
Suite 210
Parsippany, NJ 07054
973-265-2777 Main
973-265-2770 Fax

Validus Products as of March 2024

[redacted]

Validus Ownership Structure

CONFIDENTIAL



Validus

Officers for Validus Pharmaceuticals LLC

CEO

- John Kinney
- Business address 90 East Halsey Road Suite 210, Parsippany New Jersey 07054
- Email: jkinney@validuspharma.com

COO

- Emile Williams
- Business address 90 East Halsey Road Suite 210, Parsippany New Jersey 07054
- Email: ewilliams@validuspharma.com

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VALIDUS PHARMACEUTICALS 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 FOURTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VALIDUS PHARMACEUTICALS LLC" WAS FORMED ON THE NINETEENTH DAY OF APRIL, A.D. 2007.

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

Jeffrey W. Bullock, Secretary of State

4337564 8300

SR# 20233170209

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

Authentication: 203898622

Date: 08-04-23

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369

0750175

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 accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

90 E HALSEY RD, STE 210 PARSIPPANY, NJ 07054-

Reg. No.
5003510

VALIDUS PHARMACEUTICALS LLC
90 E HALSEY RD, STE 210
PARSIPPANY, NJ 07054-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2025

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 3/22/2024

Registration Number: 5003510 **Registered as:** Manufacturer and Wholesale
Name: VALIDUS PHARMACEUTICALS LLC
DBA:
Address: 90 E HALSEY RD, STE 210, PARSIPPANY, NJ 07054
Original Issue Date: 06/25/2007 **Expiration Date:** 01/31/2025
Current Issue Date: 12/11/2023
Disciplines: No

Bond

Date: July 17, 2023

Agency Code: 13 651741
Agency Information
BIS IMPROVED INSURANCE AGENCY
201 LITTLETON RD SUITE 225
MORRIS PLAINS, NJ 07950

Obligee Information
OBLIGEE:
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

Insured / Principal: Validus Pharmaceuticals LLC
Policy / Bond #: 13BSBIL5748
Account Name/Number: Validus Pharmaceuticals LLC 13M100774572
Policy Term: October 15, 2023 - October 15, 2024
Type of Policy: Surety - License & Permit
Billing Term: Annual
Billing Type[1]: Direct Bill
Transaction Type: Renewal
Transaction Effective Date: October 15, 2023
Bond Limit: $25,000

Premium
$250

State Tax / Surcharge if applicable
$ /

This record is a billing advice only.

If you have any questions regarding this transaction, please contact your agent or The Hartford's Billing Department.

[1] **Billing Type:**
- Agency Bill – Premium will be billed through your Agent.
- Direct Bill – You will receive a billing statement directly from The Hartford.
  - Credit Card – Premium noted on this statement has been submitted to your Credit Card for this term only and it will be reflected in your Direct Bill notification you receive from The Hartford.

John P. Kinney, Jr
Wyckoff, NJ [redacted]

PROFESSIONAL EXPERIENCE:

Validus Pharmaceuticals	**(2018-present)**
Chief Executive Officer	
SANDOZ PHARMACEUTICALS (NOVARTIS)	**(2015-2017)**
Head (Exec. Director) – North America Anti-Infective Business Unit	
PRICEWATERHOUSE COOPERS	**(2013-2015)**
Commercial Director – Pharmaceutical and Life Sciences Practice	
MYLAN	**(2011-2012)**
Vice President – Marketing	
GENENTECH/ROCHE	**(2007-2011)**
Director –New Product Launch and Metabolic Transformation	
ROCHE	**(1993-2007)**
Director – Tamiflu Brand Team Relaunch	(2005-2007)
Manager –Strategic Marketing and Analytics – Hepatitis/Obesity/Osteoporosis	(2002-2005)
Manager – Finance	(2000-2002)
Director – Technical Operations/Quality Management	(1993-2000)

EDUCATION:

MBA – Marketing and Finance, New York University, Stern School of Business

MS – Biology and Biochemistry, Seton Hall University

BS – Chemistry, Penn State University

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler VALIDUS PHARMACEUTCALS LLC

Pharmacy/Wholesaler License # (if applicable) WH02933

Physical Address 90 WEST HALSEY ROAD, SUITE 210

City PARSIPPANY State N J Zip 07054

Mailing Address (if different from physical address) SAME

City _____ State _____ Zip _____

Telephone 973-265-2777 EXT 101 Website VALIDUSPHARMA.COM

Licensing Company Email DHOFMANN@VALIDUSPHARMA.COM

Section 2: Personal Information

First JOHN Middle _____ Last KINNEY

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 90 WEST HALSEY ROAD, SUITE 210

City PARSIPPANY State NJ Zip 07054

Telephone 9793-265-2777 EXT 101 Email DHOFMANN@VALIDUSPHARMA.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		From - To (MM/YY – MM/YY)	
NEW YORK UNIVERSITY		09/1997 - 01/2001	
Address	City	State	Zip
	NEW YORK	NY	
Diploma/Degree obtained, if any			
MASTERS - BUSINESS ADMINISTRATION			

School Name		From - To (MM/YY – MM/YY)	
SETON HALL UNIVERSITY		09/.1993 - 05/1997	
Address	City	State	Zip
	SOUTH ORANGE	NJ	
Diploma/Degree obtained, if any			
MASTERS OF SCIENCE - BIOLOGY/ BIOCHEMISTY			

School Name		From - To (MM/YY – MM/YY)	
PENN STATE UNIVERSITY		09/1987 - 05/1991	
Address	City	State	Zip
	UNIVERSITY PARK	PA	
Diploma/Degree obtained, if any			
BACHELOR SCIENCE - CHEMISTRY			

School Name		From - To (MM/YY – MM/YY)	
RAMAPO HIGH SCHOOL		09/1983 - 05/1987	
Address	City	State	Zip
	FRANKLIN LAKES	NJ	
Diploma/Degree obtained, if any			
GRADUATE			

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
10 YEARS	[redacted]	WYCKOFF	NJ	07481
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
VALIDUS PHARMACEUTICALS LLC			06/07/2018 TO DATE	
Business Address		**City**	**State**	**Zip**
90 EAST HALSEY ROAD, SUITE 210		PARSIPPANY	NJ	07054
Phone	**Title**		**Number of Employed Hours**	
973-265-2777 EXT 101	CEO		40 HOURS PER WEEK	
Description of Duties				
CEO of Validus Pharmaceuticals				

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. N/A

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)

3/25/2024
Date

I, JOHN KINNEY, **certify that as the designated representative for**

VALIDUS PHARMACEUTICALS LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JK ✓ I am at least 21 years of age;
3. JK ✓ 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. JK ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JK ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JK ✓ 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. JK ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

JOHN KINNEY

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/25/2024

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.

JOHN KINNEY

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/25/2024

Date

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

State of New Jersey, ss. County of Morris

I, John Kinney, 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

3/25/2024

Date

Subscribed and Sworn to before me this 25 day of March.

Notary Public Signature

Diane Hofmann
NOTARY PUBLIC
State of New Jersey
ID # 2374118
My Commission Expires
May 28, 2028

(Seal)

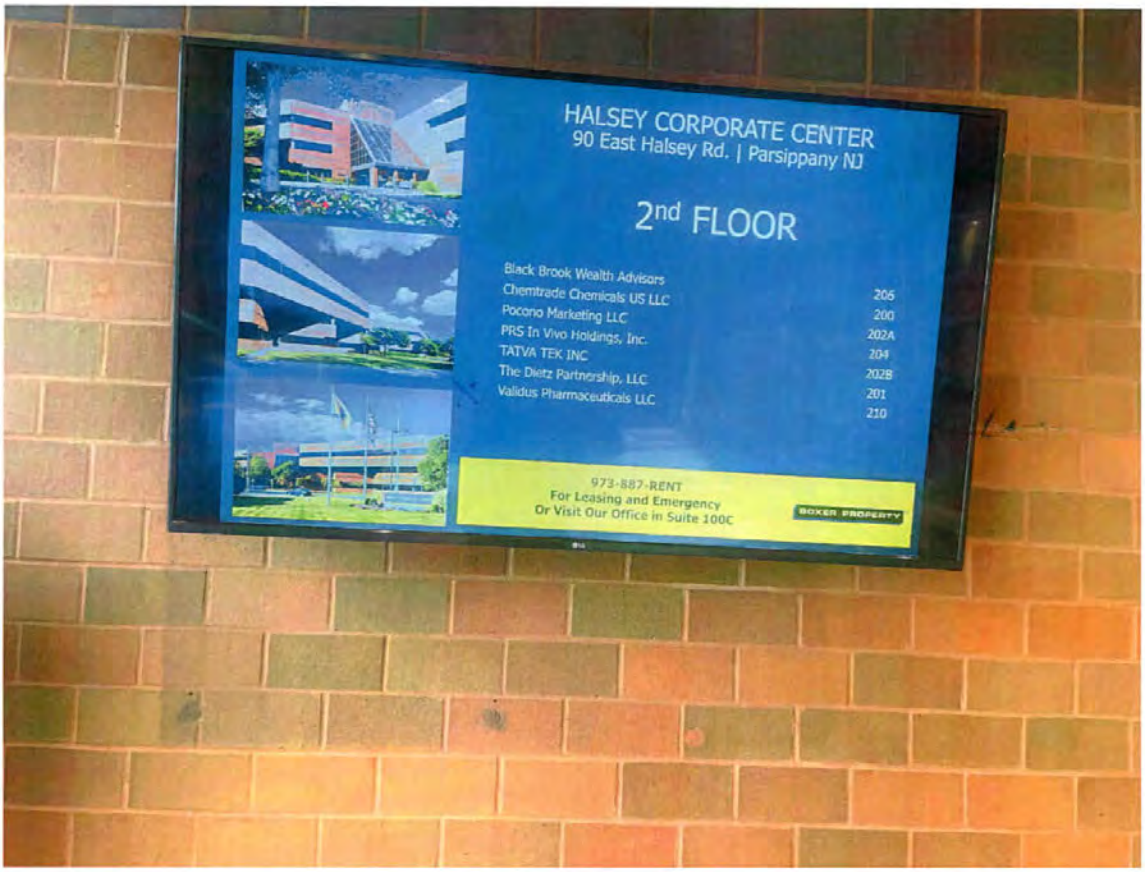
Diane Hofmann
NOTARY PUBLIC
State of New Jersey
ID # 2374118
My Commission Expires
May 28, 2028

Employees working at Validus Pharmaceuticals LLC

90 East Halsey Road Suite 210, Parsippany NJ

- John Kinney
- Emile Williams
- Diane Hofmann
- Barbara Cannizzaro

Office Layout



210
Validus
Pharmaceuticals
LLC

2nd FLOOR
Chemtrade 200
BlackBrook Wealth Advisors 206
TATVA TEK 202B
The Dietz Partnership 201
PRS inVivo Holdings, Inc. 204
Validus Pharmaceuticals, LLC 210
Visual Marketing & Design 202A

0970

4W

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located? CA	☐ 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)

Section 1: General Information

Facility Name: Nurcare Pharmaceuticals, Inc

Physical Address: 622 W Katella Ave

City: Orange State: CA Zip: 92867

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Paul Aguilar

Licensing Company Email: paguilar@nurcarerx.com DR Email: paguilar@nurcarerx.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Veterinarians ☐ Others:	☒ Dangerous Drugs ☒ Controlled Substances ☐ [3]Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☒ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ 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	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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:

On July 26, 2021 Nucare surrendered Nevada license NO. WH0215D because we weren't having any sales with the state of Nevada.

Original Signature (electronic, copies or stamps not accepted)

04-22-24
Date

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: Richie Pharmacal Co
Address: 119 State Ave City: Glasgow State: Ky Zip: 42142
Name: Attain Medin
Address: 5825 glenridge Dr NE Building 4 City: Atlanta State: GA Zip: 30328
Name: TOPRX
Address: 2450 Brother Blvd City: Bartlett State: TN Zip: 38133
Name: Independent Pharmacy Dist.
Address: 1107 W Market Center Dr City: High Point State: NC Zip: 27260

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 or Company

State of Incorporation/Organization: California
Parent Company (if any): NIA
Corporation/Organization Name: Nucare Pharmaceuticals, Inc.
Mailing Address: 622 W. Rotella Ave
City: Orange State: CA Zip: 92867
Telephone: 888-482-4545 Email: paguilar@nucarerx.com
Contact Person Name: Paul Aguilar

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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Nucare Pharmaceuticals, Inc

Facility Name

Paul Aguilar

Print Name of Authorized Person Submitting Application

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

04.22.24

Date

Board Use Only	Date Received: 4/23/24	Amount: $1000 check 5596

ANTHONY JAMES PADAYAO

TITLE: PRESIDENT

FELIX PADAYAO

TITLE: DIRECTOR / OWNER

ROB HUELSKAMP

TITLE: VP OF SALES

OWNERSHIP

Shareholder Name	Shares	%
ROB HUELSKAMP	81,902	23.2% BOD
FELIX PADAYAO	195,441	55.5% BOD
ANTHONY PADAYAO	66,922	19.1% BOD
BROOKE CURRAN	1,156	0.3%
IVAN STEWART	5,778	1.6%
CHRISTINE ABDALLA	1,156	0.3%
TOTAL ISSUED &OUTSTANDING	352,355	100.0%

Secretary of State
Certificate of Status

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

Entity Name:	NUCARE PHARMACEUTICALS, INC.
Entity No.:	2302996
Registration Date:	01/16/2001
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all 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 date of this certificate and does not reflect documents that are pending review or other events that may impact 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 April 22, 2024.

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

Certificate No.: 202827826

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

NABP ACCREDITED

DRUG DISTRIBUTOR

NuCare Pharmaceuticals, Inc

located at

622 W Katella Ave, Orange, CA 92867

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

3/8/2021 - 3/7/2024
Period of Accreditation

0980

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 1 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
NuCare Pharmaceuticals, Inc.	622 W Katella Ave Orange, CA 92867	Reaccreditation in process

✓ verified
MH 4/21/24

Copyright © 2023 National Association of Boards of Pharmacy® (NABP®).

Contact

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Renewal License

Wholesale Drug Permit

LICENSE NO. WLS 3995
RECEIPT NO. 32200272

VALID UNTIL OCTOBER 01, 2024

NUCARE PHARMACEUTICALS INC
622 W KATELLA AVE
ORANGE CA 92867

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

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), manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

8/10/23
8/10/23

The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHWLS (05/30/19) WL

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

DRUG MANUFACTURING LICENSE

NUCARE PHARMACEUTICALS, INC.
622 West Katella Avenue
Orange, CA 92867

LICENSE NUMBER: 42064
EXPIRATION DATE: 4/6/2025

The person named herein is licensed to manufacture drugs through the expiration date of this license. This license is issued in accordance with 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

Printed: 4/13/2023

OSP 07 102308

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RN0272322	10-31-2024	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5,L1	MANUFACTURER	09-18-2023

NUCARE PHARMACEUTICALS
622 W KATELLA AVE
ORANGE, CA 928674608

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
RN0272322	10-31-2024	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5,L1	MANUFACTURER	09-18-2023

NUCARE PHARMACEUTICALS
622 W KATELLA AVE
ORANGE, CA 928674608

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Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RN0481349	10-31-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	09-18-2023

NUCARE PHARMACEUTICALS, INC
622 W. KATELLA AVE.
ORANGE, CA 928674608

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.

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RN0481349	10-31-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	09-18-2023

NUCARE PHARMACEUTICALS, INC
622 W. KATELLA AVE.
ORANGE, CA 928674608

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)

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. 100416021

Application/License No. _____

NuCare Pharmaceuticals, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 622 West Katella Ave Orange, CA 92867 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Mutual) (Surety Company), a 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 (Address of Surety) as 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 May 1, 2024 (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.

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 18th day of April, 2024.

APPLICANT/PRINCIPAL
NuCare Pharmaceuticals, Inc.

Authorized Representative
Anthony Padayao

SURETY COMPANY
Merchants Bonding Company (Mutual)

Surety Company's Representative
Albert Melendez, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Jonathan Batin

Witness Vanessa Ramirez

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

Countersigned by:

N/A
Nevada Resident Agent

LP 4229 NV (5/21)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

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

On APR 18 2024, before me, Christina Rogers, Notary Public,

personally appeared Albert Melendez

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of State of California that the foregoing paragraph is true and correct.

CHRISTINA ROGERS
Notary Public - California
Orange County
Commission # 2463205
My Comm. Expires Sep 14, 2027

WITNESS my hand and official seal.

SIGNATURE Christina Rogers

PLACE NOTARY SEAL ABOVE

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of attached document

Title or type of document: _____

_____

_____

Document Date: _____ Number of Pages: _____

Signer(s) Other than Named Above: _____

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, d/b/a Merchants National Indemnity Company (in California only) (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Albert Melendez

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 16, 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 aut hority 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 consenti ng 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 18th day of April , 2024 .

MERCHANTS NATIONAL BONDING, INC. -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) -o- 1933

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.
d/b/a MERCHANTS NATIONAL INDEMNITY COMPANY

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 18th day of April , 2024 , 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.

NOTARIAL SEAL IOWA

Penni Miller
Commission Number 787952
My Commission Expires
January 20, 2027

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 18th day of April , 2024 .

MERCHANTS NATIONAL BONDING, INC. -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) -o- 1933

William Warner Jr.
Secretary

POA 0018 (1/24)

MERCHANTS BONDING COMPANY
MERCHANTS BONDING COMPANY (MUTUAL) • P.O. BOX 14498 • DES MOINES, IOWA 50306-3498
PHONE: (800) 678-8171 • FAX: (515) 243-3854

ADDENDUM TO BOND

This Addendum is in reference to the bond(s) to which it is attached.

Merchants Bonding Company (Mutual) ("Merchants") deems the digital or electronic image of Merchants' corporate seal below affixed to the bond(s) to the same extent as if a raised corporate seal was physically stamped or impressed upon the bond(s). The digital or electronic seal below shall have the same force and effect as though manually fixed to the bond(s).

All terms of the bond(s) remain the same.

Signed and effective March 23, 2020.

MERCHANTS BONDING COMPANY (MUTUAL)

By: Larry Taylor

Larry Taylor, President

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Nucare pharmaceuticals, inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 622 W. Katella Ave

City Orange State CA Zip 92867

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 888-482-4545 Website www.nucarerx.com

Licensing Company Email paguilar@nucarerx.com

Section 2: Personal Information

First Paul Middle Stephen Last Aguilar

Alias(es, nicknames, name changes, etc.) N/A

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

Mailing Address [redacted]

City Santa Ana State CA Zip 92701

Telephone [redacted] Email paguilar@nucarerx.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

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?		X

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)	
Century high school		C to 2001	
Address: 1401 sgrand Ave	City: Santa Ana	State: CA	Zip: 92705
Diploma/Degree obtained, if any: High school Diploma			
School Name: Santa Ana College		From - To (MM/YY – MM/YY): C to 2004	
Address: 1530 W 17th st	City: Santa Ana	State: CA	Zip: 92706
Diploma/Degree obtained, if any: AA degree			
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
1985 - current	[redacted]	Santa Ana	CA	92701
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
Nucare Pharmaceuticals, Inc.			2003 - present
Business Address	**City**	**State**	**Zip**
622 W. Katella Ave	Orange	CA	92867
Phone	**Title**	**Number of Employed Hours**	
888-482-9545	Regulatory Manager IDR	40,323+ Hrs	
Description of Duties			
Find resume attached			

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.

PAUL S. AGUILAR

[redacted] Cell: [redacted]

MANAGEMENT AND QUALITY ASSURANCE

A diligent, high-energy QA professional credited with combining leadership, training and extensive knowledge of the regulatory landscape to deliver consistent results in a highly competitive business market. Strong expertise in inventory management, licensing requirements and internal/external audit documentation. Over a decade of service in the pharmaceutical industry with a track record of merit-based promotions and progressive responsibility.

AREAS OF EXPERTISE

- Pharmaceutical Manufacturing
- Quality Assurance
- Training & Coaching
- Site visits
- Leadership
- DEA & FDA Audits
- Internal Audit
- Inventory Control
- Bilingual (English & Spanish)
- Microsoft Office
- Labelview Software
- Licensure

KEY ACCOMPLISHMENTS

- Saved NuCare Pharmaceuticals $20,000 by researching and outsourcing select component vendors/purchasing suppliers
- Dramatically increased productivity and filled gaps by creating/implementing a cross training program
- Subject Matter Expert on DEA Audit preparedness, licensure, and regulatory compliance in Pharmaceutical Manufacturing

PROFESSIONAL EXPERIENCE

NUCARE PHARMACEUTICALS, INC. ORANGE, CA **2003- PRESENT**

QUALITY ASSURANCE/REGULATORY MANAGER (02/2010-PRESENT)

- Provide comprehensive new employee instruction including CgMP and SOP training
- Oversee QA Final Inspections, Quarterly Inventories and Early Cleaning Validations
- Prepare and submit all documentation related to External Audits (DEA, FDA, State Board of Pharmacy)
- Submit quarterly ARCOS reports to Drug Enforcement Administration (DEA) detailing all controlled medications sold
- Successful obtain/renew all necessary state pharmacy licensure
- Investigate and report the theft or loss of any controlled medication to the DEA

PRODUCTION MANAGER (08/2007-02/2010)

- Provided consistent, diplomatic leadership to team of 31 FT employees from the day and night shifts
- Managed Operations across multiple departments including Receiving, Labeling and Production
- Primary responsibilities included employee training, productivity, component inventory management and cost savings
- Hiring, training and staff development through mentorship, coaching and creating action plans when necessary

QUALITY CONTROL SUPERVISOR (05/2005-08/2007)

- Directly supervised 4 employees while maintaining a full workload of challenging Quality Control duties
- Closely monitored QC processes/procedures, ensuring orders were properly verified prior to being released
- Provided documentation in support of complex regulatory requirement, including Schedule II Inventory Report, Arcos Report, Florida Scheduled Items Submission, Nevada Report and Cleaning Validations

LABELING SUPERVISOR (06/2003-05/2005)

- Promoted to this supervisor position after 3 months with the company after demonstrating leadership ability
- Provided ongoing training and coaching to 2 FT employees
- Verified all new medications received and created master batch records
- Managed all aspects of labeling including inventory and label creation/design using Labelview

EDUCATION & TRAINING

Santa Ana College, Associates Degree in Liberal Studies, Santa Ana College, Santa Ana, CA, 2005

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.)		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

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 # 9. 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:

on July 26, 2021 Nucure surrendered Nevada license No. WH02150 because we weren't having any sales with the state of Nevada.

Original Signature (electronic, copies or stamps not accepted)

04.22.24
Date

I, Paul Aguilar, **certify that as the designated representative for** NuCare Pharmaceuticals, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X 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. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X 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. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Paul Aguilar
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04.22.24
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.

Pam Aguilar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04.22.24

Date

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

State of California, ss. County of Orange

I, Pam Aguilar, 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

04.22.24

Date

Subscribed and Sworn to before me this _____ day of _____.

See attachment CD.

Notary Public Signature

(Seal)

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 22 day of April, 2024, by Paul Aguilar,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

OLIVIA SOCORRO SERRATOS
DE LA ROSA
Notary Public – California
Orange County
Commission # 2431043
My Comm. Expires Dec 15, 2026

(Seal) Signature

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application
Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Nucare Pharmaceuticals, Inc.
Pharmacy/MDEG/Wholesaler License # (if applicable) _____
Physical Address 622 W. Katella Ave
City Orange State CA Zip 92867
Mailing Address (if different from physical address) same
City _____ State _____ Zip _____
Telephone 888-482 4545 Website www.nucarerx.com
Licensing Company Email _____

Section 2: Personal Information

First Felix Middle Domingo Last Padilla
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X
Mailing Address [redacted]
City Corona State CA Zip 92882
Telephone 888-482-9545 Email N/A
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?		X

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
2001 - Present	[redacted]	Corona	CA	92882
From - To (MM/YY – MM/YY)	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: NuCare Pharmaceuticals, Inc.			From - To (MM/YY – MM/YY): 2001 – Present
Business Address: 622 W. Katella Ave	City: Orange	State: CA	Zip: 92867
Phone: 888 482 9545	Title: Owner / Shareholder		
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.

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.

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

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 # 9. 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:

On July 26, 2021 Nucare surrendered Nevada license No. WH02150 because we weren't having any sales with the state of Nevada.

[signature]

Original Signature (electronic, copies or stamps not accepted)

4-22-24

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.

Felix Padayao

Print Name (First, Last)

F Padayao

Original Signature (electronic, copies or stamps not accepted)

4/22/24

Date

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

State of CALIFORNIA, ss. County of RIVERSIDE

I, FELIX PADAYAO, 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.

F Padayao

Original Signature

4/22/24

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

SEE ATTACHED

(Seal)

California Jurat Certificate

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 RIVERSIDE

s.s.

Subscribed and sworn to (or affirmed) before me on this 22 day of April,

20 24, by Felix Padayao and

_____, proved to me on the basis of

satisfactory evidence to be the person(s) who appeared before me.

Abigayle Stark

ABIGAYLE STARK
COMM. #2462975
Notary Public - California
Riverside County
My Comm. Expires Sep. 12, 2027

NRO1 NRO1

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The certificate is attached to a document titled/for the purpose of

~~History~~ Personal History application for Nevada State Board Of Pharmacy

containing _____ pages, and dated _____

Additional Information

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:
○ form(s) of identification ○ credible witness(es)

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: _____

Other

☐ Affiant(s) Thumbprint(s) ☐ Describe: _____

_____

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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 (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Nucare Pharmaceuticals, Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 622 W. Katella Ave

City Orange State CA Zip 92867

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 888 402 4545 Website www.nucarerx.com

Licensing Company Email _____

Section 2: Personal Information

First Anthony Middle James Last Padayao

Alias(es, nicknames, name changes, etc.) N/A

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

Mailing Address [redacted]

City Anaheim State CA Zip 92804

Telephone [redacted] Email apadayao@nucarerx.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

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?		X

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)	
James Campbell High School		C10 1995	
Address	City	State	Zip
91-980 North Rd	Ewa Beach	HI	96706
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			

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
2003 - Present	[redacted]	Anaheim	CA	92804
From - To (MM/YY – MM/YY)	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: Nucare Pharmaceuticals, inc.			From - To (MM/YY – MM/YY): 2001 – Present
Business Address: 622 W. Katella Ave	City: Orange	State: CA	Zip: 92867
Phone: 888-482-9545	Title: President / shareholder		
Description of Duties: overseeing the operations and performance of Nucare.			

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.

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.

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

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 # 9. **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:

On July 20, 2021 Nucare surrendered Nevada license No. UH02150 because we weren't having any sales with the state of Nevada.

Original Signature (electronic, copies or stamps not accepted)

4/22/24
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.

Anthony Padayao

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/22/24

Date

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

State of CALIFORNIA, ss. County of RIVERSIDE

I, Anthony PADAYAO, 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

4/22/24

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

SEE ATTACHED

(Seal)

California Jurat Certificate

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 RIVERSIDE } S.S.

Subscribed and sworn to (or affirmed) before me on this 22 day of April, 20 24, by Anthony ~~Peña~~ AS Padayao and

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

Abigayle Stark

ABIGAYLE STARK
COMM. #2462975
Notary Public · California
Riverside County
My Comm. Expires Sep. 12, 2027

NRO1 NRO1

OPTIONAL INFORMATION

Description of Attached Document

The certificate is attached to a document titled/for the purpose of

Personal History Application for Nevada State Board of Pharmacy

containing _____ pages, and dated _____

Additional Information

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:
○ form(s) of identification ○ credible witness(es)

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: _____

Other

☐ Affiant(s) Thumbprint(s) ☐ Describe: _____

_____

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Nucare Pharmaceuticals, Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 622 W. Katella Ave

City Orange State CA Zip 92867

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 888 482 9545 Website www.nucarerx.com

Licensing Company Email _____

Section 2: Personal Information

First Robert Middle Roy Last Huelskamp

Alias(es, nicknames, name changes, etc.) N/A

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

Mailing Address [redacted]

City Orange State CA Zip 92867

Telephone [redacted] Email rob@nucarerx.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

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?		X

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)	
El Modena High school		C to 1976	
Address: 3920 E Springs St	City: Orange	State: CA	Zip: 92869
Diploma/Degree obtained, if any: High School Diploma			
School Name: Santa Ana College		From - To (MM/YY – MM/YY): C to 1979	
Address: 1530 W 17th St	City: Santa Ana	State: CA	Zip: 92706
Diploma/Degree obtained, if any: AA degree			
School Name: UCLA University		From - To (MM/YY – MM/YY): C to 1981	
Address: 405 Hilgard Ave	City: Los Angeles	State: CA	Zip: 90095
Diploma/Degree obtained, if any: BA degree			
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
1991-Current	[redacted]	Orange	CA	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

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: NuCare Pharmaceuticals, Inc.			From - To (MM/YY – MM/YY): 2001 - PRESENT
Business Address: 622 W. Katella Ave	City: Orange	State: CA	Zip: 92867
Phone: 888 482 4545	Title: VP of Sales / Shareholder		
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.

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.

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

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 # 9. **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:

On JUN 20, 2021 Nucare surrendered Nevada license No. WH02150 because we weren't having any sales with the state of Nevada.

R H

Original Signature (electronic, copies or stamps not accepted)

4-20-24

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.

Robert Huelskamp

Print Name (First, Last)

R Hmpp — 4-20-24

Original Signature (electronic, copies or stamps not accepted) — Date

---

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

State of California, ss. County of Orange

I, Robert Roy Huelskamp Jr, 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.

R Hmpp — 4-20-24

Original Signature — **Date**

Subscribed and Sworn to before me this 20 day of April, 2024

Notary Public Signature

S. LOGAN
COMM. #2379047
Notary Public · California
Orange County
My Comm. Expires Oct. 19, 2025

NRO1 NRO1

(Seal)

CALIFORNIA CERTIFICATE OF ACKNOWLEDGMENT

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)

On 4/20/2024 before me, S. Logan, Notary Public,
(here insert name and title of the officer)

personally appeared Robert Roy Huelskamp Jr,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

S. LOGAN
COMM. #2379047
Notary Public - California
Orange County
My Comm. Expires Oct. 19, 2025

Signature _____ (Seal)

Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of Nevada State Board of Pharmacy, Personal History Application,
containing 7 pages, and dated 4/20/2024.

The signer(s) capacity or authority is/are as:

- ☐ Individual(s)
- ☐ Attorney-in-Fact
- ☒ Corporate Officer(s) VP, Sales & Marketing
  Title(s)
- ☐ Guardian/Conservator
- ☐ Partner - Limited/General
- ☐ Trustee(s)
- ☐ Other: _____

representing: _____
Name(s) of Person(s) or Entity(ies) Signer is Representing

Additional Information

Method of Signer Identification

Proved to me on the basis of satisfactory evidence:
☒ form(s) of identification ○ credible witness(es)

Notarial event is detailed in notary journal on:
Page # 9 Entry # 4

Notary contact: _____

Other

☐ Additional Signer(s) ☐ Signer(s) Thumbprint(s)

☐ _____

© Copyright 2007-2018 Notary Rotary, PO Box 41400, Des Moines, IA 50311-0507. All Rights Reserved. Item Number 101772. Please contact your Authorized Reseller to purchase copies of this form.

In response to section 9, bullet point #10. Find list of employee's information below.

1. Paul Aguilar
2. Anthony Padayao
3. Jason Oyenoki
4. Angello Casillas
5. Rocio Santos
6. Rocio Tellez
7. Hilda Moreno
8. Adriana Prado
9. Javier Lopez
10. Marc Ramirez
11. Romeo Raymundo
12. Alicia Chavira
13. Mirna Plascencia
14. Ben Bansil
15. Rolando Cantero
16. Ryon Padayao
17. Kimberly Garcia
18. Isaac Ramirez

4X

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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 WH1464	☒ 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)

Section 1: General Information

Facility Name: OptumServe Health Services, Inc.

Physical Address: 3237 Airport Road

City: La Crosse State: WI Zip: 54603

Mailing Address (if different from physical address): 328 Front Street South

City: La Crosse State: WI Zip: 54601

Telephone: 608-782-0404 Website: www.optumserve.com

Name of Designated Representative (DR): Jacob Mark Beeskau

Licensing Company Email: jcernohous@optumserve.com DR Email: jbeeskau@optumserve.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☒ Others: Prescription Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☒ 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

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

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: Sanofi Pasture – Vaccine Shoppe
Address: _____ City: Taylor State: Pennsylvania Zip: _____

Name: McKesson Medical Surgical
Address: _____ City: Atlanta State: Georgia Zip: _____

Name: Glaxo Smith Kline
Address: _____ City: Atlanta State: Georgia Zip: _____

Name: Henry Schein
Address: _____ City: Palatine State: Illionis Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Wisconsin
Parent Company (if any): UnitedHealth Group Incorporated
Corporation Name: OptumServe Health Services, Inc.
Mailing Address: 328 Front Street South
City: La Crosse State: WI Zip: 54601
Telephone: 608-782-0404 Email: jcernohous@optumserve.com
Contact Person Name: Julie Ann Cernohous

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A
Parent Company (if any): _____
Corporation/Organization 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:	YES	
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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

OptumServe Health Services, Inc.

Facility Name

Karla Helke

Print Name of Authorized Person Submitting Application

Karla Helke

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

4/9/2024

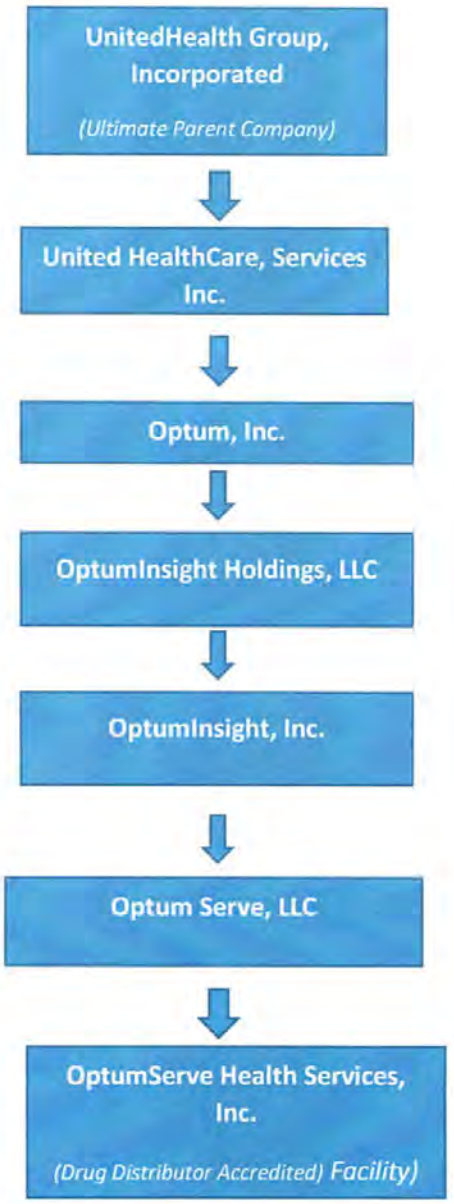
Date

Board Use Only	Date Received: 4/11/24	Amount: $1000-CC

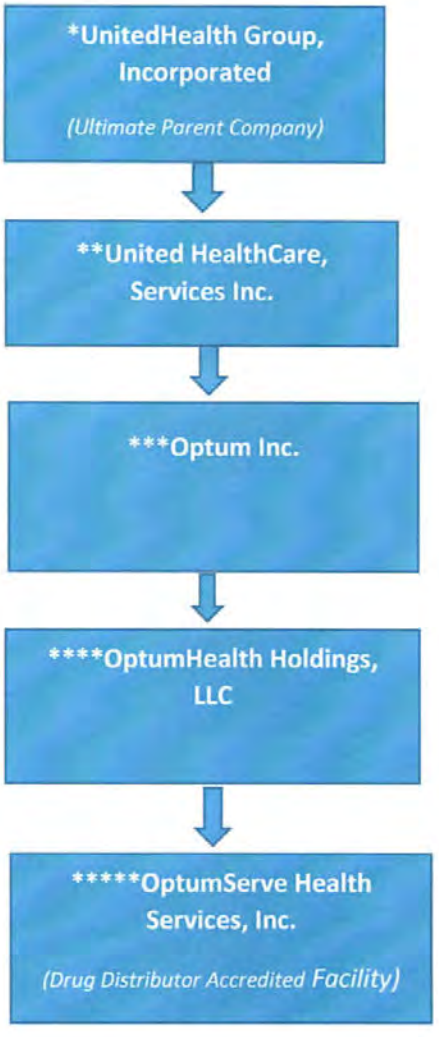
Organizational Chart
Ultimate Parent Company to 'Drug Distributor Accredited Facility
OptumServe Health Services, Inc. ("OSHS")

- OSHS is a wholly owned subsidiary of Optum Serve, LLC
- OptumInsight, Inc. 100% has ownership of Optum Serve, LLC
- OptumInsight Holdings, LLC has 100% ownership of OptumInsight, Inc.
- Optum, Inc. has 100% ownership of OptumInsight, Inc.
- United HealthCare Services, Inc. has 100% ownership of Optum, Inc.
- UnitedHealth Group Incorporated is the ultimate parent company, a Delaware corporation whose shares of common stock are listed on the New York Stock Exchange (NYSE: UNH)

OSHS is owned/controlled by a common parent that files a federal tax return on a consolidated basis



Organizational Chart
'Ultimate Parent Company' to 'Drug Distributor Accredited Facility'



OptumServe Health Services, Inc.
Corporate Officers

Edward J. Weinberg, Director, CEO and President
ed.weinberg@optum.com
[redacted]
Office: 3160 Fairview Park Drive, Falls Church, VA 22042

Karla Frances Helke, Chief Financial Officer
khelke@logisticshealth.com
[redacted]
Office: 328 Front Street South, La Crosse, WI 54601

Heather Anne James, Secretary
heather.james@optum.com
[redacted]
Office: 9900 Bren Road East, Minnetonka, MN 55343

Peter Marshall Gill, Treasurer
peter.gill@uhg.com
[redacted]
Office: 9900 Bren Road East, Minnetonka, MN 55343

Heather Anastasia Lang, Assistant Secretary
heather.lang@uhg.com
[redacted]
Office: 9900 Bren Road East, Minnetonka, MN 55343

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Craig Heilman, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

OPTUMSERVE HEALTH SERVICES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is September 17, 1999.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., but that it has not filed a statement or articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 08, 2024.

CRAIG HEILMAN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: **385982-647D7270**

EXPIRES: 05/31/2024

NO. 2108 - 45

The State of Wisconsin
Department of Safety and Professional Services
PHARMACY EXAMINING BOARD

Hereby certifies that

OPTUMSERVE HEALTH SERVICES INC

was granted a license to practice as a

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

in the State of Wisconsin in accordance with Wisconsin Law
on the 23rd day of October in the year 2007.
The authority granted herein must be renewed each biennium by the granting authority.
In witness thereof, the State of Wisconsin
Pharmacy Examining Board
has caused this certificate to be issued under
the seal of the Department of Safety and Professional Services

STATE OF WISCONSIN
DEPT. OF SAFETY AND PROFESSIONAL SERVICES

DSPS Secretary

Chairperson

Secretary

This certificate was printed on the 14th day of September in the year 2022

(http://dsps.wi.gov/)

Wisconsin Department of Safety and Professional Services

Credential/Licensing Search

Organization Search Results - Detail

Credential/License Summary for 2108

Name: OPTUMSERVE HEALTH SERVICES INC
Profession: WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS (45)
Credential/License Number: 2108-45
Location: LA CROSSE WI
Credential/License Type: regular
Status: License is current (Active)
Eligible To Practice: credential license is current

Credential/License current through: 5/31/2024
Granted date: 10/23/2007
Multi-state: N/A
Orders: NONE
Specialties: NONE
Other Names: NONE

ATTENTION: If a renewal application including payment is received by the renew by date (or Credential/License current through date), the credential holder is eligible to practice while the credential renewal is being processed. The credential holder must respond to any requests for information during the renewal process. See Wis. Stat. § 227.51(2).

Requirement Code Description (https://dsps.wi.gov/Documents/LicenseRequirementAcronyms.pdf)

Return to Search Results (/OrganizationLicense/SearchResults)

Consistent with The Joint Commission and NCQA standards for primary source verification. Data on this page is refreshed hourly.

Send questions or comments to dsps@wisconsin.gov (mailto:dsps@wisconsin.gov).

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

From: Julie Ann Cernohous <jcernohous@optumserve.com>
Sent: Friday, April 19, 2024 11:10 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: FW: OptumServe Health Services, Inc. - WH01464

Hello-

Provided is a list of the OptumServe Health Services, Inc. Distribution Operations Center, employees.

If there is anything additional needed, please let me know.

OptumServe Health Services, Inc. Distribution Operations Center

Name	Position
Jake Beeskau	Manager
John Lash	Assistant Manager
Kyle Gerke	Supervisor
Kelse Larson	Supervisor
Erica Schauf	Admin
Aileen Knothe	Associate
Alana Gruntzel	Associate
Allie Schulz	Associate
Ben Lubinski	Associate
Brian Davis	Associate
Charlene Winchell	Associate
Dan Schultz	Associate
Dawn Kast	Associate
De'Angelo Blass	Associate
Dorothy Schaefer	Associate
Ismael Ochoa	Associate
Karen Dummer	Associate
Kari Buros	Associate
Ken Tudahl	Associate
Kristina Podella	Associate
Megan Jostad-Myhre	Associate
Michelle Hafner	Associate
Randall Ganrude	Associate
Renee Hanert	Associate
Ron Hammersley	Associate
Ryan Snider	Associate
Steven Koehler	Associate
Tami Braaten	Associate
Tim Powers	Associate
Timothy Hoying	Associate
Vonda Gruntzel	Associate

Thank you,
Julie Ann

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, 2023

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: 1-10864

UNITEDHEALTH GROUP

UnitedHealth Group Incorporated

(Exact name of registrant as specified in its charter)

Delaware	41-1321939
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
UnitedHealth Group Center 9900 Bren Road East Minnetonka, Minnesota	55343
(Address of principal executive offices)	(Zip Code)

(952) 936-1300

(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 Stock, $.01 par value	UNH	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 and posted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit and post 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. ☒
If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐
Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐
Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒
The aggregate market value of voting stock held by non-affiliates of the registrant as of June 30, 2023 was $444,627,758,226 (based on the last reported sale price of $480.64 per share on June 30, 2023 as reported on the New York Stock Exchange), excluding only shares of voting stock held beneficially by directors, executive officers and subsidiaries of the registrant.
As of January 31, 2024, there were 921,934,109 shares of the registrant's Common Stock, $.01 par value per share, issued and outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

The information required by Part III of this report, to the extent not set forth herein, is incorporated by reference from the registrant's definitive proxy statement relating to its 2024 Annual Meeting of Shareholders. Such proxy statement will be filed with the Securities and Exchange Commission within 120 days after the end of the fiscal year to which this report relates.

UNITEDHEALTH GROUP

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PART I

ITEM 1. BUSINESS

OUR BUSINESSES

Overview

The terms "we," "our," "us," "its," "UnitedHealth Group," or the "Company" used in this report refer to UnitedHealth Group Incorporated and its subsidiaries.

UnitedHealth Group Incorporated is a health care and well-being company with a mission to help people live healthier lives and help make the health system work better for everyone. Our two distinct, yet complementary businesses — Optum and UnitedHealthcare — are working to help build a modern, high-performing health system through improved access, affordability, outcomes and experiences for the individuals and organizations we are privileged to serve.

The ability to analyze complex data and apply deep health care expertise and insights allows us to serve patients, consumers, care providers, businesses, communities and governments with more innovative products and complete, end-to-end offerings for many of the biggest challenges facing health care today.

Optum seeks to create a higher-performing, value-oriented and more connected approach to health care. Bringing together clinical expertise, technology and data to make care simpler, more effective and more affordable, we seek to advance whole-person health, creating a seamless consumer experience and supporting clinicians with insights to deliver personalized, evidence-based care. Optum serves the broad health care marketplace, including patients and consumers, payers, care providers, employers, governments and life sciences companies, through its Optum Health, Optum Insight and Optum Rx businesses. These businesses improve overall health system performance by optimizing health care quality and delivery, reducing costs and improving patient, consumer and provider experience, leveraging distinctive capabilities in data and analytics, pharmacy care services, health care operations, population health and health financial services.

UnitedHealthcare offers a full range of health benefits designed to simplify the health care experience and make it more affordable for consumers to access high-quality care. UnitedHealthcare Employer & Individual serves consumers and employers, ranging from sole proprietorships to large, multi-site and national employers and public sector employers. UnitedHealthcare Medicare & Retirement delivers health and well-being benefits to seniors and other Medicare eligible consumers. UnitedHealthcare Community & State serves consumers who are economically disadvantaged, the medically underserved and those without the benefit of employer sponsored health benefits coverage.

We have four reportable segments:

- Optum Health;
- Optum Insight;
- Optum Rx; and
- UnitedHealthcare, which includes UnitedHealthcare Employer & Individual, UnitedHealthcare Medicare & Retirement and UnitedHealthcare Community & State.

Optum

Optum is an information and technology-enabled health services business serving the broad health care marketplace, including:

- Those who need care: patients who need the right care, information, resources, products and engagement to improve their health, achieve their health goals and receive an improved patient experience that is personalized, comprehensive and delivered in all care settings, including in-home and virtually.
- Those who provide care: physicians, hospitals, pharmacies and others seeking to improve the health system and reduce the administrative burden allowing for providers to focus time on patients leading to the best possible patient care and experiences while achieving better health outcomes at lower costs. Improved health outcomes are achieved by utilizing our clinical expertise, data and analytics to better understand, treat and prevent consumers' health conditions and ensure they receive the best evidence-based care.
- Those who pay for care: consumers; employers; health plans; and state, federal and municipal agencies devoted to ensuring the people they sponsor receive high-quality care, administered and delivered efficiently and effectively, all while driving health equity so that every individual, family and community has access to the care they need.
- Those who innovate for care: global life sciences organizations dedicated to developing more effective approaches to care, enabling technologies and medicines to improve care delivery and health outcomes.

Optum operates three business segments which combine distinctive capabilities in value-based care, population health, health care operations, data and analytics and pharmacy care services:

- Optum Health delivers patient-centered care, care management, wellness and consumer engagement, and health financial services;
- Optum Insight offers data, analytics, research, consulting, technology and managed services solutions; and
- Optum Rx provides diversified pharmacy care services.

Optum Health

Optum Health provides comprehensive and patient-centered care, addressing the physical, mental, social, and financial well-being of 103 million consumers and serves more than 100 health payer partners. We engage people in the most appropriate care settings, including clinical sites, in-home and virtual. Optum Health delivers primary, specialty, surgical and urgent care; helps patients and providers navigate and address complex, chronic and behavioral health needs; offers post-acute care planning services; and serves consumers and care providers through advanced, on-demand digital health technologies, such as telehealth and remote patient monitoring, and innovative health care financial services. Optum Health works directly with patients, consumers, care delivery systems, providers, employers, payers, and public-sector entities to provide high quality, accessible and equitable care with improved health outcomes and reduced total cost of care. Optum Health enables care providers to transition from traditional fee-for-service payment models to performance-based delivery and payment models designed to improve patient health outcomes and experience through value-based care.

Optum Health offerings include fully accountable value-based arrangements, where Optum Health assumes responsibility for health care costs in exchange for a monthly premium. Offerings also include administrative fee arrangements, where Optum Health manages or administers products and services in exchange for a monthly fee, and fee-for-service arrangements, where Optum Health delivers health-related products and medical services for patients at a contracted fee.

Optum Financial, including Optum Bank, serves consumers through more than 24 million consumer accounts with nearly $22 billion in assets under management as of December 31, 2023. Organizations across the health system rely on Optum Financial to manage and improve payment flows through its highly automated, scalable, end-to-end digital payment and financing systems and integrated card solutions. For financial services offerings, Optum Financial charges fees and earns investment income on managed funds.

Optum Health sells its products primarily through its direct sales force, strategic collaborations and external producers in three key areas: employers, including large, mid-sized and small employers; payers including health plans, third-party administrators (TPAs), underwriter/stop-loss carriers and individual product intermediaries; and public entities including the U.S. Departments of Health and Human Services (HHS), Veterans Affairs, Defense, and other federal, state and local health care agencies.

Optum Insight

Optum Insight connects the health care system with services, analytics and platforms that make clinical, administrative and financial processes simpler and more efficient for all participants in the health care system. Hospital systems, physicians, health plans, public entities, life sciences companies and other organizations comprising the health care industry depend on Optum Insight to help them improve performance and reduce costs through administrative efficiency and payment simplification, advance care quality through evidence-based standards built directly into clinical workflows, meet compliance mandates and modernize their core operating systems to meet the changing needs of the health system.

Health Systems. Serves hospitals, physicians and other care providers to improve operating performance, better coordinate care and reduce administrative costs through technology and services to improve population health management, patient engagement, revenue cycle management and strategic growth plans.

Health Plans. Serves health plans by improving financial performance and enhancing outcomes through proactive analytics, a comprehensive payment integrity portfolio and technology-enabled and staff-supported risk and quality services. Optum Insight helps health plans navigate a dynamic environment defined by shifts in employer vs. public-sector coverage, the demand for affordable benefit plans and the need to leverage new technology to reduce complexity.

State Governments. Provides advanced technology and analytics services to modernize the administration of critical safety net programs, such as Medicaid, while improving cost predictability.

Life Sciences Companies. Combines data and analytics expertise with comprehensive technologies and health care knowledge to help life sciences companies, including those in pharmaceuticals and medical technology, adopt a more comprehensive approach to advancing therapeutic discoveries and improving clinical outcomes.

Many of Optum Insight's software and information products and professional services are delivered over extended periods, often several years. Optum Insight maintains an order backlog to track unearned revenues under these long-term arrangements.

The backlog consists of estimated revenue from signed contracts, other legally binding agreements and anticipated contract renewals based on historical experience with Optum Insight's customers. Optum Insight's aggregate backlog as of December 31, 2023 was approximately $32.1 billion, of which $18.7 billion is expected to be realized within the next 12 months. The aggregate backlog includes $11.9 billion related to affiliated agreements. Optum Insight's aggregate backlog as of December 31, 2022, was $30.0 billion, including $10.7 billion related to affiliated agreements.

Optum Insight's products and services are sold primarily through a direct sales force. Optum Insight's products are also supported and distributed through an array of alliances and business partnerships with other technology vendors, who integrate and interface Optum Insight's products with their applications.

Optum Rx

Optum Rx provides a full spectrum of pharmacy care services through its network of more than 65,000 retail pharmacies, through home delivery, specialty and community health pharmacies, the provision of in-home and community-based infusion services and through rare disease and gene therapy support services. It also offers direct-to-consumer solutions.

Optum Rx manages a broad range of prescription drug spend, including widely available retail drugs as well as limited and ultra-limited distribution drugs in oncology, HIV, pain management and ophthalmology. Optum Rx serves the growing pharmacy needs of people with behavioral health and substance use disorders. In 2023, Optum Rx managed $159 billion in pharmaceutical spending, including $63 billion in specialty pharmaceutical spending.

Optum Rx serves health benefits providers, large national employer plans, unions and trusts, purchasing coalitions and public-sector entities. Optum Rx sells its services through direct sales, health insurance brokers and other health care consultants.

Optum Rx offers multiple clinical programs, digital tools and services to help clients manage overall pharmacy and health care costs in a clinically appropriate manner which are designed to deliver improved consumer experiences, better health outcomes and a lower total cost of care. Optum Rx provides various utilization management, medication management, quality assurance, adherence and counseling programs to complement each client's plan design and clinical strategies. Optum Rx is accelerating the integration of medical, pharmacy and behavioral care and treating the whole patient by embedding our pharmacists as key members of the patient care team.

UnitedHealthcare

Through its health benefits offerings, UnitedHealthcare is enabling better health, creating a better health care experience for its customers and helping to control rising health care costs. UnitedHealthcare's market position is built on:

- strong local-market relationships;
- the breadth of product offerings, based upon extensive expertise in distinct market segments in health care;
- service and advanced technology, including digital consumer engagement;
- competitive medical and operating cost positions;
- effective clinical engagement; and
- innovation for customers and consumers.

UnitedHealthcare uses Optum's capabilities to help coordinate and provide patient care, improve affordability of medical care, analyze cost trends, manage pharmacy care services, work with care providers more effectively and create a simpler and more satisfying consumer and physician experience.

In the United States, UnitedHealthcare arranges for discounted access to care through networks which, as of December 31, 2023, include 1.8 million physicians and other health care professionals and nearly 7,200 hospitals and other facilities.

UnitedHealthcare is subject to extensive government regulation. See further discussion of our regulatory environment below under "Government Regulation" and in Part II, Item 7, "Management's Discussion and Analysis of Financial Condition and Results of Operations."

UnitedHealthcare Employer & Individual

Domestically, UnitedHealthcare Employer & Individual offers a comprehensive array of consumer-oriented health benefit plans and services for large national employers, public sector employers, mid-sized employers, small businesses, and individuals. As of December 31, 2023, UnitedHealthcare Employer & Individual provides access to medical services for 27.3 million people. Globally, UnitedHealthcare Employer & Individual serves 7.8 million people with medical and dental benefits, typically in exchange for a monthly premium per member, residing principally in Brazil, Chile, Colombia and Peru, but also in more than 150 other countries. UnitedHealthcare Employer & Individual offers health care delivery in our principal global markets

through hospitals, outpatient and ambulatory clinics and surgery centers to UnitedHealthcare Employer & Individual global members and consumers served by other payers.

Through its risk-based product offerings, UnitedHealthcare Employer & Individual assumes the risk of both medical and administrative costs for its customers in return for a monthly premium which is typically a fixed rate per individual served for a one-year period. Through its administrative and other management services arrangements to customers who elect to self-fund the health care costs of their employees and employees' dependents, UnitedHealthcare Employer & Individual receives a fixed monthly service fee per individual served. These customers retain the risk of financing medical benefits for their employees and employees' dependents, while UnitedHealthcare Employer & Individual provides services such as coordination and facilitation of medical and related services to customers, consumers and health care professionals, administration of transaction processing and access to a contracted network of physicians, hospitals and other health care professionals, including dental and vision professionals. UnitedHealthcare Employer & Individual is focused on providing informed benefit solutions that create customized plan designs and clinical programs for employers that contribute to well-being and reduce the total cost of care along with providing simpler consumer experiences in response to market dynamics.

UnitedHealthcare Employer & Individual typically distributes its products through a variety of channels, dependent upon the specific product, including: through consultants or direct sales, in collaboration with brokers and agents, through wholesale agents or agencies who contract with health insurance carriers to distribute individual or group benefits, through professional employer organizations and associations and through both multi-carrier and its own proprietary private exchange marketplaces.

UnitedHealthcare Employer & Individual's major product families include consumer engagement products, such as high-deductible consumer driven benefit plans and a variety of innovative consumer centric products; traditional products; clinical and pharmacy products; and specialty benefits, such as vision, dental, hearing, accident protection, critical illness, disability and hospital indemnity offerings.

UnitedHealthcare Medicare & Retirement

UnitedHealthcare Medicare & Retirement provides health and well-being services to seniors and other Medicare eligible consumers, addressing their unique needs. UnitedHealthcare Medicare & Retirement has distinct benefit designs, pricing, underwriting, clinical program management and marketing capabilities dedicated to health products and services in this market.

UnitedHealthcare Medicare & Retirement offers a selection of products allowing people choice in obtaining the health coverage and services they need as their circumstances change. These offerings include care management and health system navigator services, clinical management programs, nurse health line services, 24-hour access to health care information, access to discounted health services from a network of care providers and administrative services.

UnitedHealthcare Medicare & Retirement has extensive distribution capabilities and experience, including direct marketing to consumers on behalf of its key clients, including AARP, the nation's largest membership organization dedicated to the needs of people age 50 and over, and state and U.S. government agencies. Products are also offered through agents, employer groups and digital channels.

Major product categories include:

Medicare Advantage. Provides health care coverage for seniors and other eligible Medicare beneficiaries through the Medicare Advantage program administered by the Centers for Medicare & Medicaid Services (CMS), including Medicare Advantage HMO plans, Preferred Provider Organization (PPO) plans, Point-of-Service plans, Private-Fee-for-Service plans and Special Needs Plans (SNPs). Under the Medicare Advantage program, UnitedHealthcare Medicare & Retirement provides health benefits coverage in exchange for a fixed monthly premium per member from CMS plus, in some cases, monthly consumer premiums. Premium amounts received from CMS vary based on the geographic areas in which individuals reside; demographic factors such as age, gender and institutionalized status; and the health status of the individual. UnitedHealthcare Medicare & Retirement served 7.7 million people through its Medicare Advantage products as of December 31, 2023.

We have continued to enhance our offerings, focusing on more digital and physical care resources in the home, expanding our concierge navigation services and enabling the home as a safe and effective setting of care. For example, through our HouseCalls program, nurse practitioners performed more than 2.7 million clinical preventive home care visits in 2023 to address unmet care opportunities and close gaps in care.

Medicare Part D. Provides Medicare Part D benefits to beneficiaries through its Medicare Advantage and stand-alone Medicare Part D plans. The stand-alone Medicare Part D plans address a large spectrum of people's needs and preferences for their prescription drug coverage, including low-cost prescription options. As of December 31, 2023, UnitedHealthcare enrolled 10.2 million people in the Medicare Part D programs, including 3.3 million individuals in stand-alone Medicare Part D plans, with the remainder in Medicare Advantage plans incorporating Medicare Part D coverage.

Medicare Supplement. Provides a full range of supplemental products at diverse price points. These products cover various levels of coinsurance and deductible gaps to which seniors are exposed in the traditional Medicare program. UnitedHealthcare

Medicare & Retirement served 4.4 million seniors nationwide through various Medicare Supplement products in association with AARP as of December 31, 2023.

Premium revenues from CMS represented 40% of UnitedHealth Group's total consolidated revenues for the year ended December 31, 2023, most of which were generated by UnitedHealthcare Medicare & Retirement.

UnitedHealthcare Community & State

UnitedHealthcare Community & State is dedicated to serving state programs caring for the economically disadvantaged, the medically underserved and those without the benefit of employer-funded health care coverage, typically in exchange for a monthly premium per member from the state program. UnitedHealthcare Community & State's primary customers oversee Medicaid plans, including Temporary Assistance to Needy Families; Children's Health Insurance Programs (CHIP); Dual SNPs (DSNPs); Long-Term Services and Supports (LTSS); Aged, Blind and Disabled; and other federal, state and community health care programs. As of December 31, 2023, UnitedHealthcare Community & State participated in programs in 32 states and the District of Columbia, and served more than 7.8 million people; including 1.3 million people through Medicaid expansion programs in 19 states under the Patient Protection and Affordable Care Act (ACA).

States using managed care services for Medicaid beneficiaries select health plans by using a formal bid process or by awarding individual contracts. These health plans and care programs are designed to address the complex needs of the populations they serve, including the chronically ill, people with disabilities and people with a higher risk of medical, behavioral and social conditions. UnitedHealthcare Community & State administers benefits for the unique needs of children, pregnant women, adults, seniors and those who are institutionalized or are nursing home eligible. These individuals often live in medically underserved areas and are less likely to have a consistent relationship with the medical community or a care provider. They also often face significant social and economic challenges.

GOVERNMENT REGULATION

Our businesses are subject to comprehensive U.S. federal and state and international laws and regulations. We are regulated by agencies which generally have discretion to issue regulations and interpret and enforce laws and rules. U.S. federal and state and international governments continue to consider and enact various legislative and regulatory proposals which could materially impact certain aspects of the health care system. New laws, regulations and rules, or changes in the interpretation of existing laws, regulations and rules, including as a result of changes in the political environment, could adversely affect our businesses.

See Part I, Item 1A, "Risk Factors" for a discussion of the risks related to our compliance with U.S. federal and state and international laws and regulations.

U.S. Federal Laws and Regulation

When we contract with the federal government, we are subject to federal laws and regulations relating to the award, administration and performance of U.S. government contracts. CMS regulates our UnitedHealthcare businesses and certain aspects of our Optum businesses. Payments by CMS to our businesses are subject to regulations, including those governing fee-for-service and the submission of information relating to the health status of enrollees for purposes of determining the amounts of certain payments to us. CMS also has the right to audit our performance to determine our compliance with CMS contracts and regulations and the quality of care we provide to Medicare beneficiaries. Our commercial business is further subject to CMS audits related to medical loss ratios (MLRs) and risk adjustment data.

UnitedHealthcare Community & State has Medicaid and CHIP contracts, which are subject to federal regulations regarding services to be provided to Medicaid enrollees, payment for those services and other aspects of these programs. There are many regulations affecting Medicare and Medicaid compliance, and the regulatory environment with respect to these programs is complex.

Our businesses are also subject to laws and regulations relating to consumer protection, anti-fraud and abuse, anti-kickbacks, false claims, prohibited referrals, inappropriate reduction or limitation of health care services, anti-money laundering, securities and antitrust compliance.

Privacy, Security and Data Standards Regulation. Certain of our operations are subject to regulation under the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA), which apply to both the group and individual health insurance markets, including self-funded employee benefit plans. Federal regulations related to HIPAA contain minimum standards for electronic transactions and code sets and for the privacy and security of protected health information.

Our businesses must comply with the Health Information Technology for Economic and Clinical Health Act (HITECH) which regulates matters relating to privacy, security and data standards. HITECH imposes requirements on uses and disclosures of

health information; includes contracting requirements for HIPAA business associate agreements; extends parts of HIPAA privacy and security provisions to business associates; adds federal data breach notification requirements for covered entities and business associates and reporting requirements to HHS and the Federal Trade Commission (FTC) and, in some cases, to the local media; strengthens enforcement and imposes higher financial penalties for HIPAA violations and, in certain cases, imposes criminal penalties for individuals, including employees. In the conduct of our business, depending on the circumstances, we may act as either a covered entity or a business associate.

The use and disclosure of individually identifiable health data by our businesses are also regulated in some instances by other federal laws, including the Gramm-Leach-Bliley Act (GLBA) or state statutes implementing GLBA. These federal laws and state statutes generally require insurers to provide customers with notice regarding how their non-public personal health and financial information is used and the opportunity to "opt out" of certain disclosures before the insurer shares such information with a third party, and generally prescribe safeguards for the protection of personal information. Neither the GLBA nor HIPAA privacy regulations preempt more stringent state laws and regulations, which may apply to us, as discussed below. Federal consumer protection laws may also apply in some instances to privacy and security practices related to personally identifiable information.

ERISA. The Employee Retirement Income Security Act of 1974, as amended (ERISA), regulates how our services are provided to or through certain types of employer-sponsored health benefit plans. ERISA is a set of laws and regulations subject to interpretation by the U.S. Department of Labor (DOL) as well as the federal courts. ERISA sets forth standards on how our business units may do business with employers who sponsor employee health benefit plans, particularly those who maintain self-funded plans. Regulations established by the DOL subject us to additional requirements for administration of benefits, claims payment and member appeals under health care plans governed by ERISA.

State Laws and Regulation

Health Care Regulation. Our insurance and HMO subsidiaries must be licensed by the jurisdictions in which they conduct business. All of the states in which our subsidiaries offer insurance and HMO products regulate those products and operations. The states require periodic financial reports and establish minimum capital or restricted cash reserve requirements. The National Association of Insurance Commissioners (NAIC) has adopted model regulations, which require expanded governance practices and risk and solvency assessment reporting. Most states have adopted these or similar measures to expand the scope of regulations relating to corporate governance and internal control activities of HMOs and insurance companies. We are required to maintain a risk management framework and file a confidential self-assessment report with state insurance regulators. We file reports annually with Connecticut, our lead regulator, and with New York, as required by the state's regulation.

Our health plans and insurance companies are regulated under state insurance holding company regulations. Such regulations generally require registration with applicable state departments of insurance and the filing of reports describing capital structure, ownership, financial condition, certain affiliated transactions and general business operations. Most state insurance holding company laws and regulations require prior regulatory approval of acquisitions and material affiliated transfers of assets, as well as transactions between the regulated companies and their parent holding companies or affiliates. These laws may restrict the ability of our regulated subsidiaries to pay dividends to our holding companies.

Some of our business activity is subject to other health care-related regulations and requirements, including PPO, Managed Care Organization (MCO), utilization review (UR), TPA, pharmacy care services, durable medical equipment or care provider-related regulations and licensure requirements. These regulations differ from state to state and may contain network, contracting, product and rate, licensing and financial and reporting requirements. Health care-related laws and regulations set specific standards for delivery of services, appeals, grievances and payment of claims, adequacy of health care professional networks, fraud prevention, protection of consumer health information, pricing and underwriting practices and covered benefits and services. State health care anti-fraud and abuse prohibitions encompass a wide range of activities, including kickbacks for referral of members, billing for unnecessary medical services and improper marketing. Certain of our businesses are subject to state general agent, broker and sales distribution laws and regulations. UnitedHealthcare Community & State and certain of our Optum businesses are subject to regulation by state Medicaid agencies which oversee the provision of benefits to our Medicaid and CHIP beneficiaries and to our beneficiaries dually eligible for Medicare and Medicaid. We also contract with state governmental entities and are subject to state laws and regulations relating to the award, administration and performance of state government contracts.

State Privacy and Security Regulations. A number of states have adopted laws and regulations which may affect our privacy and security practices, such as state laws governing the use, disclosure and protection of social security numbers and protected health information or which are designed to implement GLBA or protect credit card account data. State and local authorities increasingly focus on the importance of protecting individuals from identity theft, with a significant number of states enacting laws requiring businesses to meet minimum cyber-security standards and notify individuals of security breaches involving personal information. State consumer protection laws may also apply to privacy and security practices related to personally identifiable information, including information related to consumers and care providers. Different approaches to state privacy

and insurance regulation and varying enforcement philosophies may materially and adversely affect our ability to standardize our products and services across state lines. See Part I, Item 1A, "Risk Factors" for a discussion of the risks related to compliance with state privacy and security regulations.

Corporate Practice of Medicine and Fee-Splitting Laws. Certain of our businesses function as direct medical service providers and, as such, are subject to additional laws and regulations. Some states have corporate practice of medicine laws prohibiting specific types of entities from practicing medicine or employing physicians to practice medicine. Moreover, some states prohibit certain entities from engaging in fee-splitting practices, which involve sharing in the fees or revenues of a professional practice. These prohibitions may be statutory or regulatory, or may be imposed through judicial or regulatory interpretation. The laws, regulations and interpretations in certain states have been subject to limited judicial and regulatory interpretation and are subject to change.

Pharmacy and Pharmacy Benefits Management (PBM) Regulations

Optum Rx's businesses include home delivery, specialty and compounding pharmacies, as well as clinic-based pharmacies which must be licensed as pharmacies in the states in which they are located. Certain of our pharmacies must also register with the U.S. Drug Enforcement Administration (DEA) and individual state controlled substance authorities to dispense controlled substances. In addition to adhering to the laws and regulations in the states where our pharmacies are located, we also are required to comply with laws and regulations in some non-resident states where we deliver pharmaceuticals, including those requiring us to register with the board of pharmacy in the non-resident state. These non-resident states generally expect our pharmacies to follow the laws of the state in which the pharmacies are located, but some non-resident states also require us to comply with their laws where pharmaceuticals are delivered. Additionally, certain of our pharmacies which participate in programs for Medicare and state Medicaid providers are required to comply with applicable Medicare and Medicaid provider rules and regulations. Other laws and regulations affecting our pharmacies include federal and state statutes and regulations governing the labeling, packaging, advertising and adulteration of prescription drugs and dispensing of controlled substances. See Part I, Item 1A, "Risk Factors" for a discussion of the risks related to our pharmacy care services businesses.

Federal and state legislation regulating PBM activities affects both our ability to limit access to a pharmacy provider network or remove network providers. Additionally, many states limit our ability to manage and establish maximum allowable costs for generic prescription drugs. With respect to formulary services, a number of government entities, including CMS, HHS and state departments of insurance, regulate the administration of prescription drug benefits offered through federal or state exchanges. Many states also regulate the scope of prescription drug coverage, as well as the delivery channels to receive such prescriptions, for insurers, MCOs and Medicaid managed care plans. These regulations could limit or preclude (i) certain plan designs, (ii) limited networks, (iii) use of particular care providers or distribution channels, (iv) copayment differentials among providers and (v) formulary tiering practices.

Legislation seeking to regulate PBM activities introduced or enacted at the federal or state level could impact our business practices with others in the pharmacy supply chain, including pharmaceutical manufacturers and network providers. In addition, organizations like the NAIC periodically issue model regulations while credentialing organizations, like the National Committee for Quality Assurance (NCQA) and the Utilization Review Accreditation Commission (URAC), may establish standards impacting PBM pharmacy activities. Although these model regulations and standards do not have the force of law, they may influence states to adopt their recommendations and impact the services we deliver to our clients.

Consumer Protection Laws

Certain of our businesses participate in direct-to-consumer activities and are subject to regulations applicable to online communications and other general consumer protection laws and regulations such as the Federal Tort Claims Act, the Federal Postal Service Act and the FTC's Telemarketing Sales Rule. Most states also have similar consumer protection laws.

Certain laws, such as the Telephone Consumer Protection Act, give the FTC, the Federal Communications Commission (FCC) and state attorneys general the ability to regulate, and bring enforcement actions relating to, telemarketing practices and certain automated outbound contacts such as phone calls, texts or emails. Under certain circumstances, these laws may provide consumers with a private right of action. Violations of these laws could result in substantial statutory penalties and other sanctions.

Banking Regulation

Optum Bank is subject to regulation by federal banking regulators, including the Federal Deposit Insurance Corporation (FDIC), which performs annual examinations to ensure the bank is operating in accordance with federal safety and soundness requirements, and the Consumer Financial Protection Bureau, which may perform periodic examinations to ensure the bank is in compliance with applicable consumer protection statutes, regulations and agency guidelines. Optum Bank is also subject to supervision and regulation by the Utah State Department of Financial Institutions, which carries out annual examinations to ensure the bank is operating in accordance with state safety and soundness requirements and performs periodic examinations of

the bank's compliance with applicable state banking statutes, regulations and agency guidelines. In the event of unfavorable examination results from any of these agencies, the bank could become subject to increased operational expenses and capital requirements, enhanced governmental oversight and monetary penalties.

Non-U.S. Regulation

Certain of our businesses operate internationally and are subject to regulation in the jurisdictions in which they are organized or conduct business. These regulatory regimes vary from jurisdiction to jurisdiction. In addition, our non-U.S. businesses and operations are subject to U.S. laws regulating the conduct and activities of U.S.-based businesses operating outside the United States, such as the Foreign Corrupt Practices Act (FCPA), which prohibits offering, promising, providing or authorizing others to give anything of value to a foreign government official to obtain or retain business or otherwise secure a business advantage.

COMPETITION

As a diversified health care company, we operate in highly competitive markets across the full expanse of health care benefits and services. Our competitors include organizations ranging from startups to highly sophisticated Fortune 50 global enterprises, for-profit and non-profit companies, and private and government-sponsored entities. New entrants to our markets and business combinations among our competitors and suppliers also contribute to a dynamic and competitive environment. We compete fundamentally on the quality and value we provide to those we serve which can include elements such as product and service innovation; use of technology; consumer and provider engagement and satisfaction; and sales, marketing and pricing. See Part I, Item 1A, "Risk Factors" for additional discussion of our risks related to competition.

INTELLECTUAL PROPERTY RIGHTS

We have obtained trademark registration for the UnitedHealth Group, Optum and UnitedHealthcare names and logos. We own registrations for certain of our other trademarks in the United States and abroad. We hold a portfolio of patents and have patent applications pending from time to time. We are not substantially dependent on any single patent or group of related patents.

Unless otherwise noted, trademarks appearing in this report are trademarks owned by us. We disclaim any proprietary interest in the marks and names of others.

HUMAN CAPITAL RESOURCES

Our more than 440,000 employees, as of December 31, 2023, including nearly 160,000 clinical professionals, are guided by our mission to help people live healthier lives and help make the health system work better for everyone. Our mission and cultural values of integrity, compassion, inclusion, relationships, innovation, performance and quality align with our long-term business strategy to increase access to care, make care more affordable, enhance the care experience, improve health outcomes and advance health equity. Our mission and values attract individuals who are determined to make a difference – individuals whose talent, innovation, engagement and empowerment are critical in our ability to achieve our mission.

We are committed to developing our people and culture by creating an inclusive environment where people of diverse backgrounds, experiences and perspectives make us better. Our approach is data-driven and leader-led and uses enterprise and business scorecards to ensure our leaders are accountable for a consistent focus on hiring, developing, advancing and retaining diverse talent. We have embedded inclusion and diversity throughout our culture, including in our talent acquisition and talent management practices; leadership development; careers; learning and skills; and systems and processes. We strive to maintain a sustainable and diverse talent pipeline by building strong strategic partnerships and outreach through early career programs, internships and apprenticeships. We support career coaching, mentorship and accelerated leadership development programs to ensure mobility and advancement for our diverse talent. To foster an engaged workforce and an inclusive culture, we invest in a broad array of skills-based learning and culture development programs. We rely on a shared leadership framework, which clearly and objectively defines our expectations, enables an environment where everyone has the opportunity to learn and grow, and helps us identify, develop and deploy talent to help achieve our mission.

We prioritize pay equity by regularly evaluating and reviewing our compensation practices by gender, ethnicity and race. Receiving on-going feedback from our team members is another way to strengthen and reinforce a culture of inclusion. Our Employee Experience Index measures an employee's sense of commitment and belonging to our company and is a metric in the Stewardship section of our annual incentive plan. Our Sustainability Report, which can be accessed on our website at www.unitedhealthgroup.com, provides further information about our people and culture.

INFORMATION ABOUT OUR EXECUTIVE OFFICERS

The following sets forth certain information regarding our executive officers as of February 28, 2024, including the business experience of each executive officer during the past five years:

Name	Age	Position
Andrew Witty	59	Chief Executive Officer
Dirk McMahon	64	President and Chief Operating Officer
John Rex	62	Executive Vice President and Chief Financial Officer
Rupert Bondy	62	Executive Vice President, Chief Legal Officer and Corporate Secretary
Erin McSweeney	59	Executive Vice President and Chief People Officer
Thomas Roos	51	Senior Vice President and Chief Accounting Officer
Brian Thompson	49	Chief Executive Officer of UnitedHealthcare

Our Board of Directors elects executive officers annually. Our executive officers serve until their successors are duly elected and qualified, or until their earlier death, resignation, removal or disqualification.

Andrew Witty has served as Chief Executive Officer and a member of the Board of Directors of UnitedHealth Group since February 2021. Previously, Andrew served as Chief Executive Officer of Optum from July 2018 to April 2021, President of UnitedHealth Group from November 2019 to February 2021 and as a UnitedHealth Group director from August 2017 to March 2018. Prior to joining UnitedHealth Group, he was Chief Executive Officer and a board member of GlaxoSmithKline, a global pharmaceutical company, from 2008 to 2017.

Dirk McMahon has served as President and Chief Operating Officer of UnitedHealth Group since February 2021. He previously served as Chief Executive Officer of UnitedHealthcare from June 2019 to April 2021, President and Chief Operating Officer of Optum from April 2017 to June 2019 and Executive Vice President, Operations at UnitedHealth Group from November 2014 to April 2017. Dirk also served as Chief Executive Officer of Optum Rx from November 2011 to November 2014. Prior to 2011, he held various positions in UnitedHealthcare in operations, technology and finance.

John Rex has served as Executive Vice President and Chief Financial Officer of UnitedHealth Group since June 2016. From March 2012 to June 2016, he served as Executive Vice President and Chief Financial Officer of Optum. Prior to joining Optum in 2012, John was a Managing Director at JP Morgan, a global financial services firm.

Rupert Bondy has served as Executive Vice President and Chief Legal Officer of UnitedHealth Group since March 2022 and additionally as Corporate Secretary since April 2022. Prior to joining UnitedHealth Group, Rupert served as Senior Vice President, General Counsel and Corporate Secretary at Reckitt Benckiser Group, a consumer goods group focused on hygiene, health and nutrition products, from January 2017 to February 2022. Prior to his service with Reckitt Benckiser Group, he served as Group General Counsel of BP plc, an international energy company, and, among his prior positions, as Senior Vice President and General Counsel of GlaxoSmithKline, a global pharmaceutical company.

Erin McSweeney has served as Executive Vice President and Chief People Officer of UnitedHealth Group since March 2022. From February 2021 to March 2022, Erin served as chief of staff to UnitedHealth Group's Office of the Chief Executive. From January 2017 to February 2021, she served as Executive Vice President and Chief Human Resources Officer at Optum. Prior to joining UnitedHealth Group, Erin was Executive Vice President and Chief Human Resources Officer for EMC Corporation, an international technology company.

Tom Roos has served as Senior Vice President and Chief Accounting Officer of UnitedHealth Group since August 2015. Prior to joining UnitedHealth Group, Tom was a Partner at Deloitte & Touche LLP, an independent registered public accounting firm.

Brian Thompson has served as Chief Executive Officer of UnitedHealthcare since April 2021. Prior to his service in this role, he served as Chief Executive Officer of UnitedHealthcare's government programs including Medicare & Retirement and Community & State from July 2019 to April 2021; as Chief Executive Officer of Medicare & Retirement from April 2017 to July 2019; and as Chief Financial Officer of UnitedHealthcare's Employer & Individual and Medicare & Retirement businesses from August 2010 to April 2017.

ADDITIONAL INFORMATION

Our executive offices are located at UnitedHealth Group Center, 9900 Bren Road East, Minnetonka, Minnesota 55343; our telephone number is (952) 936-1300. You can access our website at www.unitedhealthgroup.com to learn more about our company. We make periodic and current reports and amendments available, free of charge, on our website, as soon as reasonably practicable after we file or furnish these reports to the Securities and Exchange Commission (SEC). Information on or linked to our website is neither part of nor incorporated by reference into this Annual Report on Form 10-K or any other SEC filings.

ITEM 1A. RISK FACTORS

CAUTIONARY STATEMENTS

The statements, estimates, projections or outlook contained in this Annual Report on Form 10-K include forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 (PSLRA). When used in this Annual Report on Form 10-K and in future filings by us with the SEC, in our news releases, presentations to securities analysts or investors, and in oral statements made by or with the approval of one of our executive officers, the words "believe," "expect," "intend," "estimate," "anticipate," "forecast," "outlook," "plan," "project," "should" or similar words or phrases are intended to identify such forward-looking statements. These statements are intended to take advantage of the "safe harbor" provisions of the PSLRA. These forward-looking statements involve risks and uncertainties which may cause our actual results to differ materially from the expectations expressed or implied in the forward-looking statements. Any forward-looking statement in this report speaks only as of the date of this report and, except as required by law, we undertake no obligation to update any forward-looking statement to reflect events or circumstances, including unanticipated events, after the date of this report.

The following discussion contains cautionary statements regarding our business, which investors and others should consider. We do not undertake to address in future filings with the SEC or other communications regarding our business or results of operations how any of these factors may have caused our results to differ from discussions or information contained in our previous filings or communications. In addition, any of the matters discussed below may have affected past, as well as current, forward-looking statements about future results. Any or all forward-looking statements in this Annual Report on Form 10-K and in any other SEC filings or public statements we make may turn out to be wrong. Our forward-looking statements can be affected by inaccurate assumptions we might make or by known or unknown risks and uncertainties. Many factors discussed below will be important in determining our future results. By their nature, forward-looking statements are not guarantees of future performance or results and are subject to risks, uncertainties and assumptions which are difficult to predict or quantify.

Risks Related to Our Business and Our Industry

If we fail to estimate, price for and manage our medical costs or design benefits in an effective manner, the profitability of our risk-based products and services could decline and could materially and adversely affect our results of operations, financial position and cash flows.

Through our risk-based benefit products, we assume the risk of both medical and administrative costs for our customers in return for monthly premiums. We generally use approximately 80% to 85% of our premium revenues to pay the costs of health care services delivered to these customers. The profitability of our products depends in large part on our ability to predict and effectively price for and manage medical costs. Our Optum Health business also enters into fully accountable value-based arrangements with payers. Premium revenues from risk-based products constitute nearly 80% of our total consolidated revenues. Estimates of benefit expense payments involve extensive judgement and are subject to considerable inherent variability. Relatively small differences between predicted and actual medical costs, or utilization rates as a percentage of revenues, can result in significant changes in our financial results. If we fail to predict accurately, or effectively price for or manage, the costs of providing care under risk-based arrangements, our results of operations could be materially and adversely affected.

We manage medical costs through underwriting criteria, product design, negotiation of competitive provider contracts and care management programs. Total medical costs are affected by the number of individual services rendered, the cost of each service and the type of service rendered. Although we base the premiums we charge on our estimates of future medical costs over the fixed contract period, many factors may cause, and have previously caused, actual costs to exceed those estimated and reflected in premiums or bids. These factors may include medical cost inflation, increased use of services, business mix, unexpected differences among new customer populations, increased cost of individual services, costs to deliver care, large-scale medical emergencies, the potential effects of climate change, pandemics, the introduction of new or costly drugs or increases in drug prices, treatments and technology, new treatment guidelines, newly mandated benefits or other regulatory changes and insured population characteristics. Cost increases in excess of our forecasts typically cannot be recovered in the fixed premium period through higher premiums. For Optum Health's fully accountable value-based care, any inability to provide higher-quality outcomes and better experiences at lower costs or to integrate our care delivery models could impact our results of operations, financial positions and cash flows.

In addition, the financial results we report for any particular period include estimates of costs incurred for which claims are still outstanding. These estimates involve an extensive degree of judgment. If these estimates prove inaccurate, our results of operations could be materially and adversely affected.

If we fail to maintain properly the integrity or availability of our data or successfully consolidate, integrate, upgrade or expand our existing information systems, or if our technology products do not operate as intended, our business could be materially and adversely affected.

Our business depends on the integrity and timeliness of the data we use to serve our members, customers and health care professionals and to operate our business. If the data we rely upon to run our businesses is found to be inaccurate or unreliable or if we fail to effectively maintain or protect the integrity of our data and information systems, including systems powered by or incorporating artificial intelligence and machine learning (AI/ML), we could experience failures in our health, wellness and information technology products; lose existing customers; have difficulty attracting new customers; experience problems in determining medical cost estimates and establishing appropriate pricing; have difficulty preventing, detecting and controlling fraud; have disputes with customers, physicians and other health care professionals; become subject to regulatory sanctions, penalties, investigations or audits; incur increases in operating expenses; or suffer other adverse consequences.

The volume of health care data generated, and the uses of data, including electronic health records, are rapidly expanding. We depend on the integrity of the data in our information systems to implement new and innovative services, automate and deploy new technologies to simplify administrative processes and clinical decision making, price our products and services adequately, provide effective service to our customers and consumers in an efficient and uninterrupted fashion, provide timely payments to care providers, and accurately report our results of operations. In addition, connectivity among technologies is becoming increasingly important and recent trends toward greater consumer engagement in health care require new and enhanced technologies, including more sophisticated applications for mobile devices and new tools and products that leverage AI/ML to improve the customer experience. We anticipate that fast-evolving AI/ML technologies, including generative AI, will play an increasingly important role in our information systems and customer-facing technology products. Our ability to protect and enhance existing systems and develop new systems to keep pace with changes in information processing technology (including AI/ML), regulatory standards and changing customer preferences will require an ongoing commitment of significant development and operational resources. If these commitments fail to provide the anticipated benefits, if we are unable to successfully anticipate future technology developments, or if the cost to keep pace with the technological changes exceed our estimates, we could be exposed to reputational harm and experience adverse effects on our business.

We may not successfully implement our initiatives to consolidate the number of systems we operate, upgrade and expand our information systems' capabilities, integrate and enhance our systems and develop new systems to keep pace with recent regulations and changes in information processing technology. Failure to protect, consolidate and integrate our systems successfully could result in higher than expected costs.

Some of our businesses sell and install software products which may contain unexpected design defects or may encounter unexpected complications during installation or when used with other technologies utilized by the customer. A failure of our technology products to operate as intended and in a seamless fashion with other products could materially and adversely affect our results of operations, financial position and cash flows.

Uncertain and rapidly evolving U.S. federal and state, non-U.S. and international laws and regulations related to health data and health information technologies, including those powered by or incorporating AI/ML, may alter the competitive landscape or impose new compliance requirements and could materially and adversely affect the configuration of our information systems and platforms, and our ability to compete in our markets.

If we or third parties we rely on sustain cyber-attacks or other privacy or data security incidents resulting in disruption to our operations or the disclosure of protected personal information or proprietary or confidential information, we could suffer a loss of revenue and increased costs, negative operational affects, exposure to significant liability, reputational harm and other serious negative consequences.

We routinely process, store and transmit large amounts of data in our operations, including protected personal information subject to privacy, security or data breach notification laws, as well as proprietary or confidential information relating to our business or third parties. Some of the data we process, store and transmit may be outside of the United States due to our information technology systems and international business operations. We are regularly the target of attempted cyber-attacks and other security threats and have previously been, and may in the future be, subject to compromises of the information technology systems we use, information we hold, or information held on our behalf by third parties. While we have programs in place to detect, contain and respond to data security incidents and provide employee awareness training regarding phishing, malware and other cyber threats to protect against cyber risks and security incidents, we expect that we will continue to experience these incidents, some of which may negatively affect our business. Further, because the techniques used to obtain unauthorized access, disable or degrade service, or sabotage systems change frequently and are increasing in sophistication, in part due to use of evolving AI/ML technologies (including generative AI), and because our businesses are changing as well, we

may be unable to anticipate these techniques and threats, detect data security incidents or implement adequate preventive measures. Threat actors and hackers have previously been, and may in the future be, able to negatively affect our operations by penetrating our security controls and causing system and operational disruptions or shutdowns, accessing, misappropriating or otherwise compromising protected personal information or proprietary or confidential information or that of third parties, and developing and deploying viruses, ransomware and other malware that can attack our systems, exploit any security vulnerabilities, and disrupt or shutdown our systems and operations. In addition, hardware, software, or applications we develop or procure from third parties may contain defects or other problems which could unexpectedly compromise our information security controls. Our systems may also be vulnerable to financial fraud schemes, misplaced or lost data, human error, malicious social engineering, or other events which could negatively affect the data or financial accounts, proprietary or confidential information relating to our business or third parties, or our operations. There have previously been and may be in the future heightened vulnerabilities due to the lack of physical supervision and on-site infrastructure for remote workforce operations and for recently-acquired or non-integrated businesses. We rely in some circumstances on third-party vendors to process, store and transmit large amounts of data for our business whose operations are subject to similar risks.

The costs to eliminate or address the foregoing security threats and vulnerabilities before or after a cyber-incident could be material. We have business continuation and resiliency plans which are maintained, updated and tested regularly in an effort to contain and remediate potential disruptions or cyber events. If our remediation efforts are not successful, we may experience operational interruptions, delays, or cessation of service and loss of existing or potential customers. In addition, compromises of our security measures or the unauthorized dissemination of sensitive personal information, proprietary information or confidential information about us, our customers or other third parties, previously and in the future, could expose us or them to the risk of financial or medical identity theft, negative operational affects, expose us or them to a risk of loss or misuse of this information, result in litigation and liability, including regulatory penalties, for us, damage our brand and reputation, or otherwise harm our business.

If we fail to compete effectively to maintain or increase our market share, including maintaining or increasing enrollments in businesses providing health benefits, our results of operations, financial position and cash flows could be materially and adversely affected.

Our businesses face significant competition in all of the geographic markets in which we operate. In particular geographies or product segments, our competitors may have certain competitive advantages. Our competitive position may also be adversely affected by significant merger and acquisition activity in the industries in which we operate, among both our competitors and suppliers. Consolidation may make it more difficult for us to retain or increase our customer base, improve the terms on which we do business with our suppliers, or maintain or increase our profitability.

In addition, our success in the health care marketplace and future growth depends on our ability to develop and deliver innovative and potentially disruptive products and services to satisfy evolving market demands. If we do not continue to innovate and provide products and services which are useful and relevant to health care payers, consumers and our customers, we may not remain competitive and risk losing market share to existing competitors and disruptive new market entrants. We may face risks from new technologies and market entrants which could affect our existing relationship with health plan enrollees in these areas. We could sustain competitive disadvantages and loss of market share if we fail to continue developing innovative care models, including by accelerating the transition of care to value-based models that achieve higher quality outcomes and better experiences at lower costs and expand access to virtual and in-home care. Additionally, our competitive position could be adversely affected by any failure to develop and apply innovative technologies and other effective data and analytics capabilities or to provide services to our clients focused on these technologies and capabilities.

Our business, results of operations, financial position and cash flows also could be materially and adversely affected if we do not compete effectively in our markets, if we set rates too high or too low in highly competitive markets, if we do not design and price our products properly and competitively, if we are unable to innovate and deliver products and services demonstrating value to our customers, if we do not provide a satisfactory level of services, if membership or demand for other services does not increase as we expect or declines, or if we lose accounts with more profitable products while retaining or increasing membership in accounts with less profitable products. The resumption of Medicaid redeterminations has impacted our membership levels and may impact our ability to maintain market share if we are unable to retain or add new consumers to other benefit offerings.

If we fail to develop and maintain satisfactory relationships with health care payers, physicians, hospitals and other service providers, our business could be materially and adversely affected.

We depend substantially on our continued ability to contract with health care payers (as a service provider to those payers), as well as physicians, hospitals, pharmaceutical benefit service providers, pharmaceutical manufacturers and other care and service providers at competitive prices. If we fail to develop and maintain satisfactory relationships with health care providers, whether in-network or out-of-network, our failure to do so could materially and adversely affect our business, results of operations,

financial position and cash flows. In addition, some of our activities related to network design, provider participation in networks and provider payments could result in disputes, which may be costly and attract negative publicity.

In any particular market, physicians and health care providers could refuse to contract with us, demand higher payments, or take other actions which could result in higher medical costs, less desirable products for customers or difficulty meeting regulatory or accreditation requirements. In some markets, certain health care providers, particularly hospitals, physician and hospital organizations or multi-specialty physician groups, may have significant market positions which could diminish our bargaining power. In addition, Accountable Care Organizations (ACOs); physician group management services organizations (which aggregate physician practices for administrative efficiency); and other organizational structures adopted by physicians, hospitals and other care providers may change the way in which these providers do business with us and may change the competitive landscape. Such organizations or groups of physicians may compete directly with us, which could adversely affect our business, and our results of operations, financial position and cash flows by impacting our relationships with these providers or affecting the way we price our products and estimate our costs, which might require us to incur costs to change our operations in an effort to mitigate these impacts. In addition, if these providers refuse to contract with us, use their market position to negotiate favorable contracts or place us at a competitive disadvantage, our ability to market products or to be profitable in those areas could be materially and adversely affected.

Our health care benefits businesses have risk-based arrangements with some physicians, hospitals and other health care providers. These arrangements limit our exposure to the risk of increasing medical costs, but expose us to risk related to the adequacy of the financial and medical care resources of the health care providers. To the extent a risk-based health care provider organization faces financial difficulties or otherwise is unable to perform its obligations under the arrangement, we may be held responsible for unpaid health care claims which should have been the responsibility of the health care provider and for which we have already paid the provider. Further, payment or other disputes between a primary care provider and specialists with whom the primary care provider contracts could result in a disruption in the provision of services to our members or a reduction in the services available to our members. Health care providers with which we contract may not properly manage the costs of services, maintain financial solvency or avoid disputes with other providers. They may also fail to provide us with the information we need to effectively conduct our businesses, such as information enabling us to estimate costs of care. Any of these events could have a material adverse effect on the provision of services to our members and our operations.

Some providers that render services to our members do not have contracts with us. In some instances, those providers may dispute the payment for these services and may institute litigation or arbitration relying on state and federal laws that define the compensation that must be paid to out-of-network providers in some circumstances.

The success of some of our businesses depends on maintaining satisfactory relationships with physicians as our employees, independent contractors or joint venture partners. The physicians who practice medicine or contract with our affiliated physician organizations could terminate their provider contracts or otherwise become unable or unwilling to continue practicing medicine or contracting with us. We face and will likely continue to face heightened competition to acquire or manage physician practices or to employ or contract with individual physicians. Our revenues could be materially and adversely affected if we are unable to maintain or expand satisfactory relationships with physicians, to acquire, recruit or, in some instances, employ physicians, or to retain enrollees following physician departures. In addition, our affiliated physician organizations contract with competitors of UnitedHealthcare. Our businesses could suffer if our affiliated physician organizations fail to maintain relationships with or fail to adequately price their contracts with these third-party payer competitors.

Further, physicians, hospitals, pharmaceutical benefit service providers, pharmaceutical manufacturers and certain health care providers are customers of our Optum businesses. Physicians also provide medical services at facilities owned by our Optum businesses. Given the importance of health care providers and other constituents to our businesses, failure to maintain satisfactory relationships with them could materially and adversely affect our results of operations, financial position and cash flows.

We are routinely subject to various private party and governmental legal actions and investigations, which could damage our reputation and, if resolved unfavorably, could result in substantial penalties or monetary damages and materially and adversely affect our results of operations, financial position and cash flows.

We are routinely made party to a variety of private party and governmental legal actions and investigations related to, among other matters, the design, management and delivery of our product and service offerings. Any failure by us to adhere to the laws and regulations applicable to our businesses could subject us to civil and criminal penalties.

Legal actions to which we are a party have included and in the future could include matters related to health care benefits coverage and payment of claims (including disputes with enrollees, customers and contracted and non-contracted physicians, hospitals and other health care professionals), tort claims (including claims related to the delivery of health care services, such as medical malpractice by personnel at our affiliates' facilities, or by health care practitioners who are employed by us, have contractual relationships with us, or serve as providers to our managed care networks, including as a result of a failure to adhere

4Y

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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)

Section 1: General Information

Facility Name: DBWS LLC

Physical Address: 181 SOUTH STREET

City: BOSTON State: MA Zip: 02111

Mailing Address (if different from physical address): SAME AS PHYSICAL ADDRESS

City: _____ State: _____ Zip: _____

Telephone: 508-282-3106 Website: N/A

Name of Designated Representative (DR): GAVIN COTTER

Licensing Company Email: DBWS.LLC@GMAIL.COM DR Email: GAVINCOTTER@GMAIL.COM

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: VETERINARY OTCS	☐ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: VIRTUAL

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)?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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

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: PET IQ

Address: 230 E Riverside Dr City: EAGLE State: ID Zip: 83616

Name: N/A

Address: City: State: Zip:

Name: N/A

Address: City: State: Zip:

Name: N/A

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 or Company

State of Incorporation/Organization: DE

Parent Company (if any): DBHC LLC

Corporation/Organization Name: DBWS LLC

Mailing Address: 181 SOUTH STREET

City: BOSTON State: MA Zip: 02111

Telephone: 508-282-3106 Email: DBWS.LLC@GMAIL.COM

Contact Person Name: GAVIN COTTER

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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.**	✓	✓	✓	✓	
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓	
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓	N/A - LLC OWNED
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓	N/A - VIRTUAL FACILITY
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓				
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓	
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓	
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓	N/A
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓	N/A
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)					
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

DBWS LLC

Facility Name

GAVIN COTTER

Print Name of Authorized Person Submitting Application

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

12/1/2023

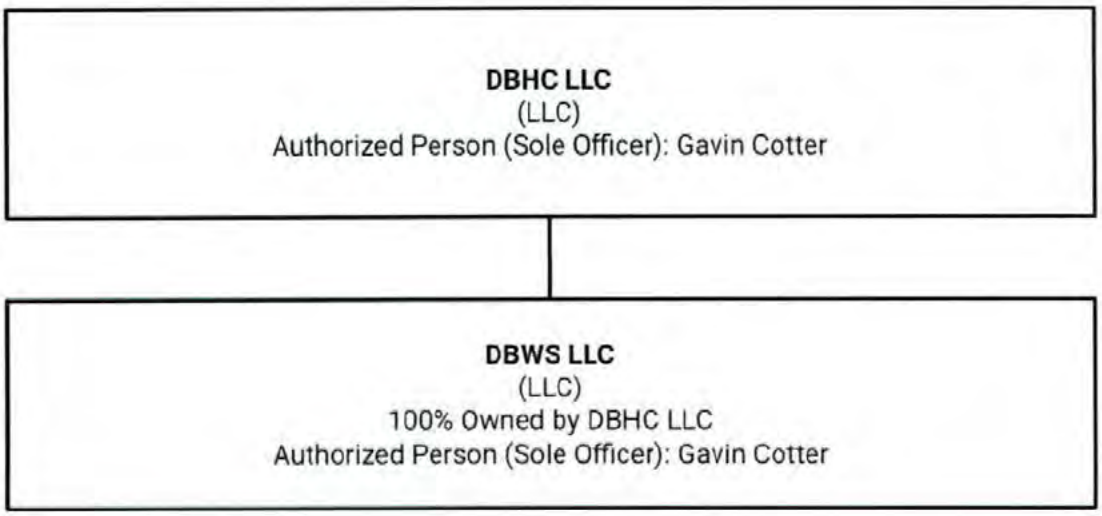
Date

Board Use Only	Date Received: 12/11/23	Amount: $1000 - check 249

Organization Chart, Officer List, Ownership

DBWS LLC

Type of Ownership:	LLC
Officer Name:	Gavin Cotter
Officer Address:	[redacted]
	Melrose, MA 02176
Officer Title:	President (Sole Member)
Officer SSN:	[redacted]
Responsible Person:	Gavin Cotter
Ownership:	100% by Parent Company
Parent Company:	DBHC LLC
Parent Company Address:	181 South Street, Boston, MA 02111
Sole Officer:	Gavin Cotter
Officer Address:	[redacted]1ST ST
	Melrose, MA 02176



DBWS LLC - CERTIFICATE OF GOOD STANDING FOR DOMICILED STATE NEVADA WHOLESALE APP

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

November 6, 2023

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of registration of a Foreign Limited Liability Company was filed in this office by

DBWS LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **September 19, 2023**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 72 for revocation of said Limited Liability Company's authority to transact business in the Commonwealth; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **NONE**

I further certify that the name of persons authorized to act with respect to real property instruments listed in the most recent filings are: **GAVIN COTTER**

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed By:TAA

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration to:

DBWS LLC
181 South Street
Boston, MA 02111

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: VIR200072

Type: Virtual Distributor

Issue Date: 11/01/2023

Expiration Date: 11/01/2024

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

COPY OF HOME STATE LICENSE - NEVADA W HOLOGRAM APP - DBWS LLC

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0310540	01-31-2025	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	12-18-2023

MWI VETERINARY SUPPLY CO
DBA MWI ANIMAL HEALTH
1499 ZEAGER RD
STE 2
ELIZABETHTOWN, PA 170228736

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
RM0310540	01-31-2025	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	12-18-2023

MWI VETERINARY SUPPLY CO
DBA MWI ANIMAL HEALTH
1499 ZEAGER RD
STE 2
ELIZABETHTOWN, PA 170228736

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
RM0310540	01-31-2025	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	12-18-2023

MWI VETERINARY SUPPLY CO
DBA MWI ANIMAL HEALTH
1499 ZEAGER RD
STE 2
ELIZABETHTOWN, PA 170228736

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
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-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

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. 100821046

Application/License No. _____

DBWS LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 181 SOUTH ST BOSTON, MA, 02111 (Address of Applicant/Principal), as PRINCIPAL, and U.S. SPECIALTY INSURANCE COMPANY (Surety Company), a 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 801 S. Figueroa Street, Suite 700, Los Angeles, CA 90017 (Address of Surety) as 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 12/6/2023 (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 6th day of December, 2023.

APPLICANT/PRINCIPAL

DBWS LLC

Authorized Representative

SURETY

U.S. SPECIALTY INSURANCE COMPANY

Surety Company's Representative

ERIC FAUERBACH, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Jason O'Leary

Witness Taylor Branum

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

TOKIO MARINE HCC

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That, U.S. SPECIALTY 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,

ERIC FAUERBACH

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 bond number 100821046, issued in the course of its business and to bind the Company thereby, in an amount not to exceed One hundred thousand and 00/100 ($100,000.00).
Said appointment is made under and by authority of the following resolutions of the Board of Directors of U. S. Specialty 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 on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, 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 by unanimous written consent in lieu of meeting on September 1st, 2011.

The Attorney-in-Fact named above may be an agent or a broker of the Company. The granting of this Power of Attorney is specific to this bond and does not indicate whether the Attorney-in-Fact is or is not an appointed agent of the Company.

IN WITNESS WHEREOF, U.S. Specialty Insurance Company has caused its seal to be affixed hereto and executed by its Senior Vice President on this 18th day of April, 2022.

U.S. SPECIALTY INSURANCE COMPANY

By: _____
Adam S. Pessin, Senior Vice President

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 Los Angeles

On this 18th day of April, 2022, before me, Sonia O. Carrejo, a notary public, personally appeared Adam S. Pessin, Senior Vice President of U.S. Specialty Insurance Company, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of CALIFORNIA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (seal)

SONIA O. CARREJO
Notary Public - California
Los Angeles County
Commission # 2198710
My Comm. Expires Apr 23, 2026

I, Kio Lo, Assistant Secretary of U.S. Specialty Insurance Company, do hereby certify that the Power of Attorney and the resolution adopted by the Board of Directors of said Company as set forth above, are true and correct transcripts thereof and that neither the said Power of Attorney nor the resolution have been revoked and they are now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this 6th day of December, 2023.

Bond No. 100821046
Agency No. 700358

Kio Lo, Assistant Secretary

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler DBWS LLC
Pharmacy/Wholesaler License # (if applicable) N/A-NEW APP
Physical Address 181 SOUTH ST
City BOSTON State MA Zip 02111
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone _____ Website _____
Licensing Company Email _____

Section 2: Personal Information

First GAVIN Middle MORGAN Last COTTER
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X
Mailing Address [redacted]
City MELROSE State MA Zip 02176
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.)		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?		X

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)	
MIT SLOAN SCHOOL OF BUSINESS		06/2014 – 06/2016	
Address: 100 MAIN ST	City: CAMBRIDGE	State: MA	Zip: 02142
Diploma/Degree obtained, if any: MBA			

School Name		From - To (MM/YY – MM/YY)	
MIT		06/2005 – 06-2009	
Address: 77 MASSACHUSSETTS AVENUE	City: CAMBRIDGE	State: MA	Zip: 02139
Diploma/Degree obtained, if any: BACHELORS OF ENGINEERING			

School Name		From - To (MM/YY – MM/YY)	
WATERVILLE CENTRAL SCHOOL		09/2000 – 06 -2004	
Address: 381 MADISON ST	City: WATERVILLE	State: NY	Zip: 13480
Diploma/Degree obtained, if any: HIGH SCHOOL REGENTS 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
1/2019 – CURRENT	[redacted]	MELROSE	MA	02176
9/2018 – 1/2019		MELROSE	MA	02176
9/2016 – 9/2018		CAMBRIDGE	MA	02140
9/2014 – 9/2016		BOSTON	MA	02114
9/2013 – 9/2014		CAMBRIDGE	MA	02138
From - To (MM/YY – MM/YY)		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			From - To (MM/YY – MM/YY)	
PILLPACK LLC			10/2015 – 10/2020	
Business Address		**City**	**State**	**Zip**
250 COMMERCIAL ST		MANCHESTER	NH	03101
Phone	**Title**		**Number of Employed Hours**	
855-745-5725	VP OPS STRATEGY		10,000	
Description of Duties				
MANAGED PURCHASING & WHOLESALE NEGOTIATIONS				

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.)		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

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*: N/A

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

N/A - NO DISCIPLINARY ACTION TAKEN.

I, GAVIN COTTER, **certify that as the designated representative for**

DBUS LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. GC I am at least 21 years of age;
3. GC 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. GC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. GC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. GC 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. GC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

GAVIN COTTER

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/1/2023

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.

GAVIN COTTER

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/1/2023

Date

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

State of MASSACHUSETTS, ss. County of ESSEX

I, GAVIN COTTER, 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

12/7/2023

Date

Subscribed and Sworn to before me this 7th day of Dec, 2023.

Notary Public Signature

ALEX SILVA DE LIMA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
June 14, 2030

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site DBWS LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N/A

Physical Address 181 SOUTH ST BOSTON

City BOSTON State MA Zip 02111

Mailing Address (if different from physical address) –

City – State – Zip –

Telephone 508-282-3106 Website N/A

Licensing Company Email DBWS.LLC @ GMAIL.COM

Section 2: Personal Information

First GAVIN Middle MORGAN Last COTTER

Alias(es, nicknames, name changes, etc.) N/A

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

Mailing Address [redacted]

City MELROSE State MA Zip 02176

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.)		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?		X

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	Address	City	State	Zip	From - To (MM/YY – MM/YY)	Diploma/Degree obtained, if any
MIT SLOAN	77 MASSACHUSETTS AVE	~~02139~~ CAMBRIDGE	MA	02139	9/2014 – 6/2016	MBA
MASSACHUSSETTS INSTITUTE OF TECHNOLOGY	77 MASSACHUSETTS AVE	~~02139~~ CAMBRIDGE	MA	02139	9/2005 – 6/2009	BS MECHANICAL ENGINEERING
WATERVILLE CENTRAL SCHOOL	381 MADISON ST	WATERVILLE	NY	13480	9/2000 – 6/2004	~~BS MECHANICAL ENGINEERING~~ HIGH SCHOOL DIPLOMA
N/A						~~HIGH SCHOOL DIPLOMA~~
N/A						

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
1/2019 – CURRENT	[redacted]	MELROSE	MA	02176
9/2018 – 1/2019		MELROSE	MA	02176
9/2016 – 9/2018		CAMBRIDGE	MA	02140
9/2014 – 9/2016		BOSTON	MA	02114
9/2013 – 9/2014		CAMBRIDGE	MA	02138
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
KOALA HEALTH			3/2021 - PRESENT
Business Address	**City**	**State**	**Zip**
26 1ST ST	MELROSE	MA	02176
Phone	**Title**		
866-445-6252	CEO		
Description of Duties			
CEO - MANAGE COMPANY.			

Business Name			From - To (MM/YY – MM/YY)
PILLPACK			2/2016 – 10-2020
Business Address	**City**	**State**	**Zip**
~~1540~~ COMMERCIAL ST	MANCHESTER	NH	03101
Phone	**Title**		
855-745-5725	VP OPS STRATEGY		
Description of Duties			
VP OPS STRATEGY - LEAD STRATEGY FOR OPERATIONS. ALSO MANAGED ANALYTICS.			

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

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

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

Continue on next page if additional space is needed.

N/A

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.

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?		N/A
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

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.

N/A

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)

5/6/2024
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.

GAVIN COTTER

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/6/2024

Date

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

State of MASSACHUSETTS, ss. County of ESSEX

I, GAVIN COTTER, 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

5/6/2024

Date

Subscribed and Sworn to before me this 6th day of May 2024

Notary Public Signature

(Seal)

Employee List

DBWS LLC

Type of Ownership: LLC
Employees: Gavin Cotter
(sole employee, no other employees)

No other agents, contractors, consultants, representatives, lenders, or holders.

GC & MA, DR

4Z

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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)

Section 1: General Information

Facility Name: Iterative Scopes, Inc.

Physical Address: 675 Massachusetts Ave., Floor 2

City: Cambridge State: MA Zip: 02139

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 617.209.9773 Website: https://iterative.health/

Name of Designated Representative (DR): Diane Shay

Licensing Company Email: licenses@iterativescopes.com DR Email: diane.shay@iterativescopes.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Virtual Manufacturer

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)?		✓

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: Cardinal Health

Address: 501 Mason Road, Suite 200 City: LaVergne State: TN Zip: 37086

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 or Company

State of Incorporation/Organization: Delaware

Parent Company (if any):

Corporation/Organization Name: Iterative Scopes, Inc. (d.b.a. Iterative Health)

Mailing Address: 675 Massachusetts Ave, Floor 2

City: Cambridge State: MA Zip: 02139

Telephone: 617.209.9773 Email: licenses@iterativescopes.com

Contact Person Name: Daniel Wang

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:

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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
N/A for all				
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)

July 20, 2023
Date

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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Iterative Health

Facility Name

Daniel Wang

Print Name of Authorized Person Submitting Application

Daniel W.

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

July 20, 2023

Date

Board Use Only	Date Received: 7/26/23	Amount: 1000-CK-317

List of Executive Officers and Directors

Jonathan Ng, CEO

Aditya Khosla, CTO

Shrujal Baxi, CMO

Daniel Wang, VP of Finance and Operations

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the Commonwealth

August 25, 2023

To Whom It May Concern:

I hereby certify that the records of this office show that

ITERATIVE SCOPES, INC.

a corporation organized under the laws of **Delaware** on **May 4, 2018** was qualified to do business in this Commonwealth on **December 4, 2018** under the provisions of the General Laws, and I further certify that said corporation is still qualified to do business in this Commonwealth.

I also certify that said corporation is not delinquent in the filing of any annual reports required to date.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed By HN

Westgate, Traci (DPH) traci.westgate@state.ma.us via mass.gov Fri, Apr 1, 2:46 PM

To Diane Shay

Good Afternoon Ms. Shay,

I am in receipt of your letter regarding Medical Device Manufacturer or Distributor License requirements. You are correct in your understanding of the requirements, if the device does not contain a prescription medication then you do not need a Massachusetts Controlled Substance Registration for that device.

Please reach out with any other questions.

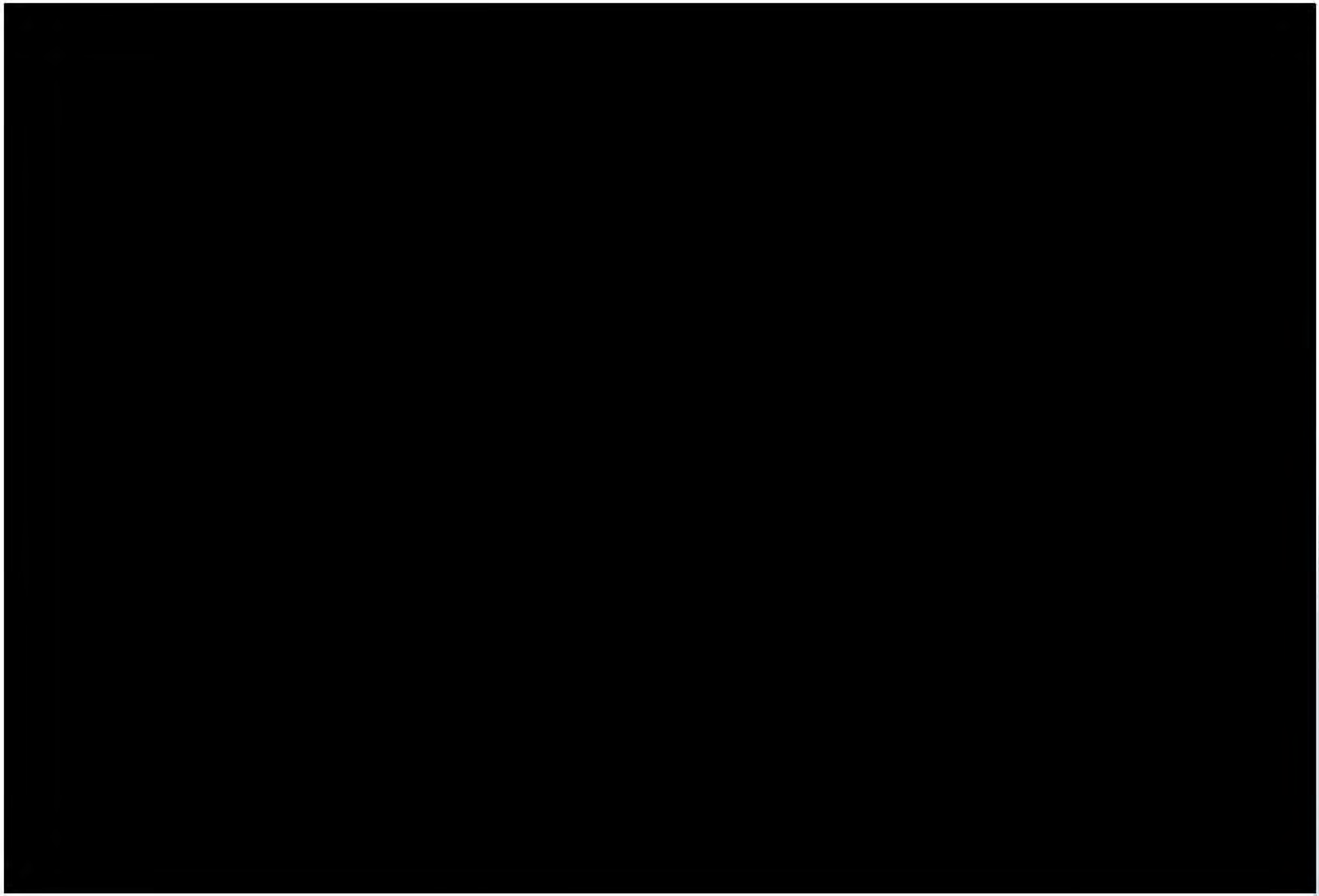
Traci Westgate
Director
Massachusetts Controlled Substance Registration Program
250 Washington Street, 3rd Floor
Boston, MA 02108

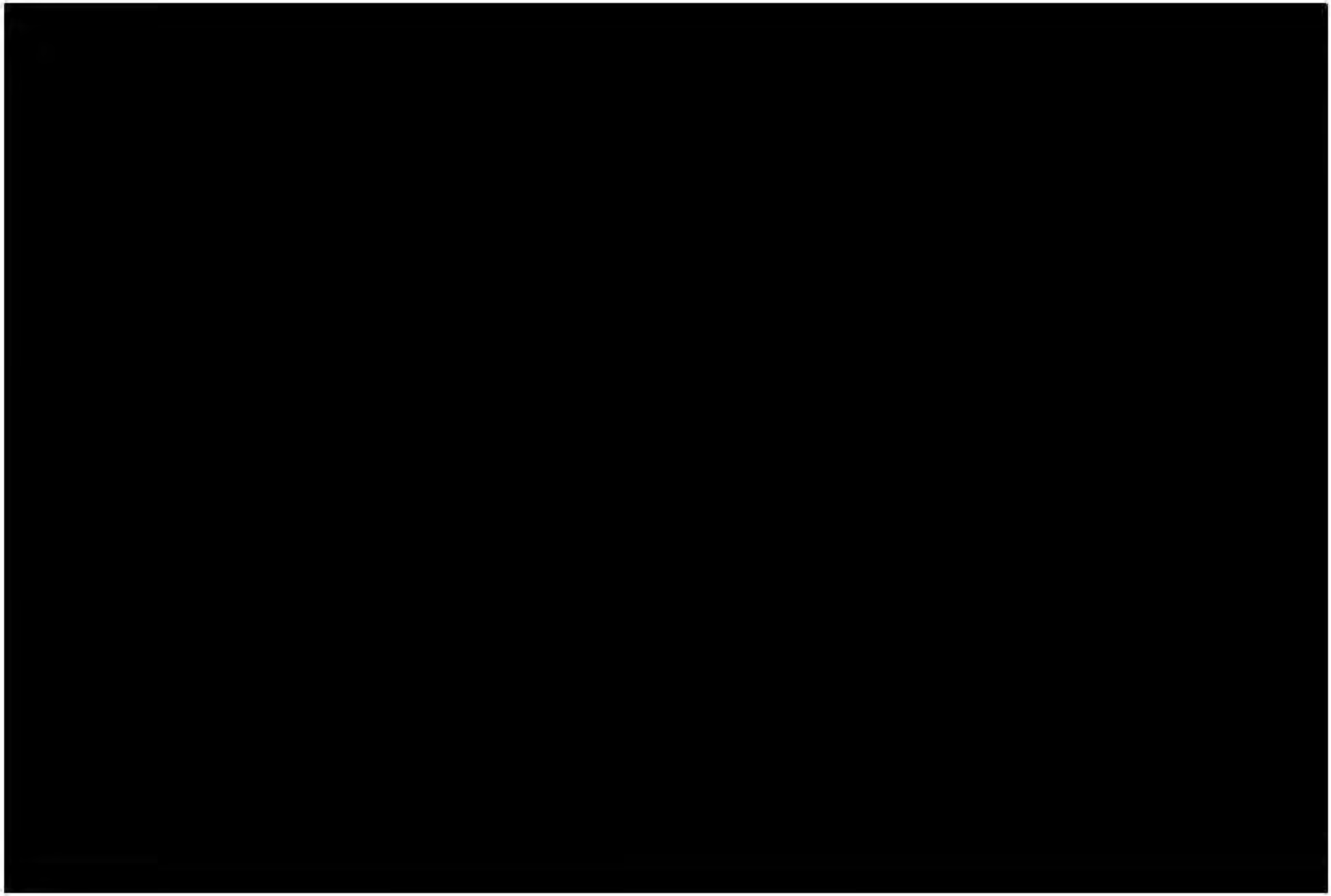
[redacted]
Office phone 617-973-0894

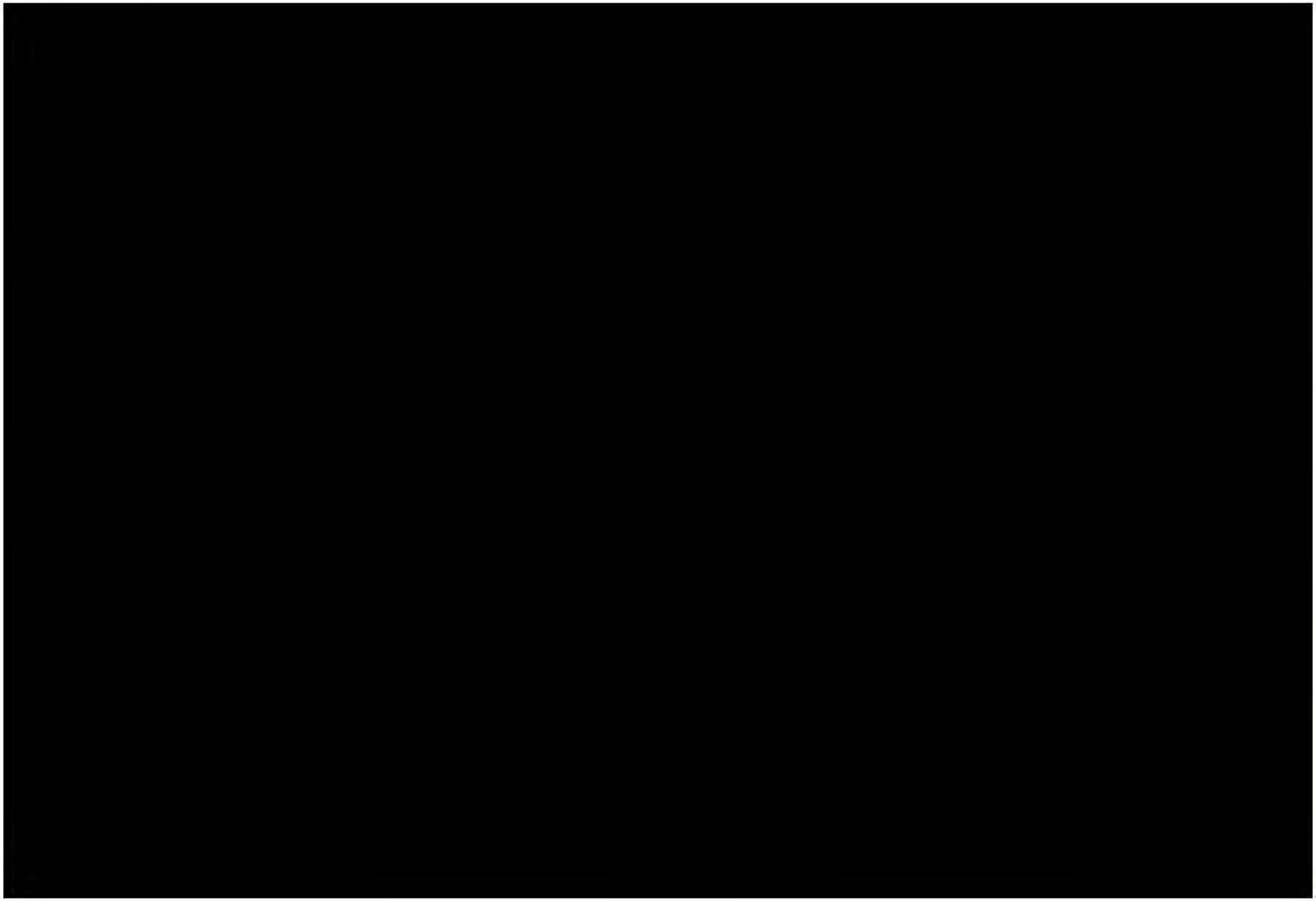
Please note that as of December 6, 2021, we moved

Please send any correspondence to our new address:

Bureau of Health Professions Licensure
Massachusetts Controlled Substance Registration Program
250 Washington Street, 3rd Floor
Boston, MA 02108







List of States and Licenses: For wholesale and distribution currently held by Iterative Scopes, Inc.

State	Number
Arizona	W003802
Arkansas	WD05807
Connecticut	CSW.0005285
Kansas	4-119585
Maryland	D07253
New Jersey	5006298
North Dakota	Whol3086
Pennsylvania	6000010617
Oregon	M-0003830
Virginia	0243000145
New Hampshire	07564
Louisiana	10893

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/22/2024

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	CONTACT NAME: Barbara Mazotas	
Cleary Insurance Inc	PHONE (A/C, No, Ext): (617) 305-0352	FAX (A/C, No):
226 Causeway Street	E-MAIL ADDRESS: bmazotas@clearyinsurance.com	
Boston MA 02114-2155	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Transportation Insurance Co.	20494
INSURED	INSURER B : Continental Insurance Company	35289
ITERATIVE SCOPES, INC.	INSURER C : Pacific Insurance Company	10046
14 ARROW ST FL 3	INSURER D :	
11th Floor	INSURER E :	
CAMBRIDGE MA 02138	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 2023/2024 **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			6025046748	12/05/2023	12/05/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 2,000,000 $ 1,000,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			6025046748	12/05/2023	12/05/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ 2,000,000 $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE 	$ $ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		6025046877	12/05/2023	12/05/2024	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C	Professional Liability			08UGAAU9LWF-002	12/05/2023	12/05/2024	Products/Completed Ops Professional Liability Aggregate	$3,000,000 $3,000,000 $5,000,000

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

Certificate holder is included as additional insured on a primary and non-contributary basis with waiver of subrogation. for General Liability and Auto Liability. Endorsements: SB46932G and CNA80103XX

CERTIFICATE HOLDER

Evidence of Insurance

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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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. 3493339

Application/License No. _____

Iterative Scopes Inc d.b.a Iterative Health (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 675 MASSACHUSETTS AVE, 2ND FL CAMBRIDGE, MA 02138 (Address of Applicant/Principal), as PRINCIPAL, and SURETEC INSURANCE COMPANY (Surety Company), a 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, TN 77042 (Address of Surety) as 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 30, 2023 (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.

POA #: 4010009

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

Eric Fauerbach

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, providing the bond penalty does not exceed

Five Hundred Thousand and 00/100 Dollars ($500,000.00)

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 7th day of March , A.D. 2023

SURETEC INSURANCE COMPANY

By: _____
Michael C. Keimig, President

State of Texas ss:
County of Harris

On this 7th day of March , A.D. 2023 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
Notary Public State of Texas
Commission # 128571231
Commission Expires 03/30/2027

_____
Tanya Sneed, Notary Public
My commission expires March 30, 2027

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 15th day of September 2023, A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity. 4010009
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.

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 15TH day of SEPTEMBER, 2023.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

ERIC FAUERBACH, 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:

Not Needed
Nevada Resident Agent

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Iterative Scopes, Inc. MDEG License # (if applicable) [initial applicatic

Physical Address 675 Massachusetts Avenue

City Cambridge State MA Zip 02139

Mailing Address (if different from physical address)

City State Zip

Telephone 617-209-9773 Website https://iterative.health/

Licensing Company Email licenses@iterativescopes.com

Section 2: Personal Information

First Diane Middle Malone Last Shay

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Addr [redacted]

City Billerica State MA Zip 01821

Telephone [redacted] Email diane.shay@iterativescopes.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		From - To (MM/YY – MM/YY)	
Burlington High		9/72-6/75	
Address	**City**	**State**	**Zip**
123 Cambridge St.	Burlington	MA	01803
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Mass College of Liberal Arts		9/75-6/79	
Address	**City**	**State**	**Zip**
375 Church St	North Adams	MA	01247
Diploma/Degree obtained, if any			
BS, Medical Technology			

School Name		From - To (MM/YY – MM/YY)	
National Graduate School		9/99-5/01	
Address	**City**	**State**	**Zip**
186 Jones Rd.	Falmouth	MA	02540
Diploma/Degree obtained, if any			
MS, Quality 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			

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
8/2006-6/2023	[redacted]	Billerica	MA	01821
From - To (MM/YY – MM/YY)	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 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			From - To (MM/YY – MM/YY)	
Iterative Scopes, Inc			01/2022-Current	
Business Address		**City**	**State**	**Zip**
675 Massachusetts Ave		Cambridge	MA	02139
Phone	**Title**		**Number of Employed Hours**	
617-209-9773	VP Quality		3000	
Description of Duties				
Quality manager responsible for compliance and quality assurance for medical devices.				

Business Name			From - To (MM/YY – MM/YY)	
EyePoint Pharmaceuticals			4/2019-1/2022	
Business Address		**City**	**State**	**Zip**
480 Pleasant Street, Suite A-210		Waltham	MA	02472
Phone	**Title**		**Number of Employed Hours**	
833-393-7646	VP Quality		6000	
Description of Duties				
Release of drugs for distribution in US and oversight of 3PL, Cardinal Health.				

Business Name			From - To (MM/YY – MM/YY)	
sc Pharmaceuticals			12/2014-2/2019	
Business Address		**City**	**State**	**Zip**
2400 District Ave		Burlington	MA	01803
Phone	**Title**		**Number of Employed Hours**	
617-517-0730	Director of Quality		2080	
Description of Duties				
Release of drugs for distribution in US and oversight of clinical distributer Almac Group.				

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.

I, Diane Malone Shay, **certify that as the MDEG Administrator for**

Iterative Scopes,

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 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.

Diane, Shay
Print Name (First, Last)

Diane Shay
Original Signature (electronic, copies or stamps not accepted)

12 September 25, 2023
Date
12 Sep 2023

Board Use Only	Date Received: 12/5/23

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 any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any 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)

September 12, 2023
Date

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Iterative Scopes, Inc.

Pharmacy/Wholesaler License # (if applicable) [initial applicatoin]

Physical Address 675 Massachusetts Ave, Floor 2

City Cambridge State MA Zip 02139

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 617.209.9773 Website Iterative.Health

Licensing Company Email Licenses@iterativescopes.com

Section 2: Personal Information

First Diane Middle Malone Last Shay

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Addr [redacted]

City Billerica State MA Zip 01821

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.)		✔

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		From - To (MM/YY – MM/YY)	
Burlington High		09/72 - 6/75	
Address	City	State	Zip
123 Cambridge St.	Burlington	MA	01803
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Mass College of Liberal Arts		9/75 - 6/79	
Address	City	State	Zip
375 Church St	North Adams	MA	01247
Diploma/Degree obtained, if any			
BS Medical Technology			

School Name		From - To (MM/YY – MM/YY)	
National Graduate School		9/99 - 5/01	
Address	City	State	Zip
186 Jones Rd,	Falmouth	MA	02540
Diploma/Degree obtained, if any			
MS Quality 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			

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
8/2006 - 6/2023	[redacted]	Billerica	MA	01821
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
EyePoint Pharmaceuticals Inc.			4/2019 - 1/2022	
Business Address		**City**	**State**	**Zip**
480 Pleasant Street, Suite A-210		Waltham	MA	02472
Phone	**Title**		**Number of Employed Hours**	
833.393.7646	Vice President of Quality		6000	
Description of Duties				
Release of drugs for distribution in US and oversight of 3PL, Cardinal Health, LaVergne TN Note: 2 months were in a contract role for this company before starting full time.				

Business Name			From - To (MM/YY – MM/YY)	
scPharmaceuticals			12/2014 - 2/2019	
Business Address		**City**	**State**	**Zip**
2400 District Ave		Burlington	MA	01803
Phone	**Title**		**Number of Employed Hours**	
(617) 517-0730	Director of Quality		2080	
Description of Duties				
Release of drugs for distribution in US and oversight of clinical distributor Almac Group, Souderton PA				

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)

6/12/2023
Date

I, Diane Malone Shay, **certify that as the designated representative for**

Iterative Health,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

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.

Diane Malone Shay

Print Name (First, Last)

Diane Shay

Original Signature (electronic, copies or stamps not accepted)

6/12/2023

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.

Diane Malone Shay

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12 Jun 2023

Date

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

State of Massachusetts, ss. County of Middlesex

I, Stephanie Ann Goncalves, 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

June 12, 2023

Date

Subscribed and Sworn to before me this 12 day of June 2023

Notary Public Signature

Stephanie Ann Goncalves
Notary Public
Commonwealth of Massachusetts
My Commission Expires February 27, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Iterative Scopes, Inc. (d.b.a Iterative Health)

Pharmacy/MDEG/Wholesaler License # (if applicable): [initial application for wholesaler]

Physical Address: 675 Massachusetts Ave, Floor 2

City: Cambridge State: MA Zip: 02139

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 617.209.9773 Website: Iterative.Health

Licensing Company Email: Licenses@iterativescopes.com

Section 2: Personal Information

First: Jonathan Middle: Last: Ng

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Addr: [redacted]

City: Cambridge State: MA Zip: 02138

Telephone: [redacted] Email: jonathan.ng@iterativescopes.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			From - To (MM/YY – MM/YY)	
Raffles Junior College			01/2005-12/2006	
Address		**City**	**State**	**Zip**
One Raffles Institution Lane Singapore		Singapore	Singapore	575954
Diploma/Degree obtained, if any				
A level				

School Name			From - To (MM/YY – MM/YY)	
National University of Singapore, Yong Loo Lin School of Medicine			08/2009-05/2014	
Address		**City**	**State**	**Zip**
10 Medical Dr		Singapore	Singapore	117597
Diploma/Degree obtained, if any				
MBBS				

School Name			From - To (MM/YY – MM/YY)	
Massachusetts Institute of Technology			08/2017-01/2019	
Address		**City**	**State**	**Zip**
100 Main St,		Cambridge,	MA	02142
Diploma/Degree obtained, if any				
On Hold				

School Name			From - To (MM/YY – MM/YY)	
Harvard Kennedy School			08/2018-01/2019	
Address		**City**	**State**	**Zip**
79 John F. Kennedy St,		Cambridge,	MA	02138
Diploma/Degree obtained, if any				
On Hold				

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
08/22-Present	[redacted]	Cambridge	MA	02138
03/21-06/22		Plainfield	NH	03781
07/20-03/21		Boston	MA	02111
07/18-07/20		Cambridge	MA	02142
07/17-07/18		Cambridge	MA	02139
01/03-07/17		Singapore	Singapore	289881
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
Iterative Scopes			05/2019-Present
Business Address	**City**	**State**	**Zip**
675 Massachusetts Ave	Cambridge	MA	02138
Phone	**Title**		
267-616-5397	CEO		
Description of Duties			
Oversee all of company operations and vision			

Business Name			From - To (MM/YY – MM/YY)
Optimimed Pte Ltd			06/2016-Present
Business Address	**City**	**State**	**Zip**
5a Adam Road 01-02	singapore	Singapore	289881
Phone	**Title**		
+65-64690084	Director		
Description of Duties			
Board Member			

Business Name			From - To (MM/YY – MM/YY)
Ministry of Health Holdings Singapore			05/2014 - 08/2017
Business Address	**City**	**State**	**Zip**
1 Maritime Square, #11-25,	Singapore	Singapore	099253
Phone	**Title**		
+65 6622 0980	Medical Officer		
Description of Duties			
Doctor			

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			

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)

6/15/23
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.

Jonathan Ng

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

July 20th 2023
~~June 9th 2023~~

Date

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

State of Midd+ Massachusetts, ss. County of Middlesex

I, Jonathan Ng Tze chong, 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

July 20th 2023

Date

Subscribed and Sworn to before me this 20th day of July, 2023

Notary Public Signature

ASIF MULLA
MY COMMISSION EXPIRES APRIL 05, 2030
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS

(Seal)

List of all Iterative Health employees (Iterative Scopes, Inc.)

Last name, First name	Job Title
Allebes Phillips, Sloane	VP, Data Operations
Anandaram, Namitha	Software Engineer Manager
Arruda, Ann	Accounting Manager
Arsenault, Cameron	FP&A Analyst
Bachu, Tanya	Clinical Data Intern
Balakrishnan, Sujatha	Software Engineer Manager
Balmer, Kelly	Regional Development Manager - AI
Banda, David	Data Operations Manager
Barone, Caroline	Project Analyst II
Baxi, Shrujal	Chief Medical Officer
Belathur Ramalingaiah, B	QA Engineer
Bixler, Whitney	Regional Development Manager - AI
Blyler, Ashlee	Training Administrator
Briggs, Danielle	Manager, Clinical Regulatory
Brinkey, Abigail	Data Operations Specialist
Brodskiy, Pavel	Senior Machine Learning Engineer
Burkhardt, John	Principal SE
Burton, Andrew	Regional Sales Representative
Callahan, Liam	Project Analyst I
Canestro, Michele	
Casalbore, Hannah	Clinical Learning Specialist
Chan, Tammy	Senior Clinical Regulatory Specialist
Chenaille, Alyssa	Project Analyst I
Cheng, Hao	Senior QA Engineer
Chertushkin, Mikhail	Senior Machine Learning Engineer
Chu, Peter	Technical Services Engineer
Clark, Jessica	Recruiting Coordinator
Cohen, Jonathan	Head of Legal and Risk
Colucci, Daniel	Chief of Staff, Scientific and Regulatory Affairs
Cuellar Perez Rea, Christ	Data Operations Specialist
Dean, Joel	Technical Services Engineer
Dembo, Todd	Director, Business Development
Desai, Bhumika	Clinical Regulatory Specialist
Donohoe, Gabrielle	Training Specialist II
Duong, Thuy Anh	Life Sciences Analyst
Eaves, Irena	Executive Assistant
Ehrhardt, Jody	Director, Clinical Research
Elsaid, Olivia	Manager, Business Development
Erwin, Lainey	People Operations Coordinator
Faulds, Jessica	Director of Business and Sales Operations
Ferreira, Matthew	Director, Software Engineering

Feuchtbaum, Dana	VP of Product Management
Foley, Doris	Senior Manager, Data Operations
Fourment, Christopher	SVP of Clinical Operations
Francoeur, Dennis	Director of Regulatory Affairs
Freeman, Jeremy	SVP, Technology
Gangamwar, Ameya	Senior Software Engineer
Genthner, Lisa	Product Marketing Manager
Goel, Shivangi	Product Manager
Gonzalez, James	Regional Development Manager - AI
Gortler, Shachaf	Staff Software Engineer
Haft Javaherian, Mohamn	Machine Learning Manager
Hasnain, Alisha	Clinical Regulatory Associate
Henry-Brown, Tamara	Lead People Business Partner
Hu, Chinwei	Staff Software Engineer
Hummel, Robert	Clinical Research Systems Specialist
Ibsen, Chloe	Manager, Life Sciences
Indroj, Tejaswi	Salesforce Administrator
Irby, Amy	Director, Clinical & Regulatory Affairs
Jahagirdar, Rohan	Senior Software Engineer
Johnsky, Lily	Clinical Research Specialist
Johnson, Claudia	Executive Assistant
Johnson, Scott	Regional Development Manager
Kelly, Stephanie	Manager, Clinical Programs
Kho, Richard	Chief Operating Officer
Khosla, Aditya	Chief Technology Officer
Kim, Han Su	IT Manager
Kline, Mackenzie	Executive Assistant
Kouame-de Berail, Astrid	Senior Manager, Data Operations
Kwan, Selena	Junior Accountant
Lawrence, Lourdu Francis	Group Technical Product Manager
Lehrer, Julian	Machine Learning Engineer I
Lish, Clifford	VP, Network Expansion
Liu, Richard	Director of Technical Services
Lo, Betty	VP, Corporate Controller
Lohrbach, Liana	Regional Development Manager - AI
Mac, Tom	Engineering Manager
Mackey, James	Clinical Research Specialist
Mantell, Laura	VP of Life Sciences
Marin, Christopher	Regional Development Manager
Mauvais, Joseph	Infrastructure Engineer I
Michalski, Paula	Technical Services, Project Manager
Milliken, James	Senior Technical Recruiter
Mimms, Alexandria	Director, Talent Acquisition
Mizra, Jo-Adam	

Mora, Maria	Software Engineer I
Moscato, Joshua	Business Development Associate
Muraya, Cyrus	Senior Site Reliability Engineer
Nambiar, Rhea	Project Analyst II
Navajas, Emma	Scientific Project Manager
Newmarch, Cody	Senior Technical Sourcer
Ng, Jonathan	CEO
Nguyen, Dan	Senior Manager, Data Operations
Nzilani, Raveen	Software Engineer
Obied, Antoun	Software Engineer II
Paloumbis, Paraskevi	Data Operations Coordinator
Parish, Charlotte	Executive Assistant
Paul, Lindsey	Clinical Research, Project Manager
Pedersen Jr., Mark	Marketing Intern
Purcell, Arlo	Senior Software Engineer
Rajendra, Partha	Software Engineer
Ramakrishnan, Karishma	Director
Raoof, Sahir	VP of Business Development
Rasheed, Ibrahim	Backend Engineer II
Reddan, Mitchell	Scientific Program Manager
Reddoch, Kirsten	Graphic Designer
Reynolds, Garrett	Privacy and Compliance Specialist
Saha, Subhabrata	Principal Engineer
Saia, Brian	Regional Development Manager - AI
Sarkar, Ayanava	Machine Learning Engineer II
Scharf, Joshua	Business Development Intern
Schumacher, Will	Senior Software Engineer
Shaikh, Zaid	Data Analyst II
Shankar Narayanan, San	Data Operations Specialist
Shay, Diane	VP of Quality
Shi, BingCong	Technical Program Manager
Shi, Chenxi	Software Engineer II
Shih, Yuan	Technical Services Engineer
Shingru, Pratik	Data Operations Manager
Smith, Neal	Regional Director
Soghigian, Haig	VP of Professional Services
Sood, Rishabh	Infrastructure Engineering II
Swarup, Keshav	Senior Product Manager
Takatsuka, Kohei	Associate Director, Strategy and Operations
Tang, Changdong	Senior Manager, DevOps Engineering
Tavallali, Pooya	Machine Learning Engineer I
Taylor, Debi	Director, Clinical Services
Tedeschi, Kenzi	People Operations Generalist
Thomas, Blake	Senior Manager, Life Sciences

Thomason, Darren	Director
Thompson, Hannah	Training Specialist II
Toltzis, Ryan	Regional Sales Rep II
Tovar, Lucero	Clinical Research, Project Associate
Townsend, Eva	Data Operations Coordinator
Trivedi, Niharika	Regulatory and Quality Associate
Trudgett, Elle	Senior Software Engineer
Turnley, Neil	DevOps Engineer II
Vallejo, Khristine	Senior Clinical Research Specialist
Verlus, Kenny	IT Support Specialist
Wang, Austin	Senior Machine Learning Engineer
Wang, Daniel	VP of Finance and Operations
Wang, Pierce	Software Engineering Intern
Wang, Ruth	Data Analyst II
Wang, Yeli	Senior Biostatistician
Wang, Yingwen	Senior Accountant
Weeks, Jessica	Privacy and Compliance Intern
Wehrmeister, Erin	Executive Assistant
Wells, Cherylee	Senior Backend Engineer
Wisecarver, Andrew	Data Engineer I
Xia, Xianfang	Senior Director, Life Sciences
Yonjan, Bikram	Senior Director, Hardware Engineering
Yu, Bo Yang	Hardware Engineering Manager
Yu, Evan	Senior Machine Learning Engineer
Yue, Yuanjie	Software Engineer I
Zhang, Ran	Business Associate

4AA

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

4

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)

Section 1: General Information

Facility Name: Philip Reclamation Services Houston LLC

Physical Address: 4050 Homestead Road

City: Houston State: TX Zip: 77028

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 713-679-2300 Website: https://www.cleanearthinc.com/

Name of Designated Representative (DR): Cynthia Louise Harlan

Licensing Company Email: dhill@cleanearthinc.com DR Email: charlan@cleanearthinc.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	■ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ 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)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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 # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/20/2023		AR		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Arkansas State Board of Pharmacy		
Reason/Charge				
Unlicensed Entity				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Philip Reclamation Services Houston LLC				

Provide explanation below:

Philip Reclamation Services Houston LLC is currently under investigation with the Arkansas Board of Pharmacy.

Original Signature (electronic, copies or stamps not accepted)

1/19/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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 # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
1/5/2024		AR		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Arkansas State Board of Pharmacy		
Reason/Charge				
Unlicensed Entity				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Chemical Reclamation Services LLC				

Provide explanation below:

Chemical Reclamation Services LLC is currently under investigation with the Arkansas Board of Pharmacy.

Original Signature (electronic, copies or stamps not accepted)

Date 1/19/23

Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201
P: 501.682.0190 F: 501.682.0195
asbp@arkansas.gov • www.pharmacyboard.arkansas.gov
John Clay Kirtley, Pharm.D., Executive Director

February 14, 2024

Phillip Reclamation Services Houston LLC
4050 Homestead Rd.
Houston TX 77028

Dear Sir/Madam

I have attached the fully executed consent agreement that was signed by the Board president on February 7, 2024.

If you have any questions, please contact me at 501-682-0190.

Sincerely,

Ashley Vailes

Ashley Vailes
General Counsel

Enclosure

DocuSign Envelope ID: 15876421-231D-460C-A662-0D74593923E7

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY

IN THE MATTER OF
PHILIP RECLAMATION SERVICES HOUSTON LLC
CASE # 2024-RD05

CONSENT AGREEMENT

WHEREAS, Respondent PHILIP RECLAMATION SERVICES HOUSTON LLC. is a wholesale reverse distributor of prescription medication and is subject to the jurisdiction of the Board.

WHEREAS, PHILIP RECLAMATION SERVICES HOUSTON LLC processed prescription medications into the State of Arkansas without a valid wholesale-reverse distributor permit.

WHEREAS, PHILIP RECLAMATION SERVICES HOUSTON LLC may be charged with violations of A.C.A. §17-92-311 and §17-92-315, and Board Regulations 08-00-0002, 08-00-0003, and 08-00-0005.

WHEREAS, Respondent makes no admission of guilt but wishes to resolve these charges informally. By entering into this non-disciplinary Consent Agreement, Respondent's statements herein shall not be used as evidence in a formal hearing if this agreement is not accepted by the Board. Respondent and the Board therefore agree that this Agreement shall not constitute disciplinary action but rather an informal resolution of these charges. Respondent expressly waives its right to an administrative hearing and consents to the terms incorporated in this Agreement. Respondent further consents to the *ex parte* presentation of this Agreement to the Board and agrees that, if the Agreement is not accepted by the Board, the presentation and consideration of this Consent Agreement by the Board shall not constitute a basis for disqualification of the Board or any of its members from further participation in this matter, including a formal hearing; and

WHEREAS, Respondent acknowledges that this Consent Agreement is not effective until its acceptance by the Board, that Respondent has had the opportunity to consult with legal counsel of its own choosing concerning the advisability, meaning and effect of this Consent Agreement, that the Board shall retain jurisdiction to enforce the provisions of this Consent Agreement, and that failure to comply with the terms and conditions of this agreement shall be grounds for disciplinary action in the form of a civil penalty and/or suspension or revocation of Respondent's license, registration or permit.

THEREFORE, Respondent consents to the following terms in full resolution of this complaint:

1. Respondent **PHILIP RECLAMATION SERVICES HOUSTON LLC** willingly agrees and stipulates that it shall pay a non-disciplinary investigative

cost of two thousand five hundred dollars ($2,500) to the Board no later than February 28, 2024.

2. Respondent, PHILIP RECLAMATION SERVICES HOUSTON LLC , willingly agrees and stipulates that it shall not conduct business in the State of Arkansas as a Reverse Distributor until it is duly licensed to do so.

EXECUTED this ____ day of _____, 2024 .

DocuSigned by:
Cynthia Harlan
6520D0E03B4D4BD...
Authorized Representative of PHILIP RECLAMATION SERVICES HOUSTON LLC

_____
Attorney for Respondent (Optional)

_____
John Clay Kirtley
Executive Director
Arkansas State Board of Pharmacy

_____
President
Arkansas State Board of Pharmacy

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: N/A accept for destruction only

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 or Company

State of Incorporation/Organization: Texas

Parent Company (if any): Chemical Reclamation Services LLC

Corporation/Organization Name: Philip Reclamation Services Houston LLC

Mailing Address: 4050 Homestead Road

City: Houston State: TX Zip: 77028

Telephone: 713-679-2300 Email: charlan@cleanearthinc.com

Contact Person Name: Cynthia Harlan

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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Philip Reclamation Services Houston LLC
Facility Name

Sarah Kowalczyk
Print Name of Authorized Person Submitting Application

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

12/11/23
Date

Board Use Only	Date Received: 12/29/24	Amount: $1000 - check 1000001396

CleanEarth.

List of Officers

Name	Title
Jeffrey Andrew Beswick	President
Jeffrey Alfred Diaz	Vice President, Treasurer
Sarah Papineau Kowalczyk	Secretary

*officers fp.
Completed 1/23/24
21st Century Environmental Management of NV, LLC.

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Philip Reclamation Services, Houston, LLC (file number 800965565), a Domestic Limited Liability Company (LLC), was filed in this office on April 15, 2008.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 23, 2023.

Jane Nelson
Secretary of State

From: Arnold,Justin (DSHS)
To: Dell'Olio, Laura
Cc: Hill, Destini
Subject: :EXTERNAL: RE: TX home license exemption question
Date: Thursday, October 5, 2023 10:15:30 AM
Attachments: image001.png

Good afternoon Laura,

Based on what you have told me, your firm does not require a license with the department since you do not meet the definition of a wholesale distributor, reverse distributor, nor salvage establishment. Under our interpretation, firms engaging solely in end point destruction of drugs do not need a license if they have the appropriate DEA registration. This is only applicable if the drugs do not leave the firm's control and are destroyed by the firm.

The letter you provide is a complaint resolution letter that we issue to respondents after a complaint case has been closed and does not actually discuss or explain our interpretation or reasoning. There is also not a specific exemption rule that I can point you to that explicitly says this activity does not need a license. Feel free to share this email with other states as an explanation of our interpretation of definitions and licensing requirements.

Thanks,

Justin Arnold, RS
Medical Research Specialist
Drugs and Medical Devices Group
Operation Unit, Food and Drug Section
Consumer Protection Division
Phone: 512-834-4503
Fax: 512-834-6759

TEXAS Health and Human Services | Texas Department of State Health Services

This e-mail message is intended for the exclusive use of the recipients(s) named above. It may contain information that is protected, priviledged, or confidential, and it should not be disseminated, distributed or copied to persons not authorized to receive such information. If you are not the intended recipient, any dissemination, distribution or copying is strictly prohibited. If you think you have received this e-mail message in error, please e-mail the sender immediately.

From: Dell'Olio, Laura <ladellolio@harsco.com>
Sent: Wednesday, October 4, 2023 1:45 PM
To: Harborth,Michelle (DSHS) <Michelle.Harborth@dshs.texas.gov>; Arnold,Justin (DSHS)

<Justin.Arnold@dshs.texas.gov>
Cc: Dell'Olio, Laura <ladellolio@harsco.com>; Hill, Destini <dhill@harsco.com>
Subject: TX home license exemption question

WARNING: This email is from outside the HHS system. Do not click on links or attachments unless you expect them from the sender and know the content is safe.

Hello,

I'm hoping you can help me obtain a citation for the TX home license exemption or provide an exemption letter.

Philip Resource Reclamation, located in Houston, Texas, is a reverse distributor (DEA reverse distributor permit #RP0592039, Exp: 3-31-2024). The Houston facility accepts prescription drugs including controlled substances, schedule II-V. As a reverse distributor, we pick-up and receive unwanted or expired controlled substances from DEA registrants for the purpose of compliant destruction. The controlled substances, once received, do not get sent out to any other registrants. All controlled substances that are received at the Houston facility are rendered non-retrievable in accordance to DEA regulations.

We are applying for BOP permits in other states to be able to complete the process described above at our Houston facility. These permits require documentation that a home state license is not required in TX. For example, in D.C. the permit application asks "If a license is not required by the home state, submit the state issued License Exemption Letter **and/or** the state License Exemption Regulation for the location."

Our affiliate location (Avalon, TX) was issued the attached document with the understanding that a Salvage license was not required based on their business model.

We recognize that we are exempt from a TX home state license but cannot find a specific regulation that indicates such. Are you able to provide the citation? If not, we request an exemption letter so we may satisfy our permit requirements in other states.

Thank you,

Laura Dell'Olio

Sr. Program Manager

CleanEarth

O 1-856-283-9089
ladellolio@harsco.com
www.cleanearthinc.com

20245 77th Ave S, Kent, WA 98032

CleanEarth

Philip Reclamation Services Ownership

Chemical Reclamation Services LLC 100% ownership

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0592039	03-31-2025	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB	02-19-2024

PHILIP RECLAMATION SERVICES HOUSTON LLC
4050 HOMESTEAD RD
HOUSTON, TX 770285810

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
RP0592039	03-31-2025	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB	02-19-2024

PHILIP RECLAMATION SERVICES HOUSTON LLC
4050 HOMESTEAD RD
HOUSTON, TX 770285810

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
RP0592039	03-31-2025	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB	02-19-2024

PHILIP RECLAMATION SERVICES HOUSTON LLC
4050 HOMESTEAD RD
HOUSTON, TX 770285810

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
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-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
2012

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. K09680652

Application/License No. TBD

Philip Reclamation Services, Houston, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4050 Homestead Road Houston, TX 77028 (Address of Applicant/Principal), as PRINCIPAL, and Federal Insurance Company (Surety Company), a corporation organized under the laws of the state of Indiana (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 (Address of Surety) as 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 21, 2023 (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 21st day of November, 2023.

APPLICANT/PRINCIPAL

COMPANY
Philip Reclamation Services, Houston, LLC

Authorized Representative

SURETY

Federal Insurance Company

Surety Company's Representative

Kristen D. Pedrick, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Haley Striewig, Witness

Witness

Witness Patricia C. Robinson, Witness

Countersigned by:

N/A
Nevada Resident Agent

CHUBB

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

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 November 21, 2023

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

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Philip Reclamation Services Houston LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 4050 Homestead Road

City: Houston State: TX Zip: 77028

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 713-679-2300 Website: https://www.cleanearthinc.com/

Licensing Company Email: charlan@harsco.com

Section 2: Personal Information

First: Cynthia Middle: Louise Last: Harlan

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Addre[redacted]

City: Houston State: TX Zip: 77008

Telephone: [redacted] Emai[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.)		✓

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		From - To (MM/YY – MM/YY)	
Conroe High School		09/81 - 05/85	
Address	**City**	**State**	**Zip**
3200 W Davis St	Conroe	TX	77304
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			
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
01/2013-Present	[redacted]	Houston	TX	77008
From - To (MM/YY – MM/YY)	[redacted]	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			From - To (MM/YY – MM/YY)	
Philip Reclamation Services Houston LLC			07/21 - Present	
Business Address		**City**	**State**	**Zip**
4050 Homestead Road		Houston	TX	77028
Phone	**Title**		**Number of Employed Hours**	
713-679-2300	General Manager		5,280+	
Description of Duties				
Responsible for the facility P&L; Provide support for customer service, sales, material management and plant operations; Ensure the facility is compliant; Perform customer facility audits; Ensure all waste processing functions are completed				

Business Name			From - To (MM/YY – MM/YY)	
Clean Earth			03/21 - 07/21	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
	Regional Account Manager		640	
Description of Duties				
Sales support for the Regional Broker Accounts; Direct Brokers on the proper waste disposal. Determine waste disposal method that is best for customers while determining best pricing options; Prepare quotes for disposal				

Business Name			From - To (MM/YY – MM/YY)	
Republic Services			04/18 - 03/21	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
	Energy Division Customer Service Manager		5,760	
Description of Duties				
Supervise the Customer Service Department Team that is responsible for the hazardous waste disposal at Republic; Direct the Customer Service Team on the proper waste disposal for customers; Setup new disposal vendors				

Business Name			From - To (MM/YY – MM/YY)	
Stericycle Environmental Solutions			04/07 - 04/18	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
	Environmental Division Area Customer Service Manager		21,120	
Description of Duties				
Supervision of a regional team of 3 Customer Service Supervisors and 10 local Customer Service Representatives that are responsible for the waste disposal needs at 5 disposal facilities				

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) Date

I, Cynthia Harlan, **certify that as the designated representative for**

Philip Reclamation Services Houston LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CH I am at least 21 years of age;
3. CH 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. CH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CH 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. CH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Cynthia Harlan

Print Name (First, Last)

Cynthia Harlan

Original Signature (electronic, copies or stamps not accepted)

12/5/23

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.

Cynthia Harlan

Print Name (First, Last)

Cynthia Harlan — 12/5/23

Original Signature (electronic, copies or stamps not accepted) — Date

---

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

State of Texas, ss. County of Harris

I, Cynthia Harlan, 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.

Cynthia Harlan — 12/5/23

Original Signature — **Date**

Subscribed and Sworn to before me this 5th day of Dec. 2023.

Aliza Carrizales

Notary Public Signature

ALIZE SAVANNAH CARRIZALES
Notary Public, State of Texas
Comm. Expires 10-16-2027
Notary ID 134605202
(Seal)

	A	B
1	Phillip Reclamation Services Houston LLC. -Employees	
2	**NAME**	**TITLE**
3	Ahmed, Sarah	Lab Technician
4	Altamirano, Kristie	Admin Assistant II
5	Atkinson, Kevin	Environmental Tech III
6	Barbary, Latia	Environmental Tech
7	Brown, DeAnthony	Environmental Tech III
8	Byrd, Isiah	Environmental Tech
9	Clark, Dacorius	Environmental Tech
10	Clark, Elton	Environmental Tech III
11	Cruz, Alyssa	Logistics Coordinator
12	Diaz, Daisy	DEA Administrator
13	Fegans, Scottie	Plant Supervisor Evening
14	Fernandez, Amy	Order Management Specialist
15	Fritz, Roldan	Environmental Tech
16	Garcia, Nestor	Maintenace
17	Gonzalez, Olivia	A/P Admin
18	Harlan, Cynthia	General Manager
19	Hernandez, Katarina	Admin Assistant I
20	Holly, Ricky	Plant Manager
21	Holsey, Keithen	Environmental Tech
22	Huery, Christian	Environmental Tech
23	Hunter, Derren	Environmental Tech III
24	Jenkins, Gerald	Environmental Tech
25	Johnson, Kedric	Plant Supervisor
26	Leblanc, Richard	Environmental Tech III
27	Metoyer, Kevin	Environmetnal Tech
28	O'Veal, Vankitridge	Environmental Tech II
29	Peeples, Andrew	Environmental Tech
30	Powell, Melvin	Environmental Tech
31	Reilly, Raymond	EH&S Manager
32	Russ, Derek	Environmental Tech
33	Sampson, Timothy	Environmental Tech
34	Sanchez, Jinny	Waste Tracking Specialist
35	Scott, Wesley	Admin Assistant II
36	Simon, Gabriel	Environmental Tech
37	Thomas, John	Environmental Tech III
38	Thompson, Jalon	Environmental Tech

ROLL CALL FOR CLEANEARTH - HOMESTEAD

	A	B
39	Trahan, Craig	Driver
40	Valero, Tania	Materials Manager
41	Villegas, Cesar	Environmental Tech II
42	Walker, Robert	Environmental Tec
43	White, Tanya	Lab Manager
44	Williams, Frank	Environmental Tech
45	Williams, Oscar	Environmental Tech
46	Willingham, Kevin	Driver
47		
48		
49		
50		

4BB

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler	* If making a change, provide current license number:	☐ 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)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Preferred MedSurg, Inc.

Physical Address: 2217 Lake Murray Blvd

City: Columbia State: SC Zip: 29212

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: 803.400.8700 Website: www.preferredmedsurg.com

Name of Designated Representative (DR): Bruce Kenner

Licensing Company Email: bruce@preferredmedsurg.com DR Email: bruce@preferredmedsurg.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☒ Controlled Substances	☐ Repacker
☐ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☒ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: clinics		☐ 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

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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:

B Kumm
Original Signature (electronic, copies or stamps not accepted)

2/16/24
Date

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: NDC, Inc.
Address: 407 New Sanford Rd City: LaVergne State: TN Zip: 37086

Name: Pfizer, Inc.
Address: 66 Hudson Blvd East City: New York State: NY Zip: 10001

Name: Capital Wholesale Drug Co
Address: 873 Williams Ave City: Columbus State: OH Zip: 43212

Name: ICU Medical Sales, Inc.
Address: 3900 Howard Lane City: Austin State: TX Zip: 78728

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 or Company

State of Incorporation/Organization: South Carolina
Parent Company (if any): n/a
Corporation/Organization Name: Preferred MedSurg, Inc.
Mailing Address: 2217 Lake Murray Blvd
City: Columbia State: SC Zip: ~~290~~ 29212
Telephone: 803.400.8700 Email: bruce@preferredmedsurg.com
Contact Person Name: Bruce Kenner

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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Preferred Med Surg, Inc

Facility Name

Bruce Kenner

Print Name of Authorized Person Submitting Application

BKenner

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

2/16/24

Date

Board Use Only	Date Received: 2/26/24	Amount: $1000 - Check 964

Preferred MedSurg, Inc.
EIN #27-4287829
Incorporated – State of South Carolina

Duties of Officers and Directors (all located at 2217 Lake Murray Blvd, Columbia, SC 29212)

Allison Kenner, President [redacted]

Bruce Kenner, Chief Operating Officer/Secretary/Treasurer [redacted]

Lauren Aull, Vice President [redacted]

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

PREFERRED MEDSURG, INC., a corporation duly organized under the laws of the State of South Carolina on December 15th, 2010, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 25th day of October, 2023.

Mark Hammond

Mark Hammond, Secretary of State

60
PREFERRED MEDSURG, INC.
2217 LAKE MURRAY BLVD
COLUMBIA SC 29212

WARNING - THIS DOCUMENT CONTAINS SECURITY FEATURES LISTED ON REVERSE SIDE

PERMIT NO. 16388
DATE ISSUED: 04/04/2023

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

Non-Dispensing Drug Outlet Permit

2022-2023

Expires 06/30/2024

PREFERRED MEDSURG, INC.
Permit Holder: BRUCE KENNER
2217 LAKE MURRAY BLVD
COLUMBIA SC 29212

Traci Collier

Traci Collier, Administrator

Lauren B. Thomas, Board Chair

Heather C. Harris

Heather C. Harris, Vice Chair

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0412914	03-31-2025	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-01-2024

PREFERRED MEDSURG, INC.
2217 LAKE MURRAY BLVD.
COLUMBIA, SC 29212

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
RP0412914	03-31-2025	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-01-2024

PREFERRED MEDSURG, INC.
2217 LAKE MURRAY BLVD.
COLUMBIA, SC 29212

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
RP0412914	03-31-2025	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-01-2024

PREFERRED MEDSURG, INC.
2217 LAKE MURRAY BLVD.
COLUMBIA, SC 29212

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
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-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/10/2024

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	CONTACT NAME:	
INSURANCE OFFICE OF AMERICA INC 101 W MAIN STREET STE 200 LEXINGTON SC 29072	PHONE (A/C, No, Ext): 888-326-4498	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : SELECTIVE INS CO OF AMERICA	12572
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
PREFERRED MEDSURG, INC
2217 LAKE MURRAY BLVD
COLUMBIA SC 29212-0951

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [X] PRO-JECT [X] LOC OTHER:	X		S 2408846	2/20/2024	2/20/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 500,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY	X		S 2408846	2/20/2024	2/20/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ ZERO			S 2408846	2/20/2024	2/20/2025	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	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)

This Certificate of Liability Insurance was created by Selective on behalf of the agent.

NEVADA STATE BOARD OF PHARMACY is included as additional insured with respect to Automobile, General Liability as required by written contract or agreement.

CERTIFICATE HOLDER

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PARKWAY
SUITE 206
Reno NV 89521

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

Benjamin Warren

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
INSURANCE OFFICE OF AMERICA INC		PREFERRED MEDSURG, INC 2217 LAKE MURRAY BLVD
POLICY NUMBER S 2408846		
CARRIER SELECTIVE INS CO OF AMERICA	NAIC CODE 12572	COLUMBIA SC 29212-0951 EFFECTIVE DATE: 2/20/2024

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

JOB #

JOB LOCATION

ACORD 101 (2008/01)

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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. UCSX900X4503

Application/License No. _____

Preferred MedSurg, Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2217 Lake Murray Blvd, Columbia, SC 29212 (Address of Applicant/Principal), as PRINCIPAL, and United Casualty and Surety Insurance Company (Surety Company), a corporation organized under the laws of the state of Nebraska (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 233 Needham Street, Suite 440, Newton, MA 02464 (Address of Surety) as 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 February 20, 2024 (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 February, 20 24.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

JoAnn Smith, 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:

Not Required
Nevada Resident Agent

UNITED CASUALTY AND SURETY INSURANCE COMPANY
US Casualty and Surety Insurance Company
United Surety Insurance Company

UCSX900X4503

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That United Casualty and Surety Insurance Company, a corporation of the State of Nebraska, and US Casualty and Surety Insurance Company and United Surety Insurance Company, assumed names of United Casualty and Surety Insurance Company (collectively, the Companies), do by these presents make, constitute and appoint:

Kelly Specht, Jo Ann Smith, Donna Stolzenbach, Felicia Thomas, Tracie J. Rutzinski, Cynthia S. Richter, Dawn E. Gittens, Zachary R. Bradley

its true and lawful Attorney(s)-In-Fact, each in their separate capacity if more than one is named above, 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 riders, amendments, and consents of surety, providing the bond penalty does not exceed** Three Million & 00/100 Dollars ($3,000,000.00). This Power of Attorney shall expire without further action on December 31st, 2024.

This Power of Attorney is granted under and by authority of the following resolutions adopted by the Board of Directors of the Companies at a meeting duly called and held on the 1st day of July, 1993:

Resolved that the President, Treasurer, or Secretary be and they are hereby authorized and empowered to appoint Attorneys-in-Fact of the Company, in its name and as its acts to execute and acknowledge for and on its behalf as Surety any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-In-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected Officers of the Company in their own proper persons.

That the signature of any officer authorized by Resolutions of this Board and the Company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereunto affixed, this 16th day of May, 2023

SEAL SEAL SEAL

UNITED CASUALTY AND SURETY INSURANCE COMPANY
US Casualty and Surety Insurance Company
United Surety Insurance Company

Michael T. Porsch, Treasurer

Corporate Seals

Commonwealth of Massachusetts
County of Middlesex ss:

On this 16th day of May, 2023, before me, Colleen A. Cochrane, a notary public, personally appeared, Michael T. Porsch, Treasurer of United Casualty and Surety Insurance Company, US Casualty and Surety Insurance Company and United Surety Insurance Company, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the Commonwealth of Massachusetts that the foregoing paragraph is true and correct.
WITNESS my hand and seal.

Notary Public Commission Expires: 10/27/2028 (Seal)

COLLEEN A. COCHRANE
Notary Public, Commonwealth of Massachusetts
My Commission Expires 10/27/2028

I, Robert F. Thomas, President of United Casualty and Surety Insurance Company, US Casualty and Surety Insurance Company and United Surety Insurance Company do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Newton, Massachusetts this 22nd day of February, 2024

Corporate Seals

Robert F. Thomas, President

TO CONFIRM AUTHENTICITY OF THIS BOND OR DOCUMENT EMAIL: CONFIRMBOND@UNITEDCASUALTY.COM

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Preferred MedSurg, Inc. MDEG License # (if applicable) applied for

Physical Address 2217 Lake Murray Blvd

City Columbia State SC Zip 29212

Mailing Address (if different from physical address) same

City State Zip

Telephone 803.400.8700 Website www.preferredmedsurg.com

Licensing Company Email bruce@preferredmedsurg.com

Section 2: Personal Information

First Bruce Middle Robertson Last Kenner

Alias(es, nicknames, name changes, etc.) n/a

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

Mailing Address [redacted]

City Lexington State SC Zip 29072

Telephone 803.400.8700 Email bruce@preferredmedsurg.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

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? n/a		

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)	
North Side High School		9/76 - 8/77	
Address	**City**	**State**	**Zip**
3066 North Highland Ave	Jackson	TN	38305
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Tennessee		8/77 - 3/82	
Address	**City**	**State**	**Zip**
	Knoxville	TN	37996
Diploma/Degree obtained, if any			
BS - Finance			

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: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable 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		From - To (MM/YY – MM/YY)	
Preferred MedSurg, Inc.		12/10 - current	
Business Address	**City**	**State**	**Zip**
2217 Lake Murray Blvd	Columbia	SC	29212
Phone	**Title**	**Number of Employed Hours**	
803.400.8700	COO	as of 2/16/24 ~ 26,500	
Description of Duties			
Responsible for all aspects of warehouse, inventory, regulatory compliance, logistics, accounting and finance.			

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 any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any 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:

B Kenny

Original Signature (electronic, copies or stamps not accepted)

2/16/24

Date

I, Bruce Kenner, **certify that as the MDEG Administrator for**

Preferred MedSurg, Inc.,

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

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable 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. X 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. X 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.

Bruce Kenner
Print Name (First, Last)

B Kenner
Original Signature (electronic, copies or stamps not accepted)

2/16/24
Date

Board Use Only	Date Received: 2/26/24

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Preferred MedSurg, Inc.

Pharmacy/Wholesaler License # (if applicable) applied for

Physical Address 2217 Lake Murray Blvd

City Columbia State SC Zip 29212

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone 803.400.8700 Website www.preferredmedsurg.com

Licensing Company Email bruce@preferredmedsurg.com

Section 2: Personal Information

First Bruce Middle Robertson Last Kenner

Alias(es, nicknames, name changes, etc.) n/a

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

Mailing Address [redacted]

City Lexington State SC Zip 29072

Telephone 803.400.8700 Email bruce@preferredmedsurg.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

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? n/a		

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)	
North Side High School		9/76 - 7/77	
Address	**City**	**State**	**Zip**
3066 North Highland Ave	Jackson	TN	38305
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Tennessee		8/77 - 3/82	
Address	**City**	**State**	**Zip**
	Knoxville	TN	37996
Diploma/Degree obtained, if any			
BS - Finance			

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
9/10 - current	[redacted]	Lexington	SC	29072
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
Preferred MedSurg, Inc.			12/10 - current	
Business Address	**City**		**State**	**Zip**
2217 Lake Murray Blvd	Columbia		SC	29212
Phone	**Title**		**Number of Employed Hours**	
803.400.8700	COO		as of 2/16/24 ~ 26,500	
Description of Duties				
Responsible for all aspects of warehouse, inventory, regulatory compliance, logistics, accounting & finance.				

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.)		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

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:

B Y Jones

Original Signature (electronic, copies or stamps not accepted)

2/16/24

Date

I, Bruce Kenner, **certify that as the designated representative for**

Preferred MedSurg, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. BK I am at least 21 years of age;
3. BK 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. BK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BK 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. BK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Bruce Kenner

Print Name (First, Last)

B Kenner

Original Signature (electronic, copies or stamps not accepted)

2/16/24

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.

Bruce Kenner
Print Name (First, Last)

B Kenner
Original Signature (electronic, copies or stamps not accepted)

2/16/24
Date

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

State of SC, ss. County of Lexington

I, Bruce Kenner, 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.

B Kenner
Original Signature

2/16/24
Date

Subscribed and Sworn to before me this 16 day of February 2024.

Notary Public Signature

CAMERON R KENNER
Notary Public
State of South Carolina
My Commission Expires Jul 21, 2026

(Seal)

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 Preferred MedSurg, Inc.

Physical Address 2217 Lake Murray Blvd

City Columbia State SC Zip 29212

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone 803-400-8700 Website www.preferredmedsurg.com

Licensing Company Email allison@preferredmedsurg.com

Section 2: Personal Information

First Allison Middle Blume Last Kenner

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City Lexington State SC Zip 29072

Telephone [redacted] Email allison@preferredmedsurg.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 AKB

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)	
Lower Richland High School		09/1980 - 06/1983	
Address	**City**	**State**	**Zip**
2615 Lower Richland Blvd	Hopkins	SC	29061
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)	Address	City	State	Zip
05/2010 - current	[redacted]	Lexington	SC	29072
09/2010 - Present		Lexington	SC	29072
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
Preferred MedSurg, Inc			12/2010 - present	
Business Address		**City**	**State**	**Zip**
2217 Lake Murray Blvd		Columbia	SC	29212
Phone	**Title**			
803.400.8700	President			
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.

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?		✓

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)

02/14/2024
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.

Allison Kenner

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/16/2024

Date

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

State of South Carolina, ss. County of Lexington

I, Allison Kenner, 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

2/16/2024

Date

Subscribed and Sworn to before me this 16 day of February 2024.

Notary Public Signature

CAMERON R KENNER
Notary Public
State of South Carolina
My Commission Expires Jul 21, 2026

(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 Preferred MedSurg, Inc.

Physical Address 2217 Lake Murray Blvd.

City Columbia State SC Zip 29212

Mailing Address (if different from physical address) same

City State Zip

Telephone 803-400-8700 Website www.PreferredMedSurg.com

Licensing Company Email Lauren@preferredmegsurg.com

Section 2: Personal Information

First Lauren Middle Hammond Last Aull

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

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

Mailing Address [redacted]

City West Columbia State SC Zip 29170

Telephone [redacted] Email lauren@preferredmedsurg.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?		X

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		From - To (MM/YY – MM/YY)	
Clemson University		01/95 - 12/98	
Address	**City**	**State**	**Zip**
105 Sikes Hall	Clemson	SC	29634
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
Midlands tech College		8/92 - 12/94	
Address	**City**	**State**	**Zip**
1260 Lexington Drive	West Columbia	SC	29170
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Airport High School		8/88 - 6/92	
Address	**City**	**State**	**Zip**
1315 Boston Ave.	West Columbia	SC	29170
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
08/21 - Present	[redacted]	West Columbia	SC	29170
12/08 - 08/21		West Columbia	SC	29170
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
Preferred Med Surg			1/16 – present	
Business Address		**City**	**State**	**Zip**
2217 Lake Murray Blvd		Columbia	SC	29212
Phone	**Title**			
803.400.8700	Vice President			
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.

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.)		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

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)

2.16.24
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.

Lauren Aull

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2.16.24

Date

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

State of South Carolina, ss. County of Lexington

I, Lauren Hammond Aull, 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

2.16.24

Date

Subscribed and Sworn to before me this 16 day of February 2024.

Notary Public Signature

CAMERON R KENNER
Notary Public
State of South Carolina
My Commission Expires Jul 21, 2026

(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 Preferred MedSurg, Inc.

Physical Address 2217 Lake Murray Blvd

City Columbia State SC Zip 29212

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 803.400.8700 Website www.preferredmedsurg.com

Licensing Company Email bruce@preferredmedsurg.com

Section 2: Personal Information

First Bruce Middle Robertson Last Kenner

Alias(es, nicknames, name changes, etc.) n/a

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

Mailing Address [redacted]

City Lexington State SC Zip 29072

Telephone [redacted] Email bruce@preferredmedsurg.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? N/A		

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)	
North Side High School		9/76 - 7/77	
Address	**City**	**State**	**Zip**
3066 North Highland Ave	Jackson	TN	38305
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Tennessee		8/77 - 3/82	
Address	**City**	**State**	**Zip**
	Knoxville	TN	37996
Diploma/Degree obtained, if any			
BS - Finance			

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
9/10 - current	[redacted]	Lexington	SC	29072
From - To (MM/YY – MM/YY)	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 BK

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)
Preferred Med Surg, Inc.			12/10 - current
Business Address	**City**	**State**	**Zip**
2217 Lake Murray Blvd	Columbia	SC	29212
Phone	**Title**		
803.400.8700	COO		
Description of Duties			
Responsible for all aspects of warehouse, inventory, regulatory compliance, logistics, accounting and 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.

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 BK

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

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:

B Kenney

Original Signature (electronic, copies or stamps not accepted)

2/16/24

Date

Applicant's initials BK

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.

Bruce Kenner
Print Name (First, Last)

B Kenner
Original Signature (electronic, copies or stamps not accepted)

2/16/24
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.

B Kenner
Original Signature

2/16/24
Date

Subscribed and Sworn to before me this 16 day of February 2024.

Notary Public Signature

CAMERON R KENNER
Notary Public
State of South Carolina
My Commission Expires Jul 21, 2026

(Seal)

Applicant's initials BK

Preferred MedSurg Inc
Employee List
2/16/2024

Full name	ID	Address 1	City	State	ZIP
Aull, Brandon L	[redacted]	[redacted]	Cayce	SC	29033
Aull, Lauren			West Columbia	SC	29170
Kenner, Allison B			Lexington	SC	29072
Kenner, Bruce			Lexington	SC	29072
Kenner, Cameron			Lexington	SC	29072
Maier, Brian			West Columbia	SC	29170
Siedschlag III, Everett			Elgin	SC	29045
Toms, Delaney			Cayce	SC	29033
Zeigler, Jacob			West Columbia	SC	29170

4CC

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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)

Section 1: General Information

Facility Name: Sedation Resource, Inc

Physical Address: 3849 County Road 3116

City: Lone Oak State: TX Zip: 75453

Mailing Address (if different from physical address): PO Box 250

City: Lone Oak State: TX Zip: 75453

Telephone: 903-634-5333 Website: sedationresource.com

Name of Designated Representative (DR): Rose Dodson

Licensing Company Email: admin@sedationresource.com DR Email: texasrose@sedationresource.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ 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)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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)

12/15/23
Date

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: Edan Diagnostics
Address: 9918 Via Pasar City: San Deigo State: CA Zip: 92126
Name: Zoll Medical
Address: 269 Mill Road City: Chelmsford State: MA Zip: 01824
Name: Riester USA, LLC
Address: 10404 Chapel Hill Rd, Ste 112 City: Morrisville State: NC Zip: 27560
Name: Sun Med Holdings < LLC
Address: 2710 Northridge Dr. NW Ste A City: Grand Rapids State: MI Zip: 49544

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 or Company

State of Incorporation/Organization: Texas
Parent Company (if any):
Corporation/Organization Name: Sedation Resource, Inc
Mailing Address: PO Box 250
City: Lone Oak State: Texas Zip: 75453
Telephone: 903-634-5333 Email: texasrose@sedationresource.com
Contact Person Name: Rose Dodson

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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.**	✓	✓	✓	✓
• ✓ **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• ✓ **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than **10%** of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
NA ✓ **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
✓ **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• ✓ **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• ✓ **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• ✓ **[3]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• ✓ **If providing [3]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• ✓ **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Sedation Resource, Inc

Facility Name

Rose Dodson

Print Name of Authorized Person Submitting Application

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

12/8/2023

Date

Board Use Only	Date Received: 1/2/24	Amount: $1000 - check 5507

PO Box 250
Lone Oak, Texas 75453
info@sedationresource.com
(903)634-5333

List of all Officers and Directors.

Director -Rose M Dodson
Director - Fred Dodson
President - Rose M Dodson
Vice President - Fred Dodson
Chairperson - Rose M Dodson
SecretaryTreasurer - Rose M Dodson

List of all corporation shareholders and their percent ownership.

Rose M Dodson 100%

List of employees and Representatives:

Lisa Floyd
Rebecca Monroe
Nikki Boyd
Omny Dodson
Gabriela Vigueras
Judy Valenzuela
Jennifer Gerber

Franchise Tax Account Status

As of : 12/19/2023 06:32:33

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

SEDATION RESOURCE INC

Texas Taxpayer Number	32036535303
Mailing Address	3849 COUNTY ROAD 3116 LONE OAK, TX 75453-2107
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	03/12/2008
Texas SOS File Number	0800950475
Registered Agent Name	ROSE M DODSON
Registered Office Street Address	3416 CR 3116 LONE OAK, TX 75453

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Sedation Resource Inc (file number 800950475), a Domestic For-Profit Corporation, was filed in this office on March 12, 2008.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 12, 2023.

Jane Nelson
Secretary of State

- 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.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. 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.

SEDATION RESOURCE INC / ROSE DODSON
PO BOX 250
LONE OAK TX 75453

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

SEDATION RESOURCE INC

3849 COUNTY RD 3116
LONE OAK, TX 75453

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:

DEVICE DISTRIBUTOR

License # 1001314
Expires: February 18, 2026

NON-TRANSFERABLE

Commissioner

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/16/2024

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	CONTACT NAME: Dayna Woodall	
Nowell Agency 1500 Old Fannin Road Brandon MS 39047	PHONE (A/C, No, Ext): 662.477.0014	FAX (A/C, No):
	E-MAIL ADDRESS: dayna.woodall@nowellagency.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Sedation Resource, Inc. 3849 County Road #3116 Lone Oak TX 75453	INSURER A: Transportation Insurance Co	20494
	INSURER B: Employers Preferred Insurance Co	10346
	INSURER C: Benchmark Insurance Company	41394
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2441691752 **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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			B 6025579084	04/16/2024	04/16/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ $ 10,000 $ 2,000,000 $ 4,000,000 $ Excluded
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			B 6025579084	04/16/2024	04/16/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		EIG2820514-05	04/16/2024	04/16/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500000 $ 500000 $ 500000
C	Products/Completed Operations Liability			R1020 P0157-12	04/16/2024	04/16/2025	Limit Aggregate	$2,000,000 $3,000,000

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

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

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

Rebecca Chandler

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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. 810221

Application/License No. _____

SEDATION RESOURCE, INC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3849 COUNTY ROAD 3116 LONE OAK, TX 75453 (Address of Applicant/Principal), as PRINCIPAL, and HUDSON INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of DELAWARE (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1035 GREENWOOD BLVD STE 265 LAKE MARY, FL 32746 (Address of Surety) as 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 DECEMBER 12, 2023 (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.

HUDSON INSURANCE GROUP

Bond Number: 810221

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

Eric Fauerbach

of the State of South Carolina

its true and lawful Attorney(s)-in-Fact, at New York, New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as 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 shall obligate said Company for any portion of the penal sum thereof in excess of the sum of

One Hundred Thousand And 00/100 Dollars ($100,000.00)

Such bonds and undertakings when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Senior Vice President thereunto duly
d, on this 2nd day of June, 20 22 at New York, New York.
: seal)

HUDSON INSURANCE COMPANY

Attest.....
Dina Daskalakis No. 01MU6067553
Corporate Secretary

By.....
Michael P. Cifone
Senior Vice President

STATE OF NEW YORK
COUNTY OF NEW YORK. SS.

On the 2nd day of June, 20 22 before me personally came Michael P. Cifone to me known, who being by me duly sworn did depose and say that he is a Senior Vice President of **HUDSON INSURANCE COMPANY**, the corporation described herein and which executed the above instrument, that he knows the seal of said Corporation, 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 Corporation, and that he signed his name thereto by like order.

(Notarial Seal)

ANN M. MURPHY
NOTARY PUBLIC
STATE OF NEW YORK

ANN M. MURPHY
Notary Public, State of New York
No. 01MU6067553
Qualified in Nassau County
Commission Expires December 10, 2025

CERTIFICATION

STATE OF NEW YORK
COUNTY OF NEW YORK SS

The undersigned **Dina Daskalakis** hereby certifies:

That the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27th, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOVLED, that the signature of any such Officer of the Company and the Company's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.

Witness the hand of the undersigned and the seal of said Corporation this 13th day of December, 2023.
(Corporate seal)

By.....
Dina Daskalakis, Corporate Secretary

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 13TH day of DECEMBER, 2023.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Hudson Insurance Company CORPORATE SEAL 1918 DELAWARE B503

Surety Company's Representative

ERIC FAUERBACH, 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:

Not Needed
Nevada Resident Agent

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Sedation Resource, Inc MDEG License # (if applicable) 1001314

Physical Address 3849 County Road 3116

City Lone Oak State TX Zip 75453

Mailing Address (if different from physical address) Po Box 250

City Lone Oak State Tx Zip 75453

Telephone 903-634-5333 Website sedationresource.com

Licensing Company Email texasrose@sedationresource.com

Section 2: Personal Information

First Rose Middle Marie Last Dodson

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City Lone Oak State TX Zip 75453

Telephone [redacted] Email texasrose@sedationresource.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		From - To (MM/YY – MM/YY)	
Western Governer's University		2020-2021	
Address	**City**	**State**	**Zip**
4001 South 700 East, Suite 700	Salt Lake City	UT	84107
Diploma/Degree obtained, if any			
Masters Business and Leadership			
School Name		From - To (MM/YY – MM/YY)	
Western Governer's University		2017-2019	
Address	**City**	**State**	**Zip**
4001 South 700 East, Suite 700	Salt Lake City	UT	84107
Diploma/Degree obtained, if any			
Bachelors Buisness			
School Name		From - To (MM/YY – MM/YY)	
CLA High School		1979-1983	
Address	**City**	**State**	**Zip**
100 E Hanson	Cleveland	TX	77327
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			

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
1996- Current	[redacted]	Lone oak	TX	75453
From - To (MM/YY – MM/YY)	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 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			From - To (MM/YY – MM/YY)	
Sedation Resource, Inc			2008-Present	
Business Address		**City**	**State**	**Zip**
3849 County Road 3116		Lone Oak	TX	75453
Phone	**Title**		**Number of Employed Hours**	
903-634-5333	President		31,200	
Description of Duties				
Oversee regulatory compliance for medical supplies and devices. Mange medical product portfolio. Execute sales and distribution strategies. Oversee quality assurance.				

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?		✓
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? 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)

12/15/2023
Date

I, Rose Dodson, **certify that as the MDEG Administrator for**

Sedation Resource,

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

1. Yes Have a high school diploma or its equivalent;
2. Yes Have
   a. At least 1,500 hours of verifiable 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. Yes 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. Yes 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.

Rose Dodson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/16/2023
Date

Board Use Only	Date Received: 1/2/24

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Sedation Resource, Inc

Pharmacy/Wholesaler License # (if applicable): Texas 1001314 Medical Device Wholesale Distributor

Physical Address: 3849 County Road 3116

City: Lone Oak State: TX Zip: 75453

Mailing Address (if different from physical address): PO Box 250

City: Lone Oak State: TX Zip: 75453

Telephone: 903-634-5333 Website: sedationresource.com

Licensing Company Email: texasrose@sedationresource.com

Section 2: Personal Information

First: Rose Middle: Marie Last: Dodson

Alias(es, nicknames, name changes, etc.): ~~~~~

Date of Birt: [redacted] SSN or ITI: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted]

City: Lone Oak State: TX Zip: 75453

Telephone: [redacted] Email: texasrose@sedationresource.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			From - To (MM/YY – MM/YY)	
Western Governer's University			2020-2021	
Address		City	State	Zip
4001 South 700 East, Suite 700		Salt Lake City	UT	84107
Diploma/Degree obtained, if any				
Masters in Business and Leadership				
School Name			From - To (MM/YY – MM/YY)	
Western Governer's University			2017-2019	
Address		City	State	Zip
4001 South 700 East, Suite 700		Salt Lake City	UT	84107
Diploma/Degree obtained, if any				
Bachelors Business Management				
School Name			From - To (MM/YY – MM/YY)	
CLA High School			1979-1983	
Address		City	State	Zip
100 E Hanson St		Cleveland	TX	77327
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				

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
1996-Present	[redacted]	Lone Oak	TX	75453
From - To (MM/YY – MM/YY)		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			From - To (MM/YY – MM/YY)	
Sedation Resource, Inc			2005 - Current	
Business Address		**City**	**State**	**Zip**
3849 County Road 3116		Lone Oak	TX	75453
Phone	**Title**		**Number of Employed Hours**	
903-634-5333	President		31,200	
Description of Duties				
Oversee regulatory compliance for medical supplies and devices. Mange medical product portfolio. Execute sales and distribution strategies. Oversee quality assurance.				

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:

Rose Woodruff

Original Signature (electronic, copies or stamps not accepted)

12/15/2023

Date

I, Rose M Dodson, **certify that as the designated representative for**

Sedation Resource, Inc

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. Yes I am at least 21 years of age;
3. Yes 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. Yes I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. Yes I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. Yes 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. Yes I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Rose Dodson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/15/2023

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.

Rose Dodson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/15/23

Date

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

State of Texas, ss. County of Hunt

I, Rose Dodson, 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

12/15/23

Date

Subscribed and Sworn to before me this 15 day of December 2023

Notary Public Signature

DONNA COOPER
Notary Public, State of Texas
Comm. Expires 09-20-2025
Notary ID 125335083

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Sedation Resource, Inc

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): 1001314 Texas Device Distribution

Physical Address: 3849 County Road 3116

City: Lone Oak State: TX Zip: 75453

Mailing Address (if different from physical address): PO Box 250

City: Lone Oak State: TX Zip: 75453

Telephone: 903-634-5333 Website: sedationresource.com

Licensing Company Email: texasrose@sedationresource.com

Section 2: Personal Information

First: Rose Middle: Marie Last: Dodson

Alias(es, nicknames, name changes, etc.): ////////

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Lone Oak State: TX Zip: 75453

Telephone: [redacted] Email: texasrose@sedationresource.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			From - To (MM/YY – MM/YY)	
Western Governer's University			2020-2021	
Address		City	State	Zip
4001 South 700 East, Suite 700		Salt Lake City	UT	84107
Diploma/Degree obtained, if any				
Masters in Business and Management				
School Name			From - To (MM/YY – MM/YY)	
Western Governer's University			2017-2019	
Address		City	State	Zip
4001 South 700 East, Suite 700		Salt Lake City	UT	84107
Diploma/Degree obtained, if any				
Bachelors				
School Name			From - To (MM/YY – MM/YY)	
CLA High School			1979-1983	
Address		City	State	Zip
100 E Hanson St		Cleveland	TX	77327
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				

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
1996- Present	[redacted]	Lone Oak	TX	75453
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
Sedation Resource, Inc			2005 - Present	
Business Address		**City**	**State**	**Zip**
3849 County Road 3116		Lone Oak	TX	75453
Phone	**Title**			
903-634-5333	President			
Description of Duties				
Oversee regulatory compliance for medical supplies and devices. Mange medical product portfolio. Execute sales and distribution strategies. Oversee quality assurance.				

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.

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.

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)

12/15/23
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.

Rose Dodson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/15/23
Date

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

State of Texas, ss. County of Hunt

I, Rose Dodson, 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

12/15/23
Date

Subscribed and Sworn to before me this 15 day of December 2023

Notary Public Signature

DONNA COOPER
Notary Public, State of Texas
Comm. Expires 09-20-2025
Notary ID 125335083

(Seal)

4DD

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 (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☒ Dangerous drugs
	☐ Location Change *	☐ Internet	☒ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: In Progress
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

↳State of Nevada

Section 1: General Information

Pharmacy Name: NNAMHS Outpatient Pharmacy

Physical Address: 480 Galletti Way

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 775-688-2067 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 775-688-2069 Contact Email: bhoang@health.nv.gov

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Bryan Hoang

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18049

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Bryan Hoang	NV Pharmacist Registration #: 18049
Name: Thomas Burrows	NV Pharmacist Registration #: 14554
Name: Christina Tran	NV Pharmacist Registration #: 20009
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:	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.

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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

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: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: State of Nevada

Business Name: State of Nevada

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility- MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacy Manager (title) for NNAMHS Outpatient Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Bryan Hoang

Print Name of Authorized Person

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

4/1/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Bryan Hoang 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 Pharmacy Manager (title) for NNAMHS Outpatient 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.

Signature

BRITTANY ROUKIE
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 21-9472-02 - Expires February 11, 2025

State of Nevada
County of Washoe
SUBSCRIBED AND SWORN TO
Before me, a notary public this 1 day of April, 2024 by Bryan Hoang

Brittany V. Roukie
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: Bryan Hoang Pharmacist Registration #: 18049

Pharmacy Name: NNAMHS Outpatient Pharmacy

Initial each statement below to indicate you have read and agree with the following:

BH BH 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.

BH BH 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.

BH BH 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.

BH BH 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)).

BH BH 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 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?		✓

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 #:

Criminal Action:	State:	Date:	Case #:	County:	Court:
Expired Car Registration	NV	2019?	Unavailable	Washoe	Reno

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.

Original signature of Managing Pharmacist (copies or stamps not accepted)

04/01/2024
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.

Bryan Hoang

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

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

4/1/2024

Date

Board Use Only	Date Received: 4/2/24	Amount: $0 - Fee waived by DW

My truck was in the shop for repairs in early 2019, so my brother let me borrow his car to drive to work. NHP pulled me over on 395N and cited me for expired tags. My brother forgot to renew them.

We renewed the registration and I paid the fine for the citation on the court (Reno municipal) website.

4/1/2024

Bryan Hoang

From: David Wuest
Sent: Friday, March 22, 2024 7:50 AM
To: Bryan Hoang
Cc: Mui C. Lee; Monica Segedy; Yenh Long; Gregory Zunino
Subject: Licensure Follow-up.

Byran,

Thank you for your time earlier this month. As we discussed, all pharmacies located in the state of pharmacy must be licensed. After reviewing your operations, you are operating 3 pharmacies. One at your off site pyxis location (not licensed), one at your current location (which is licensed) and a retail pharmacy at your current location (not licensed). If you want to continue operating in this manner, you will need to obtain licensure for the two non-licensed locations. Mark can assist you if you need help. If the fee for the application is an issue, we can provide a one-time waiver of the fee. You expressed you may want to be the manager of all three sites. This can be accomplished by sending me an email requesting the Board to grant permission. After reviewing your operation, the size of the pharmacy would allow it.

Respectfully,

Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

Northern Nevada Adult Mental Health Services (NNAMHS) Overview

NNAMHS is a comprehensive, community-based behavioral health system for adult consumers. Inpatient services are provided through Dini-Townsend psychiatric hospital, located on the same campus as the central NNAMHS site. Numerous outpatient services are available which include but not limited to the Washoe Community Mental Health Center, Outpatient Pharmacy, Program of Assertive Community Treatment (PACT), Psychosocial Rehabilitation Program, Medication Clinic, Service Coordination, Mental Health Court, Residential Programs, and Mobile Outreach Services Team (MOST). Services are provided on a sliding fee scale, and all clinics accept private insurance, Medicaid, and Medicare. Services are not denied if an individual does not have an ability to pay.

- Non-Discrimination Statement
- Clinical Medical Records
- Clinical Behavioral Services
- SFY 23 NNAMHS & SNAMHS Hospital Charges
- 886000022 Northern Nevada Adult Mental Health Services Standard Charges

4EE

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 (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☒ New Pharmacy	☐ Retail/Community	☐ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☒ Hospital (# beds 86)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☒ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

↳ State of Nevada

Section 1: General Information

Pharmacy Name: Lake's Crossing Center

Physical Address: 500 Galletti Way

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 775-688-0526 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 775-688-0528 Contact Email: bhoang@health.nv.gov

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Bryan Hoang

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18049

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Bryan Hoang	NV Pharmacist Registration #: 18049
Name: Thomas Burrows	NV Pharmacist Registration #: 14554
Name: Christina Tran	NV Pharmacist Registration #: 20009
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:	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.

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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

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: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: State of Nevada

Business Name: State of Nevada

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacy Manager (title) for Lake's Crossing Center (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Bryan Hoang

Print Name of Authorized Person

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

4/1/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Bryan Hoang 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 Pharmacy Manager (title) for Lake's Crossing Center (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.

Signature

BRITTANY ROUKIE
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 21-9472-02 - Expires February 11, 2025

State of Nevada
County of Washoe
SUBSCRIBED AND SWORN TO
Before me, a notary public this 1 day of April, 2024 by Bryan Hoang

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: Bryan Hoang Pharmacist Registration #: 18049

Pharmacy Name: Lake's Crossing Center

Initial each statement below to indicate you have read and agree with the following:

BH BH — 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.

BH BH — 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.

BH BH — 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.

BH BH — 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)).

BH BH — 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 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?		✓

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 #:

Criminal Action:	State:	Date:	Case #:	County:	Court:
Expired Car Registration	NV	2019?	Unavailable	Washoe	Reno

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.

Original signature of Managing Pharmacist (copies or stamps not accepted)

04/01/2024
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.

Bryan Hoang

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

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

4/1/2024

Date

Board Use Only	Date Received: 4/2/24	Amount: fee waived by DW

My truck was in the shop for repairs in early 2019, so my brother let me borrow his car to drive to work. NHP pulled me over on 395N and cited me for expired tags. My brother forgot to renew them.

We renewed the registration and I paid the fine for the citation on the court (Reno municipal) website.

4/1/2024

Bryan Hoang

From: David Wuest
Sent: Friday, March 22, 2024 7:50 AM
To: Bryan Hoang
Cc: Mui C. Lee; Monica Segedy; Yenh Long; Gregory Zunino
Subject: Licensure Follow-up.

Byran,

Thank you for your time earlier this month. As we discussed, all pharmacies located in the state of pharmacy must be licensed. After reviewing your operations, you are operating 3 pharmacies. One at your off site pyxis location (not licensed), one at your current location (which is licensed) and a retail pharmacy at your current location (not licensed). If you want to continue operating in this manner, you will need to obtain licensure for the two non-licensed locations. Mark can assist you if you need help. If the fee for the application is an issue, we can provide a one-time waiver of the fee. You expressed you may want to be the manager of all three sites. This can be accomplished by sending me an email requesting the Board to grant permission. After reviewing your operation, the size of the pharmacy would allow it.

Respectfully,

Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

Lake's Crossing Center for Mentally Disordered Offenders Overview

Lake's Crossing Center is a maximum security psychiatric facility providing comprehensive forensic mental health services. From around the State individuals are court ordered to Lake's Crossing Center for evaluation and/or treatment for restoration to legal competency. Lake's Crossing Center also provides outpatient evaluations of legal competency, risk assessments and recommendations for treatment.

STATE OF NEVADA

NV Home

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Public Notices

HEALTH & HUMAN SERVICES

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Divisions

Director's Office Programs

FEEDBACK

Customer Service

Feedback Form

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Phone, FAX, Hours & Location

Public Records Request

Medical Records Request

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Section 508 WCAG 2.0 ADA Compliance In Progress

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Version 3.1

4FF

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 (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	■ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☐ Retail/Community ■ Hospital (# beds 150) ☐ Internet ☐ Nuclear ☐ Other:	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ■ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ■ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Thursday	■ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WEST HENDERSON HOSPITAL

Physical Address: 1155 RAIDERS WAY

City: HENDERSON State: NV Zip: 89052

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 725-235-2000 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: jim.tran@uhsinc.com

Website: www.westhendersonhospital.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): JIMMY QUANG TRAN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17141

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JIMMY QUANG TRAN	NV Pharmacist Registration #: 17141
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: N/A	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.

Section 5: Publicly Traded Corporation

State of Incorporation: DELAWARE

Parent Company (if any): UNIVERSAL HEALTH SERVICES, INC. (ultimate parent company)

Corporation Name: WEST HENDERSON HOSPITAL MEDICAL CENTER, LLC

Mailing Address: 367 SOUTH GULPH ROAD

City: KING OF PRUSSIA State: PA Zip: 19406-0958

Telephone: 610-768-3300 Email: uhscorpfilings@uhsinc.com

Contact Person Name: STEVE FILTON

Date of SEC Registration: 1981 | SEC Registration Number: 1-10765 | Stock Exchange Symbol: UHS

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☑ Yes ☐ No

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: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the AUTHORIZED OFFICIAL (title) for WEST HENDERSON HOSPITAL (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

STEVE FILTON

Print Name of Authorized Person

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

4/2/2024

Date

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: JIMMY QUANG TRAN Pharmacist Registration #: 17141

Pharmacy Name: WEST HENDERSON HOSPITAL

Initial each statement below to indicate you have read and agree with the following:

JT 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.

JT 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.

JT 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.

JT 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)).

JT 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 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?		✓

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 #:

Criminal Action:	State:	Date:	Case #:	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.

Original signature of Managing Pharmacist (copies or stamps not accepted)

4-8-24
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.

Steve Filton

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

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

4/2/2024

Date

Board Use Only	Date Received: 4/10/24	Amount: $500.00

Officers and Directors of West Henderson Hospital Medical Center, LLC

Name	Title	% of Ownership
Edward Sim	President & Director (Director/Officer)	0%
Steve G Filton	Vice President & Director (Director/Officer)	0%
Matthew D. Klein	Vice President, Secretary & Director (Director/Officer)	0%
George H. Brunner, Jr.	Assistant Secretary (Officer)	0%
Cheryl K. Ramagano	Treasurer (Officer)	0%
Katharine M. Lyver	Assistant Treasurer (Officer)	0%

List of Top Four Stockholders and their percent ownership

1. Valley Health System LLC – 100% direct owner of West Henderson Hospital Medical Center, LLC
2. Valley Hospital Medical Center, Inc. – 100% direct owner of Valley Health System LLC
3. UHS Holding Company, Inc. – 100% direct owner of Valley Hospital Medical Center, Inc.
4. Universal Health Services, Inc. – 100% direct owner of UHS Holding Company, Inc.
5. Alan B. Miller – 87% voting shares and stockholder in Universal Health Services, Inc.

WEST HENDERSON HOSPITAL MEDICAL CENTER, LLC
CORPORATE STRUCTURE

Universal Health Services, Inc.
EIN 23-2077891

UHS Holding Company, Inc.
EIN 23-2367472

Valley Hospital Medical Center, Inc.
EIN 23-2117855

Valley Health System LLC
EIN 23-2937646

West Henderson Hospital Medical Center, LLC
d/b/a
West Henderson Hospital
EIN 93-1655073

Notes-

Management Agreement between UHS of Delaware, Inc., and West Henderson Hospital Medical Center, LLC.

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **West Henderson Hospital Medical Center, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 06/01/2023, 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 04/02/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202404024525578
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

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

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: WEST HENDERSON HOSPITAL

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 1155 RAIDERS WAY

City: HENDERSON State: NV Zip: 89052

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 725-235-2000 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: jim.tran@uhsinc.com

Website: www.westhendersonhospital.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): JIMMY QUANG TRAN

Supervising/Managing Pharmacist NV Pharmacist Registration #: 17141

Name of Person with direct knowledge of compounding procedures: JIMMY QUANG TRAN

Email of Person with direct knowledge of compounding procedures: jim.tran@uhsinc.com

Telephone of Person with direct knowledge of compounding procedures: 484-744-6106

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☑ Low ☑ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☑ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
NIOSH GROUP 1 Neosplastic: Mitomycin

NIOSH GROUP 2 Non-neoplastic: Phenytoin, fosphenytoin, ganciclovir

NIOSH GROUP 3 Non-neoplastic: Fluconazole, pamidronate disodium, valproate sodium, voriconazole, zoledronic acid

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☑ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
N/A

6. What laboratory performs this additional testing?

Name: N/A

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?
Evaluate compounded sterile preparations (CSPs) against a light and dark background though either of these two procedures. 1) Against a counter that has a white and black material band located in a well-lighted area. The CSPs can be laid on the black/white portion of the counter. Use of a flashlight is suggested to illuminate the solution. 2) A lighted black white box can be used according to the manufacturer's directions. Hold contain horizontally about six inches below the fluorescent light against black background. Move the container slowly from the black to the white background. Invert the container and mvoe it slowly from the white to the black background. Use a magnifying glass if necessary. In addition,inspect the container for any leaks, defects, signs of tampering and unexpected color or odor. Quanrantine the affected CSPs if any unexpected findings are noted and notify the manager immediately.

8. How often do you perform glove fingertip and medial fill testing?
The glove fingertip and media fill testing willb e performed every 6 months.

9. What is your policy if an employee fails a glove fingertip or media-fill test?
All personnel who compound or have direct oversight of compounding personnel must be initially trained and qualified by demonstrating knowledge and competency in compounding before being allowed to perform any compounding activities. If an employee fails a glove fingertip or media fill test, he/she must be retrained and reevaluated by expert compounding personnel to ensure correction to all aseptic processes and demonstrate the ability to pass repeated glove fingertip and media fill tests.

10. Describe your initial and annual training program for all personnel performing sterile compounding:
Orientation consists of didactic training experiences (written information, distant learning,CD-ROM based) and hands on practical training and mentorship by qualified experts. A qualified staff member must observe all newly learned skills and staff able to return demonstrate the skill/knowledge independently. Personnel who compound must complete training initially and at least every 12 months in the following sterile compounding principles and practices: Hand hygine, garbing, cleaning and disinfection, calculation, measuring and mixing, aseptic technique, achieving and/or maintaining sterility, use of equipment, documentation of the compounding process, principle of HEPA filtered unidirectional airflow within the ISO class 5 area, proper use of PEC, principle movement of materials and personnel within the compounding are, environmental sampling, pressure, temperature and humidity monitoring, final release checks.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Primary engineering control will be disinfected with sterile 70% isopropyl alcohol on a regular basis which includes immediately before initiating compounding, at least 30 minutess if the compounding process takes 30 mins or less, when compounding takes more than 30 minutes, compoudning must not be disrupted, and the work surface of the PEC must be disinfected immediately after compounding, prior to beginning critical manipulations, after spills, and when microbial contamination is known or have been or is suspected of having introduced. Daily cleaning of controlled environment occurs at the end of the compounding day to prevent any bioburden present. Sporicidal cleaning agent will be used monthly for PEC and SEC.

Daily cleaning agents: sterile water, sterile 70% isopropyl alcohol, preempt plus disinfectant solution

Monthly cleaning sporicical agent: Peridox RTU solution.

12. Who performs the sterile compounding process at your facility?
Compouding personnel - pharmacists and pharmacy technicians.

13. Who is responsible and accountable for the sterile compounding process at your facility?
Managing Pharmacist/Pharmacist-in-Charge (PIC)

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
N/A

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Baker SterilGARD e3 Class II A2 SG504 Biological Safety Cabinet		
2. Is your BSC or CACI vented 100% to the outside?	☑ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☑ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☑ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☑ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☑ Yes	☐ No
7. If yes, list the name of the device: Baxter's AriSure Closed System Transfer Device		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? Patient education or counseling by a pharmacist and provide the patient either Micromedex or Lexi-Drug patient drug information sheet or medication guide. The inpatient pharmacy cannot not dispense hazardous drug to patient for home use. Patient discharged from the hospital will have their prescriptions filled at an outpatient pharmacy.		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs? Personnel who prepare CSPs must be trained by expert personnel in the principles and practical skills of garbing procedures, aseptic work practices, and cleaning and disinfection procedures. Training must be completed and documented before any compounding personnel begin to prepare CSPs. Compounding personnel must attest to the hazardous drug risk acknowledgement. Below is a list of USP 800 Hazardous Drug Training Documents and Competency Evaluations in addiiton to the Sterile Compounding Competency Evaluation. Hazardous Drug – Deactivation, Decontamination, and Cleaning Hazardous Drug – HD Handling General Hazardous Drug – HD Receiving & Storage Hazardous Drug – HD Spill Management Hazardous Drug – HD Sterile Compounding		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:
N/A

2. What sterilization methods are utilized at your facility?
N/A

3. Does your facility utilize biological indicators? ☐ Yes ☐ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form 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 the form 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.

JIMMY QUANG TRAN
Name of Person who Completed the Form

MANAGING PHARMACIST
Title

Signature (copies or stamps not accepted)

4/8/2024
Date

Board Use Only	Date Received: 4/10/24 Date Approved: _____ Approved By: _____

4GG

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 (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ 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		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Bayvrio Pharmacy, LLC dba Bayvrio Pharmacy

Physical Address: 7402 N 56th St, STE 907

City: Tampa State: FL Zip: 33617

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 813.623.1800 Toll Free # (NAC 639.708, NRS 639.23286): 855-435-2597

Fax: 813-985-1700 Contact Email: ari@bayvrio.com

Website: bayvrio.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Arijit Aichbhaumik

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23050

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: Arijit Aichbhaumik	NV Pharmacist Registration #: 23050
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: n/a	Credentials: n/a	%: n/a
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.

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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FL

Parent Company (if any): _____

Corporation/Organization Name: Bayvrio Pharmacy, LLC

Mailing Address: 7402 N 56th St, STE 907

City: Tampa State: FL Zip: 33617

Telephone: 813.623.1800 Email: patti@bayvrio.com

Contact Person Name: Patti Ferrara

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

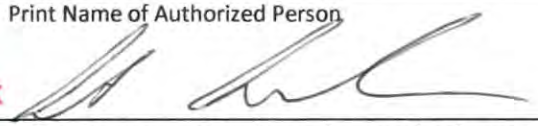
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist in Charge (title) for Bayvrio Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Arijit Aichbhaumik

Print Name of Authorized Person

X 

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

X 10/12/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Arijit Aichbhaumik 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 (title) for Bayvrio 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.

X _____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 12th day of October, 2023

Patricia A Ferrara
Notary Public

Notary Public State of Florida
Patricia A. Ferrara
My Commission
HH 216919
Exp. 1/24/2026

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.

Arijit Aichbhaumik

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

X

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

X 10/12/2023

Date

Board Use Only	Date Received: 10/18/23	Amount: $500-CC

State of Florida
Department of State

I certify from the records of this office that BAYVRIO PHARMACY, LLC is a limited liability company organized under the laws of the State of Florida, filed on June 20, 2023.

The document number of this limited liability company is L23000296741.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023 and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the First day of February, 2024

Secretary of State

Tracking Number: 5356062579CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 29498
Insp # 194758

NAME	PERMIT NUMBER	DATE OF INSPECTION
BAYVRIO PHARMACY, LLC	34748	12/01/2023
DOING BUSINESS AS BAYVRIO PHARMACY		
STREET ADDRESS 7402 N. 56TH STREET SUITE 907	**TELEPHONE #** 813-623-1800	**EXT**
CITY TAMPA	**COUNTY** HILLSBOROUGH	**STATE/ZIP** FL/33617

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 9:00 AM - 5:00 PM
Monday N	Tuesday N
Wednesday N	Thursday N
Friday N	Saturday N
Saturday Hours CLOSED	Sunday N
Sunday Hours CLOSED	

Registered Pharmacist / Intern / Tech

License # PS 25663	Licensee Name Arijit Aichbhaumik
License Type Registered Pharmacists	
License # RPT 18387	Licensee Name Parmanan Nandlal
License Type Pharmacy Tech	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FB3556492	

License Relations

Pharmacy Affiliate

JOHNSON, ZACHARY	License #

RX DPT MGR/COR/POR

AICHBHAUMIK, ARIJIT	License # 25663

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081(2), F.A.C.]	Yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	Yes

Community Requirements General Section

Outdated medications removed from active stock. [64B16-28.110, F.A.C.] [64B16-28.1191, F.A.C.]	Yes
Prescription Department is open for a minimum of 20 hours per week. [64B16-28.1081(1), F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c), F.S.] [21CFR1306.05]	Yes

Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)] [64B16-28.140(3)(d), F.A.C.]	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102(5)(a), F.A.C.]	Yes
Technicians properly identified. [64B16-27.100(2), F.A.C.] [64B16-27.4001, F.A.C.] [64B16-27.410, F.A.C.] [64B16-27.420, F.A.C.]	Yes
Legend drugs properly stored within confines of pharmacy department and maintained at appropriate temperature to preserve therapeutic activity. [64B16-28.118, F.A.C.]; [64B16-28.120, F.A.C.]; [64B16-28.102, F.A.C.]	Yes
Documentation of destruction or return of controlled substances. [64B16-28.303, F.A.C.] *RX Reverse Distributors*	Yes
Generic equivalent sign is posted. [465.025(7), F.S.]	Yes

Additional Community Requirements

Prescription department is operating under clean, sanitary, and uncrowded health conditions. [64B16-28.102, F.A.C.]	Yes
Prescription department has a sink with running water easily accessible to the prescription counter. [64B16-28.102, F.A.C.]	Yes
Pharmacist is on the premises and on duty when the prescription department is open. [64B16-28.109, F.A.C.]	Yes
Pharmacy maintains a written policy and procedure manual regarding the number of registered pharmacy technician positions and the pharmacy operates within the established ratio as defined by rule. [64B16-27.410(2)(a), F.A.C.]	Yes
Pharmacists, technicians, and interns are licensed in the State of Florida. [465.015(1)(a), F.S.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Medication is properly labeled for dispensing to patient. [64B16-28.108, F.A.C.]	Yes
Unclaimed prescriptions are maintained in stock for no more than one year past dispensing date. [64B16-28.1191, F.A.C.]	Yes
Manufacturer containers are properly labeled. [499.003(26), F.S.]	Yes
Customized medication packages are labeled properly with beyond use date of not more than 120 days from the date of preparation but not later than the beyond use date for any of the medications in the package. [64B16-28.108(6)9., F.A.C.]	N/A
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events are available for inspection. [64B16-27.300, F.A.C.] [766.101(1)(a)(l), F.S.] *10/20/2023*	Yes
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	Yes
Compounding records include compounding date, lot number, expiration date, name and manufacturer of ingredients, package size, number of units, technician compounding and pharmacist verifying the final compound. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005, F.S.] [61N-1.012, F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005(14), F.S.] *AmerisourceBergen*	Yes
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility. [64B16-27.700(3)(g), F.A.C.]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895(9), F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S.]	Yes

Requirements for Dispensing Controlled Substances

Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11] *09/26/2023 Close of Business*	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2), F.S.] [21CFR 1305.13(e)] [21CFR1305.22(g)]	Yes
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [465.022(12)(a), F.S.] [64B16-28.140, F.A.C.] [21CFR1306.22] [21CFR1304.04]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b), F.S.] [465.022(11)(b), F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4)(3)(a), F.S.]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Pharmacy engages in Centralized Prescription Filling [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	

The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197(3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

Routine inspection completed with Parmanan Nandlal. Operating requirements met.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

HODGES, PETER

Date:12/1/2023

Representative:

Parmanan Nandlal

Date:12/1/2023

bayvrio
PHARMACY

To Whom It May Concern:

Sole officer/director of Bayvrio Pharmacy is Zachary Johnson, CEO.

Sincerely,

Zachary Johnson, CEO

813-623-1800 info@bayvriopharmacy.com 7402 N. 56th Street | Suite 907 | Tampa, FL 33617

October 26, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

RE: License Certification for Bayvrio Pharmacy, Llc

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH34748
ORIGINAL CERTIFICATION:	09/26/2023
EXPIRATION DATE:	02/28/2025
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
OTHER CERTIFICATIONS:	Community Pharmacy, Schedule Ii & Iii

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

LaWanda Eastmond
Regulatory Specialist II

/LE

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Bayvrio Pharmacy

Pharmacy/Wholesaler License # (if applicable) pending

Physical Address 7402 N 56th St, STE 907

City Tampa State FL Zip 33617

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 813.623.1800 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Arijit Middle _____ Last Aichbhaumik

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Tahoe Drive

City Lakeland State FL Zip 33805

Telephon[redacted] Email ari@bayvrio.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?		N/A

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)	
University of Phoenix			6/1990 - 6/1992	
Address		City	State	Zip
100 TAMPA OAKS BLVD		TEMPLE TERRACE	FL	33637
Diploma/Degree obtained, if any				
Master of Science Information Systems				
School Name			From - To (MM/YY – MM/YY)	
Temple University School of Pharmacy			1985-6/1990	
Address		City	State	Zip
3307 N Broad St		Philadelphia	PA	19140
Diploma/Degree obtained, if any				
BS Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
University of Florida			2 2008 - 2-2009	
Address		City	State	Zip
1225 Center Dr		Gainsville	FL	32610
Diploma/Degree obtained, if any				
Non-degree Pharmacoeconomics				
School Name			From - To (MM/YY – MM/YY)	
CO State University (CSU)			Present	
Address		City	State	Zip
711 Oval Drive		Fort Collins	CO	80521
Diploma/Degree obtained, if any				
Not Finished - Finance (MS)				
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
2008 to current	[redacted] Tahoe Drive	Lakeland	FL	33805
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
BayVrio Pharmacy			July 2023 - present	
Business Address		**City**	**State**	**Zip**
7402 N 56th St		TAMPA	FL	33617
Phone	**Title**		**Number of Employed Hours**	
813-623-1800	SVP of Pharmacy		380	
Description of Duties				
VP-PIC - all aspects of pharmacy operations				

Business Name			From - To (MM/YY – MM/YY)	
Prime Therapeutics			1/2023 - 6/2023	
Business Address		**City**	**State**	**Zip**
6871 Shadowridge Dr		Orlando	FL	32812
Phone	**Title**		**Number of Employed Hours**	
866-5542673	Sr Director of Clinical Pharmacy		700	
Description of Duties				
Clinical manager for pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
JM Drew Inc			4/21 - 1/2023	
Business Address		**City**	**State**	**Zip**
2467 JAHOE DR		Lakeland	FL	33805
Phone	**Title**		**Number of Employed Hours**	
650-255-6084	Sr Advisor		2000	
Description of Duties				
Pharmacy Clinical consulting and operations				

Business Name			From - To (MM/YY – MM/YY)	
Eversana			4/17 - 4/21	
Business Address		**City**	**State**	**Zip**
17877 Chesterfield Airport		MO Chesterfield	MO	63005
Phone 800-367-5690 913 317-9700	**Title**		**Number of Employed Hours**	
	VP Pharmacy		8800	
Description of Duties				
all aspects of Pharmacy Managent & PIC duties				

Business Name			From - To (MM/YY – MM/YY)	
PraxisRx			4/15 - 4/17	
Business Address		**City**	**State**	**Zip**
5455 W Waters Ave		TAMPA	FL	33634
Phone	**Title**		**Number of Employed Hours**	
888 903-7453	VP Pharmacy		4160	
Description of Duties				
All aspects of Pharmacy Operations, Licensing, PIC duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Welldyne Rx			1/2008 - 4/2015	
Business Address		**City**	**State**	**Zip**
500 Eagles Landing		LAKELAND	FL	33810
Phone	**Title**		**Number of Employed Hours**	
844-479-2000	Director of Pharmacy		10,000	
Description of Duties				
PIC duties, Pharmacy operations, dispensing				

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?		✓

I, Arijit Aichbhaumik, **certify that as the designated representative for**

Bayvrio Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AA I am at least 21 years of age;
3. AA 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. AA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AA 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. AA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Arijit Aichbhaumik

Print Name (First, Last)

X

Original Signature (electronic, copies or stamps not accepted)

10/12/2023

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.

Arijit Aichbhaumik

Print Name (First, Last)

X _____ X 10/12/2023

Original Signature (electronic, copies or stamps not accepted) Date

---

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

State of Florida, ss. County of Hillsborough

I, ARNIT AICHBHAUMIK, 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.

_____ 10/12/23

Original Signature **Date**

Subscribed and Sworn to before me this 12th day of October 2023

Patricia A Ferrara

Notary Public Signature

Notary Public State of Florida
Patricia A. Ferrara
My Commission
HH 216919
Exp. 1/24/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Bayvrio Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 7402 N 56th St, STE 907

City Tampa State FL Zip 33617

Mailing Address (if different from physical address) PO Box 5585

City Tampa State FL Zip 33675

Telephone 813.623.1800 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Zachary Middle _____ Last Johnson

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☐ F ☐ X

Mailing Address [redacted] Killian Path

City Wesley Chapel State FL Zip 33543

Telephone [redacted] Email zach@bayvrio.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		From - To (MM/YY – MM/YY)	
Nyack College		08/10-05/13	
Address	City	State	Zip
	New York	NY	
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Messiah College		05/02-05/06	
Address	City	State	Zip
	Mechanicsburg	PA	
Diploma/Degree obtained, if any			
BS-Marketing			

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
07/2017-current	[redacted]Killian Path	Wesley Chapel	FL	33543
07/15-07/17	[redacted]Verdant Pasture Wa	Tampa	FL	33647
12/12-07/15	[redacted]Marisa Ridge Place	Tampa	FL	33647

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)	
Killian Health, Inc			03/2022-Present	
Business Address		**City**	**State**	**Zip**
615 Channelside Drive STE 207		Tampa	FL	33602
Phone	**Title**			
571-264-4321	CEO			
Description of Duties				
Manager/CEO of PBM				

Business Name			From - To (MM/YY – MM/YY)	
WellDyne			03/12-12/21	
Business Address		**City**	**State**	**Zip**
500 Eagles Landing Drive		Lakeland	FL	33810
Phone	**Title**			
888-479-2000	President			
Description of Duties				
President of PBM and mail order pharmacy				

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.

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?		✓

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 Johnson

Print Name (First, Last)

X _____ 10/12/23

Original Signature (electronic, copies or stamps not accepted) Date

---

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

State of Florida, ss. County of Hillsborough

I, Zachary Johnson, 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.

X _____ X 10/12/23

Original Signature **Date**

Subscribed and Sworn to before me this 12th day of October 2023

Patricia A Ferrara

Notary Public Signature

Notary Public State of Florida
Patricia A. Ferrara
My Commission
HH 216919
Exp. 1/24/2026

(Seal)

4HH

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 (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ 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: Veterinary Only

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Covetrus North America, LLC

Physical Address: 1499 Zeager Road, Ste. 4

City: Elizabethtown State: PA Zip: 17022

Mailing Address (if different from physical address): Same as physical address.

City: _____ State: _____ Zip: _____

Telephone: 833-339-5427 Toll Free # (NAC 639.708, NRS 639.23286): 833-339-5427

Fax: 717-500-2926 Contact Email: CGPM-RxLicensing@covetrus.com

Website: www.covetrus.com

Nevada Business License # (if applicable) NV20051127174

Supervising/Managing Pharmacist Name (NRS 639.220): Adam Womack

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22825

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: Adam Womack	NV Pharmacist Registration #: 22825
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: N/A	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.

Section 5: 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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): W.A. Butler Company

Corporation/Organization Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North, Ste. 100

City: Dublin State: OH Zip: 43017

Telephone: 855-724-3461 Email: CGPM-RxLicensing@covetrus.com

Contact Person Name: Lee Wise

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☑ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility – MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Adam Womack (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Adam Womack

Print Name of Authorized Person

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

6/20/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Adam Womack 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 (title) for Covetrus North America, LLC (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.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of June, 2023

Notary Public

Commonwealth of Pennsylvania - Notary Seal
Paulette K. Shumate, Notary Public
Lancaster County
My commission expires August 01, 2025
Commission number 1277984

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.

Philip Lombardi

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Philip Lombardi

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

6/21/23

Date

Board Use Only	Date Received: 7/25/23	Amount: 500-CC

NV

covetrus

Please note, the Applicant/Pharmacy has never been disciplined by any state or federal regulatory agency. However, the Owner, Covetrus North America, LLC, has been disciplined as described in the attached. We are disclosing the actions listed out of an abundance of caution.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, 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-FOURTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

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

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20231130662

Authentication: 202996762

Date: 03-24-23

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

Covetrus North America, LLC

(formerly known as Butler Animal Health Supply, LLC)

Disciplinary Actions

These Actions do not apply to the Covetrus North America, LLC Pharmacies.
Board Actions are related to the Covetrus North America, LLC Distribution Centers/Wholesalers.

Prior to 2021, the Pharmacies and Wholesale Distribution Centers were owned by separate entities but are now under common ownership.

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement: $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

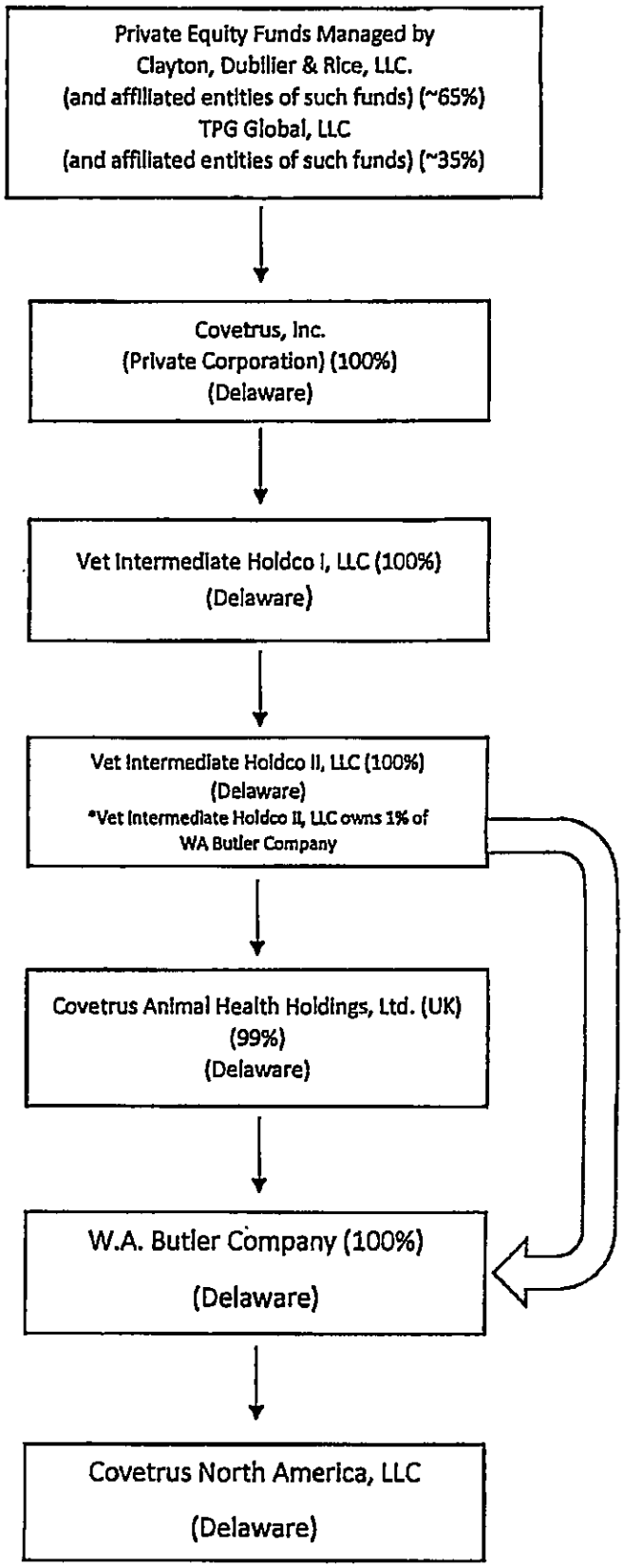
• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.
• Ocala, FL	Case # Case Numbers 2022-003509 and 2022-027752	Florida	Oct 2022	Ownership change inspection	Violations related to track and trace requirements	Settlement in the amount of $35,000	Remediated each of the outstanding issues and paid fine. No further action taken.

• Southaven, MS	Case # 21-L-0262	Alabama	Oct 2022	Failure to timely notify of Designated Rep change	Submitted paperwork late	Fine of $2,000	Fine paid
Columbus, OH	Case No. A-2021-0184	Ohio	Jan. 24, 2023	Various violations related to improper reporting	Covetrus failed to properly report to the State of Ohio the sale of certain drugs using the state's proprietary reporting system.	Settlement in the amount of $6,000	Settlement paid
Ocala, FL	Agency Clerk # B42383	Florida	May 31, 2023	Administrative Fine	Covetrus failed to timely report a change in Pharmacist in Charge for the facility.	Fine in the amount of $500	Paid
Ocala, FL	Case No. 2022-060011	Florida	June 5, 2023	Settlement	Violations related to failure to timely provide certain documents during an inspection	$16,000	Settlement paid

Covetrus North America, LLC Business Organizational Structure



Covetrus North America, LLC
List of Officers

Victor Thomas Forte IV
Title: President
Business Address: 400 Metro Place North, Suite 100, Dublin, OH 43017
Interest: 0%

Ajoy Karna
Title: CFO & Treasurer
Business Address: 400 Metro Place North, Suite 100, Dublin, OH 43017
Interest: 0%

Tamika Simmons
Title: Secretary
Business Address: 400 Metro Place North, Suite 100, Dublin, OH 43017
Interest: 0%

Philip Mario Lombardi
Title: VP of Operations & Logistics
Business Address: 400 Metro Place North, Suite 100, Dublin, OH 43017
Interest: 0%

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

03/26/2024

License Information

COVETRUS NORTH AMERICA, LLC

1499 ZEAGER ROAD, STE. 4
ELIZABETHTOWN, Pennsylvania 17022

Board/Commission:	State Board of Pharmacy	Status Effective Date:	12/06/2021
LicenseType:	Pharmacy	Issue Date:	12/06/2021
Specialty Type:		Expiration Date:	08/31/2025
License Number:	PP483054	Last Renewal:	07/25/2023
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
ADAM WOMACK	Pharmacist Manager	Pharmacist	RP456348	Active	12/10/2021	09/30/2024

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC1042516	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	12-17-2021

COVETRUS NORTH AMERICA, LLC
1499 ZEAGER RD STE 4
ELIZABETHTOWN, PA 170228736

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
FC1042516	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	12-17-2021

COVETRUS NORTH AMERICA, LLC
1499 ZEAGER RD STE 4
ELIZABETHTOWN, PA 170228736

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Form DEA-223 (9/2016)

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

COVETRUS NORTH AMERICA, LLC

1499 ZEAGER ROAD, STE. 4

ELIZABETHTOWN, Pennsylvania, 17022

Phone: 833-339-5427

Owner: COVETRUS NORTH AMERICA, LLC

LICENSE

License No: PP483054

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: Non-Directed Routine

Inspection Date: 03/13/2023

Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

TIMOTHY BLACK	3/13/2023 11:18:21 AM	Adam Womack - RP456348
Signature of Inspector	Date/Time	Signature of Owner/Representative

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

COVETRUS NORTH AMERICA, LLC

1499 ZEAGER ROAD, STE. 4

ELIZABETHTOWN, Pennsylvania, 17022

Phone: 833-339-5427

Owner: COVETRUS NORTH AMERICA, LLC

LICENSE

License No: PP483054

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: Non-Directed Routine

Inspection Date: 03/13/2023

Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Covetrus North America, LLC

Pharmacy/Wholesaler License # (if applicable): Pending

Physical Address: 1499 Zeager Road, Ste. 4

City: Elizabethtown State: PA Zip: 17022

Mailing Address (if different from physical address): Same as physical address.

City: State: Zip:

Telephone: 833-339-5427 Website: www.covetrus.com

Licensing Company Email: CGPM-RxLicensing@covetrus.com

Section 2: Personal Information

First: Adam Middle: Last: Womack

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

Date of Birth: [redacted] SSN or ITI: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Mill Road

City: Elizabethtown State: PA Zip: 17022

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.)		✔

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		From - To (MM/YY – MM/YY)	
Midwestern University - Glendale		05/2011-05/2014	
Address	**City**	**State**	**Zip**
19555 N 59th Ave	Glendale	AZ	85308
Diploma/Degree obtained, if any			
Pharm.D.			

School Name		From - To (MM/YY – MM/YY)	
University of Arizona		05/2005-05/2009	
Address	**City**	**State**	**Zip**
1200 E University Blvd	Tucson	AZ	85721
Diploma/Degree obtained, if any			
Bachelors of Science			

School Name		From - To (MM/YY – MM/YY)	
Cienega High School		05/2001-05/2005	
Address	**City**	**State**	**Zip**
12775 E Mary Ann Cleveland Way	Vail	AZ	85641
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
11/21-06/23	[redacted] Mill Rd	Elizabethtown	PA	17022
06/17-11/21	[redacted] N 30th Ave	15467 N 30th Ave	AZ	85053
04/13-06/17	[redacted] W Blackhawk Dr	Glendale	AZ	85308

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			From - To (MM/YY – MM/YY)	
Covetrus North America, LLC			09/21-06/23	
Business Address		**City**	**State**	**Zip**
1499 Zeager Rd		Elizabethtown	PA	17022
Phone	**Title**		**Number of Employed Hours**	
717-944-3081	Pharmacist in Charge		~3465 hours	
Description of Duties				
Legal and practical management of the pharmacy.				

Business Name			From - To (MM/YY – MM/YY)	
Roadrunner Pharmacy			02/15-06/23	
Business Address		**City**	**State**	**Zip**
711 E Carefree Hwy #140		Phoenix	AZ	85085
Phone	**Title**		**Number of Employed Hours**	
(877) 518-4589	Non-Sterile Compounding Manager		~18200 hours	
Description of Duties				
Legal and practical management of the non-sterile compounding department of the pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Albertsons Pharmacy			06/14-02/15	
Business Address		**City**	**State**	**Zip**
14551 W Grand Ave		Surprise	AZ	85374
Phone	**Title**		**Number of Employed Hours**	
(623) 546-4085	Pharmacist in Charge		~1120 hours	
Description of Duties				
Legal and practical management of the retail pharmacy.				

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?		✔

I, Adam Womack, **certify that as the designated representative for**

Covetrus North America, LLC (1499 Zeager Rd Ste 4, Elizabethtown, PA 17022),

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AW I am at least 21 years of age;
3. AW 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. AW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AW 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. AW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Adam Womack

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/22/23

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.

Adam Womack

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/22/23

Date

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

State of PA, ss. County of LANCASTER

I, Adam Womack, 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

6/22/23

Date

Subscribed and Sworn to before me this 22 day of JUNE, 2023.

Notary Public Signature CHAD M. BOYER

Commonwealth of Pennsylvania - Notary Seal
Chad M. Boyer, Notary Public
Lancaster County
My commission expires October 17, 2025
Commission number 1015565

(Seal)

411

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 (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH04492		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: CURA PHARMACY

Physical Address: 17400 IRVINE BLVD STE P

City: TUSTIN State: CA Zip: 92780

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 7145052872 Toll Free # (NAC 639.708, NRS 639.23286): 844-458-0560

Fax: 7145052812 Contact Email: CURAPHARMACYRX@GMAIL.COM

Website: WWW.CURARX.COM

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): JESSICA LE

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18379

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JESSICA LE	NV Pharmacist Registration #: 18379
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: NA	Credentials: NA	%: NA
Name: NA	Credentials: NA	%: NA
Name: NA	Credentials: NA	%: NA
Name: NA	Credentials: NA	%: NA
Name: NA	Credentials: NA	%: NA

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.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: NA

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☒ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: CALIFORNIA

Parent Company (if any): _____

Corporation/Organization Name: UNIQUE HEALTH SERVICES INC

Mailing Address: 17400 IRVINE BLVD STE P

City: TUSTIN State: CA Zip: 92780

Telephone: 7145052812 Email: CURAPHARMACYRX@GMAIL.COM

Contact Person Name: GOPAL SOJITRA

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: NA

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: NA

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for CURA PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

GOPAL SOJITRA

Print Name of Authorized Person

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

11/28/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, GOPAL SOJITRA 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 CEO (title) for CURA 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.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

See attached California Jurat

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)

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 RIVERSIDE

Subscribed and sworn to (or affirmed) before me on this 28th day of NOVEMBER, 2023,
Date *Month* *Year*
by
(1) GOPAL SOJITRA
PP
~~(and (2)~~ ~~)~~,
Name(s) of Signer(s)

PRITI B PATEL
Notary Public - California
Riverside County
Commission # 2352663
My Comm. Expires Apr 17, 2025

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

Signature PritiBPatel
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: Affidavit for Pharmacy License Document Date: _____

Number of Pages: 1 Signer(s) Other Than Named Above: NONE

©2014 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5910

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.

GOPAL SOJITRA

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

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

11/28/2023

Date

Board Use Only	Date Received: 1/16/24	Amount: $500- check 1157

CURA PHARMACY OWNERSHIP STRUCTURE

NAME OF OWNER	OWNERSHIP	POSITION
UNIQUE HEALTH SERVICES INC	100%	ENTITY
GOPAL SOJITRA	50	CEO
NILESH KOTADIYA	50	CFO

California
Secretary of State

Business UCC

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Business Search

*The California Business Search provides access to available information for **corporations, limited liability companies** and **limited partnerships** of record with the California Secretary of State, with **free PDF copies** of over 17 million imaged business entity documents, including the most recent imaged Statements of Information filed for Corporations and Limited Liability Companies.*

*Currently, information for Limited Liability Partnerships (e.g. law firms, architecture firms, engineering firms, public accountancy firms, and land survey firms), General Partnerships, and other entity types are **not contained** in the California Business Search. If you wish to obtain information about LLPs and GPs, submit a Business Entities Order paper form to request copies of filings for these entity types. Note: This search is not intended to serve as a name reservation search. To reserve an entity name, select Forms on the left panel and select Entity Name Reservation ? Corporation, LLC, LP.*

Basic Search

*A Basic search can be performed using an entity name or entity number. When conducting a search by an entity number, where applicoble, **remove "C"** from the entity number. Note, **a basic search** will search **only ACTIVE entities** (Corporations, Limited Liability Companies, Limited Partnerships, Cooperatives, Name Reservations, Foreign Name Reservations, Unincorporated Common Interest Developments, and Out of State Associations). The basic search performs a contains ? keyword? search. The Advonced search allows for a ?starts with? filter. To search entities that have a status other than octive or to refine search criteria, use the **Advanced** search feature.*

UNIQUE HEALTH SERVICES INC
(4655148)

Request Certificate

Initial Filing Date	10/19/2020
Status	Active
Standing - SOS	Good
Standing - FTB	Good
Standing - Agent	Good
Standing - VCFCF	Good
Formed In	CALIFORNIA
Entity Type	Stock Corporation - CA - General
Principal Address	8456 FOWLER LN EASTVALE, CA 92880
Mailing Address	8456 FOWLER LN EASTVALE,CA92880
Statement of Info Due Date	10/31/2024
Agent	Individual DILIP I PATEL 1154 E YORBA LINDA BLVD PLACENTIA, CA 92870

View History Request Access

Skip to main content State

Business UCC

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Search

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An Advanced search is required when searching for publicly traded disclosure information or a status other than active.

An Advanced search allows for searching by specific entity types (e.g., Nonprofit Mutual Benefit Corporation) or by entity groups (e.g., All Corporations) as well as searching by ?begins with? specific seorch criteria.

Disclaimer: *Search results are limited to the 500 entities closest matching the entered search criteria. If your desired search result is not found within the 500 entities provided, please refine the search criteria using the Advanced search function for additional results/entities. The California Business Search is updated as documents are approved. The data provided is not a complete or certified record.*

Although every attempt has been made to ensure that the information contained in the database is accurate, the Secretary of State's office is not responsible for any loss, consequence, or damage resulting directly or indirectly from reliance on the accuracy, reliability, or timeliness of the information that is provided. All such information is provided "as is." To order certified copies or certificates of status, (1) locate an entity using the search; (2)select Request Certificate in the right-hand detail drawer; and (3) complete your request online.

UNIQUE HEALTH

Advanced

Results: 7

Entity Information	Initial Filing Date	Stat
UNIQUE COMMUNITY HOME HEALTH SERVICES, INC. (1306624) >	05/04/1984	Susp - FTB

Skip to main content State

UNIQUE HEALTH SERVICES INC (4655148)

Request Certificate

Initial Filing Date	10/19/2020
Status	Active
Standing - SOS	Good
Standing - FTB	Good
Standing - Agent	Good
Standing - VCFCF	Good
Formed In	CALIFORNIA
Entity Type	Stock Corporation - CA - General
Principal Address	8456 FOWLER LN EASTVALE, CA 92880
Mailing Address	8456 FOWLER LN EASTVALE,CA92880
Statement of Info Due Date	10/31/2024
Agent	Individual DILIP I PATEL 1154 E YORBA LINDA BLVD PLACENTIA, CA 92870

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UNIQUE HEALTH INSURANCE SERVICES, LLC (201303110035)	>	12/31/2012	Acti
UNIQUE HEALTH SERVICES INC (4655148)	>	10/19/2020	Acti
UNIQUE HEALTHCARE SERVICES LLC (202032110570)	>	11/12/2020	Acti
UNIQUE HEALTHCARE SERVICES, INC. (4796749)	>	10/05/2021	Acti
UNIQUE HOME HEALTH SERVICES, INC. (1910081)	>	07/29/1994	Acti
UNIQUELY YOU MENTAL HEALTH SERVICES, PC (202251110972)	>	06/08/2022	Acti

UNIQUE HEALTH SERVICES INC (4655148)

Request Certificate

Initial Filing Date	10/19/2020
Status	Active
Standing - SOS	Good
Standing - FTB	Good
Standing - Agent	Good
Standing - VCFCF	Good
Formed In	CALIFORNIA
Entity Type	Stock Corporation - CA - General
Principal Address	8456 FOWLER LN EASTVALE, CA 92880
Mailing Address	8456 FOWLER LN EASTVALE,CA92880
Statement of Info Due Date	10/31/2024
Agent	Individual DILIP I PATEL 1154 E YORBA LINDA BLVD PLACENTIA, CA 92870

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NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Cura Pharmacy

Pharmacy/Wholesaler License # (if applicable) PHY 58167

Physical Address 17400 Irvine Blvd Suite P

City Tustin State CA Zip 92780

Mailing Address (if different from physical address)

City State Zip

Telephone 714-505-2872 Website www.curarx.com

Licensing Company Email curapharmacyrx@gmail.com

Section 2: Personal Information

First Jessica Middle My Last Le

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

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

Mailing Address [redacted] N Flower St

City Orange State CA Zip 92868

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.)		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.)		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

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?		No

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)	
Villa Park High school		9/2000 - 6/2003	
Address	**City**	**State**	**Zip**
18942 Taft Ave	Villa Park	CA	92861
Diploma/Degree obtained, if any			
High school diploma			

School Name		From - To (MM/YY – MM/YY)	
Fullerton College		9/2003 - 6/2006	
Address	**City**	**State**	**Zip**
321 E Chapman Ave	Fullerton	CA	92832
Diploma/Degree obtained, if any			
Associate degree in Chemistry			

School Name		From - To (MM/YY – MM/YY)	
University of California, Irvine		9/2006 - 6/2008	
Address	**City**	**State**	**Zip**
401 E Peltason Dr, Suite 3200	Irvine	CA	92617
Diploma/Degree obtained, if any			
Bachelor degree in Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences, School of Pharmacy		9/2009 - 6/2012	
Address	**City**	**State**	**Zip**
11 Sunset way	Henderson	NV	89014
Diploma/Degree obtained, if any			
Doctor of Pharmacy degree			

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
5/2017 - present	[redacted]N Flower St	Orange	CA	92868
From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/2014 - 5/2017	[redacted]Fulcher Ave	North Hollywood	CA	91606
From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2010 - 4/2014	[redacted] W Flora St	Santa Ana	CA	92704
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
Cura Pharmacy (Unique Health Services Inc)			1/2022 - present
Business Address	**City**	**State**	**Zip**
17400 Irvine Blvd Suite P	Tustin	CA	92780
Phone	**Title**	**Number of Employed Hours**	
714-505-2872	Pharmacist	40 hours weekly	

Description of Duties

Dispense and counsel patients about prescription and OTC medications
Advise physicians and other healthcare workers on the selection, dosage and interactions of medications to treat health problems
Practice state and federal dispensing regulations, including HIPPA compliance for all medications and CURES verification for control substances

Business Name			From - To (MM/YY – MM/YY)
Rite Aid Pharmacy			5/2012 -present
Business Address	**City**	**State**	**Zip**
7900 W Sunset Blvd	Los Angeles	CA	90046
Phone	**Title**	**Number of Employed Hours**	
323-876-4466	Pharmacist	10-20 hours per week / PT	

Description of Duties

Process and verify prescriptions
Counsel patients about health issues, symptoms and medications in response to their inquiries
Provide vaccinations
Recruit, train and manage staff, including making schedules for pharmacy team

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**
		CA	
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.)		No
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?		N/a
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		No
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.)		No
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?		No
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)?		No
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		No
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.		No
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).		No
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?		No

I, Jessica Le, certify that as the designated representative for

Cura pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JL I am at least 21 years of age;
3. JL 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. JL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JL 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. JL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jessica Le
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/13/23
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.

Jessica Le
Print Name (First, Last)

Jessica
Original Signature (electronic, copies or stamps not accepted)

12/13/23
Date

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

State of California, ss. County of Orange

I, JESSICA LE, 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.

Jessica
Original Signature

12/19/23
Date

Subscribed and Sworn to before me this _____ day of _____.

See Attached
Notary Public Signature

(Seal)

CALIFORNIA JURAT GOVERNMENT CODE § 8202

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 19 (Date) day of Dec. (Month), 20 23 (Year), by

(1) Jessica Le

(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.

Place Notary Seal and/or Stamp Above

Signature _____
Signature of Notary Public

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: Nevada State Board of Pharmacy Designated Representative Application

Document Date: 12/19/2023 Number of Pages: 09

Signer(s) Other Than Named Above: _____

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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 (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site CURA PHARMACY

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 58167

Physical Address 17400 IRVINE BLVD STE P

City TUSTIN State CA Zip 92780

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First GOPAL Middle D Last SOJITRA

Alias(es, nicknames, name changes, etc.) GOPALKUMAR D SOJITRA

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] ILLA ROSA CT

City EASTVALE State CA Zip 92880

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.)		✓

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		From - To (MM/YY – MM/YY)	
WESTERN UNIVERSITY OF HEALTH SCIENCES		01/2010-06/2013	
Address: 309 E 2nd St	City: POMONA	State: CA	Zip: 91767
Diploma/Degree obtained, if any: DOCTOR OF PHARMACY			
School Name: LONG ISLAND UNIVERSITY		From - To (MM/YY – MM/YY): 01/2005-06/2008	
Address: 1 University Plaza	City: BROOKLYN	State: NY	Zip: 11201
Diploma/Degree obtained, if any: MASTERS IN DRUG REGULATORY AFFAIRS			
School Name: MS UNIVERSITY OF BARODA		From - To (MM/YY – MM/YY): 06/2000-06/2004	
Address: Kalabhavan, Babajipura	City: BARODA	State: GUJ	Zip: 390001
Diploma/Degree obtained, if any: BACHELOR OF PHARMACY			
School Name: PP SAVANI HIGH SCHOOL		From - To (MM/YY – MM/YY): 01/1996-01/2000	
Address: Varachha Main Rd, Bhakktlnagar V-2, Near, Hirabaugh	City: SURAT	State: GUJ	Zip: 395006
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)	Address	City	State	Zip
05/2013-07/2017	[redacted] 4TH ST	RANCHO CUCAMONGA	CA	91730
07/2017- PRESEN	[redacted] VILLA ROSA CT	EASTVALE	CA	92880
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
CVS			05/2013-05/2015	
Business Address		**City**	**State**	**Zip**
211 W Baseline Rd		RIALTO	CA	92376
Phone	**Title**			
(909) 874-8002	STAFF PHARMACIST			
Description of Duties				
RETAIL PHARMACIST				

Business Name			From - To (MM/YY – MM/YY)	
EZRX PHARMACY			05/15 TO PRESENT	
Business Address		**City**	**State**	**Zip**
731 INDIAN HILL BLVD		POMONA	CA	91767
Phone	**Title**			
9097643060	CEO			
Description of Duties				
PHARMACIST AND OWNER				

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.

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?		✓

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.

GOPAL SOJITRA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/4/2023

Date

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

State of California, ss. County of San Bernardino

I, Gopal Sojitra, 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

12/4/2023

Date

Subscribed and Sworn to before me this 4th day of December 2023.

Notary Public Signature

JASON G. THOMAS
Notary Public - California
San Bernardino County
Commission # 2329266
My Comm. Expires Jun 27, 2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Cura Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): 58167

Physical Address: 17400 Irvine Blvd Suite # P

City: Tustin State: CA Zip: 92780

Mailing Address (if different from physical address): Same as Above Address

City: State: Zip:

Telephone: (714)-505-2872 Website: www.curarx.com

Licensing Company Email: curapharmacyrx@gmail.com

Section 2: Personal Information

First: Nilesh Middle: Dineshbhai Last: Kotadiya

Alias(es, nicknames, name changes, etc.): Previous First Name was: Nileshkumar

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]rvine Blvd, Suite # P

City: Tustin State: CA Zip: 92780

Telephone: [redacted] Email: curapharmacyrx@gmail.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		From - To (MM/YY – MM/YY)	
Nirma University Institute of Pharmacy		09/2009- 12/2010	
Address	**City**	**State**	**Zip**
Sarkhej - Gandhinagar Hwy, Gota	Ahmedabad	Gujarat	382481
Diploma/Degree obtained, if any			
Pharmacy Honors - Clinical Pharmacy Practice			
School Name		**From - To (MM/YY – MM/YY)**	
Stevens Institute of Technology		06/2006- 06/2009	
Address	**City**	**State**	**Zip**
1 Castle Point Terrace	Hoboken	NJ	07030
Diploma/Degree obtained, if any			
M.S in Pharmaceutical Manufacturing			
School Name		**From - To (MM/YY – MM/YY)**	
Rajiv Gandhi Health Sciences University		05/2001- 05/2006	
Address	**City**	**State**	**Zip**
12, 30th Cross Rd, 4th T Block East, Jayanagar	Bangaluru	Karnatak	560041
Diploma/Degree obtained, if any			
Bachelor of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Sheth Acharatlal Harilal Saraswati Vidyalaya		06/1998-06/2000	
Address	**City**	**State**	**Zip**
2JH5+72R, Saraspura	Ahmedabad	Gujarat	380018
Diploma/Degree obtained, if any			
11th & 12th Grade			
School Name		**From - To (MM/YY – MM/YY**	
Sarvoday Vidhyamandir		06/1995-06/1998	
Address	**City**	**State**	**Zip**
2JQJ+3HH, India Colony Rd, Opposite Samjuba Hospital	Ahmedabad	Gujarat	380024
Diploma/Degree obtained, if any			
8th, 9th & 10th Grade			

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
06/2014- Present	[redacted]Fowler Ln	Eastvale	CA	92880
01/2011 - 06/2014	[redacted]W Alameda Ave, Apt #20F	Anaheim	CA	92801

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)
Ezcare Pharmacy			05/2017- Present
Business Address	**City**	**State**	**Zip**
1535 W Merced Ave Suite 100	West Covina	CA	91790
Phone	**Title**		
626-587-0400	CEO & Pharmacy Manager		

Description of Duties

Managing retail pharmacy operations on daily basis which includes distribution, record keeping, dispensing, compliance, hiring and managing the staff of pharmacy.

Business Name			From - To (MM/YY – MM/YY)
Cura Pharmacy			05/2021 to Present
Business Address	**City**	**State**	**Zip**
17400 Irvine Blvd Suite P	Tustin	CA	92780
Phone	**Title**		
714-505-2872	CFO & Secretary		

Description of Duties

Assisting and managing financial part of pharmacy. Mostly working remotely and assisting in paying all vendors and help with re-credentialing and contracting process of PBM's.

Business Name			From - To (MM/YY – MM/YY)
Saint Johns Plaza Pharmacy			02/2020 to Present
Business Address	**City**	**State**	**Zip**
1301 20th St,Suite 120	Santa Monica	CA	90404
Phone	**Title**		
310-453-6553	CFO		

Description of Duties

Assisting and managing financial part of pharmacy. Mostly working remotely and assisting in paying all vendors and help with re-credentialing and contracting process of PBM's.

Business Name			From - To (MM/YY – MM/YY)
Lotus Pharmacy			06/2019 to Present
Business Address	**City**	**State**	**Zip**
27994 Bradley Rd, Suite H	Sun City	CA	92586
Phone	**Title**		
951-301-8868	Secretary		

Description of Duties

Assisting and managing contracting and re-credentialing with PBM contracts. Keeping eye on overall pharmacy operations and assisting the PIC on as needed basis.

Business Name			From - To (MM/YY – MM/YY)
Bright Care Pharmacy			06/2019 to Present
Business Address	**City**	**State**	**Zip**
140 N Orange Ave, Suite 103	West Covina	CA	91790
Phone	**Title**		
626-251-1630	CEO		

Description of Duties

Assisting and managing financial part of pharmacy. Mostly working remotely and assisting in paying all vendors and help with re-credentialing and contracting process of PBM's.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Rite Care Pharmacy			06/2019 to Present	
Business Address		**City**	**State**	**Zip**
1433 N Hollenbeck Ave, Suite 103		Covina	CA	91722
Phone	**Title**			
626-251-1640	CEO			
Description of Duties				
Assisting and managing financial part of pharmacy. Mostly working remotely and assisting in paying all vendors and help with re-credentialing and contracting process of PBM's.				

Business Name			From - To (MM/YY – MM/YY)	
Pharmaerica Corporation (Kindred Hospital)			05/2012 to 04/2014	
Business Address		**City**	**State**	**Zip**
14900 Imperial Highway		La Mirada	CA	90638
Phone	**Title**			
562-777-3646	Pharmacy Technician			
Description of Duties				
Entering the physicians orders in to pharmacy software system, Making IV preparation in IV Room, Delivering medications on floor at nursing station, filling the pyxes machine, making the Crash carts and re stock the shelves.				

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.

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?		✓

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.

Nilesh Kotadiya

Print Name (First, Last)

Nkotadiya

Original Signature (electronic, copies or stamps not accepted)

12/05/2023

Date

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

State of CALIFORNIA, ss. County of RIVERSIDE

I, NILESH KOTADIYA, 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.

Nkotadiya

Original Signature

12/05/2023

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

See attached California Jurat

(Seal)

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)

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 RIVERSIDE

Subscribed and sworn to (or affirmed) before me on this 5th day of DECEMBER, 2023, by
(1) NILESH KOTADIYA
~~(and (2)~~ PP _____ ~~)~~,
Name(s) of Signer(s)

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

PRITI B PATEL
Notary Public - California
Riverside County
Commission # 2352663
My Comm. Expires Apr 17, 2025

Signature PritiBPatel
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: 12/5/2023

Number of Pages: 7 Signer(s) Other Than Named Above: NONE

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BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 58167

NAME: CURA PHARMACY

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

17400 IRVINE BLVD STE P
TUSTIN CA 92780
ORANGE COUNTY

ISSUANCE DATE

MAY 3, 2021

EXPIRATION DATE

MAY 1, 2025

CURRENT DATE / TIME

MAY 6, 2024
8:9:5 AM

LICENSE RELATIONSHIPS

NAME: SOJITRA, GOPAL DHIRUBHAI

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 69070 **PRIMARY STATUS:** CLEAR

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

Pharmacy	X	Hospital Pharmacy	Clinic	Exempt Hospital	Wholesaler	Hypodermic

Date: 3/29/2023 Inspector: Christopher Woo

Firm: Cura Pharmacy Phone: (714) 505-2872

Address: 17400 Irvine Blvd STE P City: Tustin Zip: 92780

Ownership: CORPORATION

Permit #: PHY58167 Permit Exp: 5/1/2024 DEA#: FU0255251 DEA Exp: 5/31/2024

Date of Self Assessment Form: 2/20/2022 Other Permit #: N/A Date of DEA Inventory: 2/19/2022

Hours M-F: 9AM-7PM Hours Saturday 9AM-1PM Hours Sunday: CLOSED

PIC **JIMMY TO** RPH85482 Administrator

RPH Consultant

Staff	RPH Name:	License #:
	ANDREA M LE	RPH56274
	GOPAL D SOJITRA[CO-OWNE	RPH69070
	JESSICA M LE	RPH68250
	JUSTINA SHIRLEY C HII	RPH67558
	JOSEPHINE A TRAN	RPH48180
	STEPHANIE K SOKLIM	INT49304

Staff Name:	License #:
BHARAT KHENI	CLERK
DEBBIE DO	TCH67422
JANET ARROYO	TCH58461
JOHN-JOHN N ANTIPORDA	TCH38362
MARTHA A MANZO-ALVAR	TCH124459
MONICA C MARTINEZ	TCH175215
NHI N PHAM	TCH86102
NHU PHAM	TCH70854
NILESH D KOTADIYA[CO-OW	TCH113245
PHILIP M BUENO	TCH116451
QUYEN N TRAN	TCH71259

Inspector Remarks:

CI 2022 98959 inspection
Independent specialty retail pharmacy providing medication services including chronic renal failure and bedside discharge medications. Majority of prescriptions mailed or FedExed to patients. No immunization s administered. No compounding.
Website: Curarx.com
Digital Rx computer software is the primary source of record keeping and maintenance.
The following were reviewed: NTC, permits displayed in public view, TCH to RPH ratio with ID badges, self-assessment, DEA biennial inventory [last C2 quarterly reconciliation performed 3/28/2023], DEA 222 forms via CSOS, controlled substances invoices separated, POA, C2 safe to which only pharmacist has the code.
Policy and Procedures for: TCH job description, impaired employee/theft and diversion, temporary absence of RPH. Security/keys, sink with warm and cold water, refrigerator with temperature log, will call area for RPH initials and matching pill to physical description, subscriber alert [goes to curapharmacy@gmail.com], drug stock for out dated medications, reviewed samples of CII, CIII-CV, and non-controlled prescriptions [CURES reports attached to some C2 hard copies].
CURES: Pharmacy is transmitting daily when open.

Drug Wholesaler: McKesson, IPC, Opko, QK, Merz Pharmaceuticals, Healthsource, Bonita Pharmaceuticals, Landmark Supply, Regeneron Healthcare, Integral Rx, South Pointe, Masters, CityMedRx, H&H, Spectrum Pharmaceuticals, Republic Pharmaceuticals, Greenhill Trading, Parmed, Medmax Rx, Wasatch Rx, NDC Distributors, Dynasty, Allergan
Reverse Distributor: Rx Reverse Distributor
Outdates are quarantined
Consultation during inspection: observed
QA for Medication Errors Review: QA P&P in place
Patient Centered Labeling/Interpretive Services: Label is patient centered and available in 12 point font, has federal caution for controlled substances, has physical description, order of information is name, drug, strength, direction for use. For interpretive services PHY using store personnel and Cyracom third party language line
Discussion:

Oldest will-call prescription without notes was dated 3/17/2023; all other prescriptions in will-call earlier than 3/17 had notes documenting patient contact and intent to pick up prescription.

RPH Hii said prescriptions picked up in person were signed electronically by patient; prescriptions delivered by live deliveryperson were signed on IPAD and information transmitted to pharmacy files; prescriptions sent by US Postal contained self-addressed stamped envelope for them to mail back signature of receipt [if pharmacy did not receive it, they would follow-up with patients]; and prescriptions sent via FedEx used same signature system as US Postal patients [FedEx was used for prescriptions that needed to be expedited or needed special care].

The CURA Pharmacy notice of consultation for delivery patients did not list specific hours of available consultation RPH Hii said if patients called the phone number during non-business hours, they would have to leave a voice mail message that would be answered on next business day.

RPH Hii said manufacturer coupons were used for free trials for patients, and never used with Medicare or Medi-Cal patients. She showed me an area behind pharmacy computers where available coupons were stored

Discussed with RPH Hii that each licensed employee needed to be signed up for the Board Subscriber Alert.

Discussed with RPH Hii that faxed controlled substance prescriptions must be verified as per Fall 2015 Script article "Correction on what is an electronically transmitted prescription."

Discussed with RPH Hii of requirement to generate controlled substance printout for refills of C3-5 at least every 72 hours as per CFR 1306.22.

Discussed with RPH Hii and PIC To the complaint allegations of failure to reverse claim for prescriptions not picked up or delivered, and inapproprite billing of coupons to insurances.

RPH Hii located the policy for return of filled prescription not picked up/delivered, which stated no paid claims can be left in store for more than 14 days. However, observed prescriptions #942997 for SR with printed refill date of 3/5/2023, Rx #932828 for JG with printed refill date of 2/25/2023, Rx #952118 for RL with printed refill date of 3/16/23, Rx #930004 for MR with printed refill date of 3/12/2023, and Rx #942968 for LA with printed refill date of 3/7/2023 (each of these prescriptions had handwritten notes which RPH Hii said documented attempts or communications with patients. Discussed with RPH Hii understanding that patients may not be able to pick up prescriptions within 14 days, but the pharmacy policy does not state any extension of the 14 day policy for prescriptions not picked up or delivered.

In order to complete this inspection, PIC To to e-mail Inspector Woo the following by 4/3/2023:

Revised notice of pharmacy consultation for delivery patients which lists available hours as per CCR 1707.2(b)(1)(B).

Dated work order which lists the repair of the pharmacy sink faucet, enabling the production of hot water.

For the 5 old prescriptions found in will-call, either dated patient signatures of delivery or pick-up or a copy of the patient profile showing

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

the claim was reversed.

Using the provided blank Board form, a written and signed statement fronn each of PIC To and each Owner of Cura Pharmacy regarding
1) Each aspect of the complaint allegations
2) Procedure for use of drug manufacturer coupons
3) Procedure for return to stock, and why the 5 old prescriptions found in will-call were still there. If there is a revised Return to Stock Policy, please provide it, and also showing the dates/printed name/signatures of each employee trained.
4) Procedure for patient acknowledgment of prescription receipt by them.

Contact Information
Inspector: Christopher Woo, Pharm.D.
Email: Christopher.Woo@dca.ca.gov

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____
Pharmacist (print) Jimmy TO

Inspector (sign) _____
Inspector (print) Chris Woo

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:

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

ORDER OF CORRECTION

Date: 3/29/2023 Permit #: PHY58167

Time of Day: 8:55 AM

Name as shown on permit: **Cura Pharmacy**

Address: 17400 Irvine Blvd STE P City: Tustin

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1. CCR 1714(c)	Operational Standards and Security 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. In that no hot water could be generated from the pharmacy sink faucet, and RPH Hii said they were trying to get it fixed.
2. CCR 1707.2(b)(1)(	Duty to Consult. When the patient or patient's agent is not present (including, but not limited to, a prescription drug that was shipped by mail or delivery), a pharmacy shall ensure that: the patient receives written notice of the hours of availability and the telephone number from which the patient may obtain oral consultation from a pharmacist who has ready access to the patient's record; and In that the notice of pharmacist consultation for delivery patients does not list the hours of availability.

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) _____ Signed _____

Inspector (print) _____ Print Name Jimmy To

Date 3-29-23 Title PIC

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.

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

OFFICIAL RECEIPT

March 29, 2023

Receipt Number: 500356

Firm: Cura Pharmacy

Address: 17400 Irvine Blvd STE P, Tustin CA 92780

Permit #: PHY58167

Phone: (714) 505-2872

The following was obtained this date under provisions of the California Pharmacy Law (Chapter 9, Division 2, Business and Professions Code) or the Rules and Regulations adopted thereunder:

Qty	Units	Description
1	Ea	Return to Stock Policy

Voluntarily Released for Investigation

Receipt acknowledged by: _____ Title PIC

Inspector: _____

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

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

January 9, 2024

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: CURA PHARMACY

License Type: PHARMACY

License Number: PHY 58167

Status: ACTIVE

Issue Date: 05/03/2021

Expiration Date: 05/01/2024

Address of Record: 17400 IRVINE BLVD STE P TUSTIN, CA 92780

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

Ann Altamirano
Public Inquiry Analyst
(916) 518-3045
Pharmacy.PublicRecords@dca.ca.gov

4JJ

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 (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☒ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☒ Dangerous drugs
	☐ Location Change *	☐ Internet	☒ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FD0705965
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☒ Non-sterile Compounding
			☐ Sterile Compounding
			☒ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: DIVYO HEALTH SOLUTIONS, INC.

Physical Address: 320 W. 9TH STREET, NE

City: ROME State: GA Zip: 30165

Mailing Address (if different from physical address): SAME AS ABOVE

City: ROME State: GA Zip: 30165

Telephone: (855) 675-5200 Toll Free # (NAC 639.708, NRS 639.23286): (855) 675-5210

Fax: (855) 675-5212 Contact Email: compliance@divyo.net

Website: www.divyo.net

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): MICHAEL A. BALL, RPH

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24073

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MICHAEL A. BALL, RPH	NV Pharmacist Registration #: 24073
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: NOT APPLICABLE	Credentials: NOT APPLICABLE	%: 0
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.

Section 5: Publicly Traded Corporation

State of Incorporation: NOT APPLIABLE

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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: GEORGIA

Parent Company (if any): QUANTUM PHARMA SOLUTIONS, INC., 6065 PARKWAY NORTH DRIVE, STE 200, CUMMING, GA 30040

Corporation/Organization Name: DIVYO HEALTH SOLUTIONS, INC

Mailing Address: 320 W 9TH STREET, NE

City: ROME State: GA Zip: 30165

Telephone: (855) 675-5210 Email: compliance@divyo.net

Contact Person Name: TONY RAYFUS

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: NOT APPLICABLE

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: NOT APPLICABLE

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the OFFICER (title) for DiVYO HEALTH SOLUTIONS, INC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Tony Rayfus

Print Name of Authorized Person

Tony Rayfus

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

11/21/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, TONY RAYFUS 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 OFFICER (title) for DIVYO HEALTH SOLUTIONS, INC. (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.

Tony Rayfus

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 21 day of November, 2023

Notary Public

LAURA JONES
Notary Public - State of Georgia
Gwinnett County
My Commission Expires Jan 25, 2027

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.

TONY RAYFUS

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

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

11/21/23

Date

Board Use Only	Date Received: 11/27/23	Amount: $500-Check 10009

Control Number : 18092239

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

QUANTUM PHARMA SOLUTIONS INC
a **Domestic Profit Corporation**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 26193349
Date Inc/Auth/Filed	: 07/02/2018
Jurisdiction	: Georgia
Print Date	: 11/21/2023
Form Number	: 211

Brad Raffensperger

Brad Raffensperger
Secretary of State

Control Number : 21247695

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

DIVYO HEALTH SOLUTIONS INC
a **Domestic Profit Corporation**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 26193229
Date Inc/Auth/Filed	: 09/21/2021
Jurisdiction	: Georgia
Print Date	: 11/21/2023
Form Number	: 211

Brad Raffensperger

Brad Raffensperger
Secretary of State

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

NONSTERILE COMPOUNDING

Inspection Form

Board Office: 404-651-8003
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8218
GDNA Toll Free: 800-656-6568

Pharmacy Information							
Inspection Type:	Routine Inspection		Permit Type:				
Pharmacy Name:	Divyo Health Solutions				County:	Floyd	
					Date:	22 Jun 22	
Pharmacy Permit #:	PHRE011003	Exp Date:	6/30/2023	DEA:	FD0705965	Exp Date:	6/30/2024
Street Address:	320 W 9th Street						
City:	Rome	State:	GA	Zip:	30165	Hours:	M-F 0900-1730
Phone:	855-675-5210	Fax:	855-675-5212	Pharmacy Email:		compliance@divyo.net	
Pharmacist-In-Charge:	Michael Anthony Ball			License #:	RPH017924	Exp Date:	12/31/2022
Is this facility registered with the FDA as a 503B Outsourcing Facility?				No			
Does this pharmacy receive compounded products from outside sources?				No			
If yes, provide names of suppliers:	N/A						
Types of non-sterile products compounded:							
Non-hazardous	Yes	Hazardous	Yes	Radiopharmaceuticals	N/A	Cytotoxic	N/A

Compounded Drug Preparations 480-11-.02	Satisfactory
1. Labeling of compounded product	Yes
2. Documentation of proof for all BUDs	Yes
3. Proper RPh final verification of product	Yes
4. Prescription bulk substances	Yes
5. Record keeping	No
6. Radiopharmaceuticals (if applicable)	N/A
7. Cytotoxic drugs (if applicable)	N/A

Organization and Personnel 480-11-.03	Satisfactory
8. Documented training kept for 5 years	No
9. Appropriate clothing & protective apparel	Yes

Facilities 480-11-.04(1)	Satisfactory
10. Adequate compounding area	Yes
11. Bulk drug, chemical, & material storage	Yes
12. Adequate lighting and ventilation	Yes
13. Adequate washing facilities to include:	
a. Hot and cold water	Yes
b. Soap or detergent	Yes
c. Air-drier or single-use towels	Yes
d. Sanitary compounding area	Yes

Equipment 480-11-.04(2)	Satisfactory
14. Clean / sanitized equipment and utensils	Yes
15. Equipment and utensil storage	Yes
16. Inspection and calibration of equipment	Yes

GDNA considers this document confidential for use between GDNA, the Board of Pharmacy, and the registrant

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

NONSTERILE COMPOUNDING

Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

Compounding of Drugs in Anticipation 480-11-.05(1)		Satisfactory
Does the pharmacy compound non-sterile prescription drugs in anticipation?	No	
17. Compounding record for each compound (for drugs made in anticipation) contains the following:		
	a. Ingredient names & lot numbers	N/A
	b. Quantities of each ingredient	N/A
	c. Order of component mixing	N/A
	d. Personnel involved in any step	N/A
	e. Date of preparation	N/A
	f. Ingredient expiration dates	N/A
	g. Lot number for compounded product	N/A
	h. Assigned BUD for compounded product	N/A

Compounding of Drugs for an Individual Prescription Drug Order 480-11-.05(2)		Satisfactory
18. Compounding record for each compound contains the following:		
	a. Ingredient names & lot numbers	Yes
	b. Quantities of each ingredient	Yes
	c. Order of component mixing	Yes
	d. Description of compounding process	Yes
	e. Personnel involved in any step	Yes
	f. Master Formulation Record reference for the preparation (USP795)	Yes
	g. Ingredient expiration dates (USP795)	Yes
	h. Total quantity compounded (USP795)	Yes
	i. Description of final product (USP795)	Yes
	j. Assigned control or Rx # (USP795)	Yes
	k. Date of preparation and assigned BUD (USP795)	Yes

Additional Requirements	Satisfactory
19. Labeling excess compounded products	Yes
20. Storage of excess compounded products	Yes
21. Drug Preparation containers/closures	Yes
22. Records readily available	No

Compliance with USP 795 — Pharmaceutical Compounding — Nonsterile Preparations	
23. Bulk component containers are labeled according to OSHA and MSDSs are available for all drugs and chemicals used in compounding.	Yes
24. Purified water shall be used for compounding nonsterile drug preparations when formulations indicate the inclusion of water.	Yes
25. The entire compounding and storage area shall be controlled using heating and air conditioning systems	Yes
26. All components, equipment and containers shall be stored off the floor and in a manner to prevent contamination and permit inspection and cleaning of the compounding and storage area.	Yes
27. Hazardous drugs shall be stored, prepared, handled and disposed of by appropriately trained personnel.	No
28. For components that do not have expiration dates assigned by the manufacturer or supplier, the compounder shall label the container with the date of receipt and assign a conservative expiration date, not to exceed three years after receipt.	Yes

GDNA considers this document confidential for use between GDNA, the Board of Pharmacy, and the registrant

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

NONSTERILE COMPOUNDING

Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

29. Beyond-Use Dates (BUD) shall be determined using stability information that is applicable to the specific drug and preparation. In the absence of stability information, the BUD shall adhere to the following:		Yes
	Nonaqueous Formulations - The BUD is not later than the time remaining until the earliest expiration date of any active pharmaceutical ingredient (API) or 6 months, whichever is earlier.	
	Water-Containing Oral Formulations – The BUD is not later than 14 days when stored at controlled cold temperatures	
	Water-containing topical/dermal and mucosal liquid and semisolid formulations – The BUD is not later than 30 days.	
30. A Master Formulation Record shall be followed for each compound and shall include the following:		
	a. Official or assigned name, strength and dosage form of the preparation	Yes
	b. Calculations and equipment needed	Yes
	c. Description of ingredients and quantities	Yes
	d. Compatibility and stability information, including references	Yes
	e. Mixing instructions	Yes
	f. Sample labeling	Yes
	g. Container used in dispensing	Yes
	h. Packaging and storage requirements	Yes
	i. Description of final preparation	Yes
31. Written standard operating procedures (SOPs) should be developed for the facility, equipment, personnel, preparation, packaging, and storage of compounded preparations to ensure accountability, accuracy, quality, safety, and uniformity in compounding.		Yes
32. Training requirements for all personnel involved in the compounding, evaluation, packaging, and dispensing of compounded preparations shall include written documentation to show all personnel involved in compounding has completed the following:		
	a. Read and become familiar with USP 795	No
	b. Read and become familiar with the pharmacy's SOPs for compounding	No
	c. Hazardous drug training (if applicable)	No
	d. Signature of the compounder (pharmacist) to show the employee has been appropriately trained	No

Recommendations / Comments

5,8,22,27,32 - Must maintain appropriate training records to include proficiency with hands-on training and reading and becoming familiar with Board Compounding Rules, USP 795, SOPs, and hazardous drug training; records kept for 5 years

31. Comment - GDNA reviewed SOPs for DermaTran; recommend updating SOPs specific to Divyo Health Solutions

This inspection report has been read and explained to the pharmacist whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information I have given pursuant to this inspection is true and correct to the best of my knowledge. This inspection report is not intended to be all inclusive, and there may be deficiencies, non-compliance, or violations of the laws and rules not detected and noted in this report.

Email: mball@divyo.net

Printed Name: Michael Anthony Ball

Signature: Pharmacist-In-Charge or on Duty

Printed Name: Kim Kaptain

Special Agent, Georgia Drugs & Narcotics Agency

Today's Date 22 Jun 22

GDNA considers this document confidential for use between GDNA, the Board of Pharmacy, and the registrant

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

RETAIL

Pharmacy Permit Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

Pharmacy Information

Inspection Type:	Routine Inspection						
Permit Type Primary:	Independent 10-01	Permit Type Secondary:					
Pharmacy Name	Divyo Health Solutions					County:	Floyd
						Date:	22 Jun 22
Pharmacy Permit #:	PHRE011003	Exp Date:	6/30/2023	DEA:	FD0705965	Exp Date:	6/30/2024
Street Address:	320 W 9th Street						
City:	Rome	State:	GA	Zip:	30165	Hours:	M-F 0900-1730
Phone:	855-675-5210	Fax:	855-675-5212	Pharmacy Email:		compliance@divyo.net	
Pharmacist-in-Charge:	Michael Anthony Ball			License #:	RPH017924	Exp Date:	12/31/2022

Other Employees

Part-Time Pharmacist	William Thomas Collum	License #	RPH027012	Exp Date: 12/31/2022
Pharmacy Technician	Erin Nicole Stokes	Registration #	PHTC021498	Exp Date: 6/30/2023
Pharmacy Technician	Cynthia Kaye White	Registration #	PHTC002712	Exp Date: 6/30/2023
				Exp Date:
				Exp Date:
				Exp Date:
				Exp Date:

Last GDNA Inspection Date	27 Jan 22	Inspected By:	R. White
Recommendations Made:	Change of Name/Location	Corrections Made:	N/A

Criteria	Satisfactory	Comments
1. Pharmacy License	Yes	
2. DEA Permit	Yes	
3. Pharmacist/Intern License	Yes	
4. Dangerous Drug Rxs	Yes	
5. Schedule II Rxs	N/A	
6. Schedule III, IV, V Rxs	Yes	
7. Refill Records / Computer Printout Records	Yes	
8. Exempt Narcotic Book	N/A	
9. PSE Logbook and Combat Meth Certificate	N/A	
10. Drug Distribution Records (Non-Rx Sales)	N/A	
11. DEA Biennial Inventory	Yes	Close of business 4/29/2022
12. Drug Purchase Records (Invoices/Order Forms)	Yes	
13. Rx Department Security / Authorized Access Only	Yes	
14. Rx Department Sanitation / Orderly	Yes	
15. Adequate Pharmacy Temperature Control	Yes	Fridge Temp: 38F
16. Rx Drug Stock (Adulterated / Misbranded)	Yes	
17. Laws / Rules / Appropriate Reference Material	Yes	
18. Required Equipment for Pharmacy Type	Yes	
19. Exemption Documentation / Other Reports	N/A	
20. Policies & Procedures Manual (If required)	N/A	
21. Patient Counseling / Patient Profile Records	Yes	Review 480-31-.01 & 26-4-85 for patient counseling
22. Safety Concerns, i.e. Adequate Staffing	Yes	
23. Proper Supervision of Pharmacy Technicians	Yes	Review 480-15-.03 & 26-4-82 for pharmacist to pharmacy technician ratio
24. List Drug Suppliers and Reverse Distributors:	Letco, Medisca, Fagron, IPD, Hospital Pharmaceutical Consulting/Real Value Products (PHWH003357)	

GDNA considers this document confidential for use between GDNA, the Board of Pharmacy, and the registrant

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

RETAIL

Pharmacy Permit Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

Compounding	Does this Pharmacy Compound Medication?	Yes
	Type of Compounding Conducted	Only Non-sterile Compounding Conducted
25. Was a GDNA non-sterile compounding inspection conducted during this visit?		Yes
26. Was a GDNA sterile compounding inspection conducted during this visit?		N/A
27. Is this pharmacy registered with the FDA as a 503B Outsourcing Facility?		No
28. Does this pharmacy receive compounded products from outside sources?		No
If yes, provide names of suppliers:		N/A
Vaccinations	Does this pharmacy administer vaccinations via protocol?	No

29. Types of vaccinations adminstered:

Influenza	N/A	Shingles	N/A	Pneumococcal	N/A	Meningitis	N/A	Other	N/A

	Satisfactory	Comments
30. Vaccination Protocol Agreement	N/A	
31. Signed & Notarized Affidavit	N/A	
32. Liability Insurance for each Vaccinating Pharmacist	N/A	
33. Immunization cards issued	N/A	
34. Attempt to contact PCP within 72hrs	N/A	
35. Reporting vaccinations to G.R.I.T.S.	N/A	
36. Supervision during administration	N/A	

Delivery by Mail	Does the pharmacy deliver prescription mediations to the patient via mail or common carrier?	Yes

	Satisfactory	Comments
37. Controlled substance prescriptions sent signature required	Yes	
38. Temperature sensitive Rxs packed correctly	Yes	
39. Proper documentation maintained by pharmacy	Yes	
40. Replacement of compromised Rx shipment	Yes	Maintain Replacement Log

Recommendations / Comments

Pharmacy Software: PK software

Delivery by mail via USPS and FedEx.

This inspection report has been read and explained to the pharmacist whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information I have given pursuant to this inspection is true and correct to the best of my knowledge. This inspection report is not intended to be all inclusive, and there may be deficiencies, non-compliance, or violations of the laws and rules not detected and noted in this report.

Pharmacist's Email: mball@divyo.net

Printed Name: Michael Anthony Ball

Signature: Pharmacist-In-Charge or on Duty

Today's Date 22 Jun 22

Printed Name: Kim Kaptain

Special Agent, Georgia Drugs & Narcotics Agency

June 28, 2022

RE: EXPLANATION OF DEFICIENCY

DiVYO Health Solutions, Inc. was inspected on June 22, 2022. The inspector noted the following:

(1) The Pharmacist must also "maintain appropriate training records to include proficiency with hands-on training and reading and becoming familiar with Board Compounding Rules, USP 795, SOPs and hazardous drug training; records kept for 5 years.

Deficiency corrected as follows:

The Pharmacist's training records have been updated to reflect appropriate training. While within the PIC's training, knowledge, and capabilities - providing hands on compounding is not a normal role. That being the case, there was no documentation supporting a hands-on evaluation of the PIC's competency, albeit that competency was never in question.

(2) The SOPs must be updated from DermaTran to DiVYO.

Deficiency corrected as follows:

All SOPs have been updated to reflect DiVYO.

Thank you,

Tony Rayfus
Officer

STATE OF GEORGIA
Georgia Board of Pharmacy
Retail Pharmacy
LICENSE NO. PHRE011003 Status: Active

Divyo Health Solutions

320 W 9th Street NE
ROME GA 30165

Expires: 06/30/2025
Issued: 01/27/2022

Pharmacist in Charge RPH017924
Michael Anthony Ball

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Retail Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Retail Pharmacy
LICENSE NO. PHRE011003 Status: Active
Divyo Health Solutions

320 W 9th Street NE
ROME GA 30165

Expires: 06/30/2025 Pharmacist in Charge RPH017924
Issued: 01/27/2022 Michael Anthony Ball
Real-time license verification is available at gadch.mylicense.com/verification

Licensee Information

Name: Divyo Health Solutions

Owner:

DBA:

Address: 320 W 9th Street NE
ROME GA 30165

Primary Source License Information

Profession:	Pharmacy	**License No:**	PHRE011003	**License Status:**	Active
License Type:	Retail Pharmacy	**Obtained By Method:**	Application	**License Subtype:**	
Issue Date:	1/27/2022	**Expiration Date:**	6/30/2025	**Last Renewal Date:**	6/8/2023

Discipline Information

- Public Board Orders -

If a public board order exists, it may be listed below.
Public Board Order means that there is a public document concerning the licensee.
The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist.

Associated Licenses

Relationship:	Employment		
Prerequisite Licensee:	Blair, Rebecca Caitlin	**Prerequisite License:**	PHTC068031
Association Date:	6/21/2022	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Jackson, LARA ANNETTE	**Prerequisite License:**	PHTC033094
Association Date:	1/23/2023	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	White, Cynthia Kaye	**Prerequisite License:**	PHTC002712
Association Date:	6/7/2022	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Murphy, Alexandria Yvonne	**Prerequisite License:**	PHTC062308

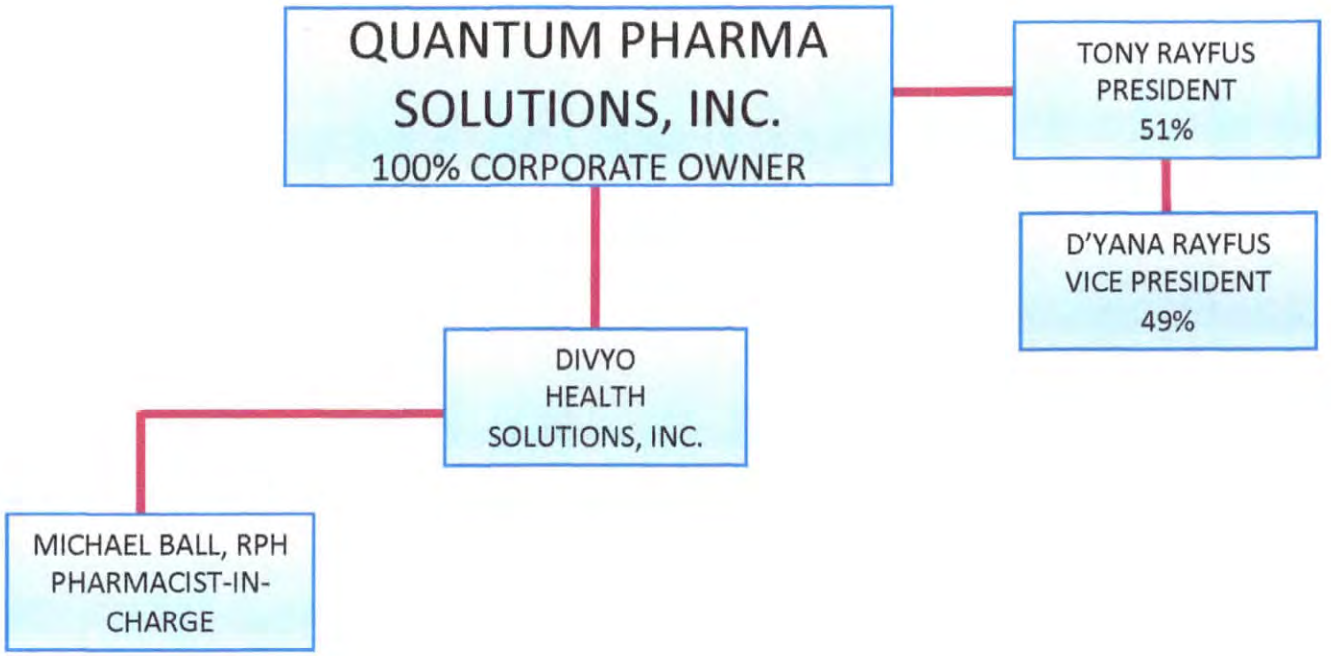
Association Date:	2/6/2023	**Expiration Date:**	4/25/2023
Relationship:	Employment		
Prerequisite Licensee:	Stokes, Erin Nicole	**Prerequisite License:**	PHTC021498
Association Date:	6/7/2022	**Expiration Date:**	2/3/2023
Relationship:	Supervisor		
Prerequisite Licensee:	Ball, Michael Anthony	**Prerequisite License:**	RPH017924
Association Date:	1/27/2022	**Expiration Date:**	

You may close this window to return to your search results

Data current as of: November 21, 2023 12:17:22

This website is to be used as a primary source verification for licenses issued by the Boards of Dentistry and Pharmacy. Paper verifications are available for a fee. Please contact the Boards of Dentistry and Pharmacy at 404-651-8000.

DiVYO HEALTH SOLUTIONS INC.
ORGANIZATION CHART



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FD0705965	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	08-17-2021

DIVYO HEALTH SOLUTIONS, INC.
320 W 9TH STREET NE
ROME, GA 30165-0000

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
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-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler DIVYO HEALTH SOLUTIONS, INC.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 320 W. 9TH STREET, NE

City ROME State GA Zip 30165

Mailing Address (if different from physical address) SAME AS ABOVE

City _____ State _____ Zip _____

Telephone (855) 675-5210 Website www.divyo.net

Licensing Company Email compliance@divyo.net

Section 2: Personal Information

First MICHAEL Middle ANTHONY Last BALL, RPH

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] MOUNTAIN SIDE DRIVE

City ARMUCHEE State GA Zip 30105

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.)		✓

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		From - To (MM/YY – MM/YY)	
UNIVERSITY OF GEORGIA COLLEGE OF PHARMACY		08/91-06/94	
Address	**City**	**State**	**Zip**
250 GREEN ST	ATHENS	GA	30602
Diploma/Degree obtained, if any			
BS PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
BERRY COLLEGE		08/89-05/91	
Address	**City**	**State**	**Zip**
2277 MARTHA BERRY HWY NW	MT BERRY	GA	30149
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
COOSA HIGH SCHOOL		08/85-05/89	
Address	**City**	**State**	**Zip**
4454 ALABAMA HWY	ROME	GA	30165
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
06/98-CURRENT	[redacted] MOUNTAIN SIDE DR	ARMUCHEE	GA	30105
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
DIVYO HEALTH SOLUTIONS, INC			01/22-CURRENT
Business Address	**City**	**State**	**Zip**
320 W 9TH ST	ROME	GA	30165
Phone	**Title**		**Number of Employed Hours**
855-675-5210	PHARMACIST IN CHARGE		3952
Description of Duties			
OVERSEE AND RESPONSIBLE FOR DAILY PHARMACY OPERATIONS INCLUDING ADMINISTRATIVE DUTIES AS WELL AS DAILY STAFF PHARMACIST DUTIES REQUIRED FOR PRESCRIPTION FILLING.			

Business Name			From - To (MM/YY – MM/YY)
DERMATRAN HEALTH SOLUTIONS, LLC			06/13-12/21
Business Address	**City**	**State**	**Zip**
85 TECHNOLOGY PKWY	ROME	GA	30165
Phone	**Title**		**Number of Employed Hours**
855-675-5210	PHARMACIST IN CHARGE		12480
Description of Duties			
OVERSEE AND RESPONSIBLE FOR DAILY PHARMACY OPERATIONS INCLUDING ADMINISTRATIVE DUTIES AS WELL AS DAILY STAFF PHARMACIST DUTIES REQUIRED FOR PRESCRIPTION FILLING.			

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?		✓

I, MICHAEL BALL, RPH, **certify that as the designated representative for**

DIVYO HEALTH SOLUTIONS, INC.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MB I am at least 21 years of age;
3. MB 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. MB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MB 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. MB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

MICHAEL BALL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/20/2023

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.

MICHAEL BALL, RPH

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/20/2023

Date

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

State of Georgia, ss. County of Floyd

I, Michael Ball RPh, 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

11/21/2023

Date

Subscribed and Sworn to before me this 21 day of November 2023.

Notary Public Signature

ALYSHA CARLILE
NOTARY PUBLIC
Bartow County
State of Georgia
My Comm. Expires March 7, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site DIVYO HEALTH SOLUTIONS, INC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 320 W. 9TH STREET, NE

City ROME State GA Zip 30165

Mailing Address (if different from physical address) 320 W 9TH STREET, NE

City ROME State GA Zip 30165

Telephone (855) 675-5210 Website www.divyo.net

Licensing Company Email compliance@divyo.net

Section 2: Personal Information

First TONY Middle ERIC Last RAYFUS

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] PARKWAY NORTH DRIVE, STE 200

City CUMMING State GA Zip 30165

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.)		✓

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		From - To (MM/YY – MM/YY)	
DeVRY Institute of Technology		03/93 - 06/96	
Address	**City**	**State**	**Zip**
250 North Arcadia Avenue	Decatur	GA	30032
Diploma/Degree obtained, if any			
Bachelors of Science Electronics Engineering Technology			

School Name		From - To (MM/YY – MM/YY)	
Jesup W. Scott Hight School		09/81 - 06/85	
Address	**City**	**State**	**Zip**
2400 Collingwood Avenue	Toledo	OH	43620
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
01/15 - Present	[redacted] Morris Road Unit 14312	Milton	GA	30004
From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/13 - 01/15	[redacted] Deerfield Parkway	Milton	GA	30004
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
QUANTUM PHARMA SOLUTIONS INC			
Business Address	**City**	**State**	**Zip**
6065 PARKWAY NORTH DRIVE, STE 200	CUMMING	GA	30040
Phone	**Title**		
678-921-9484	PRESIDENT		

Description of Duties

IDENTIFYING BUSINESS OPPORTUNITIES FOR MERGERS AND ACQUISITIONS. ENSURING ALL ASSETS ACQUIRED HAVE BEEN CERTIFIED AS A SERVICE-DISABLED VETERAN OWNED SMALL BUSINESS.

Business Name			From - To (MM/YY – MM/YY)
DIVYO HEALTH SOLUTIONS INC			09/2021 - CURRENT
Business Address	**City**	**State**	**Zip**
320 W. 9TH STREET NE	ROME	GA	30165
Phone	**Title**		
(855) 675-5210	OFFICER		

Description of Duties

WORKS WITH TEAM TO MANAGE AND OVERSEE COMPLIANCE, CREDENTIALING, HIRING, PAYROLL, AND OTHER ADMINISTRATIVE FUNCTIONS OF THE PHARMACY.

Business Name			From - To (MM/YY – MM/YY)
UNYTER ENTERPRISES LLC			10/09 - PRESENT
Business Address	**City**	**State**	**Zip**
6065 PARKWAY NORTH DRIVE, STE 200	CUMMING	GA	30040
Phone	**Title**		
(800) 704-8875	MEMBER		

Description of Duties

MANAGE THE WHOLESALE ACCOUNTS OF THE ENTITY. MANAGE THE DAY-TO-DAY OPERATIONS OF THE ENTITY.

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.

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?		✓

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.

TONY RAYFUS

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/21/23

Date

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

State of Georgia, ss. County of Fulton

I, Tony RAYFUS, 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

11/21/23

Date

Subscribed and Sworn to before me this 21 day of November 2023

Notary Public Signature

LAURA JONES
Notary Public - State of Georgia
Gwinnett County
My Commission Expires Jan 25, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site DIVYO HEALTH SOLUTIONS, INC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 320 W. 9TH STREET, NE

City ROME State GA Zip 30165

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (855) 675-5210 Website www.divyo.net

Licensing Company Email compliance@divyo.net

Section 2: Personal Information

First D'YANA Middle CYMONE Last RAYFUS

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] PARKWAY NORTH DRIVE, STE 200

City CUMMING State GA Zip 30040

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.)		✓

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		From - To (MM/YY – MM/YY)	
KENNESAW STATE UNIVERSITY		08/16-12/18	
Address	**City**	**State**	**Zip**
1000 CHASTAIN ROAD	KENNESAW	GA	30144
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE MEDIA AND ENTERTAINMENT			

School Name		From - To (MM/YY – MM/YY)	
OLENTANGY LIBERTY HIGH SCHOOL		04/08-05/09	
Address	**City**	**State**	**Zip**
3584 HOME ROAD	POWELL	OH	43065
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
DUBLIN COFFMAN HIGH SCHOOL		01/05-04/08	
Address	**City**	**State**	**Zip**
6780 COFFMAN ROAD	DUBLIN	OH	43017
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
06/22-PRESENT	[redacted] ARIA BLVD, APT. 240	SANDY SPRINGS	GA	30328
01/15-06/22	[redacted] MORRIS ROAD, UNIT 14312	MILTON	GA	30004
01/13-01/15	[redacted] DEERFIELD PARKWAY	MILTON	GA	30004
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
QUANTUM PHARMA SOLUTIONS INC			
Business Address	**City**	**State**	**Zip**
6065 PARKWAY NORTH DRIVE, SUITE 200	CUMMING	GA	30040
Phone	**Title**		
(678) 921-9484	VICE PRESIDENT		
Description of Duties			
40% OWNER IN QUANTUM			

Business Name			From - To (MM/YY – MM/YY)
DIVYO HEALTH SOLUTIONS INC			01/22-PRESENT
Business Address	**City**	**State**	**Zip**
320 W. 9TH STREET NE	ROME	GA	30165
Phone	**Title**		
(855) 675-5210	OFFICER		
Description of Duties			
MANAGES PAYROLL, RECORD KEEPING, AND OTHER ADMINISTRATIVE FUNCTIONS OF THE PHARMACY			

Business Name			From - To (MM/YY – MM/YY)
UNYTER ENTERPRISES LLC			01/19-12/21
Business Address	**City**	**State**	**Zip**
6065 PARKWAY NORTH DRIVE, SUITE 200	CUMMING	GA	30040
Phone	**Title**		
(800) 704-8875	QUALITY ASSURANCE MANAGER		
Description of Duties			
ENSURE THAT ALL WHOLESALE PRODUCTS WERE PROPERLY AND EFFICIENTLY DOCUMENTED UPON ARRIVAL INTO WAREHOUSE AND DEPARTURE OF WAREHOUSE			

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.

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?		✓

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.

D'YANA RAYFUS

Print Name (First, Last)

D'Yana Rayfus

Original Signature (electronic, copies or stamps not accepted)

3/28/2024

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.

D'Yana Rayfus

Original Signature

3/28/2024

Date

Subscribed and Sworn to before me this 28th day of March 2024.

Amanda Chavez

Notary Public Signature

AMANDA RUTH CHAVEZ
Notary Public - State of Georgia
Cherokee County
My Commission Expires Jun 20, 2026

(Seal)

OWNERSHIP INFORMATION

COMPANY NAME	OWNERSHIP PERCENTAGE	BUSINESS ADDRESS	PHONE NUMBER
QUANTUM PHARMA SOLUTIONS INC	100%	6065 PARKWAY NORTH DRIVE SUITE 200 CUMMING, GA. 30040	678-921-9484 ***(BUSINESS)***

OWNER INFORMATION

NAME	TITLE	ADDRESS	OWNERSHIP PERCENTAGE	PHONE
TONY RAYFUS	PRESIDENT	6065 PARKWAY NORTH DRIVE SUITE 200 CUMMING, GA. 30040	51%	678-921-9484
D'YANA RAYFUS	SECRETARY	6065 PARKWAY NORTH DRIVE SUITE 200 CUMMING, GA. 30040	49%	678-921-9484

4KK

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 (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Ezcare Pharmacy

Physical Address: 1535 W Merced Ave Suite 100

City: West Covina State: CA Zip: 91790

Mailing Address (if different from physical address): Same as Above

City: _____ State: _____ Zip: _____

Telephone: (626)-587-0400 Toll Free # (NAC 639.708, NRS 639.23286): 866-532-6276

Fax: (626)-587-0403 Contact Email: ezcarepharmacy9@gmail.com

Website: www.ezcarepharmacyrx.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Nitasha Allahabadi

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 12675 - Nevada

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Nitasha Allahabadi	NV Pharmacist Registration #: 12675
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: Not Applicable	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.

Section 5: Publicly Traded Corporation

State of Incorporation: Not Applicable

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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): None

Corporation/Organization Name: Healthcare Medical Supplies Inc

Mailing Address: 1535 W Merced Ave Suite 100

City: West Covina, State: CA Zip: 91790

Telephone: (626)-587-0400 Email: ezcarepharmacy9@gmail.com

Contact Person Name: Nilesh Kotadiya

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: Not Applicable

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Not Applicable

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO & Pharmacy Manager (title) for Ezcare Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Nilesh Kotadiya

Print Name of Authorized Person

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

12/05/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Nilesh Kotadiya 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 CEO & Pharmacy Manager (title) for Ezcare 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.

Nkotadiya
_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

See attached California Jurat

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)

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 RIVERSIDE

Subscribed and sworn to (or affirmed) before me on this 5th day of DECEMBER, 2023,
Date *Month* *Year*
by
(1) NILESH KOTADIYA
~~(and (2)~~ pp ~~_____~~),
Name(s) of Signer(s)

PRITI B PATEL
Notary Public - California
Riverside County
Commission # 2352663
My Comm. Expires Apr 17, 2025

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

Signature Priti B Patel
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: Affidavit for Pharmacy License **Document Date:** 12/5/2023

Number of Pages: 10 **Signer(s) Other Than Named Above:** None

©2014 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5910

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.

Nilesh Kotadiya

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Nkotadiya

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

12/05/2023

Date

Board Use Only	Date Received: 12/26/23	Amount: $500 - check 0144

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 55626

NAME: EZCARE PHARMACY

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

1535 W MERCED AVE STE 100
WEST COVINA CA 91790
LOS ANGELES COUNTY

ISSUANCE DATE

APRIL 7, 2017

EXPIRATION DATE

APRIL 1, 2025

CURRENT DATE / TIME

MAY 6, 2024
8:15:24 AM

LICENSE RELATIONSHIPS

NAME: ALLAHABADI, NITASHA

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 48551 **PRIMARY STATUS:** CLEAR

Organizational Chart

Corporation: Healthcare Medical Supplies Inc

DBA: Ezcare Pharmacy
Business Address: 1535 W Merced Ave, Suite 100,
West Covina, CA 91790
Phone: 626-587-0400 **Fax**: 626-587-0403
Email: ezcarepharmacy9@gmail.com

Stock Holders:

Nilesh Kotadiya: 49 %
Gopal Sojitra: 33.33 %
Piyush Sakhareliya: 17.67 %

Officers:

Nilesh Kotadiya: CEO
Gopal Sojitra: Secretary
Piyush Sakhareliya: CFO

Directors:

Nilesh Kotadiya
Gopal Sojitra
Piyush Sakhareliya

PIC:

Nitasha Allahabadi

Secretary of State
Certificate of Status

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

Entity Name:	HEALTHCARE MEDICAL SUPPLIES INC
Entity No.:	3883708
Registration Date:	03/08/2016
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all 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 date of this certificate and does not reflect documents that are pending review or other events that may impact 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 November 29, 2023.

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

Certificate No.: 162360220

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.

California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 5/17/2019 Inspector: Sarah Bayley

Firm: EZCARE PHARMACY Phone: ___

Address: 1535 W MERCED AVE STE 100 City: WEST COVINA Zip: 91790

Ownership: CORPORATION

Permit #: PHY55626 Permit Exp: 4/1/2019 DEA#: FH6703397 DEA Exp: 10/31/2019

Date of Self Assessment Form: 4/4/2019 Other Permit #: N/A Date of DEA Inventory: 4/2/2018

Hours M-F: 9-5 Hours Saturday closed Hours Sunday: closed

PIC ___ Administrator ___

RPH Consultant ___

Staff RPH Name:	License #:
NITASHA ALLAHABADI	RPH48551 (PIC)

Staff Name:	License #:
ASHLEY B BEERS	TCH166479
HETAL K DHOLIYA	TCH169791
KISHAN DHOLIYA	CLERK
MARIA M BOLANOS	TCH164055
NILESH D KOTADIYA-CEO	TCH113245
OSCAR LOYA	DRIVER

Inspector Remarks:

Interviewed Nilesh Kotadiya (CEO), who works at the pharmacy daily from Mon to Fri. (This is the only PHY owned by Mr. Kotadiya.) No compounding.

- CURES: Data present for CURES data file ending 05.13.19.
- All pharmacist are encouraged to register with the DOJ at https://pmp.doj.ca.gov to access the PDMP to assist in their corresponding responsibility to fill controlled substance prescriptions.
- Properly posted NTC, Original License & Renewal (BPC4032 and 4059), and DEA Registration
- Pharmacy - Sink Hot/Cold Water, Restroom, Clutter and Cleanliness - compliant
- Drug Storage Temperatures - Refrigerator Temperature (36-46F, 2-8C)
- Prior Self Assessments on file
- Policy / Procedure - Technician Job Description, Theft/Impairment/Diversion, QA, Temporary Absence (uses License Protection handbook by Sydejko)
- Invoices - stores scheduled and dangerous drug invoices separately, CII stored separatly from other controlled in a locked cabinet: RPH only has an access to the cabinet.
- DEA Inventory
- Security: Alarm, Security Cameras
- Outdates

1420

California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

- Ratio: TCH to RPH: 1:1
- Name Tags
- Wholesaler: ABC APIrx, Anda, Toprx, and Paragon
- Reverse Distributor: RX Reverse Distributor (on 03/18/19)
- Rx Label - medication descriptions, patient centered labeling - compliant
- Interpretive Services – compliant, reviewed policy
- QA
- Consultation - observed during inspection. For Delivery, on the delivery sheet, there is a telephone number of Ezcare and a statement for providing consultation for patients.
- Board of Pharmacy Subscriber Email List - compliant
- CCR 1715.65. Inventory Reconciliation Report of Controlled Substances (does monthly and has a perpetual inventory log.)

Please submit a statement by PIC, Kotadiya, and Kishan Kholiya about procedures for AutoRefill and "Reverse and hold claims via email within 72 hours." (by 22nd) to Inspector Sarah Bayley at sarah.bayley@dca.ca.gov

ezcarepharmacy9@gmail.com

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) X Nitasha Allahabadi

Pharmacist (print) X NITASHA ALLAHABADI

Inspector (sign) Sarah Bay

Inspector (print) Sarah Bayley

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:

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

LICENSE NO. PHY 55626
RECEIPT NO. 30442006

VALID UNTIL APRIL 01, 2024

EZCARE PHARMACY
1535 W MERCED AVE STE 100
WEST COVINA CA 91790

02/13/23
02/13/23

The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW

FORM WPHPHY (09/30/19) PH

CA.GOV

dca SEARCH

BOARD OF PHARMACY

ISSUANCE DATE
APRIL 7, 2017
EXPIRATION DATE
APRIL 1, 2024
CURRENT DATE / TIME
NOVEMBER 30, 2023
2:41:19 PM

LICENSING DETAILS FOR: PHY 55626

NAME: EZCARE PHARMACY
LICENSE TYPE: PHARMACY (COMMUNITY)
LICENSE STATUS: CLEAR ⊙

ADDRESS
1535 W MERCED AVE STE 100
WEST COVINA CA 91790
LOS ANGELES COUNTY

LICENSE RELATIONSHIPS

NAME: ALLAHABADI, NITASHA
LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST
LICENSE NUMBER: 48551 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

Remove your new Pocket License from the receipt portion and keep on your person.

Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

10/23/23
10/23/23

CUT HERE

CUT HERE

Board of Pharmacy
2720 Gateway Oaks Drive,
Suite 100
Sacramento, CA 95833
(916) 518-3100

CUT HERE

REGISTERED PHARMACIST

LICENSE NO. RPH 48551 EXPIRATION 12/31/25

NITASHA ALLAHABADI
[redacted]ENGLEWILD DR
GLENDORA CA 91741

Signature Nitasha Allahabadi

RECEIPT NO. 32962097

IMPORTANT

1. Please include your License Number with any correspondence to this office.
2. Notify the Board of Pharmacy of any name or address change in writing.
3. Report any loss immediately in writing to the Board.
4. Please sign and carry the Pocket License with you.

NITASHA ALLAHABADI

LICENSE NO.	EXPIRATION	RECEIPT NO.
RPH 48551	12/31/25	32962097

Please retain this receipt in a safe location.

PPHRPH 09/30/19

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Ezcare Pharmacy

Pharmacy/Wholesaler License # (if applicable): 55626

Physical Address: 1535 W Merced Ave, Suite 100

City: West Covina State: CA Zip: 91790

Mailing Address (if different from physical address): Same Address as Above

City: State: Zip:

Telephone: 626-587-0400 Website: www.ezcarepharmacyrx.com

Licensing Company Email: ezcarepharmacy9@gmail.com

Section 2: Personal Information

First: Nitasha Middle: Last: Allahabadi

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]W Merced Ave, Suite 100

City: West Covina State: CA Zip: 91790

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.)		✓

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		From - To (MM/YY – MM/YY)	
University of Southern California		08/1989 to 08/1993	
Address	**City**	**State**	**Zip**
1510 San Pablo St	Los Angeles	CA	90033
Diploma/Degree obtained, if any			
Doctor of Pharmacy (Pharm.D)			

School Name		From - To (MM/YY – MM/YY)	
University of Delhi		05/1984 to 05/1989	
Address	**City**	**State**	**Zip**
Siri Fort Rd, Siri Fort Institutional Area, Siri Fort	New Delhi	Delhi	110049
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Convent of Jesus & Mary		05/1974 to 05/1984	
Address	**City**	**State**	**Zip**
1, Bangla Sahib Ln, Ashok Place, DIZ Staff Quarters, Connaught	New Delhi	Delhi	110001
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
01/2011 to Present	[redacted] Englewild Dr	Glendora	CA	91741
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
Ezcare Pharmacy			03/2018 To Present	
Business Address		**City**	**State**	**Zip**
1535 W Merced Ave, Suite 100		West Covina	CA	91790
Phone	**Title**		**Number of Employed Hours**	
626-587-0400	Pharmacist In Charge		13520	
Description of Duties				
Managing retail pharmacy operations on daily basis which includes distribution, record keeping, dispensing, ordering & manging compliance of prescription drugs. Doing all operational duties of Pharmacist in charge at Ezcare Pharmacy.				

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.

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?		✓

I, Nitasha Allahabadi **, certify that as the designated representative for**

Ezcare Pharmacy Located at 1535 W Merced Ave, Suite 100, West Covina, CA 91790 ,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. NA I am at least 21 years of age;
3. NA 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. NA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NA 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. NA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Nitasha Allahabadi

Print Name (First, Last)

Nitasha Allahabadi

Original Signature (electronic, copies or stamps not accepted)

12/19/2023

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.

Nitasha Allahabadi

Print Name (First, Last)

Nitasha Allahabadi

Original Signature (electronic, copies or stamps not accepted)

12/19/2023

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.

Original Signature

Date

Attached please See CA Surat

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

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 Los Angeles }

Subscribed and sworn to (or affirmed) before me on this 19 day of December, 20 23 by Nitasha Allahabadi,

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

Harpreet Kaur

Notary Public Signature

HARPREET KAUR
COMM. #2430255
Notary Public - California
LOS ANGELES COUNTY
My Comm. Expires DEC. 11, 2026

(Seal)

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Designated Representative Application

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 12/19/2023

Additional Information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
- Additional information Is not required but could help to ensure this jurat is not misused or attached to a different document.
- Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

1(800)599-2923 | 1(310)242-7775

www.TheNotaryLab.com

EZCARE Pharmacy

1535 W. Merced Ave., Suite 100
West Covina, CA 91790
Phone 626.587.0400
Fax 626.587.0403
ezcarepharmacy9@gmail.com

Date: 12/07/2023

To,
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521
Phone: (775) 850 -1440

Subject: Nitasha Allahabadi – PIC & Designated Representative employed for over 6,000 hours at Ezcare Pharmacy.

This is Nilesh Kotadiya from Healthcare Medical Supplies Inc. DBA Ezcare Pharmacy. I am this pharmacy's CEO and pharmacy manager. Nitasha Allahabadi is a California-licensed pharmacist with License # 48551 and a Nevada Pharmacist License with License # 12675. Nitasha Allahabadi is currently employed with Ezcare Pharmacy as a Pharmacist in Charge (PIC) and Designated Representative, and her first day of employment with Ezcare Pharmacy was 03/02/2018.

She has completed 12,160 hours of employment with Ezcare Pharmacy and has experience in dispensing and distributing prescription drugs and record-keeping related to them. She has done and is currently doing all the daily operational duties of the Pharmacists In charge at Ezcare Pharmacy.

If you have any questions or concerns regarding her hours of employment and experience with Ezcare Pharmacy, don't hesitate to contact me by phone at (714) 400-4506 or ezcarepharmacy9@gmail.com.

Thank you,

Nilesh Kotadiya

CEO & Pharmacy Manager

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Ezcare Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): 55626

Physical Address: 1535 W Merced Ave, Suite 100

City: West Covina State: CA Zip: 91790

Mailing Address (if different from physical address): Same as Above Address

City: State: Zip:

Telephone: (626)-587-0400 Website: www.ezcarepharmacyrx.com

Licensing Company Email: ezcarepharmacy9@gmail.com

Section 2: Personal Information

First: Nilesh Middle: Dineshbhai Last: Kotadiya

Alias(es, nicknames, name changes, etc.): Previous First Name was: Nileshkumar

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]W Merced Ave Suite 100

City: West Covina State: CA Zip: 91790

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.)		✓

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			From - To (MM/YY – MM/YY)	
Nirma University Institute of Pharmacy			09/2009- 12/2010	
Address		City	State	Zip
Sarkhej - Gandhinagar Hwy, Gota		Ahmedabad	Gujarat	382481
Diploma/Degree obtained, if any				
Pharmacy Honors - Clinical Pharmacy Practice				
School Name			From - To (MM/YY – MM/YY)	
Stevens Institute of Technology			06/2006- 06/2009	
Address		City	State	Zip
1 Castle Point Terrace		Hoboken	NJ	07030
Diploma/Degree obtained, if any				
M.S in Pharmaceutical Manufacturing				
School Name			From - To (MM/YY – MM/YY)	
Rajiv Gandhi Health Sciences University			05/2001- 05/2006	
Address		City	State	Zip
12, 30th Cross Rd, 4th T Block East, Jayanagar		Bangaluru	Karnatak	560041
Diploma/Degree obtained, if any				
Bachelor of Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Sheth Acharatlal Harilal Saraswati Vidyalaya			06/1998-06/2000	
Address		City	State	Zip
2JH5+72R, Saraspura		Ahmedabad	Gujarat	380018
Diploma/Degree obtained, if any				
11th & 12th Grade				
School Name			From - To (MM/YY – MM/YY	
Sarvoday Vidhyamandir			06/1995-06/1998	
Address		City	State	Zip
2JQJ+3HH, India Colony Rd, Opposite Samjuba Hospital		Ahmedabad	Gujarat	380024
Diploma/Degree obtained, if any				
8th, 9th & 10th Grade				

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
06/2014- Present	[redacted] Fowler Ln	Eastvale	CA	92880
01/2011 - 06/2014	[redacted] W Alameda Ave, Apt #20F	Anaheim	CA	92801
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
Ezcare Pharmacy			05/2017- Present	
Business Address		**City**	**State**	**Zip**
1535 W Merced Ave Suite 100		West Covina	CA	91790
Phone	**Title**			
626-587-0400	CEO & Pharmacy Manager			

Description of Duties

Managing retail pharmacy operations on daily basis which includes distribution, record keeping, dispensing, compliance, hiring and managing the staff of pharmacy.

Business Name			From - To (MM/YY – MM/YY)	
Cura Pharmacy			05/2021 to Present	
Business Address		**City**	**State**	**Zip**
17400 Irvine Blvd Suite P		Tustin	CA	92780
Phone	**Title**			
714-505-2872	CFO & Secretary			

Description of Duties

Assisting and managing financial part of pharmacy. Mostly working remotely and assisting in paying all vendors and help with re-credentialing and contracting process of PBM's.

Business Name			From - To (MM/YY – MM/YY)	
Saint Johns Plaza Pharmacy			02/2020 to Present	
Business Address		**City**	**State**	**Zip**
1301 20th St,Suite 120		Santa Monica	CA	90404
Phone	**Title**			
310-453-6553	CFO			

Description of Duties

Assisting and managing financial part of pharmacy. Mostly working remotely and assisting in paying all vendors and help with re-credentialing and contracting process of PBM's.

Business Name			From - To (MM/YY – MM/YY)	
Lotus Pharmacy			06/2019 to Present	
Business Address		**City**	**State**	**Zip**
27994 Bradley Rd, Suite H		Sun City	CA	92586
Phone	**Title**			
951-301-8868	Secretary			

Description of Duties

Assisting and managing contracting and re-credentialing with PBM contracts. Keeping eye on overall pharmacy operations and assisting the PIC on as needed basis.

Business Name			From - To (MM/YY – MM/YY)	
Bright Care Pharmacy			06/2019 to Present	
Business Address		**City**	**State**	**Zip**
140 N Orange Ave, Suite 103		West Covina	CA	91790
Phone	**Title**			
626-251-1630	CEO			

Description of Duties

Assisting and managing financial part of pharmacy. Mostly working remotely and assisting in paying all vendors and help with re-credentialing and contracting process of PBM's.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Rite Care Pharmacy			06/2019 to Present	
Business Address		City	State	Zip
1433 N Hollenbeck Ave, Suite 103		Covina	CA	91722
Phone	Title			
626-251-1640	CEO			

Description of Duties

Assisting and managing financial part of pharmacy. Mostly working remotely and assisting in paying all vendors and help with re-credentialing and contracting process of PBM's.

Business Name			From - To (MM/YY – MM/YY)	
Pharmaerica Corporation (Kindred Hospital)			05/2012 to 04/2014	
Business Address		City	State	Zip
14900 Imperial Highway		La Mirada	CA	90638
Phone	Title			
562-777-3646	Pharmacy Technician			

Description of Duties

Entering the physicians orders in to pharmacy software system, Making IV preparation in IV Room, Delivering medications on floor at nursing station, filling the pyxes machine, making the Crash carts and re stock the shelves.

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.

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?		✓

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.

Nilesh Kotadiya

Print Name (First, Last)

Nkotadiya

Original Signature (electronic, copies or stamps not accepted)

12/05/2023

Date

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

State of CALIFORNIA, ss. County of RIVERSIDE

I, NILESH KOTADIYA, 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.

Nkotadiya

Original Signature

12/05/2023

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

See attached California Jurat.

(Seal)

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)

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 RIVERSIDE

Subscribed and sworn to (or affirmed) before me on this 5th day of DECEMBER, 2023,
Date *Month* *Year*
by
(1) NILESH KOTADIYA
~~(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.

PRITI B PATEL
Notary Public - California
Riverside County
Commission # 2352663
My Comm. Expires Apr 17, 2025

Signature Priti B Patel
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:** 12/5/2023

Number of Pages: 7 **Signer(s) Other Than Named Above:** NONE

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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 (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site EZCARE PHARMACY

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 55626

Physical Address 1535 W MERCED AVE STE 100 WEST COVINA CA 91790

City WEST COVINA State CA Zip 91790

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First GOPAL Middle D Last SOJITRA

Alias(es, nicknames, name changes, etc.) GOPALKUMAR D SOJITRA

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] VILLA ROSA CT

City EASTVALE State CA Zip 92880

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.)		✓

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		From - To (MM/YY – MM/YY)	
WESTERN UNIVERSITY OF HEALTH SCIENCES		01/2010-06/2013	
Address	**City**	**State**	**Zip**
309 E 2nd St	POMONA	CA	91767
Diploma/Degree obtained, if any			
DOCTOR OF PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
LONG ISLAND UNIVERSITY		01/2005-06/2008	
Address	**City**	**State**	**Zip**
1 University Plaza	BROOKLYN	NY	11201
Diploma/Degree obtained, if any			
MASTERS IN DRUG REGULATORY AFFAIRS			

School Name		From - To (MM/YY – MM/YY)	
MS UNIVERSITY OF BARODA		06/2000-06/2004	
Address	**City**	**State**	**Zip**
Kalabhavan, Babajipura	BARODA	GUJ	390001
Diploma/Degree obtained, if any			
BACHELOR OF PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
PP SAVANI HIGH SCHOOL		01/1996-01/2000	
Address	**City**	**State**	**Zip**
Varachha Main Rd, Bhakktlnagar V-2, Near, Hirabaugh	SURAT	GUJ	395006
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)	Address	City	State	Zip
05/2013-07/2017	[redacted]4TH ST	RANCHO CUCAMONGA	CA	91730
07/2017- PRESEN	[redacted] VILLA ROSA CT	EASTVALE	CA	92880
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
CVS			05/2013-05/2015	
Business Address		**City**	**State**	**Zip**
211 W Baseline Rd		RIALTO	CA	92376
Phone	**Title**			
(909) 874-8002	STAFF PHARMACIST			
Description of Duties				
RETAIL PHARMACIST				

Business Name			From - To (MM/YY – MM/YY)	
EZRX PHARMACY			05/15 TO PRESENT	
Business Address		**City**	**State**	**Zip**
731 INDIAN HILL BLVD		POMONA	CA	91767
Phone	**Title**			
9097643060	CEO			
Description of Duties				
PHARMACIST AND OWNER				

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.

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?		✓

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.

GOPAL SOJITRA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/4/2023

Date

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

State of California, ss. County of San bernardino

I, Gopal Sojitra, 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

12/4/2023

Date

Subscribed and Sworn to before me this 4th day of December 2023

Notary Public Signature

JASON G. THOMAS
Notary Public - California
San Bernardino County
Commission # 2329266
My Comm. Expires Jun 27, 2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site EZCARE PHARMACY

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 55626

Physical Address 1535 W MERCED AVE, STE 100

City WEST COVINA State CA Zip 91790

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 626-587-0400 Website ezcarepharmacyrx.com

Licensing Company Email ezcarepharmacy9@gmail.com

Section 2: Personal Information

First PIYUSH Middle _____ Last SAKHARELIYA

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] MEADOWVALE ST

City EASTVALE State CA Zip 91752

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.)		✓

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		From - To (MM/YY – MM/YY)	
ROSEMAN UNIVERSITY		4/2011 - 5/2014	
Address	**City**	**State**	**Zip**
10920 S River Front Pkwy	SOUTH JORDAN	UT	84095
Diploma/Degree obtained, if any			
DOCTRATE OF PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
ROSEMAN UNIVERSITY		4/2011 - 5/2014	
Address	**City**	**State**	**Zip**
10920 S River Front Pkwy	SOUTH JORDAN	UT	84095
Diploma/Degree obtained, if any			
MBA			

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
10/2017- CURREN	[redacted]MEADOWVALE ST	EASTVALE	CA	91752
4/2014-10/2017	[redacted]TREEMONT PL,APT 207	CORONA	CA	92879
4/2011 - 4/2014	[redacted]S 1075 W, APT 107	WEST JORDAN	UT	84088
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
COMMUNITY PHARMACY			8/2017 - 11/2023
Business Address	**City**	**State**	**Zip**
1288 E LATHAM AVE	HEMET	CA	92543
Phone	**Title**		
0516580050	PHARMACIST		

Description of Duties

Accurately verifying and dispensing prescriptions, Maintaining accurate medication records, Providing medication counseling, Managing pharmacy inventory and ordering medications

Business Name			From - To (MM/YY – MM/YY)
CARE PLUS PHARMACY			4/2016 - 7/2017
Business Address	**City**	**State**	**Zip**
4990 ARLINGTON AVE, SUITE A	RIVERSIDE	CA	92503
Phone	**Title**		
(951) 324-1610	PHARMACIST		

Description of Duties

Supervising pharmacy technicians and other staff, Completing administrative tasks, Providing medication therapy management, Community outreach, Accurately verifying and dispensing prescriptions, Maintaining accurate medication

Business Name			From - To (MM/YY – MM/YY)
CUCAMONGA COMMUNITY PHARMACY			2/2015 - 4/2016
Business Address	**City**	**State**	**Zip**
8237 Rochester Ave #140	Rancho Cucamonga	CA	91730
Phone	**Title**		
(909) 948-8377	PHARMACIST		

Description of Duties

Completing administrative tasks, Providing medication therapy management, Community outreach, Accurately verifying and dispensing prescriptions, Maintaining accurate medication

Business Name			From - To (MM/YY – MM/YY)
RITEAID PHARMACY			8/2014 - 2/2015
Business Address	**City**	**State**	**Zip**
32450 Clinton Keith Road , CA 92595	Wildomar	CA	92595
Phone	**Title**		
(951) 678-9141	STAFF PHARMACIST		

Description of Duties

Providing medication therapy management, Accurately verifying and dispensing prescriptions, Maintaining accurate medication

Business Name			From - To (MM/YY – MM/YY)
RITEAIDPHARMACY			4/2011 - 4/2014
Business Address	**City**	**State**	**Zip**
1837 W 4700 S	TAYLORSVILLE	UT	84129
Phone	**Title**		
8019670682	PHARMACY INTERN		

Description of Duties

FILLING MEDICATIONS, PATIENT COUNSELLING

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?		✓

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.

PIYUSH, SAKHARELIYA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/4/2023

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.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Please See attach

Notary Public Signature

(Seal)

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

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 Riverside

Subscribed and sworn to (or affirmed) before me on this 4th (Date) day of December (Month), 2023 (Year), by

(1) Piyush Sakhareliya

(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.

Place Notary Seal and/or Stamp Above

Signature Laurie ann Casanova

Signature of Notary Public

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: Nevada State Board of Pharmacy

Document Date: 12/4/2023 Number of Pages: 4

Signer(s) Other Than Named Above: N/A

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4LL

RECEIVED 3/19/24

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 (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA #: FG2351788 ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☒ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Genoa Healthcare LLC

Physical Address: 2580 AZ-95, Suite 119-P

City: Bullhead City State: AZ Zip: 86442

Mailing Address (if different from physical address): 11000 Optum Circle Suite 100

City: Eden Prairie State: MN Zip: 55344

Telephone: 928-444-8640 Toll Free # (NAC 639.708, NRS 639.23286): 1-800-519-1139

Fax: 928-237-4553 Contact Email: genpharmlic@optum.com

Website: www.genoahealthcare.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Angela Weiss

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20479

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Angela Weiss	NV Pharmacist Registration #: 20479
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: N/a	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.

Section 5: 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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: PA

Parent Company (if any): Specialized Pharmaceutical, Inc

Corporation/Organization Name: _____

Mailing Address: 707 S Grady Way, Suite 400

City: Renton State: WA Zip: 98057

Telephone: 253-218-0830 Email: genpharmlic@optum.com

Contact Person Name: Karen Bohmer

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/a

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/a

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Secretary (title) for Genoa Healthcare LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Karen Bohmer

Print Name of Authorized Person

Karen Bohmer

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

3-11-2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Karen Bohmer 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 Secretary (title) for Genoa Healthcare LLC (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.

Karen G Bohmer
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 11th day of MARCH, 2024

Aileen M Warren
Notary Public

AILEEN M WARREN
Official Seal
Notary Public - State of Illinois
My Commission Expires Jan 25, 2025

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 Bohmer

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Karen Bohmer

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

3-11-2024

Date

Board Use Only	Date Received: 3/19/24	Amount: $500-cc

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Genoa Healthcare LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 2580 AZ-95, Suite 119-P

City: Bullhead City State: AZ Zip: 86442

Mailing Address (if different from physical address): 11000 Optum Circle, Suite 100

City: Eden Praire State: MN Zip: 55344

Telephone: 928-444-8640 Website: www.genoahealthcare.com

Licensing Company Email: genpharmlic@optum.com

Section 2: Personal Information

First: Angela Middle: Last: Weiss

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] S. Club House Drive

City: Fort Mohave State: AZ Zip: 86426

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.)		✓

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		From - To (MM/YY – MM/YY)	
St Louis College of Pharmacy		01/01 - 05/04	
Address	City	State	Zip
1 Pharmacy Place	St. Louis	MO	63110
Diploma/Degree obtained, if any			
BS in Pharmacy			
School Name		From - To (MM/YY – MM/YY)	
Carl Sandburg College		01/97 - 12/99	
Address	City	State	Zip
2400 Tom L. Wilson Blvd	Galesburg	FL	61401
Diploma/Degree obtained, if any			
Associate of Science			
School Name		From - To (MM/YY – MM/YY)	
Galesburg High School		08/93 - 05/97	
Address	City	State	Zip
1135 W. Fremont St	Galesburg	FL	61401
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
05/23 - present	[redacted] S. Club House Drive	Ft Mohave	AZ	86426
11/20 - 5/23	[redacted] Rising Sun Road	Bullhead City	AZ	86442
08/11 - 11/20	[redacted] E Lago Grande Cove	Ft Mohave	AZ	86426
From - To (MM/YY – MM/YY)	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: Genoa Healthcare			From - To (MM/YY – MM/YY): 11/22 - present	
Business Address: 2580 Hwy 95 Ste 119-P	City: Bullhead City		State: AZ	Zip: 86442
Phone: 928-444-8640	Title: Pharmacy Site Manager		Number of Employed Hours: 40 hr/week	
Description of Duties:				

Business Name: Walmart			From - To (MM/YY – MM/YY):	
Business Address: 5210 S. Hwy 95	City: Ft Mohave		State: AZ	Zip: 86426
Phone: 928-768-9022	Title: Staff Pharmacist		Number of Employed Hours: 32 hrs/week	
Description of Duties:				

Business Name: Smith's Food + Drug			From - To (MM/YY – MM/YY): 08/06 - 07/22	
Business Address: 4747 S. Hwy 95	City: Ft Mohave		State: AZ	Zip: 86427
Phone: 928-330-3704	Title: Pharmacy Manager		Number of Employed Hours: 40 hr/week	
Description of Duties:				

Business Name: ValleyView Medical Center			From - To (MM/YY – MM/YY): 05/18 - present	
Business Address: 5330 Hwy 95	City: Ft Mohave		State: AZ	Zip: 86426
Phone: 928-788-2273	Title: PRN - Relief Pharmacist		Number of Employed Hours: 50-100 hrs/year	
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?		✓

I, Angela Weiss, **certify that as the designated representative for**

Genoa Healthcare LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AW I am at least 21 years of age;
3. AW 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. AW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AW 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. AW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Angela Weiss

Print Name (First, Last)

Angela Weiss

Original Signature (electronic, copies or stamps not accepted)

4-4-24

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.

Angela Weiss

Print Name (First, Last)

Angela Weiss

Original Signature (electronic, copies or stamps not accepted)

4-4-24

Date

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

State of Arizona, ss. County of Mohave

I, Angela Weiss, 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.

Angela Weiss

Original Signature

4-4-24

Date

Subscribed and Sworn to before me this 4 day of April, 24.

Jennifer Niswonger

Notary Public Signature

Jennifer Niswonger
Notary Public - Arizona
Mohave County
Commission Number 639727
My Comm. Exp. 11/3/2026

(Seal)

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 11/08/2021
Receipt Number: 2021123850
Receipt Amount $: 480.00

Pharmacy - Chain

Retail

PERMIT NO	**EXPIRES**
Y009198	**10/31/2024**

Issued to :

Genoa Healthcare LLC
Genoa Healthcare, LLC
11000 OPTUM CIRCLE
EDEN PRAIRIE, MN 55344

Genoa Healthcare LLC
2580 AZ-95 SUITE 119-P
BULLHEAD CITY, AZ 86442

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 : Genoa Healthcare, LLC
LICENSE NUMBER : Y009198
EXPIRES : 10/31/2024

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.

1464

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FG2351788	09-30-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	12-22-2022

GENOA HEALTHCARE LLC
2580 AZ-95 SUITE 119-P
BULLHEAD CITY, AZ 86442

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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Form DEA-223 (9/2016)

REG-0001

Arizona State Board of Pharmacy

Physical address: 1110 W. Washington Street Suite 260 Phoenix, AZ 85007;
Mailing address: PO Box 18520 Phoenix, AZ 85005-8520
Telephone: 602-771-2727 Fax: 602-771-2749 Website: https://pharmacy.az.gov

NOTICE OF INSPECTION RIGHTS-PREMISES SUBJECT TO INSPECTION

DATE: 12/19/2022	**Permittee:** Genoa Healthcare, LLC.
COMPLIANCE OFFICER/INSPECTOR: Chirag Patel	**Permit #:** Y009198
ACCOMPANIED BY:	**Address:** 2580 AZ-95, Suite 119-P Bullhead City, AZ. 86442.

1. This inspection is conducted under the authority of Arizona Revised Statutes (A.R.S.) §§32-1904(A), 32-1927.03(D), 32-1939(A), 32-1941(C), 32-1964(A), 36-2522(E), and 36-2523(C)),

2. The purpose of the inspection is to determine compliance with A.R.S. Title 32, Chapter 18; A.R.S. Title 36, Chapter 27; and Arizona Administrative Code (A.A.C.) Chapter 23, Title 4.

3. Fees for the inspection are: ☒ Not applicable ☐ Authorized by: _____ as follows: _____.

4. An authorized on-site representative of this facility may accompany the inspector(s) during the inspection of the premises except during any confidential interview.

5. You have the right to have on request copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.

6. You have the right to have on request a split of any samples taken during the inspection if the split of any samples would not prohibit an analysis from being conducted or render an analysis inconclusive.

7. You have the right to have on request copies of any analysis performed on samples taken during the inspection.

8. You have the right to have on request copies of any documents to be relied on to determine compliance with licensure or regulatory requirements if the agency is otherwise allowed by law to do so.

9. You have the right to have on request a detailed billing statement that provides reasonable specificity of the inspection or audit fees imposed pursuant to paragraph 3 of this subsection and that cites the statute or rule that authorizes the fees being charged.

10. Each person whose conversation is tape-recorded during the inspection will be informed that the conversation is being recorded.

11. Each person interviewed during the inspection will be informed that statements made by the person may be included in the report. Participation in an interview is voluntary unless the person is legally compelled to participate in the interview. Each person interviewed will be allowed twenty-four hours to review and revise any written witness statement drafted by the inspector(s) and on which the inspector(s) request the person's signature. The inspector(s) may not prohibit the person from having an attorney or expert in their field present during the interview to represent or advise the regulated person.

12. An inspector may not take any adverse action, treat the person less favorably or draw any inference as a result of the person's decision to be represented by an attorney or advised by other experts in their field.

13. The information and documents provided to the inspector(s) are confidential pursuant to A.R.S. § 32-1940. However, in the event they do become public record during a Board meeting, the regulated person may redact trade secrets and proprietary and confidential information.

14. A new or amended compliance action arising from the inspection may not be filed against the regulated person more than four years after the date of the inspection.

15. If you have any questions regarding this inspection, you may contact: **Chirag Patel at 602-376-3203 email: cpatel@azpharmacy.gov**

16. You have the right to appeal a final decision of the Board if any administrative order is issued or other enforcement action is taken based on the results of this inspection. Administrative hearing rights are found in A.R.S. § 41-1092 et seq. Rights relating to appeal of a final agency decision are found in A.R.S. § 12-901 et seq.

17. If you have any questions regarding your right to appeal an enforcement action taken by the Board based on this inspection, you may contact: Jennifer Keonavong, Deputy Director at 602-771-2735, or Arizona Ombudsman-Citizens' Aide: 7878 N. 16th St. # 235, Phoenix, AZ 85020 602-277-7292 (email: ombuds@azoca.gov).

Upon entry onto the premises for this inspection, the Board inspector(s) identified above presented photo identification indicating they are Board employees, and reviewed with me the above Notice of Inspection Rights. I have read the disclosures above and am notified of my inspection and due process rights as listed above. I understand that while I have the right to decline to sign this form, the Board inspector(s) may nevertheless proceed with the inspection.

Signature and Title of Authorized Representative: Angela Klein **Date:** 12-19-22

☐ **By checking this box, the inspector(s) documents the refusal of the authorized representative to sign the Notice of Inspection Rights.**

Arizona State Board of Pharmacy

KEG-0001

PHARMACY SECURITY/EQUIPMENT INSPECTION on 12/19/2022 for Genoa Healthcare, LLC

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y009198	10/31/2023	Genoa Healthcare, LLC

Address :

2580 AZ-95

Zip :	City :	State :
86442	Bullhead City	AZ

Phone :	Fax :	Email :
(928) 444-8640	(928) 271-8550	aweiss@genoahealthcare.com

Inspection Date :	PIC :	Pic License Exp Date :
12/19/2022	Angela Weiss	10/31/2024

Inspection Reviewed With :	Reviewers License# :	Inspection type :
Angela Weiss and Devan Hansen	S015632	Opening

Inspection Conducted By :

Chirag Patel

ACTIVITIES

1	Nonsterile Compounding	○YES ◉NO
2	Nonsterile Hazardous Compounding	○YES ◉NO
3	Sterile Compounding	○YES ◉NO
4	Sterile Hazardous Compounding	○YES ◉NO

Hospital Facility Data

# Licensed Beds	DHS License #

PHARMACY DEPARTMENT

1	Size/Personnel 404 sq. ft. allowing a maximum of 4 personnel.	◉S ○C/P ○U ○N/A R4-23-609(A); R4-23-655(B)(C); R4-23-670 to 675
2	Shelves	◉S ○C/P ○U ○N/A R4-23-609(A); R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Design-efficient, safe pharmacy practice	◉S ○C/P ○U ○N/A R4-22-609(A); R4-23-655(C); R4-23-672(A); R4-23-673(A)(B); R4-23-674(A)(3); R4-23-675(A)

4	Counter	◉S ○C/P ○U ○N/A R4-23-609(B); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Aisles	◉S ○C/P ○U ○N/A R4-23-609(C); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
6	Consultation area Sign will be attached when painting is completed.	○S ◉C/P ○U ○N/A R4-23-609(D)
7	Enclosed (barrier)	◉S ○C/P ○U ○N/A R4-23-609(F); R4-23-655(D); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675
8	Entry doors	◉S ○C/P ○U ○N/A R4-23-609(F); R4-23-610(B); R4-23-655(D); R4-23-657(A)(2); R4-23-672(A)(F)(2); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
9	Lighting	◉S ○C/P ○U ○N/A R4-23-609(G); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
10	Temperature controlled/Ventilation	◉S ○C/P ○U ○N/A R4-23-609(G); R4-23-655(E); R4-23-656(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Working counter barrier	◉S ○C/P ○U ○N/A R4-23-609(H)
12	Receiving/checking area	◉S ○C/P ○U ○N/A R4-23-610(E); R4-23-655(E); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
13	Opening for Rx receipt when closed	○S ○C/P ○U ◉N/A R4-23-610(F)
14	Walls	◉S ○C/P ○U ○N/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
15	Ceilings	◉S ○C/P ○U ○N/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
16	Windows	○S ○C/P ○U ◉N/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
17	Floors	◉S ○C/P ○U ○N/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
18	Restroom	◉S ○C/P ○U ○N/A R4-23-611(A)(4)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	Sink (hot and cold running water)	◉S ○C/P ○U ○N/A R4-23-611(A)(9); R4-23-656(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
20	Nonsterile compounding area	○S ○C/P ○U ◉N/A R4-23-410(E)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

SECURITY

1	Controlled substances Dedicated locked Safe.	◉S ○C/P ○U ○N/A R4-23-609(E); R4-23-657(A)(1); R4-23-658(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Pharmacist access	◉S ○C/P ○U ○N/A R4-23-609(F); R4-23-610(B); R4-23-657(A)(1); R4-23-671(B)(1); R4-23-672(A)(B)(F); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Additional pharmacy drug storage areas	○S ○C/P ○U ◉N/A R4-23-609(G)(2); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Filled Rx medication storage	◉S ○C/P ○U ○N/A R4-23-610(G); R4-23-673(E); R4-23-674(C); R4-23-675(C)
5	Remote drug storage (hospitals)	○S ○C/P ○U ◉N/A R4-23-654(D); R4-23-672(C)

PHARMACY LIBRARY

1	Pharmacology or Toxicology reference Online Lexicomp	◉S ○C/P ○U ○N/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Therapeutics reference Online Lexicomp	◉S ○C/P ○U ○N/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Drug compatibility reference	◉S ○C/P ○U ○N/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Drug product equivalency reference Online Orange Book	◉S ○C/P ○U ○N/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Sterile products reference	○S ○C/P ○U ◉N/A R4-23-612(A)(9); R4-23-656(1); R4-23-670(B)(6); R4-23-672(A); R4-23-673(C); R4-23-675(A)
6	Policy and procedure manual-pharmacy operations Online	◉S ○C/P ○U ○N/A R4-23-610(A); R4-23-653(A); R4-23-658(A); R4-23-671(E); R4-23-672(A)(G); R4-23-673(G); R4-23-674(F); R4-23-675(D)
7	Policy and procedure manual-technicians Online	◉S ○C/P ○U ○N/A R4-23-610(A); R4-23-653; R4-23-672(A)(G); R4-23-673(C); R4-23-674(F); R4-23-675(D)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

8	Policy and procedure manual-automation R4-23-614; R4-23-615; R4-23-616; R4-23-654(D); R4-23-701.02; R4-23-701.04	◉S ○C/P ○U ○N/A
9	Policy and procedure manual-compounding R4-23-410; R4-23-670	○S ○C/P ○U ◉N/A
10	Arizona statutes/rules Online R4-23-612(A)(8); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S ○C/P ○U ○N/A
11	Current antidote/drug interaction information Online R4-23-612(A)(12); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S ○C/P ○U ○N/A
12	Poison Control # displayed R4-23-612(A)(13); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S ○C/P ○U ○N/A

PHARMACY EQUIPMENT/FORMS

1	Refrigerator R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670; R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S ○C/P ○U ○N/A
2	Freezer R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670(B)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S ○C/P ○U ○N/A
3	Computer-security/data storage R4-23-408	◉S ○C/P ○U ○N/A
4	Computer-patient profiles R4-23-408(B)(3)	◉S ○C/P ○U ○N/A
5	Computer-single drug usage report R4-23-408(B)(4)	◉S ○C/P ○U ○N/A
6	Computer-pharmacist log book/hard copy print out R4-23-408(C)(4)	◉S ○C/P ○U ○N/A
7	Prescription label ARS 32-1963.01; ARS 32-1968; R4-23-612(A)(10); R4-23-658(D)(1)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)(D); R4-23-701.01(2); R4-23-703(C)	◉S ○C/P ○U ○N/A
8	Federal transfer labels R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)	◉S ○C/P ○U ○N/A
9	Warning labels R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)	◉S ○C/P ○U ○N/A
10	Written patient information R4-23-402(C)(4); R4-23-402(I)	◉S ○C/P ○U ○N/A
11	Consultation log R4-23-402(G)	◉S ○C/P ○U ○N/A

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12	Federal medication guides	◉S ○C/P ○U ○N/A	21 CFR part 208
13	Hospital IV label	○S ○C/P ○U ◉N/A	R4-23-658
14	Generic Rx blanks	◉S ○C/P ○U ○N/A	R4-23-402(A); R4-23-407(D)
15	Immunization administration recordkeeping	◉S ○C/P ○U ○N/A	R4-23-411(F)
16	Schedule V register	○S ○C/P ○U ◉N/A	R4-23-612(A)(2)
17	Methamphetamine precursor sales log By prescription only.	○S ○C/P ○U ◉N/A	ARS 32-1977
18	Red C stamp Filed separately	○S ○C/P ○U ◉N/A	R4-23-612(A)(11); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	CSPMP reporting	◉S ○C/P ○U ○N/A	R4-23-502
20	Graduates	◉S ○C/P ○U ○N/A	R4-23-612(A)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
21	Mortar & Pestle	◉S ○C/P ○U ○N/A	R4-23-612(A)(4); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
22	Steel spatulas	◉S ○C/P ○U ○N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
23	Rubber (nonmetallic) spatula	◉S ○C/P ○U ○N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
24	Approved Rx balance	○S ○C/P ○U ◉N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
25	Weights for Rx balance	○S ○C/P ○U ◉N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
26	Ointment tile	◉S ○C/P ○U ○N/A	R4-23-612(A)(7); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
27	Automated storage and distribution system (patient access)	○S ○C/P ○U ◉N/A	R4-23-614(A)(B)(1)(2)

28	Automated storage and distribution system (hospital)	○S ○C/P ○U ◉N/A R4-23-614(A)(B)(1)(3); R4-23-654(D)
29	Mechanical storage and counting device	○S ○C/P ○U ◉N/A R4-23-615
30	Mechanical counting device Kirby Lester	◉S ○C/P ○U ○N/A R4-23-616
31	Emergency drug supply units (LTC)	○S ○C/P ○U ◉N/A R4-23-701.02
32	Automated emergency drug supply units (LTC)	○S ○C/P ○U ◉N/A R4-23-701.02(E)
33	Automated dispensing system (LTC)	○S ○C/P ○U ◉N/A R4-23-701.04

STERILE PRODUCT COMPOUNDING AREA/EQUIPMENT:

1	Size	○S ○C/P ○U ◉N/A R4-23-670(A)
2	Dedicated to compounding sterile products	○S ○C/P ○U ◉N/A R4-23-670(A)(1); R4-23-656(5)
3	Isolated from other pharmacy functions	○S ○C/P ○U ◉N/A R4-23-670(A)(2)
4	Restricts entry/access	○S ○C/P ○U ◉N/A R4-23-670(A)(3)
5	Free from unnecessary disturbances airflow	○S ○C/P ○U ◉N/A R4-23-670(A)(4)
6	Nonporous and cleanable floor	○S ○C/P ○U ◉N/A R4-23-670(A)(5)
7	Nonporous and cleanable walls	○S ○C/P ○U ◉N/A R4-23-670(A)(5)
8	Nonporous and cleanable ceiling	○S ○C/P ○U ◉N/A R4-23-670(A)(5)
9	Environment ISO 7	○S ○C/P ○U ◉N/A R4-23-670(A)(6)
10	Hood ISO 5	○S ○C/P ○U ◉N/A R4-23-670(B)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

11	Prep area ISO 7/ISO 8	○S ○C/P ○U ◉N/A	R4-23-110; R4-23-670(E)(F)

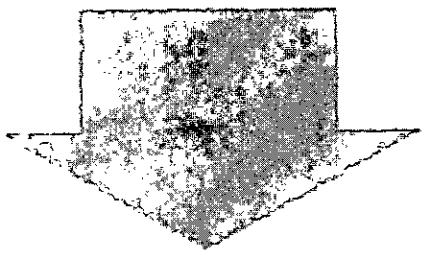
NOTES

Specialized Pharmaceuticals, Inc.

FEIN: 25-1868213

Address: 707 S. Grady Way, Suite 700, Renton, WA 98057 **Telephone Number:** (253) 218-0830

Parent of Genoa Healthcare LLC 100% Ownership



Genoa Healthcare LLC

FEIN: 27-0556097

Address: 707 S. Grady Way, Suite 700, Renton, WA 98057 **Telephone Number:** (253) 218-0830

Subsidiary of Specialized Pharmaceuticals, Inc. 0% Ownership

genoa healthcare

Genoa Healthcare LLC

FEIN: 27-0556097
Corporate Address: 707 S. Grady Way., Ste 400
Renton, WA 98057
Phone: (253) 218-0830
Fax: (253) 217-4306
Email: genpharmlic@optum.com

Officers of the Board of Genoa Healthcare LLC

** Officers have 0% ownership in Genoa Healthcare LLC.*

Name	Title	Address	Ownership Percentage
Todd V. Gustin	President/ CEO	11000 Optum Circle Suite 100 Eden Prairie, MN 55344	0%
Karen Elizabeth Bohmer	Secretary	11000 Optum Circle Suite 100 Eden Prairie, MN 55344	0%
Timothy Joseph Langdon	Assistant Secretary	11000 Optum Circle Suite 100 Eden Prairie, MN 55344	0%
Heather Anastasia Lang	Assistant Secretary	11000 Optum Circle Suite 100 Eden Prairie, MN 55344	0%
Peter Marshall Gill	Treasurer	11000 Optum Circle Suite 100 Eden Prairie, MN 55344	0%

Owner of Genoa Healthcare LLC	Ownership Percentage	FEIN	Address
Specialized Pharmaceuticals, Inc.	100%-direct owner	25-1868213	707 S. Grady Way, Ste. 400 Renton, WA 98057

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

05/04/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Genoa Healthcare LLC

I, Robert Torres, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Creation Filing filed on Jul 15, 2009 - Pages (2)
Amendment filed on Dec 5, 2013 - Pages (2)
Survivor filed on Dec 5, 2013 - Pages (4)
Change of Address filed on Dec 4, 2014 - Pages (2)
Amendment filed on Jan 13, 2015 - Pages (2)
Survivor filed on Apr 30, 2015 - Pages (3)
Amendment filed on Jul 24, 2017 - Pages (1)
Amendment filed on Dec 14, 2017 Effective Dec 15, 2017 - Pages (2)
Merger filed on Feb 27, 2018 Effective Feb 28, 2018 - Pages (17)

which appear of record in this department.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Torres

Acting Secretary of the Commonwealth

Certification Number: TSC180504100450-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **GENOA HEALTHCARE LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/14/2018, 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 07/28/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202307283838278
You may verify this certificate online at http://www.nvsos.gov

4MM

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 (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH 03281	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other: Mail Order Service	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Integrity Rx Specialty Pharmacy LLC DBA Integrity Rx Specialty Pharmacy

Physical Address: 8425 N 90th Street, Suite 8

City: Scottsdale State: AZ Zip: 85258

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-321-9956 Toll Free # (NAC 639.708, NRS 639.23286): 800-321-9956

Fax: 800-321-9931 Contact Email: Sydney.Kanjuparamban@hklaw.com

Website: https://www.vfppharmacygroup.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Ryan Kenneth Lowe

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21055

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Ryan Kenneth Lowe	NV Pharmacist Registration #: 21055
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: N/A	Credentials: N/A	%: N/A
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.

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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Arizona

Parent Company (if any): ABD Group Inc.

Corporation/Organization Name: Integrity Rx Specialty Pharmacy LLC

Mailing Address: 8425 N 90th Street, Suite 8

City: Scottsdale State: AZ Zip: 85258

Telephone: 800-321-9956 Email: info@integrityrxsp.com

Contact Person Name: Sydney Kanjuparamban

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Victor Perini (title) for Integrity Rx Specialty Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Victor Perini, Assistant Secretary of Integrity Rx Specialty Pharmacy LLC

Print Name of Authorized Person

Victor Perini

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

04/22/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Victor Perini 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 Assistant Secretary (title) for Integrity Rx Specialty Pharmacy LLC (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.

Victor Perini

Signature

State of Texas County of Hidalgo

SUBSCRIBED AND SWORN TO
Before me, a notary public this 22nd day of April, 20 24
By Victor Perini

Jose Ricardo Gamboa
Notary Public of Texas

NOTARY PUBLIC STATE OF TEXAS

Jose Ricardo Gamboa

ID NUMBER
132681524
COMMISSION EXPIRES
September 17, 2024

Electronically signed and notarized online using the Proof platform.

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 Perini, Assistant Secretary of Integrity Rx Specialty Pharmacy LLC

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Jose Ricardo Gamboa

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

Notary Public, State of Texas

04/22/2024

Date

Board Use Only	Date Received: 4/30/24	Amount: $500 - check 3035002

Integrity Rx Specialty Pharmacy LLC: Summary of Sanctions

Pharmacy Name	State	Date	Category; Board Order/Case Number
Integrity Rx Specialty Pharmacy LLC	Texas	10/26/2015	Discipline; Agreed Board Order #F-15-015 (1)
Integrity Rx Specialty Pharmacy LLC	Arizona	5/11/2016	Discipline; Board Case No. 16-0013-PHR (2)
Integrity Rx Specialty Pharmacy LLC	California	10/12/2016	Citation; Number CI 2015 68316 (3)
Integrity Rx Specialty Pharmacy LLC	Louisiana	3/18/2021	Citation; Number 21-0040 (4)
Integrity Rx Specialty Pharmacy LLC	Alabama	11/5/2021	Violation; Number CO-21-L-0118 (5)
Integrity Rx Specialty Pharmacy LLC	Hawaii	5/19/2022	Reciprocal discipline; RICO Case Nos. PHA 2022-6-L; PHA 2022-21-L (6)

(1) Texas: This action was tied to an undisclosed driving offense held by an owner that had no role in day-to-day operations. He gave up his holdings in 2015, prior to VFP acquisition, and has no further ties to the company.

(2) Arizona: At inspection, the Board found Integrity following a shared services model rather than utilizing a remote dispensing device, as prior presented and approved by the Board. The practice was immediately stopped and the Board reinstated Integrity's facility license to good standing.

(3) California: Non-disciplinary action, but out of an abundance of caution, we are including it here. While holding a resident pharmacy permit in good standing in Arizona, Integrity submitted an application for a non-resident pharmacy permit with the State of California in November 2014. Integrity mistakenly believed that the permit would issue quickly and due to prescriber and patient needs, shipped products to California residents on the pending application. However, due to some unforeseen delays, including the California Board of Pharmacy staff losing the application, the application was delayed. While there were no patient safety concerns related to the prescriptions shipped, Integrity understands the importance of the administrative approval process for non-resident permit approvals and can assure the boards that this type of issue will not recur. To address the issue, California presented Integrity with a non-disciplinary citation and fine to address the prescriptions shipped during that period. The California Board did issue the non-resident permit in 2015 and the permit has remained active and in good standing with the California Board of Pharmacy.

(4) Louisiana: Integrity Rx Specialty Pharmacy signed a draft Consent Agreement on March 18, 2021 with the Louisiana Board of Pharmacy that was approved at the Board's May 26, 2021 Board meeting. Integrity received notice of the Board's approval on June 2, 2021. The Agreement is related to prescriptions dispensed into Louisiana prior to the pharmacy obtaining a nonresident permit. As a result of this matter, Integrity has made technological changes to prevent such shipments in the future and has re-trained its staff on compliance with state licensure requirements.

(5) Alabama: Integrity Rx Specialty Pharmacy signed a draft Consent Agreement November 5, 2021 with the Alabama Board of Pharmacy that was approved at the Board's November 10, 2021 Board meeting. Integrity received notice of the Board's approval on November 29, 2021. The Agreement is related to the Consent Agreement signed with the Louisiana Board of Pharmacy regarding prescriptions dispensed into Louisiana prior to the pharmacy obtaining a nonresident permit. As a result of this matter, Integrity has made technological changes to prevent such shipments in the future and has re-trained its staff on compliance with state licensure requirements. The Agreement also addresses Integrity's delay in notifying the Alabama Board of a PIC change after the 10-day notification period. A fine of $3,000 has been paid to the Board of Alabama under the terms of the Consent Agreement.

(6) Hawaii: Integrity Rx Specialty Pharmacy signed a draft Consent Agreement April 6, 2022 with the State of Hawaii Department of Commerce and Consumer Affairs' Regulated Industries Complaints Office (RICO) that was approved by the Board of Pharmacy at their May 19, 2022 Board meeting. Integrity received notice of the Board's approval on June 8, 2022. This is reciprocal discipline to the above Louisiana and Alabama actions, already disclosed.

DocuSigned by:
Integrity Rx Specialty Pharmacy LLC
2AC3C055D517414...

By: Victor Perini, Assistant Secretary of Integrity Rx Specialty Pharmacy LLC

Date: 4/28/2024

INTEGRITY Rx
SPECIALTY PHARMACY
Our Best Practice...Your Best Outcome

November 12, 2015

To Whom It May Concern:

The purpose of this letter is to provide an explanation of disciplinary action taken by the State of Texas which resulted in an administrative fine to Integrity Rx Specialty Pharmacy LLC, in the amount of $1,000.00. The administrative fine was negotiated and accepted by the Board of Pharmacy on October 26, 2015. The fine is due to the failure of a former member of Integrity Rx SP Holdings LLC (Vladimir Lenchitsky, a California licensed pharmacist) to disclose an alcohol-related driving offense that occurred in the State of California in 2013. Integrity Rx has agreed to pay the fine and Mr. Lenchitsky resigned as a member of the LLC.

Background and Facts:

On October 28, 2014 the nonresident pharmacy permit application for an Arizona pharmacy, Integrity Rx Specialty Pharmacy LLC was delivered to the Texas State Board of Pharmacy. At that time, the ownership structure was as follows:

Integrity Rx SP Holdings LLC	LLC Member	Owned 100% of Integrity Rx Specialty Pharmacy LLC
Jeffrey & Laura Karp Family Trust	LLC Member	Owned 55% of Integrity Rx SP Holdings LLC
Paul Vasilliauskas	LLC Member	Owned 22.5% of Integrity Rx SP Holdings LLC
Vladimir Lenchitsky	LLC Member	Owned 22.5% of Integrity Rx SP Holdings LLC

Each member of the LLC provided a personally signed statement regarding any disciplinary or criminal history.

On September 15, 2015, Integrity Rx Specialty Pharmacy LLC received a preliminary notice from the Texas State Board of Pharmacy of its intent to take disciplinary action on Integrity Rx Specialty Pharmacy LLC's nonresident pharmacy permit. This was solely based upon the fact that the application that was reviewed and signed by Vladimir Lenchitsky falsely indicated that Mr. Lenchitsky had not been convicted of a misdemeanor or an alcohol related offense. However, a background check performed by the State of Texas uncovered a prior alcohol related driving issue that occurred on May 2, 2013.

Mr. Lenchitsky did not have any day to day involvement in the operations of Integrity Rx Specialty Pharmacy LLC or Integrity Rx SP Holdings LLC and was a silent owner. On September 1, 2015, Vladimir Lenchitsky agreed to walk away from his ownership in, and affiliation with, Integrity Rx Specialty Pharmacy LLC and Integrity Rx SP Holdings LLC.

The operating agreement for Integrity Rx SP Holdings, LLC has also been amended to reflect the ownership changes.

On October 15, 2015, Integrity Rx Specialty Pharmacy LLC signed the Texas Board of Pharmacy's Agreed Board Order #F-15-2015 which granted our Texas non-resident pharmacy permit number 30289 and required payment of an administrative penalty of $1,000.00. The order was executed by the Texas Board of Pharmacy on October 26, 2015 and a copy delivered to our office on November 11, 2015.

Integrity Rx Specialty Pharmacy LLC is remorseful that this occurred and was unaware of Vladimir Lenchitsky's driving record. Vladimir Lenchitsky had already been removed as an owner when we received this notice on September 15, 2015 from the Texas State Board of Pharmacy.

Jeffrey K. Karp, Pharm.D.
President, Chief Executive Officer & Owner
Integrity Rx Specialty Pharmacy

8425 N 90th Street, Suite A, Scottsdale, AZ 85258 Tel: 800-321-9956 Email: Info@IntegrityRxSP.com – Web: www.IntegrityRxSP.com

AGREED BOARD ORDER #F-15-015

RE: IN THE MATTER OF INTEGRITY RX SPECIALTY PHARMACY LLC (APPLICANT FOR PHARMACY LICENSE)

BEFORE THE TEXAS STATE BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of the Class E application for pharmacy license filed on October 28, 2014, by Integrity Rx Specialty Pharmacy LLC (Applicant), 8425 North 90th Street, Suite B, Scottsdale, Arizona 85258.

By letter dated September 15, 2015, the Board gave preliminary notice to Applicant of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Applicant may have violated:

Section 565.002(a)(3) and (10) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and

Section 281.8(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2014), in that allegedly:

COUNT

On or about October 28, 2014, Integrity RX Specialty Pharmacy LLC submitted to the Texas State Board of Pharmacy an application for initial licensure as a nonresident pharmacy, which listed Vladimir Lenchitsky as a corporate managing officer. On the application, it was falsely indicated that Mr. Lenchitsky had not been convicted of a misdemeanor or an alcohol related offense, when on or about May 2, 2013, he was convicted of the misdemeanor offense of driving with a blood alcohol concentration of 0.08% or higher in the Superior Court of California, County of Los Angeles.

By letter dated September 15, 2015, Applicant was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Jeffrey K. Karp, President and Managing Officer, on behalf of Applicant, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Applicant shall be granted a Texas Pharmacy License after successfully completing the requirements of licensure as set forth in the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2013) and the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015).

(2) Applicant shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(3) Applicant shall allow Board staff to directly contact Applicant on any matter regarding the enforcement of this Order.

(4) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2013), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015).

And it is so Ordered.

THIS ORDER IS A PUBLIC RECORD.

Signed and entered by the Executive Director on behalf of the Texas State Board of Pharmacy on this 26th day of October, 2015.

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Jeffrey K. Karp, President and Managing Officer
For and on behalf of Integrity Rx Specialty Pharmacy LLC

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

October 6, 2016

Dear Board Representative,

Please accept this letter as an explanation of discipline received by Integrity Rx Specialty Pharmacy, LLC, from the Arizona State Board of Pharmacy.

In August of 2014, Integrity Rx Specialty Pharmacy requested and received a waiver of certain prescription storage requirements from the Arizona State Board of Pharmacy. When the pharmacy was inspected in February 2016 for its routine annual/semi-annual inspection, the inspector felt that Integrity Rx Specialty Pharmacy had not implemented the processes described in the waiver in accordance with how it had requested the waiver and brought the matter to the Board's attention.

After review of the issue, the Board agreed with the inspector and voted to offer a consent agreement in lieu of a formal hearing. It is important to note that at no point was there ever a risk to patient safety or a patient complaint filed related to this issue.

While Integrity Rx Specialty Pharmacy acted in good faith in its implementation of the waiver and was of the belief that its implementation was consistent with the description of the processes described in the waiver request, it understood the Board's concerns and entered into a consent agreement consisting of an administrative fine, paying for the cost of the inspection and the withdrawal of the waiver.

Providing outstanding patient care is Integrity Rx's first priority and it felt that these processes would improve patient care and the patient compliance. It sincerely apologizes that its implementation of the requested waiver did not match the Board's expectations and will be paying the fine within the timeframe provided by the consent agreement. Please feel free to reach out to me for any additional information.

Best regards,

Jeffrey Karp, Pharm.D.
Clinical Fertility Pharmacist and Owner
Integrity Rx Specialty Pharmacy, LLC

8425 N 90th Street, Suite B, Scottsdale, AZ 85258 - Tel: 800-321-9956 Email: JKarp@IntegrityRxSP.com – Web: www.IntegrityRxSP.com

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
1275 W. Washington, SGD/LES
Phoenix, Arizona 85007-2997
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of: **INTEGRITY Rx SPECIALTY PHARMACY** Holder of Permit No. Y005956 In the State of Arizona, Respondent.	Board Case No. 16-0013-PHR **CONSENT AGREEMENT FOR CIVIL PENALTY AND RECISSION OF DEVIATION**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et seq.*, Integrity Rx Specialty Pharmacy, holder of Permit No.Y005956 (hereinafter, "Respondent" or "Integrity Rx") and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that it has a right to a public administrative hearing concerning this matter at which hearing it could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against it.

5. Respondent understands this Consent Agreement deals with Board Complaint No. 4485 involving allegations of unprofessional conduct against Respondent. The investigation into these allegations against Respondent shall be concluded upon the Board's adoption of this Consent Agreement.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting

any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, it may not revoke its acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § 32-1901.01(A)(19).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

Jeffery K. Karp — Dated: 4/21/2016

Jeffery Karp, on behalf of
Integrity Rx Specialty Pharmacy

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent Integrity Rx holds pharmacy permit no. Y005956.

3. In August of 2014, Jeffrey Karp appeared on behalf of Respondent before the Board with Paul Vasiliauskas, a representative of Vasco Rx Pharmacy, seeking a deviation related to a remote dispensing device. According to Respondent:

a. Vasco Rx would place a remote dispensing device within Integrity Rx.

b. The remote dispensing devise will contain medication compounded by Vasco Rx Pharmacy.

c. The remote dispensing device will be stocked by a pharmacist from Vasco Rx who will deliver the medication, inventory it, and log it in to the remote dispensing device.

d. The remote dispensing device will track the lot number, expiration date and the inventory in and out.

e. The remote dispensing device inventory will only be accessed and scanned by a Vasco Rx employee pharmacist.

f. A Vasco Rx Pharmacist will be on-site at Integrity Rx every day at a designated time.

g. Integrity Rx receives a prescription for a compounded medication, and after patient authorization, transfers the prescription to Vasco Rx.

h. The Vasco Rx operating system will talk to the remote dispensing device system and a label will print. Inventory will be checked by a Vasco Rx pharmacist.

i. All product dispensing will be labeled and checked by a Vasco Rx pharmacist and placed in a tote dedicated for that patient.

4. Based upon the Respondent's representations, the Board granted Respondent a deviation.

5. A routine inspection conducted at Integrity Rx on February 5, 2016, revealed the following:

a. No remote dispensing device provided by Vasco Rx was within the Integrity Rx. Rather, two file cabinets with locks labeled "property of Vasco Rx Specialty

Pharmacy" were present. Respondent indicated that no remote dispensing device was ever placed by Vasco Rx.

b. Compounded medication labeled property of Vasco Rx was found in each file cabinet drawer.

c. On request of Integrity Rx, Vasco Rx delivers compounded medication to Integrity Rx. The delivery is completed by an employee of Vasco Rx, not a pharmacist, and left with Integrity Rx staff. Respondent noted that there is not usually a delivery invoice.

d. Lot number, expiration date, inventory in and out is maintained on a perpetual paper log.

e. Respondent indicated that Jeffrey Karp has the keys to the file cabinets and either an Integrity Rx pharmacist or a technician will place the compounded medication in the file cabinet.

f. Neither Paul Vasiliauskas nor another Vasco Rx Pharmacist come to Integrity Rx.

g. Integrity Rx transfers the prescription to Vasco Rx after patient authorization using the shared computer system.

h. The prescription verification PV1 and PV2 is then completed by an Integrity Rx pharmacist, not a Vasco Rx pharmacist. A prescription label with Vasco Rx information then prints at Integrity Rx.

i. The final product dispensing is completed by an Integrity Rx pharmacist, not a Vasco Rx pharmacist.

6. On March 1, 2016, Respondent filed a written response to the Complaint wherein it acknowledged the findings set forth in paragraph 3 above and further noted that the pharmacy "clearly failed to focus on the key elements of our proposal [for the deviation] which was to provide for an *automated* system." (emphasis in the original).

7. Respondent further stated that "Based on the cost of obtaining a remote device, and due to our misbelief that we met the qualifications for shared services and therefore didn't think that the remote device was necessary for what we wanted to do, we chose to implement a program which provided security and record-keeping processes for the Vasco stock, but did not put the stock into an automated dispensing machine....[W]e realize now that the automated dispensing machine was an integral part of the program."

8. Respondent also acknowledged that Jeffrey Karp's role as pharmacist for both Integrity Rx and Vasco Rx "may not be seen as meeting what we described during the presentation in front of the Board and for that we are both deeply regretful and genuinely embarrassed."

9. According to information gathered during the inspection, approximately 2,200 prescriptions were compounded/filled contrary to the deviation granted by the Board and therefore in violation of the Board's statutes and rules.

10. Finally, Respondent noted that the program was ceased immediately after the inspection was completed. All compounded stock was returned to Vasco Rx and in its place is a more traditional process whereby prescriptions are verbally transferred to Vasco pharmacists in the Vasco pharmacy where prescriptions are filled.

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 permittee who has engaged in unprofessional conduct. A.R.S. § 32-1927.02.

3. The failure to follow the processes described in the deviation request approved by the Board constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(A)(18) (violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, the board's statutes or rules) as it relates to A.R.S. §32-1901(8) (Compounding means the preparation, mixing, assembling, packaging or labeling of a drug by a pharmacist or an intern or pharmacy technician under the pharmacist's supervision, for the purpose of dispensing to a patient based on a valid prescription order. Compounding includes the preparation of drugs in anticipation of prescription orders prepared on routine, regularly observed prescribing patterns and the preparation of drugs as an incident to research, teaching or chemical analysis or for administration by a medical practitioner to the medical practitioner's patient and not for sale or dispensing. Compounding does not include the preparation of commercially available products from bulk compounds or the preparation of drugs for sale to pharmacies, practitioners or entities for the purpose of dispensing or distribution), and Arizona Administrative Code R4-23-410(A)(3) (neither the pharmacy permittee nor a pharmacist employed by the pharmacy permittee provides a compounded pharmaceutical product to a pharmacy, medical practitioner, or other person for dispensing or distributing except that a compounded pharmaceutical product may be provided to a medical practitioner to administer to a patient of the medical practitioner if each container is accompanied by the written list required in subsection (I)(5) and has a label that includes

(1) the pharmacy name, address and telephone number, (2) the pharmaceutical product's name and the information required in subsection (I)(5) and (3) a lot or control number); and A.R.S. §32-1968(D) (any drug dispensed in accordance with subsection A of this section is exempt from the requirements of A.R.S. §32-1967(1), (10) and (11) and the packaging requirements of subsection A(7) and (8), if the drug container bears a label containing the name and address of the dispenser, serial number, date of dispensing, name of the prescriber, name of the patient, or if an animal, the name of the owner of the animal and the species of the animal, directions for use and cautionary statements, if any, contained in the order. This exemption does not apply to any drug dispensed in the course of the conduct of a business of dispensing drugs pursuant to diagnosis by mail or the internet or to a drug dispensed in violation of subsection A of this section.)

ORDER

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT Respondent shall:

1. Pay a civil penalty of $10.00 per prescription filled/compounded in violation of the deviation granted by the Board and contrary to the Board's statutes and rules (2220 said prescriptions) for a total of **$22,200** within **180 days** of the effective date of this Order. The effective date of this Order is the date it is signed by the Board's Executive Director.

2. Pay the investigative costs in this matter in the sum of **$175** within **180 days** of the effective date of this Order.

3. The deviation granted to Respondent in August of 2014, is hereby **RESCINDED**.

4. 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 Respondent's permit. The issue at such a hearing will be limited solely to whether this Order has been violated.

DATED this 11th day of May, 2016.

(Seal)

ARIZONA STATE BOARD OF PHARMACY

By: _____
KAMLESH GANDHI, PharmD.
Executive Director

ORIGINAL OF THE FORGOING FILED
this 11th day of May, 2016, with:

Arizona State Board of Pharmacy
1616 W. Adams, Ste. 120
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 6th day of July, 2016, to:

Integrity Rx Specialty Pharmacy
8425 N. 90th Street, Ste. 8
Scottsdale, AZ 85258
Respondent

EXECUTED COPY OF THE FOREGOING MAILED
this 6th day of July, 2016, to:

Susan B. Trujillo
Quarles & Bradv. LLP
One Renaissance Square
Two North Central Avenue
Phoenix, Arizona 85004

Jeanne M. Galvin
Assistant Attorney General
1275 W. Washington Street, SGD/LES
Phoenix, Arizona 85007
Attorney for the Board

#5039388

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.

October 31, 2016

INTEGRITY RX SPECIALTY PHARMACY LLC
ATTN: GREGORY RUSSELL, PIC
8425 N 90TH ST, STE 8
SCOTTSDALE, AZ 85258

INTEGRITY RX SPECIALTY PHARMACY LLC
ATTN: JEFFREY KARP, PRES
8425 N 90TH ST, STE 8
SCOTTSDALE, AZ 85258

RE: CI 2015 68316
INTEGRITY RX SPECIALTY PHARMACY LLC
NRP 1563

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

Virginia Herold
Executive Officer
Board of Pharmacy

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.

October 12, 2016

DATED MATERIAL ENCLOSED

INTEGRITY RX SPECIALTY PHARMACY LLC
ATTN: JEFFREY KARP, PRES
8425 N 90TH ST, STE 8
SCOTTSDALE, AZ 85258

RE: CI 2015 68316
INTEGRITY RX SPECIALTY PHARMACY LLC
NRP 1563

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:

- November 11, 2016: Unless the Citation is contested payment of fine(s) must be received by the Board.
- October 26, 2016: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- November 11, 2016: 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. 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

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2015 68316	INTEGRITY RX SPECIALTY PHARMACY LLC, NRP 1563

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4112 subd. (a) & (b)	Nonresident pharmacy: registration required/All nonresident pharmacies shall register with the board...	$5,000.00

CONDUCT:

Integrity RX Specialty Pharmacy LLC (NRP 1563) was not in compliance with Business and Professions Code section 4112 (a)(b), which states, in pertinent part, any pharmacy located outside this state that ships, mails, or delivers, in any manner, controlled substances, dangerous drugs, or dangerous devices into this state shall be considered a nonresident pharmacy; and a person may not act as a nonresident pharmacy unless he or she has obtained a license from the Board. From about 1/1/2015 to 10/25/2015, Integrity RX Specialty Pharmacy LLC (located at 8425 N. 90th Street, Suite 8, Scottsdale, AZ 85258) shipped, mailed, or delivered approximately 5199 prescriptions (controlled substances, dangerous drugs, and/or compounded drug products) into the State of California without (prior to) obtaining a nonresident pharmacy license from the California State Board of Pharmacy. Additionally, Integrity RX Specialty Pharmacy LLC shipped, mailed, or delivered approximately 17 dangerous drugs and/or compounded drug products (as sales to physicians) into the State of California without (prior to) obtaining a nonresident pharmacy license from the California State Board of Pharmacy. Integrity RX Specialty Pharmacy LLC was issued a non-resident pharmacy permit with the California State Board of Pharmacy on 10/26/2015. This was a violation of pharmacy law.

CITATION ISSUED ON: October 12, 2016 | **TOTAL AMOUNT OF FINE(S): $5,000.00**

PAYMENT OF FINE(S) DUE BY: November 11, 2016

Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov

May 27, 2021

Jodi R. Barry
Director of Regulatory Affairs and Risk Management
Integrity Rx Specialty Pharmacy
335 Bear Hill Rd
Waltham, MA 02451

RE: Case No. 21-0040 ~ PHY.008165 – Integrity Rx Specialty Pharmacy

Dear Ms. Barry:

Please find the enclosed Board Order issued this week by the Louisiana Board of Pharmacy regarding Integrity Rx Specialty Pharmacy's matter with the Board.

Sincerely,

Carlos M. Finalet, III
General Counsel

NOTICE: In compliance with Act 256 of the 2019 Louisiana Legislature, the Board gives public notice that any information submitted to the Board may become public record unless specifically exempted by the Public Records Law, R.S. 44:1 *et seq.*

NOTICE: In compliance with Act 655 of the 2018 Louisiana Legislature, the Board gives notice to its licensees and applicants of their opportunity to file a complaint about board actions or board procedures. You may submit such complaints to one or more of the following organizations: (1) Louisiana Board of Pharmacy; 3388 Brentwood Dr.; Baton Rouge, LA 70809; 225.925.6496; info@pharmacy.la.gov. (2) Committee on House & Governmental Affairs; La. House of Representatives; PO Box 44486; Baton Rouge, LA 70804; 225.342.2403; h&gn@legis.la.gov. (3) Committee on Senate & Governmental Affairs; La. Senate; PO Box 94183; Baton Rouge, LA 70804; 225.342.9845; s&g@legis.la.gov.

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

INTEGRITY RX SPECIALTY PHARMACY, LLC

LOUISIANA PHARMACY PERMIT NO. 8165 **Case No. 21-0040**

****

CONSENT AGREEMENT

WHEREAS, INTEGRITY RX SPECIALTY PHARMACY, LLC (hereinafter referred to as "Respondent"), holding Louisiana PHARMACY PERMIT NO. 8165 and located at 8425 N 90th St., Suite 8, Scottsdale, AZ 85258, dispensed 221 prescriptions into Louisiana without a Louisiana nonresident pharmacy permit.

WHEREAS, such action constitutes a violation of the following:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1221(B): No out-of-state pharmacy providing pharmacy services to residents of this state shall open, establish, operate, or maintain a pharmacy, located out-of-state, unless the pharmacy is issued a permit by the board.

LAC Title 46: LIII §2305. Out-of-State Pharmacy Permit Requirements
A. The out-of-state pharmacy shall apply for a permit and annual permit renewals on forms provided by the board.

To facilitate the submission of this Consent Agreement, Respondent agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **LOUISIANA PHARMACY PERMIT NO. 8165 belonging to INTEGRITY RX SPECIALTY PHARMACY, LLC is issued a LETTER OF REPRIMAND.**

2. **INTEGRITY RX SPECIALTY PHARMACY, LLC is ordered to pay a fine of $15,000.00 and to reimburse the Board $250.00 for administrative costs, with total payment due the Board of $15,250.00, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.**

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to authorize the Board to report this action to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as required by law.

I, Richard J. Burkett, authorized to act on behalf of and acting on behalf of INTEGRITY RX SPECIALTY PHARMACY, LLC, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

SIGNED, AGREED TO AND ENTERED ON THIS 18th DAY OF March, 2021.

INTEGRITY RX SPECIALTY PHARMACY, LLC
LOUISIANA PHARMACY PERMIT NO. 8165

BY: Authorized Representative

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 26, **2021**, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

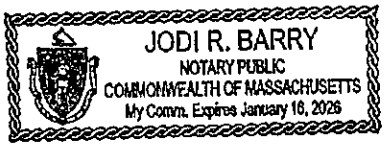
Carl W. Aron

Carl W. Aron
President and Hearing Officer for the Board

Commonwealth of Massachusetts

County of Middlesex

On this **18th** day of **March, 2021**, before me, the undersigned notary public, personally appeared **Richard Burkett** (name of document signer), proved to me through satisfactory evidence of identification, which were **driver's license**, to be the person whose name is signed on the preceding or attached document in my presence.



Notary Public Signature

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
INTEGRITY RX SPECIALTY PHARMACY LLC	)	**BOARD OF PHARMACY**
	)	
Non-Resident Pharmacy Permit No.: 114795	)	
	)	
and	)	**CASE NO: 21-L-0118**
	)	
BRENDAN THOMAS KANE	)	
	)	
License No.: 20191	)	
	)	
and	)	
	)	
TIARA MARIA LAMARCA	)	
	)	
License No.: 19621	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Integrity Rx Specialty Pharmacy LLC, Brendan Thomas Kane (hereinafter referred to as "Kane") and Tiara Maria LaMarca (hereinafter referred to as "LaMarca") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, which is attached hereto as Exhibit "A."

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Integrity Rx Specialty Pharmacy LLC, Kane and LaMarca, through their counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent

Order which includes the following terms:

1. The Board finds Integrity Rx Specialty Pharmacy LLC has violated the provisions law based upon the conduct set forth in Counts One, Two, Three and Four of the Statement. Count Nine of the Statement shall be dismissed.

2. The Board finds Kane has violated the provisions of law based upon the conduct set forth in Count Five of the Statement. Counts Six and Nine of the Statement shall be dismissed.

3. The Board finds LaMarca has violated the provisions of law based upon the conduct set forth in Count Seven of the Statement. Counts Eight and Nine shall be dismissed.

4. Integrity Rx Specialty Pharmacy LLC shall pay an administrative fine in the amount of Three Thousand Dollars ($3,000.00), Kane shall pay an administrative fine in the amount of One Thousand Dollars ($1,000.00) and LaMarca shall pay an administrative fine in the amount of One Thousand Dollars ($1,000.00) each within thirty (30) days of the effective date of this Consent Order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Integrity Rx Specialty Pharmacy LLC, Kane or LaMarca attempt to discharge the same.

5. Integrity Rx Specialty Pharmacy LLC, Kane and LaMarca expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama

(1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Integrity Rx Specialty Pharmacy LLC, Kane and LaMarca further waive 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.

6. By execution of this Consent Order, Integrity Rx Specialty Pharmacy LLC, Kane and LaMarca hereby release 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 Statement.

7. Integrity Rx Specialty Pharmacy LLC, Kane and LaMarca acknowledge and agree that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules of the Alabama State Board of Pharmacy or the pharmacy law or Rules of the Board of Pharmacy of another state or any other applicable laws, upon proof and hearing thereof, may result in further disciplinary sanctions against their permit and/or license, including, but not limited to revocation.

8. Integrity Rx Specialty Pharmacy LLC, Kane and LaMarca acknowledge and agree that thay have read this Consent Order and that they fully understand the terms, conditions and contents of the same. Integrity Rx Specialty Pharmacy LLC, Kane and LaMarca acknowledge and agree that they voluntarily and of their own free will

accept the terms and conditions set out in this Consent Order and are executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and is signing this Consent Order on the advice of their attorney.

DONE this the 5th day of November, 2021.

Integrity Rx Specialty Pharmacy LLC

BY: _____

ITS: CEO

Richard Burkett

_____

Brendan Thomas Kane

_____

Tiara Maria LaMarca

_____

William White, Attorney for Integrity Rx Specialty Pharmacy LLC, Brendan Thomas Kane and Tiara Maria LaMarca

DONE this the 10th day of November, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: _____

Brenda Donson, PharmD, President

_____

James S. Ward, Attorney for the Alabama State Board of Pharmacy

accept the terms and conditions set out in this Consent Order and are executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and is signing this Consent Order on the advice of their attorney.

DONE this the 5th day of November, 2021.

Integrity Rx Specialty Pharmacy LLC

BY: _____
ITS: _____

_____
Brendan Thomas Kane

_____
Tiara Maria LaMarca

_____
William White, Attorney for Integrity Rx Specialty Pharmacy LLC, Brendan Thomas Kane and Tiara Maria LaMarca

DONE this the _____ day of _____, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Brenda Denson, PharmD, President

_____
James S. Ward,
Attorney for the Alabama State Board of Pharmacy

accept the terms and conditions set out in this Consent Order and are executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and is signing this Consent Order on the advice of their attorney

DONE this the 5th day of December 2021

Integrity Rx Specialty Pharmacy LLC

BY _____
ITS _____

_____
Brendan Thomas Kane

_____
Tiara Maria LaMarca

_____
William White, Attorney for Integrity Rx Specialty Pharmacy LLC, Brendan Thomas Kane and Tiara Maria LaMarca

DONE this the ___ day of _____ 2021

ALABAMA STATE BOARD OF PHARMACY

By _____
Brenda Denson, PharmD, President

_____
James S. Ward
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
INTEGRITY RX SPECIALTY PHARMACY LLC	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy Permit No.: 114795	)	
	)	
and	)	CASE NO: 21-L-0118
	)	
BRENDAN THOMAS KANE	)	
	)	
License No.: 20191	)	
	)	
and	)	
	)	
TIARA MARIA LAMARCA	)	
	)	
License No.: 19821	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Integrity Rx Specialty Pharmacy LLC
8425 N 90th Street
Suite 8
Scottsdale, Arizona 85258

Brendan Thomas Kane
43 Summer Street
Stoneham, Massachusetts 02180

Tiara Maria Lamarca
569 S Monterey Street
Gilbert, Arizona 85233

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92 (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on November 10, 2021 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose

of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate Integrity Rx Specialty Pharmacy LLC (Integrity) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and Integrity have been guilty of the following, to wit:

COUNT ONE

As to Integrity, violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2.12(8) by you being unable to maintain a designated Supervising Pharmacist and failed to notify the Board within ten (10) days with an action plan to designate another pharmacist as Supervising Pharmacist to-wit: Tiara Marie LaMarca ceased to be your Supervising Pharmacist on or about January 29, 2021 and you did not notify the Board of a Change of Supervising Pharmacist until May 29, 2021.

COUNT TWO

As to Integrity, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Count.

COUNT THREE

As to Integrity, violating Code of Alabama (1975), § 34-23-33(2) based upon the entry of a Consent Agreement with the Louisiana State Board of Pharmacy dated May 26, 2021 attached hereto as Exhibit "A" and/or dispensing prescriptions into Louisiana without a permit to do so as more particularly set out in the above referenced Agreement.

COUNT FOUR

As to Integrity, Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Count.

COUNT FIVE

As to Brendan Thomas Kane, violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2.12(2) by assuming the duties of the Supervising Pharmacy of Integrity you failed to notify the Board within ten (10) days to-wit: you assumed the duties of the Supervising Pharmacist of Integrity on January 29, 2021 but the Board was not notified until April 29, 2021.

COUNT SIX

As to Brendan Thomas Kane, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

COUNT SEVEN

As to Tiara Maria LaMarca, violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2.22(2)(j) by failing to notify the Board within ten (10) days of the termination of your duties as the Supervising Pharmacist of Integrity to-wit: you ceased to be the Supervising Pharmacist were terminated on January 29, 2021 but the Board was not notified until April 29, 2021.

COUNT EIGHT

As to Tiara Maria LaMarca, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Three above.

Further, pursuant to the provisions of Code of Alabama, (1975), § 20-2-53 and § 41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture,

dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), § 20-2-1, et. seq., issued pursuant to Code of Alabama (1975), § 20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT NINE

Violating Code of Alabama (1975), § 20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), § 34-23-1 et seq., said violation being based upon the allegations contained in any or all of the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 25th day of June, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

EXHIBIT "A"

LOUISIANA BOARD OF PHARMACY
BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

INTEGRITY RX SPECIALTY PHARMACY, LLC

LOUISIANA PHARMACY PERMIT NO. 8165 **Case No. 21-0040**

CONSENT AGREEMENT

WHEREAS, INTEGRITY RX SPECIALTY PHARMACY, LLC (hereinafter referred to as "Respondent"), holding Louisiana PHARMACY PERMIT NO. 8165 and located at 8425 N 90th St., Suite 8, Scottsdale, AZ 85258, dispensed 221 prescriptions into Louisiana without a Louisiana nonresident pharmacy permit.

WHEREAS, such action constitutes a violation of the following:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1224(B): No out-of-state pharmacy providing pharmacy services to residents of this state shall open, establish, operate, or maintain a pharmacy, located out-of-state, unless the pharmacy is issued a permit by the board.

LAC Title 46: LIII §2305. Out-of-State Pharmacy Permit Requirements
A. The out-of-state pharmacy shall apply for a permit and annual permit renewals on forms provided by the board.

To facilitate the submission of this Consent Agreement, Respondent agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **LOUISIANA PHARMACY PERMIT NO. 8165 belonging to INTEGRITY RX SPECIALTY PHARMACY, LLC is issued a LETTER OF REPRIMAND.**

2. **INTEGRITY RX SPECIALTY PHARMACY, LLC is ordered to pay a fine of $15,000.00 and to reimburse the Board $250.00 for administrative costs, with total payment due the Board of $15,250.00, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.**

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to authorize the Board to report this action to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as required by law.

I, Richard J. Burkett, authorized to act on behalf of and acting on behalf of INTEGRITY RX SPECIALTY PHARMACY, LLC, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

SIGNED, AGREED TO AND ENTERED ON THIS 19 DAY OF March, 2021.

INTEGRITY RX SPECIALTY PHARMACY, LLC
LOUISIANA PHARMACY PERMIT NO. 8165

BY: Authorized Representative

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 2 le, 2021, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Carl W. Aron
President and Hearing Officer for the Board

Commonwealth of Massachusetts

County of Middlesex

On this 18th day of March, 2021, before me, the undersigned notary public, personally appeared Richard Burkett (name of document signer), proved to me through satisfactory evidence of identification, which were driver's license, to be the person whose name is signed on the preceding or attached document in my presence.

Notary Public Signature

RECEIVED
PROF & VOCATIONAL
LICENSING DIVISION

2022 APR 14 P 1:34

DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

STACIA M. SILVA 6760
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: (808) 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS

eFiled 5/25/2022 8:57 am

HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of INTEGRITY RX SPECIALTY PHARMACY, LLC, Respondent.	PHA 2022-6-L; PHA 2022-21-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "2"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent INTEGRITY RX SPECIALTY PHARMACY, LLC (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted as a miscellaneous permit holder by the Board of Pharmacy (hereinafter the "Board") under miscellaneous permit number PMP 1717. The miscellaneous permit was issued on or about August 20, 2020. The miscellaneous permit is set to expire or forfeit on or about December 31, 2023.

2. Respondent's mailing address for purposes of this action is 8425 N. 90th Street, Suite 8, Scottsdale, Arizona 85258.

3. On or about May 26, 2021, Respondent entered into a Consent Agreement with the Louisiana Board of Pharmacy in Case No. 21-0040 (hereinafter the "Louisiana Agreement").

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

A copy of the Louisiana Agreement is attached hereto as Exhibit "1". The Louisiana Agreement was based on allegations Respondent dispensed 221 prescriptions without a valid nonresident pharmacy permit. As a result, Respondent was issued a letter of reprimand, fined $15,000.00 and ordered to reimburse the administrative costs of $250.00.

4. On or about November 10, 2021, Respondent entered into a Consent Order with the Alabama State Board of Pharmacy in Case No: 21-L-0118 (hereinafter the "Alabama Order"). A copy of the Alabama Order is attached hereto as Exhibit "2". The Alabama Order was based on allegations Respondent failed to notify the Board of the departure of their designated Supervising Pharmacist within ten (10) days. As a result, Respondent was fined $3,000.00.

5. RICO alleges Respondent was disciplined by the States of Louisiana and Alabama.

6. The foregoing allegation, if proven at an administrative hearing before the Board, would constitute violations of the following statute: Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the cases. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of these cases in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein permitted as a miscellaneous permit holder by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement based upon Respondent's representations made herein.

6. Respondent represents Exhibit "1" is a true and correct copy of the Louisiana Agreement.

7. Respondent represents Exhibit "2" is a true and correct copy of the Alabama Order.

8. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

9. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's miscellaneous permit.

10. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

11. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigations in RICO Case Nos. PHA 2022-6-L and PHA 2022-21-L.

12. Respondent acknowledges that upon its approval, this Settlement Agreement constitutes disciplinary action and understands that this Settlement Agreement may be subject to reporting requirements.

13. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Stacia M. Silva, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's miscellaneous permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., C.7., and C.8. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the cases because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Waltham (City), Massachusetts (State), 04/06/2022 (Date).

INTEGRITY RX SPECIALTY PHRMACY, LLC
Respondent

By: _____
(Signature)

Richard Burkett
(Print Name)

Its Chief Executive Officer
(Print Title)

DATED: Honolulu, Hawaii, APR 13 2022.

STACIA M. SILVA
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF INTEGRITY RX SPECIALTY PHRMACY, LLC; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "2"; RICO CASE NOS. PHA 2022-6-L AND PHA 2022-21-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

	05/19/22
ALANNA ISOBE Chairperson	DATE
JULIE YURIE TAKISHIMA-LACASA Vice Chairperson	PATRICK ADAMS
MARK BROWN	CATALINA CROSS
KENT KIKUCHI	SHERI TOKUMARU

PVL 7/6/2021

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

INTEGRITY RX SPECIALTY PHARMACY, LLC

LOUISIANA PHARMACY PERMIT NO. 8165 **Case No. 21-0940**

CONSENT AGREEMENT

WHEREAS, INTEGRITY RX SPECIALTY PHARMACY, LLC (hereinafter referred to as "Respondent"), holding Louisiana PHARMACY PERMIT NO. 8165 and located at 8425 N 90th St., Suite 8, Scottsdale, AZ 85258, dispensed 221 prescriptions into Louisiana without a Louisiana nonresident pharmacy permit.

WHEREAS, such action constitutes a violation of the following:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1221(B): No out-of-state pharmacy providing pharmacy services to residents of this state shall open, establish, operate, or maintain a pharmacy, located out-of-state, unless the pharmacy is issued a permit by the board.

LAC Title 46: LIII §2305. Out-of-State Pharmacy Permit Requirements
A. The out-of-state pharmacy shall apply for a permit and annual permit renewals on forms provided by the board.

To facilitate the submission of this Consent Agreement, Respondent agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **LOUISIANA PHARMACY PERMIT NO. 8165 belonging to INTEGRITY RX SPECIALTY PHARMACY, LLC is issued a LETTER OF REPRIMAND.**

2. **INTEGRITY RX SPECIALTY PHARMACY, LLC is ordered to pay a fine of $15,000.00 and to reimburse the Board $250.00 for administrative costs, with total payment due the Board of $15,250.00, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.**

EXHIBIT "1"

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not becomes binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to authorize the Board to report this action to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as required by law.

I, Richard J. Burkett, authorized to act on behalf of and acting on behalf of INTEGRITY RX SPECIALTY PHARMACY, LLC, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

SIGNED, AGREED TO AND ENTERED ON THIS 18th DAY OF March, 2021.

INTEGRITY RX SPECIALTY PHARMACY, LLC
LOUISIANA PHARMACY PERMIT NO. 8165

BY: Authorized Representative

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 26, 2021, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Carl W. Aron

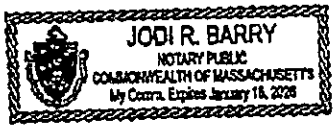
Carl W. Aron
President and Hearing Officer for the Board

CERTIFIED TRUE COPY
Louisiana Board of Pharmacy

Commonwealth of Massachusetts

County of Middlesex

On this **18th** day of **March, 2021**, before me, the undersigned notary public, personally appeared **Richard Burkett** (name of document signer), proved to me through satisfactory evidence of identification, which were **driver's license**, to be the person whose name is signed on the preceding or attached document in my presence.



Notary Public Signature

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
INTEGRITY RX SPECIALTY PHARMACY LLC	)	**BOARD OF PHARMACY**
Non-Resident Pharmacy Permit No.: 114795	)	
and	)	**CASE NO: 21-L-0118**
BRENDAN THOMAS KANE	)	
License No.: 20191	)	
and	)	
TIARA MARIA LAMARCA	)	
License No.: 19621	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Integrity Rx Specialty Pharmacy LLC, Brendan Thomas Kane (hereinafter referred to as "Kane") and Tiara Maria LaMarca (hereinafter referred to as "LaMarca") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Integrity Rx Specialty Pharmacy LLC, Kane and LaMarca, through their counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent

EXHIBIT "2"

Order which includes the following terms:

1. The Board finds Integrity Rx Specialty Pharmacy LLC has violated the provisions law based upon the conduct set forth in Counts One, Two, Three and Four of the Statement. Count Nine of the Statement shall be dismissed.

2. The Board finds Kane has violated the provisions of law based upon the conduct set forth in Count Five of the Statement. Counts Six and Nine of the Statement shall be dismissed.

3. The Board finds LaMarca has violated the provisions of law based upon the conduct set forth in Count Seven of the Statement. Counts Eight and Nine shall be dismissed.

4. Integrity Rx Specialty Pharmacy LLC shall pay an administrative fine in the amount of Three Thousand Dollars ($3,000.00), Kane shall pay an administrative fine in the amount of One Thousand Dollars ($1,000.00) and LaMarca shall pay an administrative fine in the amount of One Thousand Dollars ($1,000.00) each within thirty (30) days of the effective date of this Consent Order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Integrity Rx Specialty Pharmacy LLC, Kane or LaMarca attempt to discharge the same.

5. Integrity Rx Specialty Pharmacy LLC, Kane and LaMarca expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama

(1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Integrity Rx Specialty Pharmacy LLC, Kane and LaMarca further waive 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.

6. By execution of this Consent Order, Integrity Rx Specialty Pharmacy LLC, Kane and LaMarca hereby release 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 Statement.

7. Integrity Rx Specialty Pharmacy LLC, Kane and LaMarca acknowledge and agree that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules of the Alabama State Board of Pharmacy or the pharmacy law or Rules of the Board of Pharmacy of another state or any other applicable laws, upon proof and hearing thereof, may result in further disciplinary sanctions against their permit and/or license, including, but not limited to revocation.

8. Integrity Rx Specialty Pharmacy LLC, Kane and LaMarca acknowledge and agree that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. Integrity Rx Specialty Pharmacy LLC, Kane and LaMarca acknowledge and agree that they voluntarily and of their own free will

accept the terms and conditions set out in this Consent Order and are executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and is signing this Consent Order on the advice of their attorney.

DONE this the 5th day of November, 2021.

Integrity Rx Specialty Pharmacy LLC

BY: _____
ITS: CEO
Richard Burkett

_____
Brendan Thomas Kane

_____
Tiara Maria LaMarca

_____
William White, Attorney for Integrity Rx Specialty Pharmacy LLC, Brendan Thomas Kane and Tiara Maria LaMarca

DONE this the 10th day of November, 2021

ALABAMA STATE BOARD OF PHARMACY

By: _____
Brenda Denson, PharmD, President

_____
James S. Ward,
Attorney for the Alabama State Board of Pharmacy

accept the terms and conditions set out in this Consent Order and are executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and is signing this Consent Order on the advice of their attorney.

DONE this the Fifth day of November, 2021.

Integrity Rx Specialty Pharmacy LLC

BY: _____
ITS: _____

_____
Brendan Thomas Kane

_____
Tiara Maria LaMarca

_____
William White, Attorney for Integrity Rx Specialty Pharmacy LLC, Brendan Thomas Kane and Tiara Maria LaMarca

DONE this the _____ day of _____, 2021

ALABAMA STATE BOARD OF PHARMACY

By: _____
Brenda Denson, PharmD, President

_____
James S. Ward,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 845
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
INTEGRITY RX SPECIALTY PHARMACY LLC	)	**BOARD OF PHARMACY**
Non-Resident Pharmacy Permit No.: 114795	)	
and	)	**CASE NO: 21-L-0118**
BRENDAN THOMAS KANE	)	
License No.: 20191	)	
and	)	
TIARA MARIA LAMARCA	)	
License No.: 19621	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: **Integrity Rx Specialty Pharmacy LLC**
8425 N 90th Street
Suite 8
Scottsdale, Arizona 85258

Brendan Thomas Kane
43 Summer Street
Stoneham, Massachusetts 02180

Tiara Maria Lamarca
569 S Monterey Street
Gilbert, Arizona 85233

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92 (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on November 10, 2021 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose

of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate Integrity Rx Specialty Pharmacy LLC (Integrity) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and Integrity have been guilty of the following, to wit:

COUNT ONE

As to Integrity, violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2.12(8) by you being unable to maintain a designated Supervising Pharmacist and failed to notify the Board within ten (10) days with an action plan to designate another pharmacist as Supervising Pharmacist to-wit: Tiara Maria LaMarca ceased to be your Supervising Pharmacist on or about January 29, 2021 and you did not notify the Board of a Change of Supervising Pharmacist until May 29, 2021.

COUNT TWO

As to Integrity, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Count.

COUNT THREE

As to Integrity, violating Code of Alabama (1975), § 34-23-33(2) based upon the entry of a Consent Agreement with the Louisiana State Board of Pharmacy dated May 26, 2021 attached hereto as Exhibit "A" and/or dispensing prescriptions into Louisiana without a permit to do so as more particularly set out in the above referenced Agreement.

COUNT FOUR

As to Integrity, Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Count.

COUNT FIVE

As to Brendan Thomas Kane, violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2.12(2) by assuming the duties of the Supervising Pharmacy of Integrity you failed to notify the Board within ten (10) days to-wit: you assumed the duties of the Supervising Pharmacist of Integrity on January 29, 2021 but the Board was not notified until April 29, 2021.

COUNT SIX

As to Brendan Thomas Kane, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

COUNT SEVEN

As to Tiara Maria LaMarca, violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2.22(2)(j) by failing to notify the Board within ten (10) days of the termination of your duties as the Supervising Pharmacist of Integrity to-wit: you ceased to be the Supervising Pharmacist were terminated on January 29, 2021 but the Board was not notified until April 29, 2021.

COUNT EIGHT

As to Tiara Maria LaMarca, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Three above.

Further, pursuant to the provisions of Code of Alabama, (1975), § 20-2-53 and § 41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture,

dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), § 20-2-1, et. seq., issued pursuant to Code of Alabama (1975), § 20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT NINE

Violating Code of Alabama (1975), § 20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), § 34-23-1 et seq., said violation being based upon the allegations contained in any or all of the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 25th day of June, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

EXHIBIT "A"

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

INTEGRITY RX SPECIALTY PHARMACY, LLC

LOUISIANA PHARMACY PERMIT NO. 8165 **Case No. 21-0040**

CONSENT AGREEMENT

WHEREAS, INTEGRITY RX SPECIALTY PHARMACY, LLC (hereinafter referred to as "Respondent"), holding Louisiana PHARMACY PERMIT NO. 8165 and located at 8425 N 90th St., Suite 8, Scottsdale, AZ 85258, dispensed 221 prescriptions into Louisiana without a Louisiana nonresident pharmacy permit.

WHEREAS, such action constitutes a violation of the following:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1221(B): No out-of-state pharmacy providing pharmacy services to residents of this state shall open, establish, operate, or maintain a pharmacy, located out-of-state, unless the pharmacy is issued a permit by the board.

LAC Title 46: LIII §2305. Out-of-State Pharmacy Permit Requirements
A. The out-of-state pharmacy shall apply for a permit and annual permit renewals on forms provided by the board.

To facilitate the submission of this Consent Agreement, Respondent agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **LOUISIANA PHARMACY PERMIT NO. 8165 belonging to INTEGRITY RX SPECIALTY PHARMACY, LLC is issued a LETTER OF REPRIMAND.**

2. **INTEGRITY RX SPECIALTY PHARMACY, LLC is ordered to pay a fine of $15,000.00 and to reimburse the Board $250.00 for administrative costs, with total payment due the Board of $15,250.00, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.**

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to authorize the Board to report this action to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as required by law.

I, Richard J. Burdath, authorized to act on behalf of and acting on behalf of INTEGRITY RX SPECIALTY PHARMACY, LLC, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

SIGNED, AGREED TO AND ENTERED ON THIS 19th DAY OF March, 2021.

INTEGRITY RX SPECIALTY PHARMACY, LLC
LOUISIANA PHARMACY PERMIT NO. 8165

BY: Authorized Representative

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 26, 2021, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

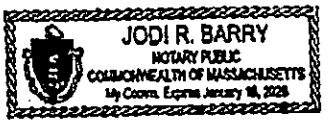
Carl W. Aron

Carl W. Aron
President and Hearing Officer for the Board

Commonwealth of Massachusetts

County of Middlesex

On this 18th day of March, 2021, before me, the undersigned notary public, personally appeared Richard Burkett (name of document signer), proved to me through satisfactory evidence of identification, which were driver's license, to be the person whose name is signed on the preceding or attached document in my presence.



Notary Public Signature

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

INTEGRITY RX SPECIALTY PHARMACY LLC

ACC file number: L19199100

was incorporated under the laws of the State of Arizona on 04/17/2014, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **04/11/2024**

Douglas R. Clark, Executive Director

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y007976	10/31/2024	Integrity Rx Specialty Pharmacy LLC
Address :		
8425 N 90th Street		
Zip :	City :	State :
85258	Scottsdale	AZ
Phone :	Fax :	Email :
(800) 321-9956	(800) 321-9931	rlowe@integrityrxsp.com
Inspection Date :	PIC :	Pic License Exp Date :
06/22/2023	Ryan Lowe	10/31/2024
DEA # :	DEA # Exp. date :	Inspection Reviewed With :
FI8253477	11/30/2024	Ryan Lowe
Reviewers License# :	Inspection type :	
5024324	Routine	
Inspection Conducted By :		
Dennis Waggoner		

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
2000	120	16.666666666666668

PERMITS

1	Arizona	● S ○ N/I ○ V ○ N/A	ARS § 32-1933(A); R4-23-606(A)
2	DEA	● S ○ N/I ○ V ○ N/A	ARS § 36-2522(A)(2); 21 CFR 1301.35(c)
3	Suppliers	● S ○ N/I ○ V ○ N/A	ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

LICENSES

1	Pharmacists	● S ○ N/I ○ V ○ N/A	ARS § 32-1925(A); R4-23-201(A)
2	Interns / Graduate interns	○ S ○ N/I ○ V ● N/A	ARS § 32-1923(B); R4-23-301(G)

3	Technicians / Trainees	◉ S ○ N/I ○ V ○ N/A	ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)
4	Current renewal licenses maintained	◉ S ○ N/I ○ V ○ N/A	ARS § 32-1933(B)

PHARMACY

1	Drug storage and security	◉ S ○ N/I ○ V ○ N/A	R4-23-609(G)(H)
2	Personnel and security procedures	◉ S ○ N/I ○ V ○ N/A	R4-23-610
3	Facilities	◉ S ○ N/I ○ V ○ N/A	R4-23-611(A)
4	Drug supply	◉ S ○ N/I ○ V ○ N/A	R4-23-611(B)
5	Quarantine expired drugs	◉ S ○ N/I ○ V ○ N/A	R4-23-611(B)(4)
6	Equipment	◉ S ○ N/I ○ V ○ N/A	R4-23-612
7	Policies and procedures	◉ S ○ N/I ○ V ○ N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program	◉ S ○ N/I ○ V ○ N/A	R4-23-1105(B)(D)
2	Training program - compounds	○ S ○ N/I ○ V ◉ N/A	R4-23-1105(C)
3	Activities - trainees	◉ S ○ N/I ○ V ○ N/A	R4-23-1104(A)
4	Activities - technicians	◉ S ○ N/I ○ V ○ N/A	R4-23-1104(A)(B)
5	Policies and procedures	◉ S ○ N/I ○ V ○ N/A	R4-23-1104(F)(G)

COUNSELING

1	Documentation	◉ S ○ N/I ○ V ○ N/A	R4-23-402(G)(H)

2	Oral consultation	○ S ○ N/I ○ V ◉ N/A	R4-23-402(C)(D)(E)
3	Written information	◉ S ○ N/I ○ V ○ N/A	R4-23-402(C)(I)

PRESCRIPTION AUDIT

1	Prescription files	◉ S ○ N/I ○ V ○ N/A	ARS § 32-1964; ARS § 36-2525(C)(1)(2)
2	Prescription label	◉ S ○ N/I ○ V ○ N/A	ARS § 32-1968(D); ARS § 36-2525(L)
3	CII prescriptions No C2s received, stocked or dispensed since September 2022.	○ S ○ N/I ○ V ◉ N/A	ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)
4	CIII - CV prescriptions	◉ S ○ N/I ○ V ○ N/A	ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)
5	Non-controlled prescriptions	◉ S ○ N/I ○ V ○ N/A	ARS § 32-1968; R4-23-407(A)
6	Transfers	○ S ○ N/I ○ V ◉ N/A	R4-23-407(D)
7	Telephone	○ S ○ N/I ○ V ◉ N/A	ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)
8	Refill authorizations	○ S ○ N/I ○ V ◉ N/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)
9	Facsimile	◉ S ○ N/I ○ V ○ N/A	R4-23-407(E)
10	Electronically transmitted	◉ S ○ N/I ○ V ○ N/A	R4-23-407(F); R4-23-408(H)
11	Patient information	◉ S ○ N/I ○ V ○ N/A	R4-23-402(A)(3)(4)
12	Allergies / medical conditions	◉ S ○ N/I ○ V ○ N/A	R4-23-402(A)(3)(b)
13	Brand / generic	◉ S ○ N/I ○ V ○ N/A	ARS § 32-1963.01
14	Foreign prescriptions	○ S ○ N/I ○ V ◉ N/A	ARS § 32-1969
15	Prescription blank advertising prohibited	○ S ○ N/I ○ V ◉ N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)

16	Prescription audit numbers C3-5 : 944662-951220, Rx: Random images reviewed.	

COMPUTER REQUIREMENTS

1	Security	(•) S ( ) N/I ( ) V ( ) N/A R4-23-408(F)
2	Log books / printout Reminder to include the pharmacist's printed name.	(•) S ( ) N/I ( ) V ( ) N/A R4-23-408(C)(4)
3	Reports	(•) S ( ) N/I ( ) V ( ) N/A R4-23-408(B)(5)(6)
4	Policies and procedures	( ) S ( ) N/I ( ) V (•) N/A R4-23-408(A)

IMMUNIZATIONS

1	Certification	( ) S ( ) N/I ( ) V (•) N/A ARS § 32-1974(D)(K); R4-23-411(A)
2	Recordkeeping	( ) S ( ) N/I ( ) V (•) N/A ARS § 32-1974(F)(3); R4-23-411(F)(I)
3	Reporting requirements	( ) S ( ) N/I ( ) V (•) N/A ARS § 32-1974(F); R4-23-411(F)(2)
4	Current certificate maintained	( ) S ( ) N/I ( ) V (•) N/A R4-23-411(C)(2)
5	Administration without a prescription	( ) S ( ) N/I ( ) V (•) N/A ARS § 32-1974(A)(B); R4-23-411(A)
6	Prescription only administration	( ) S ( ) N/I ( ) V (•) N/A ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification	( ) S ( ) N/I ( ) V (•) N/A R4-23-615(A)(1)
2	Paper / electronic log	( ) S ( ) N/I ( ) V (•) N/A R4-23-615(A)(2)(3)
3	Training	( ) S ( ) N/I ( ) V (•) N/A R4-23-615(C)(1)(D)

4	Maintenance	○ S ○ N/I ○ V ◉ N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing	○ S ○ N/I ○ V ◉ N/A	R4-23-615(C)(3)(D)
6	Return by approval only	○ S ○ N/I ○ V ◉ N/A	R4-23-615(B)(G)
7	Policies and procedures	○ S ○ N/I ○ V ◉ N/A	R4-23-615(E)

MECHANICAL COUNTING DEVICES

1	Training	○ S ○ N/I ○ V ◉ N/A	R4-23-616(A)(1)(B)
2	Maintenance	○ S ○ N/I ○ V ◉ N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing	○ S ○ N/I ○ V ◉ N/A	R4-23-616(A)(3)(B)
4	Policies and procedures	○ S ○ N/I ○ V ◉ N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1	CIIs purchase / sale / disposal No C2s received, stocked or dispensed since September 2022.	○ S ○ N/I ○ V ◉ N/A	ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)
2	CIII - CVs purchase / sale / disposal	◉ S ○ N/I ○ V ○ N/A	ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)
3	Inventory Inventory document missing commercial container size, number of commercial containers and the time of the inventory (before opening or after closing of business).	○ S ◉ N/I ○ V ○ N/A	ARS § 36-2523(B); R4-23-1003
4	Audit	◉ S ○ N/I ○ V ○ N/A	ARS § 36-2523
5	DEA 106 Theft/Loss reporting	○ S ○ N/I ○ V ◉ N/A	R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

1	Badges - name / title	◉ S ○ N/I ○ V ○ N/A	R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)

2	Sales of drugs to practitioners Reminder to identify controlled substances or use a separate invoice.	● S ○ N/I ○ V ○ N/A	ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)
3	Schedule V register	○ S ○ N/I ○ V ● N/A	ARS § 36-2525(J)
4	Delivery	● S ○ N/I ○ V ○ N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
5	CQA training / Policies and procedures	● S ○ N/I ○ V ○ N/A	ARS § 32-1973; R4-23-620
6	Non-controlled substances purchase / sale / disposal	● S ○ N/I ○ V ○ N/A	R4-23-601(D)
7	Dextromethorphan sales restrictions	○ S ○ N/I ○ V ● N/A	ARS 32-1978
8	Federal medication guides	● S ○ N/I ○ V ○ N/A	21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany)	○ S ○ N/I ○ V ● N/A	R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

1	Storage	○ S ○ N/I ○ V ● N/A	ARS § 32-1977(B)
2	Documentation	○ S ○ N/I ○ V ● N/A	ARS § 32-1977(C); 21 CFR 1314
3	Self-certification	○ S ○ N/I ○ V ● N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit	○ S ○ N/I ○ V ● N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file	○ S ○ N/I ○ V ● N/A	R4-23-621(B)
3	Notification to patients	○ S ○ N/I ○ V ● N/A	R4-23-621(C)
4	Maintain manual / electronic records	○ S ○ N/I ○ V ● N/A	R4-23-621(D)
5	Work outside pharmacy	● S ○ N/I ○ V ○ N/A	R4-23-621(F)

6	Policies and procedures	○ S ○ N/I ○ V ◉ N/A	R4-23-621(E)

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded	○ S ○ N/I ○ V ◉ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
2	Patient label	○ S ○ N/I ○ V ◉ N/A	R4-23-410(I)(4)
3	Beyond-use dates	○ S ○ N/I ○ V ◉ N/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)
4	Equipment	○ S ○ N/I ○ V ◉ N/A	R4-23-410(F)(G)
5	Product produced in excess	○ S ○ N/I ○ V ◉ N/A	R4-23-410(B)(2); R4-23-410(J)
6	Component removed from original container	○ S ○ N/I ○ V ◉ N/A	R4-23-410(I)(6)
7	Compounds for medical practitioners	○ S ○ N/I ○ V ◉ N/A	R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)
8	Patient written list	○ S ○ N/I ○ V ◉ N/A	R4-23-410(I)(5)
9	Protective apparel	○ S ○ N/I ○ V ◉ N/A	R4-23-410(C)(2)(c)
10	Facility	○ S ○ N/I ○ V ◉ N/A	R4-23-410(E)
11	Components for compounding/storage	○ S ○ N/I ○ V ◉ N/A	R4-23-410(B)(H)
12	Policies and procedures	○ S ○ N/I ○ V ◉ N/A	R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area	○ S ○ N/I ○ V ◉ N/A	R4-23-670(A)(E)(F)
2	Equipment	○ S ○ N/I ○ V ◉ N/A	R4-23-670(B)
3	Sterile product reference	○ S ○ N/I ○ V ◉ N/A	R4-23-670(B)(6)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Certification hood / environment	○ S ○ N/I ○ V ◉ N/A	R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	○ S ○ N/I ○ V ◉ N/A	R4-23-670(D)(14)(g)
6	Personnel protective clothing	○ S ○ N/I ○ V ◉ N/A	R4-23-670(E)(3)(F)(2)
7	Annual / semi-annual media fill tests	○ S ○ N/I ○ V ◉ N/A	R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	○ S ○ N/I ○ V ◉ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
9	Beyond-use dates	○ S ○ N/I ○ V ◉ N/A	R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)
10	Process / product validation testing	○ S ○ N/I ○ V ◉ N/A	R4-23-670(D)(14)(f)
11	Policies and procedures	○ S ○ N/I ○ V ◉ N/A	R4-23-670(C)(D)

AUDIT

Date Of Inventory : 05/01/2023

Inventory Taken : Close

Date Of Audit : 06/22/2023

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
Acetaminophen/Codeine 300/60 tab	744	300	1044	304	730	1034	-10	-0.96
Diazepam 5mg tab	256	100	356	237	119	356	0	0.00

NOTES

Hours of operation: Weekdays 8:30A-5:00P, Saturday 9:30A-1:30P

Handouts: 2020/2021 Statute/Rule Changes summary, ARS 32-1926 reminder, DEA Form 106 Reporting reminder, AzBOP Newsletter October 2022, Continuing Education Audit information, AzBOP Scam Alert, FDA advisory on insulin pen packaging and dispensing, DEA reminder on manual signature for prescribers, Single Ingredient Ephedrine Products, CSPDMP handout

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/03/2022
Receipt Number: 2022137033
Receipt Amount $: 480.00

Pharmacy - Independent

PERMIT NO	EXPIRES
Y007976	10/31/2024

Issued to:

Integrity Rx Specialty Pharmacy LLC
ABD Group Inc.
8425 N 90TH STREET SUITE 8
SCOTTSDALE, AZ 85258

Integrity Rx Specialty Pharmacy LLC
8425 N 90TH STREET SUITE 8
SCOTTSDALE, AZ 85258

Kim Gaddis
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: ABD Group Inc.
LICENSE NUMBER: Y007976
EXPIRES: 10/31/2024

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.

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260, 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/registration/permit but serves as the primary source of verification.

Name :	Integrity Rx Specialty Pharmacy LLC
Address :	8425 N 90th Street Suite 8 Scottsdale AZ 85258
Registration No :	Y007976
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	02/15/2019
Expiration Date :	10/31/2024
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 04/16/2024

Integrity Rx Specialty Pharmacy LLC

List of Officers and Directors

	Name	Title
1.	Bradley Phillips	President, Director
2.	Scott Lambert	Vice President, Treasurer
3.	John Mimlitz	Vice President
4.	Joanne Hart	Assistant Treasurer
5.	Victor Perini	Assistant Secretary
6.	William Haley	Assistant Vice President
7.	Alicia Morrow	Corporate Secretary

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Integrity Rx Specialty Pharmacy LLC

Pharmacy/Wholesaler License # (if applicable): PH03281

Physical Address: 8425 N 90th Street, Suite 8

City: Scottsdale State: AZ Zip: 85258

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 800-321-9956 Website: https://www.vfppharmacygroup.com

Licensing Company Email: Sydney.Kanjuparamban@hklaw.com

Section 2: Personal Information

First: Ryan Middle: Kenneth Last: Lowe

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] N 90th Street, Suite 8

City: Scottsdale State: AZ Zip: 85258

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.)		✔

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		From - To (MM/YY – MM/YY)	
Cactus Shadows High School		08/08-05/12	
Address	**City**	**State**	**Zip**
5802 E Dove Valley Road	Scottsdale	AZ	85266
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Arizona		08/12-05/19	
Address	**City**	**State**	**Zip**
1295 N Martin Ave	Tuscon	AZ	85721
Diploma/Degree obtained, if any			
PharmD			

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
11/20 - present	[redacted]N Via del Paraiso	Scottsdale	AZ	85258
01/20-11/20	[redacted]N Scottsdale Road, Apt. 3015	Scottsdale	AZ	85251
01/14-01/20	[redacted]E Chuckwalla Dr.	Cave Creek	AZ	85331
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
Integrity Rx Specialty Pharmacy LLC			10/19-present	
Business Address		**City**	**State**	**Zip**
8425 N 90th St., Suite 8		Scottsdale	AZ	85258
Phone	**Title**		**Number of Employed Hours**	
800-321-9956	Pharmacist in Charge/Managing Pharmacist		Approx. 9,000	
Description of Duties				
Ensure adherence to policies and procedures, state and federal regulations, and directly supervise pharmacists and pharmacy technicians				

Business Name			From - To (MM/YY – MM/YY)	
AleraCare Pharmacy			12/12-10/19	
Business Address		**City**	**State**	**Zip**
4045 Bell Road #163		Phoenix	AZ	85032
Phone	**Title**		**Number of Employed Hours**	
877-971-3001	Pharmacist		Approx. 13,612	
Description of Duties				
Practice pharmacy, including dispensing of prescription drugs, medication administration review and other related activities.				

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?		✔

I, Ryan Lowe, **certify that as the designated representative for**

Integrity Rx Specialty Pharmacy LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RL I am at least 21 years of age;
3. RL 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. RL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RL 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. RL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ryan Lowe

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/22/24

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.

Ryan Lowe

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/22/24

Date

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

State of Arizona, ss. County of Maricopa

I, Ryan Lowe, 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

4/22/24

Date

Subscribed and Sworn to before me this 22nd day of April.

Notary Public Signature

TRINITY ARMSTRONG
NOTARY PUBLIC - STATE OF ARIZONA
MARICOPA COUNTY
COMM. # 626683
MY COMMISSION EXPIRES
05-16-2026

(Seal)

10002271. 2/002355-1/1-0

1: 6
243/525
INTEGRITY RX SPECIALTY PHARMACY LLC
8425 N 90TH ST
STE 8
SCOTTSDALE, AZ 85258-0000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FI8153417	11-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	10-19-2021

INTEGRITY RX SPECIALTY PHARMACY LLC
8425 N 90TH ST
STE 8
SCOTTSDALE, AZ 85258-0000

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
FI8153417	11-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	10-19-2021

INTEGRITY RX SPECIALTY PHARMACY LLC
8425 N 90TH ST
STE 8
SCOTTSDALE, AZ 85258-0000

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)

The Cigna Group
(publicly traded)
100%
Evernorth Health, Inc.
100%
Express Scripts, Inc.
100%
CuraScript, Inc.
100%
Priority Healthcare Corporation
100%
ABD Group Inc.
100%
Integrity Rx Specialty Pharmacy LLC

Integrity Rx Specialty Pharmacy LLC

List of Top Four Stockholders and Percent Ownership and All Members Holding More than 10% of the Membership Interests of the Pharmacy:

Integrity Rx Specialty Pharmacy LLC, a limited liability company, has members, not stockholders. In particular, ABD Group, Inc. is the sole member and holder of 100% of the Membership Interests in Integrity Rx Specialty Pharmacy LLC.

4NN

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 (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Research pharmacy	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other: Research pharmacy

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: UCLA West Medical Pharmacy

Physical Address: 1010 Veteran Avenue, Room 1101

City: Los Angeles State: CA Zip: 90095

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 310-825-2875 Toll Free # (NAC 639.708, NRS 639.23286): 866-334-3713

Fax: 310-825-2913 Contact Email: swong@mednet.ucla.edu

Website: NA

Nevada Business License # (if applicable) NA

Supervising/Managing Pharmacist Name (NRS 639.220): Steve Wong, PharmD

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 11151

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Steve Wong, PharmD	NV Pharmacist Registration #: 11151
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: NA	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 69SC 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.

Section 5: 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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): UC Regents

Corporation/Organization Name: UCLA

Mailing Address: 1010 Veteran Avenue, Room 1101

City: Los Angeles State: CA Zip: 90095

Telephone: 310-825-2875 Email: swong@mednet.ucla.edu

Contact Person Name: Steve Wong

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☑ Yes ☐ No

Section 7: Partnership

Partnership Name: NA

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: NA

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PIC (title) for UCLA West Medical Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Steve Wong

Print Name of Authorized Person

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

07 FEB 2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Steve Wong 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 (title) for UCLA West Medical 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.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 7th day of February, 2024

Notary Public SEE ATTACHED

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

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

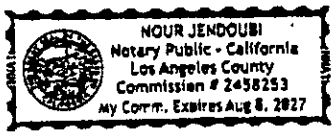
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 7 (Date) day of February (Month), 2024 (Year), by

(1) Steven Lung Wong

(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 _____
Signature of Notary Public

Place Notary Seal and/or Stamp Above

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: Affidavit for Pharmacy License

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

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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.

Steve Wong

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

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

01 FEB 2024

Date

Board Use Only	Date Received: 2/12/24	Amount: $500-cc

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

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

February 21, 2024

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: UCLA WEST MEDICAL PHARMACY

License Type: GOVERNMENT-OWNED PHARMACY

License Number: PHE 47612

Status: ACTIVE

Issue Date: 05/26/2006

Expiration Date: 11/01/2024

Address of Record: 1010 VETERAN AVE RM 1101 LOS ANGELES, CA 90095

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

Ann Altamirano
Public Inquiry Analyst
(916) 518-3045
Pharmacy.PublicRecords@dca.ca.gov

Secretary of State
Certificate of Status

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

Entity Name:	TRANSLATIONAL RESEARCH IN ONCOLOGY - US, INC.
Entity No.:	2548325
Registration Date:	08/14/2003
Entity Type:	Stock Corporation - Out of State - Stock
Formed In:	DELAWARE
Status:	Active

The above referenced entity is active on the Secretary of State's records and 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 date of this certificate and does not reflect documents that are pending review or other events that may impact 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 20, 2024.

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

Certificate No.: 192945430

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

AMENDMENT NO. 4 TO AGREEMENT
Between
The Regents of the University of California
on behalf of the UCLA Jonsson Comprehensive Cancer Center (JCCC)
and
Translational Research in Oncology – US, Inc. (TRIO-US)

THIS AMENDMENT ("Amendment No. 4") dated and effective February 1, 2023 ("Amendment No. 4 Effective Date") is entered into by and between Translational Research in Oncology – US, Inc. ("TRIO-US"), with business offices located at 1033 Gayley Avenue #207, Los Angeles, CA 90024, and The Regents of the University of California, on behalf of the UCLA Jonsson Comprehensive Cancer Center ("JCCC"), with an office located at 700 Tiverton Avenue, 8-684 Factor Building, Box 951781, Los Angeles, CA 90095, and hereby amends the Agreement between the parties dated May 1, 2005, as amended ("Agreement").

MODIFICATIONS

1) This Amendment No. 4 amends the Agreement as follows:

a) Section III (GENERAL), B (Reimbursement for Services) and updated in Amendment No. 3 dated June 11, 2020, is hereby deleted in its entirety and restated as follows:

"Effective February 1, 2023, the payment basis for this agreement is cost-reimbursable for all JCCC and Division of Hematology-Oncology expenses. UCLA shall submit to TRIO-US a quarterly invoice for all reimbursable expenses. These expenses include all direct costs (no indirect costs allowable) associated with UCLA staff as described in Section II B above and other reasonable costs incurred by UCLA and agreed to in advance by the parties. TRIO-US shall pay UCLA within sixty (60) days of receipt of invoices submitted to Payments@TRIO-US.org. Payment should be sent to UCLA Payment Solutions & Compliance, Attn: Robert Scott, Box 957087, 1125 Murphy Hall, 405 Hilgard Avenue, Los Angeles, CA 90095-7089."

b) In Section III (GENERAL), a new term of the agreement, is hereby inserted into the affiliation agreement as follows:

"R. TRIO-US Utilization of UCLA Licensed OnCore Clinical Research Management System (CRMS): To support the business needs of the UCLA JCCC clinical research program, including reporting and crediting all TRIO-US accruals to the JCCC, TRIO-US will utilize UCLA's licensed OnCore CRMS. TRIO-US shall develop and maintain their own library environment within OnCore. TRIO-US shall build all TRIO-US studies (builds) within their library environment. UCLA is not responsible for any TRIO-US builds in the TRIO-US OnCore library environment, including calendars, Medicare coverage analyses (MCA), coding, budgets, invoices, contracts, etc. Moreover, UCLA is not responsible for how the TRIO-US build is operationalized at the TRIO-US sites, as TRIO-US sites are not UCLA or TRIO-US owned or operated. Furthermore, TRIO-US is not responsible for any UCLA builds in non-TRIO-US OnCore library environments nor how UCLA builds are operationalized at UCLA."

c) Section I (OBLIGATIONS OF TORI), a new term of the agreement, is hereby inserted into the affiliation agreement as follows:

"J. TRIO-US Budget Development Alignment with UCLA: TRIO-US will develop and negotiate industry sponsored studies utilizing the UCLA standard industry research pricing rates. Whenever feasible TRIO-US will make a best effort to utilize the JCCC's Clinical Research Unit (CRU) pricing rates for protocol required elements where UCLA does not have a minimum amount in the standard industry research pricing.

2) All terms as defined in the Agreement shall have the same meaning in this Amendment unless otherwise noted herein.

3) Except as set forth in this Amendment, the Agreement is unaffected and shall continue in full force and effect in accordance with its terms. If there is conflict between this Amendment and the Agreement or any earlier amendment, the terms of this Amendment will prevail.

Translational Research in Oncology – US, Inc.

Meghan Brennan, PhD, RN, ONP
Chief Operating Officer

03/21/2023
Date

The Regents of the University of California, on behalf of the UCLA Jonsson Comprehensive Cancer Center

Steven M. Dubinett, MD
Interim Dean, David Geffen School of Medicine

March 17, 2023
Date

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: UCLA West Medical Pharmacy

Pharmacy/Wholesaler License # (if applicable): PHE 47612

Physical Address: 1010 Veteran Avenue, Room 1101

City: Los Angeles State: CA Zip: 90095

Mailing Address (if different from physical address): same as physical address

City: State: Zip:

Telephone: 310-825-2875 Website: n/a

Licensing Company Email: n/a

Section 2: Personal Information

First: Christina Middle: Suyun Last: Shin

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Westwood Plaza, B524

City: Los Angeles State: CA Zip: 90095

Telephon[redacted] Emai[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.)		✔

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		From - To (MM/YY – MM/YY)	
University of Southern California		08/97 - 05/01	
Address	**City**	**State**	**Zip**
1985 Zonal Ave.	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of California, Riverside		09/93 - 06/97	
Address	**City**	**State**	**Zip**
900 University Ave.	Riverside	CA	92521
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Westlake High School		09/89 - 06/93	
Address	**City**	**State**	**Zip**
100 Lakeview Canyon Rd.	Thousand Oaks	CA	91362
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
09/12 - present	[redacted] Holman Ave., Unit 4	Los Angeles	CA	90024
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
UC Regents (Ronald Reagan UCLA Medical Center)			09/06 - present	
Business Address		**City**	**State**	**Zip**
757 Westwood Plaza		Los Angeles	CA	90095
Phone	**Title**		**Number of Employed Hours**	
310-794-0500	Pharmacist		36,400	
Description of Duties				
Receive drug supplies, dispense prescription, meet with sponsor representative to review inventory of drug supplies, compound 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				

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?		✔

I, Christina Shin, certify that as the designated representative for

West Medical Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CS I am at least 21 years of age;
3. CS 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. CS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CS 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. CS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Christina, Shin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

27 Mar 2024

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.

Christina, Shin
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

27MAR2024
Date

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

State of California, ss. County of Los Angeles

I, Christina Shin, 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

27MAR2024
Date

Subscribed and Sworn to before me this 27 day of March 2024

Notary Public Signature SEE ATTACHED

(Seal)

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

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 Los Angeles

Subscribed and sworn to (or affirmed) before me on this 27 (Date) day of March (Month), 20 24 (Year), by

(1) Christina Shin

(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 _____
Signature of Notary Public

Place Notary Seal and/or Stamp Above

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: Designated Representative Application

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

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Members and Advisors

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- Ex Officio Regents
- Student Regent
- Regents-Designate
- Faculty Representatives to the Regents
- Advisors to the Regents

(Click on the individual's name for a more complete biography.)

Appointed Regents

Maria Anguiano
Appointed by Governor Brown effective June 16, 2017 to a term expiring March 1, 2028; Executive Vice President, Arizona State University's Learning Enterprise; B.A. (Economics-Accounting and Spanish), Claremont McKenna College; M.B.A., Stanford Graduate School of Business.

Elaine E. Batchlor
Appointed by Governor Newsom effective July 22, 2022 to a term expiring March 1, 2033; Chief Executive Officer, MLK Community Healthcare; Doctor of Medicine Degree, Case Western Reserve University School of Medicine; Master of Public Health Degree, UCLA's Fielding School of Public Health.

Carmen Chu
Appointed by Governor Newsom effective July 22, 2022 to a term expiring March 1, 2030; City Administrator, City and County of San Francisco; Master of Public Policy Degree, University of California, Berkeley; Bachelors' Degree (Public Policy), Occidental College.

Michael Cohen
Appointed by Governor Brown effective August 6, 2018 to a term expiring March 1, 2030; Chief Financial Officer of CalPERS, the California Public Employees' Retirement System; B.S., Stanford University (Urban Studies); Master's Degree in Public Affairs, Lyndon B. Johnson School at the University of Texas.

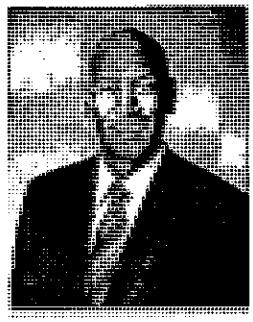
Gareth Elliott
Appointed by Governor Brown January 2, 2015 to term expiring March 1, 2025; Partner, Sacramento Advocates, Inc.; B.A. (Political Science), Humboldt State University. Mr. Elliott is the current Vice Chair of the Board.

Howard "Peter" Guber
Appointed by Governor Brown effective June 6, 2017 to a term expiring March 1, 2029; Chairman and Chief Executive Officer, Mandalay Entertainment Group; Master of Laws and J.D. degrees, New York University School of Law.

Jose M. Hernandez
Appointed by Governor Newsom effective August 20, 2021 to a term expiring March 1, 2033; President and Chief Executive Officer, Tierra Luna Engineering LLC; Master of Science,

Board Officers

Chair Rich Leib



Vice Chair Gareth Elliott

University of California, Santa Barbara (Electronics Engineering, Signals and Systems); B.S. (Electrical Engineering), University of the Pacific.

Nancy Lee
Appointed by Governor Newsom effective June 29, 2023 to a term expiring March 1, 2024; Executive Vice President of International Business Operations and Chief of Staff to Robert A. Iger, Walt Disney Company; M.B.A., MIT Sloan School of Management; J.D., Georgetown University Law Center; B.A., University of Chicago.

Richard Leib
Appointed by Governor Brown effective August 6, 2018 to a term expiring March 1, 2026; President and CEO, Dunleer Strategies; B.A., University of California, Santa Barbara; M.A., Claremont Graduate University; J.D., Loyola University School of Law. Mr. Leib is the current Chair of the Board.

Hadi Makarechian
Appointed by Governor Schwarzenegger effective October 24, 2008 to term expiring March 1, 2020; re-appointed in 2020 by Governor Newsom to a term expiring March 1, 2032; B.S. (Civil Engineering), B.A. (Economics), State University of New York; former Chairman of Makar Properties Board of Directors.

Ana Matosantos
Appointed by Governor Newsom effective July 22, 2022 to a term expiring March 1, 2034; Bachelor's Degree (Political Science), Stanford University.

Lark Park
Appointed by Governor Brown effective June 15, 2017 to a term expiring March 1, 2029; Director of the California Education Learning Lab in the Governor's Office of Planning and Research; B.A., University of California, Berkeley; M.A., Georgetown University.

John A. Pérez
Appointed by Governor Brown effective November 17, 2014 to term expiring March 1, 2024; California State Assembly Speaker Emeritus and former Assemblymember.

Janet Reilly
Appointed by Governor Newsom effective August 9, 2019 to a term expiring March 1, 2028; Co-founder and President of the Board of Directors for Clinic by the Bay; B.A., UCLA; Master of Science (Journalism), Northwestern University Medill School of Journalism, Media, Integrated Marketing Communications.

Mark Robinson
Appointed by Governor Newsom effective July 22, 2022 to a term expiring March 1, 2034; Partner, Centerview Partners; Master of Business Administration, Harvard University; B.A. (History and Political Science), University of California, Berkeley.

Gregory Sarris
Appointed by Governor Newsom effective June 29, 2023 to a term expiring March 1, 2026. Chairman of the Federated Indians of Graton Rancheria; Ph.D. in Modern Thought and Literature, Stanford University.

Richard Sherman
Appointed by Governor Brown effective January 17, 2014 to a term expiring March 1, 2025; Chief Executive Officer at the Geffen Company; Master of Business Taxation from the University of Southern California.

Jonathan "Jay" Sures
Appointed by Governor Brown effective January 4, 2019 to a term expiring March 1, 2020; re-appointed in 2020 (by Newsom) to a term expiring March 1, 2032; Vice Chairman of United Talent Agency; B.A. (Economics), UCLA.

Merhawi Tesfai
Student Regent, July 1, 2023 - June 30, 2024; UCLA graduate student (Master of Social Welfare and Master of Public Policy Dual Degree Candidate); B.A., UCLA (African American Studies).

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Ex Officio Regents

Gavin Newsom
Governor of California and ex officio Regent, January 7, 2019 - present.

Eleni Kounalakis
Lieutenant Governor and ex officio Regent, effective January 7, 2019 - present.

Robert Rivas
Speaker of the Assembly and ex officio Regent, effective June 30, 2023 - present; Assembly member from the 29th district.

Tony Thurmond
State Superintendent of Public Instruction and ex officio Regent, January 7, 2019 - present.

Michael V. Drake, M.D.
President of the University and ex officio Regent, August 15, 2020 - present; A.B., Stanford University; M.D., UC San Francisco.

Joel Raznick
Alumni Regent, July 1, 2023 - June 30, 2024, and President, Alumni Associations of the University of California; B.S., University of California, Santa Barbara.

Keith Ellis
Alumni Regent, July 1, 2023 - June 30, 2024, and Vice President, Alumni Associations of the University of California; Ed.D., University of California, Davis; Master's in Education, Sacramento State University; B.S., University of California, Merced (Political Science and Management).

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Regents-Designate

Geoffrey Pack
Alumni Regent-designate, July 1, 2023 - June 30, 2024, and Treasurer, Alumni Associations of the University of California; Master of Arts in Law and Diplomacy, Tufts University; Master of Science, Durham University; Harvard graduate student (Master of Science in Bioethics); B.S., University of California, Riverside (Anthropology).

Alfonso Salazar
Alumni Regent-designate, July 1, 2023 - June 30, 2024, and Secretary, Alumni Associations of the University of California; Master's in Public Policy, University of Michigan; B.A., University of California, Berkeley (Political Science and Ethnic Studies).

Josiah Beharry
Student Regent-designate, July 1, 2023 - June 30, 2024; Student Regent, July 1, 2024 - June 30, 2025. UC Merced graduate student (Ph.D. in Interdisciplinary Humanities); B.A. (Critical Race and Ethnic Studies).

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Faculty Representatives to the Regents

James Steintrager
Faculty Representative to The Regents, September 1, 2022 - August 31, 2024, and current Chair of the Universitywide Academic Senate of the University of California.

Steven Cheung
Faculty Representative to The Regents, September 1, 2023 - August 31, 2025, and current Vice Chair of the Universitywide Academic Senate of the University of California.

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Advisors to the Regents

Jo Mackness
Staff Advisor, July 1, 2023 - June 30, 2024; Associate Vice Chancellor, Residential & Student Service Programs within the Division of Student Affairs at University of California, Berkeley. BA in Psychology from University of California, Los Angeles. MBA from University of California, Berkeley

Andenet Emiru
Staff Advisor-designate, July 1, 2023 - June 30, 2024. Staff Advisor, July 1, 2024 - June 30, 2025; Director of External Partnerships & Projects, UC Health's Center for Data-Driven Insights and Innovation; BA in Management Information Systems, University of Minnesota-Duluth; MBA, St. Cloud State University

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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

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 6/16/2022 Inspector: Ben Rustia

Firm: UCLA WEST MEDICAL PHARMACY Phone: (310) 825-2875

Address: 1010 VETERAN AVE RM 1101 City: LOS ANGELES Zip: 900951772

Ownership: CORPORATION

Permit #: PHE47612 Permit Exp: 11/1/2022 DEA#: _____ DEA Exp: _____

Date of Self Assessment Form: 5/14/2021 Other Permit #: N/A Date of DEA Inventory: _____

Hours M-F: 8AM-5PM Hours Saturday CLOSED Hours Sunday: CLOSED

PIC STEVEN L WONG RPH45619 Administrator _____

RPH Consultant _____ _____

Staff RPH Name: **License #:** **Staff Name:** **License #:**

Inspector Remarks:

Pharmacy handles the acquisition and disposition of investigational drugs only.
Investigational drugs are processed and labelled, and then
sent to the study investigator's office. The prescriptions are dispensed by the investigator.
Consultation is provided by the investigator,

Self-Assessment: reviewed
Policies and Procedures: In place
Quality Assurance
Not registered with DEA does not have controlled substances.
Drug acquisition: Medications are provided by manufacturer's conducting study.
Unused or expired medications are returned to source.
Notice to Consumer and Permits posted in public view.
No technicians employed by the pharmacy.
Facility: Secure, clean and orderly;
Refrigerator clean, temperature monitored electronically, pharmacist is notified when temperature excursion occur.
Sink with hot and cold running water.
RX label – patient centered
Pharmacy receives email notification from the Board.

Educational topics Discussed:

- Board provided CE for Law & Ethnic.

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

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) STEVE WONG

Inspector (sign) _____

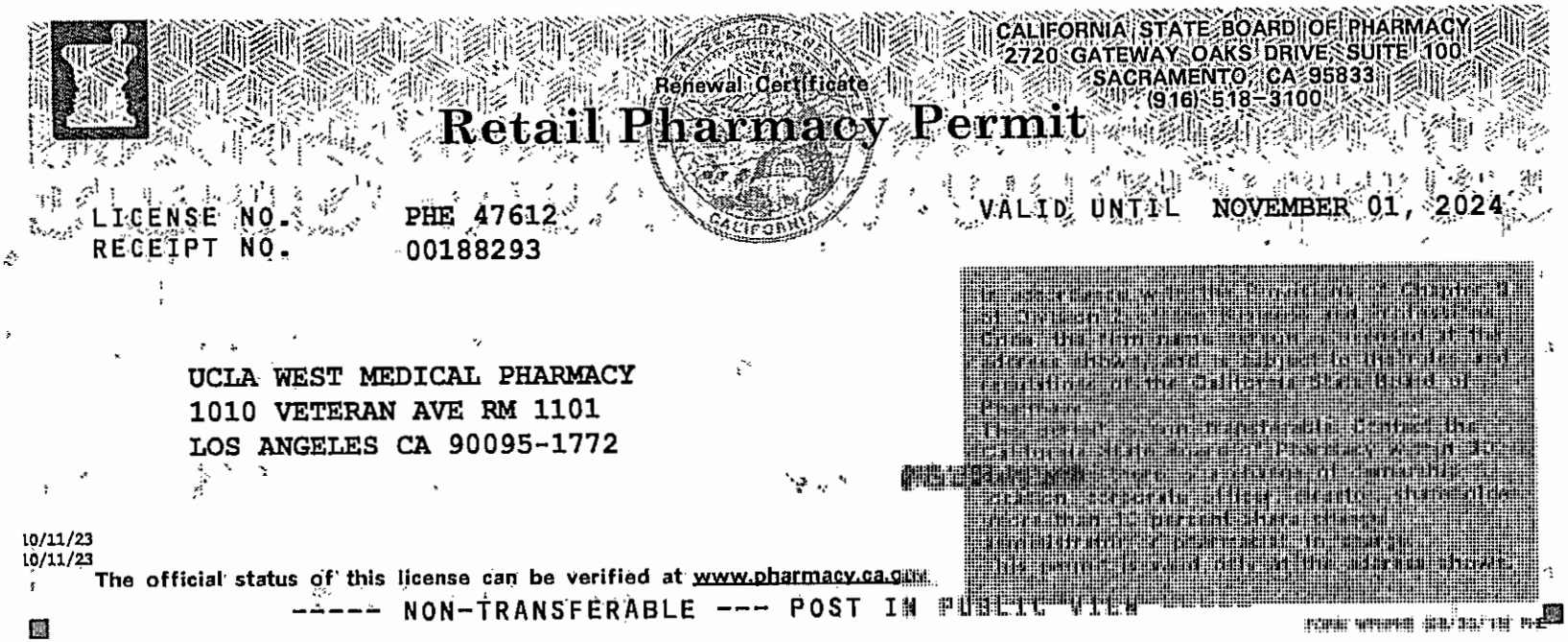
Inspector (print) B Reeves

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:



CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

LICENSE NO. PHE 47612
RECEIPT NO. 00188293

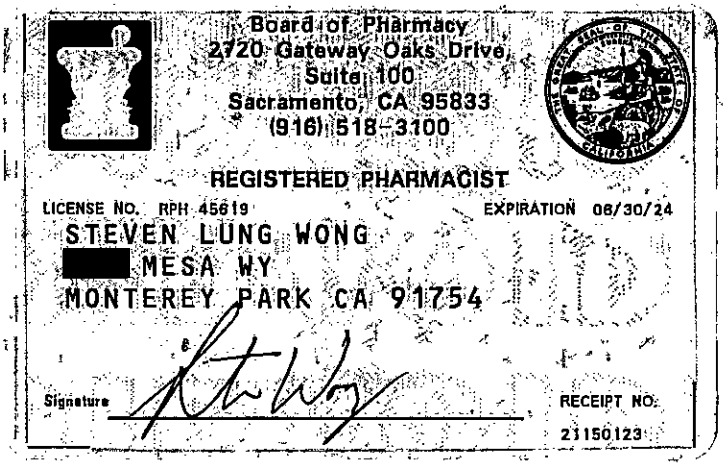
VALID UNTIL NOVEMBER 01, 2024

UCLA WEST MEDICAL PHARMACY
1010 VETERAN AVE RM 1101
LOS ANGELES CA 90095-1772

10/11/23
10/11/23

The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW



Board of Pharmacy
2720 Gateway Oaks Drive,
Suite 100
Sacramento, CA 95833
(916) 518-3100

REGISTERED PHARMACIST

LICENSE NO. RPH 45619 EXPIRATION 08/30/24

STEVEN LUNG WONG
[redacted] MESA WY
MONTEREY PARK CA 91754

Signature

RECEIPT NO.
21150123

400

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 (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☑ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☑ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: White Label Pharmacy

Physical Address: 2925 Country Club Rd. Suite #101

City: Denton State: Texas Zip: 76210

Mailing Address (if different from physical address): Same as physical

City: _____ State: _____ Zip: _____

Telephone: (940) 334-3404 Toll Free # (NAC 639.708, NRS 639.23286): 888-552-3404

Fax: (940) 334-3404 Contact Email: info@whitelabelpharmacy.com

Website: NA

Nevada Business License # (if applicable) NA

Supervising/Managing Pharmacist Name (NRS 639.220): Jonathan Hamer

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24134

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Jonathan Hamer	NV Pharmacist Registration #: 24134
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: NA	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.

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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): OH3 Group LLC

Corporation/Organization Name: White Label Pharmacy LLC

Mailing Address: 2925 Country Club Rd. Suite #101

City: Denton State: Texas Zip: 76210

Telephone: (940) 334-3404 Email: info@whitelabelpharmacy.com

Contact Person Name: Jonathan Hamer

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Manager/Pharmacist In Charge (title) for White Label Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Jonathan Hamer

Print Name of Authorized Person

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

4/16/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Jonathan Hamer 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 Manager/Pharmacist In Charge (title) for White Label 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.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29th day of April, 2024

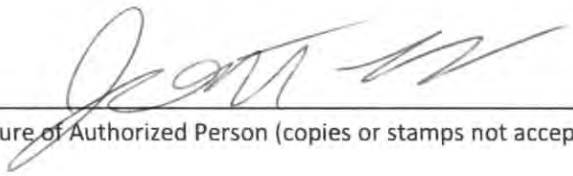
Notary Public

FLOR JIMENEZ
Notary ID #133622999
My Commission Expires
March 3, 2026

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.

Jonathan Hamer

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



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

4/16/2024

Date

Board Use Only	Date Received: 5/2/24	Amount: $500 check 1002

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for White Label Pharmacy LLC (file number 805322810), a Domestic Limited Liability Company (LLC), was filed in this office on November 30, 2023.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 21, 2024.

Jane Nelson
Secretary of State

To Whom It May Concern,

I wanted to clarify the name on the attached Texas Pharmacy Inspection.

Immediately after Apex Pharmacy (Texas License # 35242) was licensed on 02/12/2024 it was brought to our attention that (despite the Texas Secretary Of State name approval and Texas Board Of Pharmacy Licensing), there is another entity doing business as Apex Pharmacy and facing potential disciplinary action in another area of Texas using an assumed name.

To avoid confusion, it was suggested to alter our pharmacy name and LLC. As such the required documents were filed and approved with the Texas Secretary of State; renaming APEX Pharmacy LLC to White Label Pharmacy LLC effective 2/15/24.

It should be noted that the **Federal EIN, ownership structure, Pharmacist In Charge (PIC), as well as every other aspect of the business remain the same.**

Additionally, please see below from the Texas Board of Pharmacy, similarly explaining that the attached Apex Pharmacy inspection for (License #35242) is in fact the most recent inspection for White Label Pharmacy (License #35242)

To Whom It May Concern:

On 2/12/2024, I conducted a pre-inspection of Apex Pharmacy located at 2925 Country Club Rd. Ste 101, Denton, Texas 76210. It was determined that the pharmacy had met the requirements of the pre-inspection checklist to be licensed as a Class A pharmacy in Texas. Texas Pharmacy License #35242 was issued on 2/12/2024.

On 2/15/2024 due to unforeseen circumstances, the pharmacy submitted an application for a name change to White Label Pharmacy. The pharmacy is now licensed under Texas pharmacy license #35242 under the name White Label Pharmacy.

Sincerely,
Terri Burrows

Terri Burrows, RPh, PharmD
Compliance Officer, Dallas Region
Texas State Board of Pharmacy

If you have any questions, please do not hesitate to contact me at Info@WhiteLabelPharmacy.com or (940) 268-2913.

Respectfully,

Jonathan Hamer

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *APEX PHARMACY* **License Number:**

Class of License: *A*

Inspection Information

Type: *Compliance* **Purpose:** *Pre-Inspection*

Date: *02/12/2024* **Arrival Time:** *10:00 AM* **Departure Time:** *11:00 AM*

Action Taken: *Inspection*

General Comments:

Pre-Inspection Checklist

Verify Owner/Owner's Representative ID	*Not Applicable*
Name :	**Title** :
Verify PIC ID	*Yes*
Name : *Jonathan Hamer*	**Title** : *PIC/Owner*
1. The prescription department has adequate space for the size and scope of the pharmaceutical services provided by the pharmacy.	*Yes*
2. Fixtures (i.e. shelving, countertops, etc.) for the storage of drugs, equipment, and supplies necessary to operate a pharmacy are installed.	*Yes*
3. Electrical supply exists.	*Yes*
4. A sink with hot and cold running water available exclusive of the restroom facilities.	*Yes*
5. Pharmacy arranged in an orderly fashion and kept clean.	*Yes*
6. The prescription department is complete and contains the following required equipment and supplies including, but not limited to:	*Yes*
6a. data processing system including a printer or comparable equipment;	*Yes*
6b. refrigerator to be maintained within a range compatible with the proper storage of drugs requiring refrigeration;	*Yes*
6c. adequate supply of child-resistant, light-resistant, tight, and, if applicable, glass containers;	*Yes*
6d. adequate supply of prescription labels with name, address, and telephone number of the pharmacy;	*Yes*

6e. appropriate equipment necessary for the proper preparation of prescription drug orders;	*Yes*
6f. metric-apothecary weight and measure conversion charts;	*Yes*
6g. if the pharmacy serves the public, the word "pharmacy" or similar word or symbol, as determined by the board, is displayed in a prominent place on the front of the pharmacy.	*Yes*
7. A reference library is on site and current:	*Yes*
7a. Texas Pharmacy Laws and Regulations (publication year: _____)	*Yes*
Publication Year : *Online*	
7b. Drug Interactions Reference (publication year: _____)	*Yes*
Publication Year : *Online*	
7c. General Information Reference (publication year: _____)	*Yes*
Publication Year : *Online*	
7d. Chapter 795 of the USP/NF concerning Pharmacy Compounding Non-Sterile Preparations (if the pharmacy is compounding non-sterile preparations)	*Yes*
7e. General reference text on veterinary drugs (if the pharmacy dispenses veterinary prescriptions)	*Not Applicable*
7f. Basic Antidote Information and telephone number of the nearest Regional Poison Control Center.	*Yes*
8.If the pharmacy is compounding sterile preparations, the following references are also required:	*Not Applicable*
8a. United States Pharmacopeia/National Formulary or USP Pharmacist's Pharmacopeia containing USP Chapter 797, Pharmaceutical Compounding Sterile Preparations	*Not Applicable*
8b. Chapter 71 of the USP/NF concerning Sterility Tests	*Not Applicable*
8c. Chapter 85 of the USP/NF concerning Bacterial Endotoxins Test	*Not Applicable*
8d. Chapter 1163 of the USP/NF concerning Quality Assurance in Pharmaceutical Compounding	*Not Applicable*
8e. Handbook on Injectable Drugs (publication year: _____)	*Not Applicable*
Publication Year :	
8f. Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g., if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs)	*Not Applicable*
9. Security Requirements can be met to assure the pharmacy will be locked by key, combination, or other mechanical or electronic means to prohibit unauthorized access when a pharmacist is not on-site.	*Yes*

10. Pharmacy has basic alarm system with the off-site monitoring and perimeter and motion sensors. (Alarm must be activated). *If your city requires an alarm permit, provide a copy of the permit.	*Yes*
11. Written policies and procedures/SOPs for the pharmacy's security system that meet the requirements of Rule 291.33(b)(2)(E)	*Yes*
12. An area suitable for confidential patient counseling, if the pharmacy serves the general public	*Yes*
13. If compounding sterile preparations, the pharmacy has controlled area that meets the requirements in Rule 291.133 (d)(6)(A) if the pharmacy is compounding low-risk and medium-risk preparations or Rule291.133(d)(6)(B) if high-risk preparations are being compounded.	*Not Applicable*
14. Certified primary engineering control device (e.g., laminar airflow work benches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators).	*Not Applicable*
15. Certified clean room(s) (e.g. ante area, buffer area).	*Not Applicable*

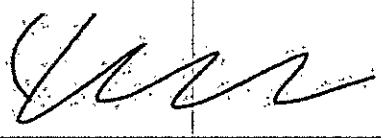
Discussion Items

The requirements of TSBP Rule 291.11 and Section 565.0591 of the Pharmacy Act regarding the operation of a pharmacy within 6 months of becoming licensed.	*Yes*
Corresponding Responsibility and the Red Flags checklist using references from the DEA RPh Manual, the Texas Controlled Substances Act, and TSBP Rules 291.29 and 291.34 (b).	*Yes*
Pharmacy will need to conduct an opening inventory on the first day of business.	*Yes*
Pharmacy will need to report all controlled substances to the PMP as required.	*Yes*

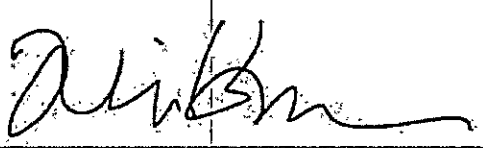
Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Jonathan Hamer PIC #49333



Terri Burrows

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 35242

(Date PDF Version Generated: 3/4/2024)

HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/

CERTIFICATE
OF THE
BOARD OF PHARMACY

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **35242** Expiration Date: **02/28/2026**

Balances: **0**

WHITE LABEL PHARMACY
2925 COUNTRY CLUB RD STE 101
DENTON, TX 76210

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 35242

WHITE LABEL PHARMACY

License Information

License Status Active
License # 35242
Expiration Date 02/28/2026
Date License Issued 02/12/2024

Address

2925 COUNTRY CLUB RD STE 101
DENTON, TX 76210
County DENTON
Phone (940) 334-3404

Pharmacy Details

Prior Disciplinary Orders* No

* 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.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
HAMER, JONATHAN ALAN

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	No
Translating services (Listed Below If Available)	

¥ Please note: The data regarding accessibility, translating services, and insurance participation 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 or facility for clarification.

Remedial Plans and Inspection Reports

- 3342146 35242 APEX PHARMACY 2024-02 02-2029.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	Yes
Ship Prescription Out of State	No
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	Yes
24 Hour Service	No
Closed Door	No
Compounding, Office Use	No
Home Delivery	No
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No

1606

Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
HAMER, JONATHAN ALAN	49333	09/10/2010	12/31/2024	PIC	Active

Page 1 of 0 20 View 1 - 1 of 1

Texas Registered Technician/Trainee Employment Information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status

Page 0 of 0 20 No records to view

Texas Remote Pharmacy Information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner Information

Owner Name	Owner Title	Address	City	State	Zipcode
WHITE LABEL PHARMACY LLC	OWNER				
HAMER, JONATHAN ALAN	OFFICER				

Page 1 of 1 20 View 1 - 2 of 2

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.

White Label Pharmacy - List of Officers

Jonathan Hamer - Manager/Officer

White Label Pharmacy - List of Stockholder with ownership

White Label Pharmacy LLC owns 100% of White Label Pharmacy

OH3 Group LLC owns 100% of White Label Pharmacy LLC

Jonathan Hamer owns 100% OH3 Group LLC

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: White Label Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): Pending

Physical Address: 2925 Country Club Rd. Suite #101

City: Denton State: Texas Zip: 76210

Mailing Address (if different from physical address): Same as Physical

City: State: Zip:

Telephone: (940) 334-3404 Website: NA

Licensing Company Email: info@whitelabelpharmacy.com

Section 2: Personal Information

First: Jonathan Middle: Alan Last: Hamer

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Belmont St

City: Denton State: Texas Zip: 76210

Telephone: [redacted] Email: info@whitelabelpharmacy.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		From - To (MM/YY – MM/YY)	
University Of Maryland, Baltimore		08/2006 - 05/2010	
Address	**City**	**State**	**Zip**
620 W Lexington St	Baltimore	MD	21201
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
University Of Baltimore			
Address	**City**	**State**	**Zip**
1420 N. Charles St	Baltimore	MD	21201
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
University Of California, San Diego		09/2000 - 06/2005	
Address	**City**	**State**	**Zip**
9500 Gilman Dr.	La Jolla	CA	92093
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Oak Park High School		09/1996-06/2000	
Address	**City**	**State**	**Zip**
899 Kanan Rd	Oak Park	CA	91377
Diploma/Degree obtained, if any			
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)	Address	City	State	Zip
12/20 - Current	[redacted] Belmont St.	Denton	TX	76210
06/19 - 12/20	[redacted] Emerald Sound Blvd.	Oak Point	TX	75068
07/11 - 06/19	[redacted] Mannheim Dr.	Frisco	TX	75033

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)	
White Label Pharmacy LLC			02/24 - Current	
Business Address		**City**	**State**	**Zip**
2925 Country Club Rd. Suite #101		Denton	TX	76210
Phone	**Title**			
940 334-3404	Manager / PIC			
Description of Duties				
Startup Pharmacy				

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.

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?		✔

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.

Jonathan, Hamer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/16/2024

Date

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

State of TEXAS, ss. County of DENTON

I, JONATHAN HAMER, 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

4/29/24

Date

Subscribed and Sworn to before me this 29th day of April 2024

Notary Public Signature

FLOR JIMENEZ
Notary ID #133622999
My Commission Expires
March 3, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Jonathan Hamer

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 2925 Country Club Rd. Suite #101

City Denton State Texas Zip 76210

Mailing Address (if different from physical address) Same as Physical

City _____ State _____ Zip _____

Telephone (940) 334-3404 Website NA

Licensing Company Email info@whitelabelpharmacy.com

Section 2: Personal Information

First Jonathan Middle Alan Last Hamer

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Belmont St

City Denton State Texas Zip 76210

Telephone [redacted] Email info@whitelabelpharmacy.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		From - To (MM/YY – MM/YY)	
University Of Maryland, Baltimore		08/2006 - 05/2010	
Address	**City**	**State**	**Zip**
620 W Lexington St	Baltimore	MD	21201
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
University Of Baltimore			
Address	**City**	**State**	**Zip**
1420 N. Charles St	Baltimore	MD	21201
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
University Of California, San Diego		09/2000 - 06/2005	
Address	**City**	**State**	**Zip**
9500 Gilman Dr.	La Jolla	CA	92093
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Oak Park High School		09/1996-06/2000	
Address	**City**	**State**	**Zip**
899 Kanan Rd	Oak Park	CA	91377
Diploma/Degree obtained, if any			
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)	Address	City	State	Zip
12/20 - Current	[redacted] Belmont St.	Denton	TX	76210
06/19 - 12/20	[redacted]merald Sound Blvd.	Oak Point	TX	75068
07/11 - 06/19	[redacted] Mannheim Dr.	Frisco	TX	75033
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
CUE Health			10/22-Current	
Business Address		**City**	**State**	**Zip**
4980 Carroll Canyon Rd		San diego	ca	92121
Phone	**Title**		**Number of Employed Hours**	
1 (833) 283-8378	Senior Program Manager		3000	
Description of Duties				
Aquired and started up mail order pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
AIS Healthcare			3/18-5/22	
Business Address		**City**	**State**	**Zip**
18451Dallas Parkway		Dallas	TX	75287
Phone	**Title**		**Number of Employed Hours**	
(877) 443-4006	PIC, Director, and senior director of innovation		10,000	
Description of Duties				
started and ran sterile compounding pharmacy				

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?		✔

I, Jonathan Hamer, **certify that as the designated representative for**

White Label Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JH I am at least 21 years of age;
3. JH 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. JH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JH 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. JH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jonathan, Hamer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/16/2024

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.

Jonathan, Hamer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/16/2024

Date

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

State of TEXAS, ss. County of DENTON

I, JONATHAN HAMER, 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

4/29/24

Date

Subscribed and Sworn to before me this 29th day of April 2024.

Notary Public Signature

FLOR JIMENEZ
Notary ID #133622999
My Commission Expires
March 3, 2026

(Seal)

4PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA WAREHOUSE 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 Warehouse ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WA _____)

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

GENERAL INFORMATION

Facility Name: AnazaoHealth Corporation

Physical Address: 7465 W. Sunset Rd, Suite 1200

Mailing Address: 7465 W. Sunset Rd, Suite 1200

City: Las Vegas State: NV Zip Code: 89113

Telephone: 800-995-4363 Fax: 800-238-8239

Toll Free Number: 800-995-4363

E-mail: lvlicensing@anazaohealth.com Website: www.anazaohealth.com

Facility Manager: Marlene Drake

Professional qualifications and experience of facility manager: over 20 years of supply chain experience in the hospital and pharmacy setting

Types of licensed outlets or authorized persons firm will serve:

■ Pharmacies ☐ Manufacturer ☐ Chain Warehouse ☐ Wholesalers
■ Other: Medical Offices

Type of Products to be handled or wholesaled be firm:

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

APPLICATION FOR NEVADA WAREHOUSE LICENSE

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☐

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

1)	Medisca	P.O. Box 2592, Plattsburgh, NY 12901	
	Name	Address	
	Business		
2)	Letco Medical	17187 N Laurel Park Drive, Livonia, MI 48152	
	Name	Address	
	Business		
3)	National Scientific	197 Cardiff Valley Road, Rockwood, TN 37854	
	Name	Address	
	Business		
4)	BPL Source	18802 University Blvd, Sugar Land, TX 77478	
	Name	Address	
	Business		

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ■

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ■ No ☐

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

APPLICATION FOR NEVADA WAREHOUSE LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ■

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ■

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized warehouse 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

Douglas Cammann
Print Name of Authorized Person

04/18/2024
Date

Board Use Only	Received:_____	Amount: _____

APPLICATION FOR NEVADA WAREHOUSE LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Fagron Holding USA, LLC

Corporation Name: AnazaoHealth Corporation

Mailing Address: 7465 W. Sunset Rd, Suite 1200

City: Las Vegas State: NV Zip: 89113

Telephone: 800-995-4363 Fax: 800-238-8239

Contact Person: Jaclyn Wong [redacted]

For any corporation non publicly traded, disclose the following: No shares in U.S. Please see attached.

1) List any persons to whom the shares were issued by the corporation? Officers for AnazaoHealth Corporation.

a) Hal Weaver [redacted]
Name Address

b) Douglas Cammann 7465 W. Sunset Rd, Suite 1200, Las Vegas, NV 89113
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. 0

3) What was the price paid per share? 0

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

Application for Nevada Warehouse License

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.

APPLICATION FOR NEVADA WAREHOUSE LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Fagron Holding USA, LLC

Business Name: AnazaoHealth Corporation

Current Business Address: 7465 W Sunset Rd, Suite 1200

City: Las Vegas State: NV Zip: 89113

Telephone: 800-995-4363 Fax: 800-238-8239

Include with the application for a sole owner

Complete personal history record. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses.*

AnazaoHealth Corporation
7465 W. Sunset Rd., Suite 1200
Las Vegas, NV 89113
800-995-4363
FEIN: 59-3468608

With Officers:
Hal Weaver, President
Douglas Cammann, VP of Operations

Located at:
AnazaoHealth Corporation
5710 Hoover Blvd.
Tampa, FL 33634
813-882-4500

100% owned by:
Fagron Holding USA, LLC
2400 Pilot Knob Rd. #200
St. Paul, MN 55120
651-681-9517

AnazaoHealth Corporation uses its own FEIN and bank accounts, all of which are under AnazaoHealth Corporation.
Fagron Holding USA, LLC serves as its holding company.

Fagron Holding USA, LLC is a not publicly owned in the United States. It is owned 100% by Fagron, B.V. in Europe. There are no stocks to show for in the United States of America.

Any further questions can be sent to Jaclyn Wong at lvlicensing@anazaohealth.com.

AnazaoHealth®
Custom Pharmacy | Create. Heal. Live.™

7465 W. Sunset Road, Suite 1200
Las Vegas, NV 89113

800.995.4363
800.238.8239

Disciplinary Actions

Summary: At the outset, it should be noted that all disciplinary actions discussed below originated from three distinct issues. First, AnazaoHealth allowed an intern licensed in Texas, but not Nevada, to participate in an internship at AnazaoHealth's facility. This matter was settled for a small fine with the Nevada Board of Pharmacy. Reciprocal discipline on the Nevada intern issue followed in Alabama, Texas, Colorado, and Nebraska. Second, many states are still grappling with state licensure of FDA Registered 503B Outsourcing Facilities. In the Alabama matter, while the action was instigated because of the Nevada intern issue, Alabama also took a position that all 503B Outsourcing Facilities should be registered as wholesalers in Alabama. This position had never been previously communicated to 503B facilities. Nevertheless, the licensing issue was also included in the Alabama action and settlement, and was included as a basis for the Nebraska reciprocal action. Finally, a documentary error resulted in a late filing of appropriate paperwork to change AnazaoHealth's PIC in Colorado. The PIC change was timely reported to Colorado, but AnazaoHealth did not use the proper form. The Nebraska reciprocal action included the Colorado PIC change issue, as well.

All discipline noted below was timely and appropriately reported to all state Boards of Pharmacy. We would be pleased to provide you with copies of these reports.

10/14/2015: Nevada Board of Pharmacy

Case Nos. 15-049-RPH-S and 15-049-PS-S

Subject: Unlicensed NV pharmacist intern at AnazaoHealth Corporation

Disciplinary action was given by Nevada Board of Pharmacy to both AnazaoHealth Corporation and also Douglas Cammann (former PIC during the intern's time at AnazaoHealth Corporation). The intern was licensed in TX and upon starting externship rotation at AnazaoHealth Corporation, it was unknown that the intern had not acquired a NV intern license.

Resolution: Fines paid from both AnazaoHealth Corporation and Douglas Cammann along with required CE's. No other discipline or restrictions.

5/3/2016: Texas Board of Pharmacy (Reciprocal discipline)

Case No. ABO #L-16-005

Subject: Reprimand for unlicensed intern issue with NV Board of Pharmacy

Letter of reprimand was sent by Texas Board of Pharmacy for unlicensed intern in NV.

Resolution: Must state "YES" for three years when asked if Disciplinary Action exists. Effective until May 3, 2019. No other discipline or restrictions.

AnazaoHealth®
Custom Pharmacy | Create. Heal. Live.®

7465 W. Sunset Road, Suite 1200
Las Vegas, NV 89113

800.995.4363
800.238.8239

6/21/2016: Alabama Board of Pharmacy (Reciprocal discipline, plus licensing issue)

Case No. 15-L-0025

Subject: Unlicensed intern issue with NV Board of Pharmacy; 503B facility licensing issue

Disciplinary action instigated by Alabama Board of Pharmacy based on discipline from Nevada for both AnazaoHealth Corporation and Douglas Cammann (former PIC during NV Discipline). Action was also taken due to allegation that AnazaoHealth Corporation was not appropriately licensed in Alabama.

Resolution: Final Consent Order signed. Administrative Fine paid. No other discipline or restrictions.

9/2/2016: Colorado Board of Pharmacy (Reciprocal discipline)

Case No. 2015-5054

Subject: Unlicensed intern issue with NV Board of Pharmacy

Disciplinary action instigated by Colorado Board of Pharmacy based on discipline from Nevada.

Resolution: Letter of Admonition. No other discipline or restrictions.

9/29/2016: Colorado Board of Pharmacy

Case No. 2016-358

Subject: Former Change of Pharmacist Manager Issue.

A letter was sent in May 2014 to Colorado Board of Pharmacy regarding a Change in Pharmacist Manager. Colorado did not accept the letter and it was unknown that this change was not effective from 2014 until 2016.

Resolution: Change of Pharmacist Manager Form completed; fees and fines paid. No other discipline or restrictions.

02/21/2017: Nebraska DHHS – Licensure Unit (Reciprocal discipline)

Case No. – N/A

Received a Notice of Disciplinary Action from the State of Nebraska's Department of Health and Human Services based on the above prior disciplinary history.

7465 W. Sunset Road, Suite 1200
Las Vegas, NV 89113
800.995.4363
800.238.8239

Resolution: Censure on file with no restrictions. No other disciplinary action.

03/29/2017: Colorado Board of Pharmacy

Case No. 2016-3589

Disciplinary action instigated by Colorado Board of Pharmacy based on discipline from Alabama.

Resolution: Letter of Admonition. No other discipline or restrictions.

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FILED
OCT 14 2015
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DOUGLAS CAMMANN, R.PH.** **Certificate of Registration No. 13340** **ANAZAOHEALTH CORPORATION** **Certificate of Registration No. PHC01471** **Respondents.**	**CASE NOS. 15-049-RPH-S** **15-049-PH-S** **STIPULATION AND ORDER**

S. PAUL EDWARDS, General Counsel for Petitioner the NEVADA STATE BOARD OF PHARMACY (Board), Respondent DOUGLAS CAMMANN, R.Ph. (Mr. Cammann), Certificate of Registration No. 13340, and Respondent ANAZAOHEALTH CORPORATION (AnazaoHealth), Certificate of Registration No. PHC01471 (collectively Respondents), acting without counsel,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over this matter.

2. The Board served a Notice of Intended Action and Accusation (Accusation) on Respondents, and each of them, on or about August 20, 2015.

3. Respondents did not file an Answer and Notice of Defense, but did contact Board Staff to discuss the instant stipulated terms.

4. Respondents, and each of them, were fully aware of their right to seek the advice of counsel in this matter, and knowingly and voluntarily waived their right to seek the advice of counsel prior to entering into this Stipulation.

5. Respondents, and each of them, were fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and

all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the Board's acceptance of this Stipulation, and while reserving the right to challenge any future determination that Respondents, or either of them individually, have failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. In lieu of a hearing, Respondents, and each of them, admit that evidence exists, and that such evidence could be presented at a hearing, to establish a factual basis for the allegations in the Accusation, *to wit*, that:

a. Ms. Lee is, or was at the time of the events alleged in the Accusation, a student at Texas Tech University Health Sciences Center School of Pharmacy.

b. On or about July 6, 2015, Board Staff became aware that Ms. Lee completed a pharmacy rotation at Respondent AnazaoHealth's facility in Las Vegas, Nevada.

c. Ms. Lee worked as an intern pharmacist at AnazaoHealth without a valid Nevada intern registration during the period of May 26, 2014 to July 3, 2014.

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

8. By allowing Ms. Lee to work at AnazaoHealth's facility for approximately thirty (30) days without a valid registration, Respondent Mr. Cammann violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i) and/or (j).

Those violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and (15), as well as NRS 639.255 and NAC 639.955.

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

10. Based upon the allegations in the Accusation and the foregoing admissions, Respondent Mr. Cammann stipulates to:

a. Accept a letter of reprimand from the Board's Executive Secretary regarding his responsibilities as a pharmacist in charge to ensure that only licensed personnel work in the pharmacy under his charge;

b. Complete a one-hour continuing education (CE) unit on the topic of pharmacist in charge responsibilities, in addition to the CE credits he is ordinarily required to complete to maintain his license;

c. Pay a fine of $250.00.

11. Based upon the allegations in the Accusation and the foregoing admissions, Respondent AnazaoHealth stipulates to:

a. Submit a letter to Board Staff, within thirty (30) days of the acceptance date of this Stipulation by the Board, outlining and explaining, to Board Staff's satisfaction and approval, the policies and procedures AnazaoHealth has or will establish to prevent persons from working within the pharmacy without a valid and appropriate license or registration.

b. Pay a fine of $600.00, which is twenty dollars ($20) a day for each of the thirty (30) days in which Ms. Lee worked without a valid certificate of registration;

c. Pay an administrative fee of $500.00;

12. The foregoing admissions and stipulations are for the purposes of this proceeding only, and shall have no force or effect in any other case or proceeding before the Board.

13. Board Counsel will present this Stipulation to the Board for approval at its meeting on Wednesday, October 14, 2015, in Las Vegas, Nevada. Respondents or their authorized representatives will appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board may discuss and deliberate regarding this Stipulation even if Respondents or their representatives are absent.

14. The Board has discretion to accept this Stipulation, but it is not obligated to do so.

15. If the Board adopts the recommendations set forth above, Respondents and the Board each agree to release the other from any and all claims arising from the facts set forth in the Accusation, whether known or unknown, which might otherwise have existed on or before the effective date of the Board's Order in this matter.

16. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's January 6, 2016 meeting in Las Vegas, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

17. Respondents 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 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

18. Respondents shall pay the administrative fees agreed to herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

State of Nevada
County of Clark

19. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of Respondent's pharmacy license until all terms have been satisfied.

Signed this 2nd day of ~~September~~ October, 2015

S. PAUL EDWARDS, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this 2nd day of ~~September~~ October, 2015

Authorized Representative
ANAZAOHEALTH CORPORATION
Certificate of Registration No. PHC01471

Signed this 2nd day of ~~September~~ October, 2015

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

JACLYN W. YEOMANS
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 15-1404-1
My Appt. Expires April 23, 2019

Jaclyn W. Yeomans

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Douglas Cammann, Certificate of Registration No. 13340, and Respondent AnazaoHealth Corporation, Certificate of Registration No. PHC01471, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

Signed this 14 day of ~~September~~ October, 2015

Leo Basch, President
Nevada State Board of Pharmacy

TEXAS STATE BOARD OF PHARMACY

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Gay Dodson, R.Ph.
Executive Director Secretary
Austin

May 16, 2016

ANAZAOHEALTH CORPORATION
C/O WON DOLEGOWSKI RPH
PHARMACIST IN CHARGE
7465 W SUNSET ROAD SUITE 1200
LAS VEGAS NV 89113

RE: In the Matter of Anazaohealth Corporation

Dear Ms. Dolegowski:

Enclosed is a copy of Agreed Board Order (ABO) #L-16-005 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on May 3, 2016. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

REPRIMAND

As a result of entering ABO #L-16-005, the pharmacy license issued to Anazaohealth Corporation (pharmacy license #25830) is reprimanded.

LICENSE RENEWAL APPLICATIONS

Prior to the next expiration date of pharmacy license #25830, the pharmacy will complete a license renewal application for the Texas State Board of Pharmacy. This application will require a pharmacy representative to answer the question:

> "Has the PHARMACY, THE PHARMACY'S owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?..."

As a result of the entry of ABO #L-16-005, Anazaohealth Corporation must answer "yes" to this question for 36 months from the date of the termination of all sanctions. Consequently, an Anazaohealth Corporation representative must answer "yes" to this question on any renewal applications submitted beginning May 3, 2016, and ending May 3, 2019.

If you have any questions about this Order, please contact Mary Newman, Enforcement Specialist, at (512)305-8054.

Sincerely,

Carol Fisher / jd

Carol Fisher, R.Ph., M.P.A.
Director of Enforcement

CF:jd

Enclosure: Agreed Board Order #L-16-005

c: Fagron Holding USA, LLC
c/o Christopher Arnette
President and CEO
212 Millwell Drive, Suite A
Maryland Heights, MO 63043

AGREED BOARD ORDER #L-16-005

RE: IN THE MATTER OF ANAZAOHEALTH CORPORATION (PHARMACY LICENSE #25830)

BEFORE THE TEXAS STATE BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 25830 issued to Anazaohealth Corporation (Respondent), 7465 West Sunset Road, Suite 1200, Las Vegas, Nevada 89113.

By letter dated April 8, 2016, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Sections 565.002(a)(3) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015), as alleged in the Count below.

The conduct described in the Nevada Board of Pharmacy Stipulation and Order is substantially similar to conduct described in:

> Sections 557.001; and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013).

COUNT

On or about October 14, 2015, the Nevada State Board of Pharmacy entered a Stipulation and Order against the pharmacy registration of Anazaohealth Corporation. The Order was based on allegations that an intern pharmacist worked at the pharmacy over a thirty day period in 2014 without a valid Nevada intern registration. The Order imposed a $600 fine and required the pharmacy to submit policies and procedures for license and registration verification.

By letter dated April 8, 2016, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Christopher Arnette, President and Chief Executive Officer of Fagron Holding USA, LLC, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that Respondent's license is reprimanded.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 3 day of May, 2016.

R.Ph.
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Christopher Arnette, President and Chief Executive Officer of Fagron Holding USA, LLC
For and on behalf of Anazaohealth Corporation

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
ANAZAO HEALTH CORPORATION	)	
	)	**CASE NO: 15-L-0025**
Non-Resident Pharmacy Permit Numbers: 111753/200777	)	
	)	
and	)	
	)	
DOUGLAS FREDERICK CAMMANN	)	
	)	
License No: 18559	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Anazao Health Corporation (hereinafter referred to as "Anazao") and Douglas Frederick Cammann (hereinafter referred to as "Cammann") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), as amended, alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, as amended, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Anazao and Cammann, through their counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. Counsel for the Board and counsel for Anazao and Cammann stipulate that Anazao and Cammann deny for all legal purposes other than this proceeding the

allegations set forth in the Statement and further stipulate the Board would introduce sufficient evidence to meet its required burden of proof. Accordingly, the Board finds Anazao and Cammann have violated the provisions of the Alabama Pharmacy Practice Act based upon the conduct set forth in all Counts of the Statement.

2. Anazao and Cammann collectively shall pay an administrative fine in the amount of Fifteen Thousand Dollars ($15,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Anazao or Cammann attempt to discharge the same.

3. Anazao and Cammann shall provide the Board within five (5) days of the effective date of this consent a list of all compounded preparations Anazao dispenses or ships into Alabama. The referenced list shall be reviewed by the Board and within ten (10) days of the receipt thereof the Board shall provide notice to Anazao and Cammann of those compounded preparations which Anazao and/or Cammann shall be prohibited from dispensing or shipping to anyone in the State of Alabama.

4. Anazao and Cammann expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Anazao and Cammann further waive 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. By execution of this Consent Order, Anazao and Cammann hereby release 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 Statement.

6. Anazao and Cammann acknowledge and agree that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. Anazao and Cammann acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 13th day of June, 2016.

AnazaoHealth Corporation

BY: Hal J. Weaver, President
ITS:

Douglas Cammann

John H. McEniry, IV
John H. McEniry, Attorney for
AnazaoHealth Corporation and
Douglas Cammann

DONE this the 21ST day of June, 2016.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Timothy A. Martin, Pharm. D., President

_____
James S. Ward
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Healthcare Branch
State Board of Pharmacy

September 2, 2016

AnazaoHealth Corporation
Attn: Jaclyn Yeomans
7465 W Sunset Rd Ste 1200
Las Vegas, NV 89113-1944

Also sent via email: jyeomans@anazaohealth.com

RE: AnazaoHealth Corporation, OSP 5234 and Case 2015-5054

Dear Ms. Yeomans:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective September 2, 2016.

Please note that pursuant to section 7 Letter of Admonition - This Final Agency Order shall constitute a Letter of Admonition.

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Jean Rowcliffe
Complaint/Licensing Specialist

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2015-5054

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF ANAZAOHEALTH CORPORATION, REGISTRATION NO. OSP 5234,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and AnazaoHealth Corporation ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2015-5054, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about June 15, 2000, being issued registration number OSP 5234, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 7465 W. Sunset Rd., Ste. 1200, Las Vegas, NV 89113.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. Respondent Pharmacy allowed an intern to work from May 26, 2014, to July 3, 2014, without an intern license for the State of Nevada, which would constitute a violation in the State of Colorado.

6. Respondent Pharmacy admits that its conduct, as set forth above, constitutes a violation of §12-42.5-123(1)(f) and (g), C.R.S., and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet.

DISPOSITION

7. **Letter of Admonition.** This Final Agency Order shall constitute a Letter of Admonition as set forth in §12-42.5-124(6)(b) and (c), C.R.S. The Board hereby admonishes Respondent Pharmacy for the acts and omissions described in paragraphs 5-7 above.

8. **Waiver of Right to Contest.** By entering into this Final Agency Order, Respondent Pharmacy agrees to waive the right provided by §12-42.5-124(6)(b) and (c), C.R.S. to contest this Letter of Admonition.

9. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

   a. promptly pay all its own fees and costs associated with this Final Agency Order;

   b. comply fully with this Final Agency Order; and

   c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

10. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

   a. To have a formal notice of hearing and charges served upon it;

   b. To respond to said formal notice of charges;

   c. To have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

16. **Effective Date**. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Hal Weaver President Dated: 8/30/16

Authorized Representative / Title

Subscribed and sworn to before me in the County of Hillsborough, State of Florida this 30th day of August, 2016, by Hal Weaver, in his/her capacity as an authorized agent of AnazaoHealth Corporation.

DANA L NELSON
MY COMMISSION # FF214948
EXPIRES October 08, 2016

Dana L Nelson

Notary Public

My commission expires:

10/8/2016

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 2nd day of September, 2016.

State Board of Pharmacy

BY: _____

Andrea Faley

Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 2nd day of September 2016, addressed as follows:

By electronic mail to Respondent:
AnazaoHealth Corporation
Attn: Jaclyn Yeomans
7465 W. Sunset Rd., Ste. 1200
Las Vegas, NV 89113
Email: jyeomans@anazaohealth.com

Agent of the Board

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

Healthcare Branch
State Board of Pharmacy

September 29, 2016

AnazaoHealth Corporation
Attn: Jaclyn Yeomans
7465 W Sunset Rd Ste 1200
Las Vegas, NV 89113-1944

Sent via email: jyeomans@anazaohealth.com

RE: AnazaoHealth Corporation, OSP 234 and Case 2016-358

Dear Pharmacist Manager:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective 09/29/2016.

Please note that pursuant to section 8 Fine with Surcharge Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00)

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Jean Rowcliffe
Complaint/Licensing Specialist

Cc: John H. McEniry [redacted]

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2016-358

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF ANAZAOHEALTH CORPORATION, REGISTRATION NO. OSP 5234,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and AnazaoHealth Corporation ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2016-358, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about June 15, 2000, being issued registration number OSP 5234, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 7465 W. Sunset Rd., Ste. 1200, Las Vegas, NV 89113.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Pharmacy failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this case, approximately twenty two (22) months transpired between March 14, 2014, the date the previous pharmacist manager ceased the position, and February 1, 2016, the date the application and fee were received.

6. On or about January 19, 2016, the Board initiated a complaint against Respondent Pharmacy because of the delay of approximately twenty two (22) months in submitting an application detailing a change in pharmacist manager and fee.

7. Respondent Pharmacy's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-116. Prescription drug outlet under charge of pharmacist.

(1)(b) The registration of any prescription drug outlet becomes void if the pharmacist manager in whose name the prescription drug outlet registration was issued ceases to be engaged as the manager. The owner shall close the prescription drug outlet unless the owner: (I) Employs a new pharmacist manager; and (II) Within thirty days after termination of the former manager's employment: (A) Applies to transfer the registration to the new pharmacist manager; and (B) Pays the registration transfer fee.

12-42.5-123. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board;

(k) Has failed to meet generally accepted standards of pharmacy practice.

Pharmacy Board Rules and Regulations

5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board. Respondent Pharmacy shall write its registration number (OSP 5234) and the case number (2016-358) on the check.

9. **Compliance**. Respondent Pharmacy shall submit all future applications and appropriate fees to the Board detailing changes in pharmacist manager within the required time frame specified by Board rule or statute in effect at the time of such pharmacist manager change.

10. **Other Requirements.** Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

    a. promptly pay all Respondent Pharmacy's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

    b. to respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

    d. to appeal this Final Agency Order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Pharmacy to the sanctions imposed herein.

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Pharmacy's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

14. **Completion of Terms.** Upon satisfactory completion of all terms and conditions set forth in this Final Agency Order, the Board shall release Respondent Pharmacy from the Final Agency Order, and Respondent Pharmacy's registration will be restored to active and unencumbered status.

15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. **Public Record**. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

18. **Effective Date**. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record with the Board. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

President Dated: 9/27/16

Authorized Representative / Title

Subscribed and sworn to before me in the County of Hillsborough, State of Florida, this 27th day of September, 2016, by Hal Weaver, authorized representative of AnazaoHealth Corporation.

My commission expires:

Dana L Nelson

Notary Public

DANA L NELSON
MY COMMISSION # FF214940
EXPIRES October 08, 2016
NotaryOfAmerica.com

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 29th day of September, 2016.

State Board of Pharmacy

BY: _____

~~Andrea Faley~~
~~Program Director~~

Chris Gassen, R. Ph.
Pharmaceutical Inspector
Acting Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 29th day of September 2016, addressed as follows:

By electronic mail to Respondent:
AnazaoHealth Corporation
Attn: Jaclyn Yeomans
7465 W. Sunset Rd., Ste. 1200
Las Vegas, NV 89113
Email: jyeomans@anazaohealth.com

By electronic mail to Respondent's counsel:
John H. McEniry, IV
President | Consors Consulting Group
Email: [redacted]

Agent of the Board

Department of Health and Human Services
Division of Public Health
State of Nebraska

Notice of Disciplinary Action
Against a Mail Service Pharmacy Renewal License

Notice is hereby given of **Disciplinary Action** against the Mail Service Pharmacy License #253, AnazaoHealth Corporation, by the Department of Health and Human Services, Division of Public Health.

The Department of Health and Human Services, Division of Public Health, with recommendation of the Board of Pharmacy, is imposing the disciplinary action of a **CENSURE** on your license #253.

The **reasons** for this Disciplinary Action are:

(1) that several other states have disciplined your pharmacy license:
- Nevada, on October 2, 2015;
- Texas, on May 3, 2016;
- Alabama, on June 21, 2016;
- Colorado, on September 29, 2016; and

(2) that your pharmacy located in Nevada was inspected by the Food and Drug Administration (FDA) on September 23, 2014, and again on December 29, 2014. FDA inspectors continued their inspections from January 20, 2015 to January 30, 2015 and the inspector's observed "serious deficiencies" in pharmacy practice. Some of the deficiencies noted within the FDA Warning letter dated December 9, 2015, issued to AnazaoHealth Corporation include:
- The facility did not use sterile wipes or sterile disinfectants as part of cleaning;
- The facility's drug products did not include sufficient information on product labels;
- Not all drug substances used were manufactured by an establishment that was registered under 510;
- The facility failed to submit a report to FDA upon registering as an outsourcing facility in September 2014, identifying the drug products that were compounded during the previous six months; and
- Products compounded were held under unsanitary conditions; whereby they may have become contaminated with filth or rendered injurious to health.

This conduct is in violation of Neb. Rev. Stat. §71-2408(1)(a) and (c) which state (1) The Department of Health and Human Services, after notice and an opportunity for a hearing, may deny, refuse renewal of, revoke, or otherwise discipline or restrict the license of a mail service pharmacy for (a) any discipline of the pharmacy license held by such pharmacy in another state pursuant to subdivision (2)(a) of section 71-2407, ... or (c) conduct by such pharmacy which in this state presents a threat to the public health and safety or a danger of death or physical harm.

This action shall become final fifteen (15) days after mailing of the notice unless you, within such fifteen (15) day period, give a written notice of a desire for a hearing to the Department. Your request must be sent to DHHS-Licensure Unit, Attn: Vonda Apking, PO Box 94986, Lincoln, NE 68509.

If you request a formal hearing, you will be notified of the date, time and location of the hearing. You have the right to retain an attorney to represent you at the hearing, and to call witnesses and present evidence on your behalf. Hearings will be conducted in accordance with Title 184, Neb. Admin. Code, Chapter 1, Rules of Practice and Procedure Administrative Hearings. A copy will be provided to you at your request. If the Director finds that the evidence supports the proposal of the Department, you have the right to appeal that decision to the district court.

Dated this 6th day of February, 2017.

Thomas L. Williams, MD
Chief Medical Officer
Director, Division of Public Health
Department of Health and Human Services

Becky Wisell

Becky Wisell, Administrator
Licensure Unit
301 Centennial Mall South
Lincoln, NE 68509-4986
402/471-0179
becky.wisell@nebraska.gov

CERTIFICATE OF SERVICE

COMES NOW the undersigned and certifies that on the 6th day of February, 2017, a copy of the foregoing NOTICE OF DISCIPLINARY ACTION was sent by certified United States mail, postage prepaid, return receipt requested, and by regular United States mail to AnazaoHealth Corporation, 7465 W Sunset Road Suite 1200, Las Vegas NV 89113.

Vonda Apking

Vonda Apking, Health Licensing Coordinator
Licensure Unit
Division of Public Health
Department of Health and Human Services

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Healthcare Branch
State Board of Pharmacy

March 29, 2017

AnazaoHealth Corporation
Attn: Designated Representative
7465 W Sunset Rd Ste 1200
Las Vegas, NV 89113-1944

Sent via email: lvlicensing@anazaohealth.com

RE: AnazaoHealth Corporation, WHO 8160 and Case 2016-3589

Dear Designated Representative:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective March 29, 2017.

Please note that pursuant to section 7 - Letter of Admonition - This Final Agency Order shall constitute a Letter of Admonition.

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Jean Rowcliffe
Complaint/Licensing Specialist

Cc: Jay McEniry, Esq. consorsconsulting@gmail.com

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2016-3589

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF ANAZAOHEALTH CORPORATION, REGISTRATION NO. WHO 8160,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and AnazaoHealth Corporation ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2016-3589, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as a non-resident wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016) (the "Act").

2. Respondent Outlet was originally registered in the State of Colorado on or about March 10, 2016, being issued registration number WHO 8160, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 7465 W. Sunset Rd., Ste. 1200, Las Vegas, NV 89113.

4. Respondent Outlet admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. Respondent Outlet was disciplined in another state for operating as a prescription drug wholesaler without a proper registration, which conduct would constitute a violation of the Act and subject Respondent Outlet to disciplinary action in the State of Colorado.

6. Respondent Outlet admits that its conduct, as set forth above, constitutes a violation of §§12-42.5-123(1)(c)(I-III), (g), and (k) and 12-42.5-303(1), C.R.S., and provides grounds for disciplinary action against Respondent Outlet's Colorado registration as a wholesaler.

DISPOSITION

7. **Letter of Admonition.** This Final Agency Order shall constitute a Letter of Admonition as set forth in §12-42.5-124(6)(b) and (c), C.R.S. The Board hereby admonishes Respondent Outlet for the acts and omissions described in paragraphs 5-6 above.

8. **Waiver of Right to Contest.** By entering into this Final Agency Order, Respondent Outlet agrees to waive the right provided by §12-42.5-124(6)(b) and (c), C.R.S., to contest this Letter of Admonition.

9. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

   a. promptly pay all its own fees and costs associated with this Final Agency Order;

   b. comply fully with this Final Agency Order; and

   c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

10. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

   a. To have a formal notice of hearing and charges served upon it;

   b. To respond to said formal notice of charges;

   c. To have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

   d. To appeal this Board order.

Respondent Outlet freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises, or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

16. **Effective Date**. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

[signature] / President Dated: 3/20/17
Authorized Representative / Title

Subscribed and sworn to before me in the County of Clark, State of Nevada, this 20 day of March, 2017, by Hal J. Weaver, in his/her capacity as an authorized agent of AnazaoHealth Corporation.

JACLYN W. YEOMANS
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 15-1404-1
My Appt. Expires April 23, 2019

[signature]
Notary Public

My commission expires: 04-23-2019

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 29th day of March, 2017.

State Board of Pharmacy

BY: [signature]
Chris Gassen
Interim Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 29th day of March 2017, addressed as follows:

By electronic mail to Respondent:
AnazaoHealth Corporation
Attn: Wholesaler Manager
7465 W. Sunset Rd., Ste. 1200
Las Vegas, NV 89113
Email: lvlicensing@anazaohealth.com

By electronic mail to Respondent's counsel:
Jay McEniry, Esq.
President, Consors Consulting Group
Email: [redacted]

Agent of the Board

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
ANAZAO HEALTH CORPORATION	)	**BOARD OF PHARMACY**
	)	**CASE NO: 15-L-0025**
Non-Resident Pharmacy	)	
Permit Numbers: 111753/200777	)	
	)	
and	)	
	)	
DOUGLAS FREDERICK CAMMANN	)	
	)	
License No: 18559	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Anazao Health Corporation (hereinafter referred to as "Anazao") and Douglas Frederick Cammann (hereinafter referred to as "Cammann") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), as amended, alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, as amended, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Anazao and Cammann, through their counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. Counsel for the Board and counsel for Anazao and Cammann stipulate that Anazao and Cammann deny for all legal purposes other than this proceeding the

allegations set forth in the Statement and further stipulate the Board would introduce sufficient evidence to meet its required burden of proof. Accordingly, the Board finds Anazao and Cammann have violated the provisions of the Alabama Pharmacy Practice Act based upon the conduct set forth in all Counts of the Statement.

2. Anazao and Cammann collectively shall pay an administrative fine in the amount of Fifteen Thousand Dollars ($15,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Anazao or Cammann attempt to discharge the same.

3. Anazao and Cammann shall provide the Board within five (5) days of the effective date of this consent a list of all compounded preparations Anazao dispenses or ships into Alabama. The referenced list shall be reviewed by the Board and within ten (10) days of the receipt thereof the Board shall provide notice to Anazao and Cammann of those compounded preparations which Anazao and/or Cammann shall be prohibited from dispensing or shipping to anyone in the State of Alabama.

4. Anazao and Cammann expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Anazao and Cammann further waive 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. By execution of this Consent Order, Anazao and Cammann hereby release 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 Statement.

6. Anazao and Cammann acknowledge and agree that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. Anazao and Cammann acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 13th day of June, 2016.

AnazaoHealth Corporation

BY: Hal J. Weaver, President
ITS:

Douglas Cammann

John H. McEniry, IV
John H. McEniry, Attorney for
AnazaoHealth Corporation and
Douglas Cammann

DONE this the 21ST day of June, 2016.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Timothy A. Martin, Pharm. D., President

_____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

RECEIVED
APR 26 1994
BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License of	)	Case No. 93-0181-B
DOUG CAMMANN, R.Ph.,	)	ORDER BY CONSENT
Licensee	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action regarding the licensee in the above-captioned matter; and

WHEREAS, the above-noted Notice of Proposed Disciplinary Action together with a Notice of Rights was duly served on the licensee as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice of Proposed Disciplinary Action without further proceedings thereon; and

WHEREAS, the licensee is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the licensee admits that the facts alleged in the above-noted Notice of Proposed Disciplinary Action are true, that the licensee's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the licensee consents to the disciplinary action as set forth herein;

THIS COPY IS FOR
YOUR RECORDS

NOW THEREFORE THE FOLLOWING DISCIPLINE IS HEREBY ORDERED:

1. The licensee is civilly penalized in the amount of $300, which shall be paid within thirty days of this Order By Consent.

2. The licensee shall timely pay the civil penalty or be subject to further disciplinary action.

DATED this 26 day of April, 1994.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

By: Ruth Vandever
Ruth Vandever
Executive Director

I hereby acknowledge that I have read and understand the above-noted Notice of Proposed Disciplinary Action and Notice of Rights and the terms of the Order By Consent. I agree to the Board entering the Order By Consent.

4-24-94
Date

Doug Cammann
Doug Cammann, R.Ph.
Licensee

THIS COPY IS FOR
YOUR RECORDS

BENTON

CASE SUMMARY

CASE NO. CR890399-D

State of Oregon VS. DOUGLAS CAMMANN §§§§

Location: **Benton**
Filed on: **05/04/1989**

CASE INFORMATION

Offense	Deg	Date	Case Type: **Offense Misdemeanor**
1. Furnishing Alcohol to Person under 21	MA	05/04/1989	

Statistical Closures
08/30/1989 Closed

CASE ASSIGNMENT

Current Case Assignment

Case Number	CR890399-D
Court	Benton
Date Assigned	05/04/1989

PARTY INFORMATION

		Lead Attorneys
Plaintiff	**State of Oregon**	**OSHER, KENNETH A** 541 754-9113(W)
Defendant	**CAMMANN, DOUGLAS**	

DATE — EVENTS & ORDERS OF THE COURT — INDEX

DATE	EVENTS & ORDERS OF THE COURT
05/04/1989	Information Created: 05/04/1989 0:00 AM
05/04/1989	Agreement - Recognizance Release Created: 05/04/1989 0:00 AM
05/04/1989	Remove - Inactive Status Created: 05/04/1989 0:00 AM
05/04/1989	Arraignment Created: 05/04/1989 0:00 AM
05/30/1989	**Hearing - Pre-Trial Conference** (1:30 PM) Resource: Location CONV Conversion - Hearing Location Created: 05/04/1989 0:00 AM
06/09/1989	Motion - Suppress Evidence Created: 06/09/1989 0:00 AM
06/09/1989	Affidavit Created: 06/09/1989 0:00 AM
06/09/1989	Motion - Suppress Evidence Created: 06/09/1989 0:00 AM
07/07/1989	**Hearing** (1:30 PM) Resource: Location CONV Conversion - Hearing Location Created: 06/01/1989 0:00 AM

Printed on 10/21/2015 at 8:50 AM

08/21/1989	Plea - Guilty Created: 08/28/1989 0:00 AM
08/21/1989	Plea - Guilty Charges: 1 Created: 08/30/1989 0:00 AM
08/21/1989	Memorandum - Support Motion Created: 08/30/1989 0:00 AM
08/21/1989	Other *Comment: points and authorities;* Created: 08/30/1989 0:00 AM
08/21/1989	**Plea** (Judicial Officer: Unassigned, Judge) 1 . Furnishing Alcohol to Person under 21 Guilty FPN: : Created: 08/30/1989 0:00 AM
08/29/1989	Sentence (Judicial Officer: Gardner, Robert S) *Court Action: Signed; Court Action Date: 08/29/1989; Judge: Robert S Gardner;* Signed: 08/29/1989 Charges: 1 Created: 08/30/1989 0:00 AM
08/29/1989	Closed Created: 08/30/1989 0:00 AM
08/29/1989	**Sentence** (Judicial Officer: Gardner, Robert S) 1 . Furnishing Alcohol to Person under 21 Sentence Converted Disposition: in lieu of jail def. may serve 8 days work crew. 4 days work crew/jail and 20 hours C.S. may be suspended if def A) meets with an alcohol abuse professional B) write a paper C) submit paper to the court no later than November 15, 1989 Def. shall attend meeting of fraternity and sorori Converted Disposition: Fine $350.00 BPST Assessment $14.00 Converted Disposition: Probation to Court - Year(s): 1.00 Jail - Day(s): 8.00 Community Svc Work - Hour(s): 20.00 Created: 08/30/1989 0:00 AM
08/29/1989	**Disposition** *Comment: Added by conversion as per sentence event* 1 . Furnishing Alcohol to Person under 21 Conversion - Disposition Types FPN: : Created: 01/10/2014 10:34 PM
09/27/1989	Order *Comment: forfeiture of liquor;* Created: 10/02/1989 0:00 AM
11/27/1989	Order - Amended Created: 11/27/1989 0:00 AM

CASE SUMMARY

CASE NO. CR890399-D

10/15/1990	Order - Show Cause *Room: 104 ; Time: Jan 1 1900 10:30AM;* Created: 10/15/1990 0:00 AM
10/16/1990	Return - Service *Comment: deft. served.;* Created: 10/18/1990 0:00 AM
10/24/1990	Dismissed *Comment: Show cause;* Created: 10/25/1990 0:00 AM
08/17/2010	File Preliminary Purge Created: 08/17/2010 0:00 AM

Case Transactions Summary

Party/Financial Categ	Current Due	Total Balance	Escrow Balan	Last Activity
Plaintiff				
Defendant				
CAMMANN, DOUGLAS				
Bonds (Trust)		0.00	0.00	
Case Fees		0.00	0.00	
Tender		0.00	0.00	

Participant/Financial	Current Due	Total Balance	Escrow Balan	Last Activity
Deputy District Attorney				

No participants are associated with this case.

Click the Parties tab to add participants to this case.

Printed on 10/21/2015 at 8:51 AM

FILED
OCT 14 2015
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DOUGLAS CAMMANN, R.PH.** **Certificate of Registration No. 13340** **ANAZAOHEALTH CORPORATION** **Certificate of Registration No. PHC01471** **Respondents.**	**CASE NOS. 15-049-RPH-S** **15-049-PH-S** **STIPULATION AND ORDER**

S. PAUL EDWARDS, General Counsel for Petitioner the NEVADA STATE BOARD OF PHARMACY (Board), Respondent DOUGLAS CAMMANN, R.Ph. (Mr. Cammann), Certificate of Registration No. 13340, and Respondent ANAZAOHEALTH CORPORATION (AnazaoHealth), Certificate of Registration No. PHC01471 (collectively Respondents), acting without counsel,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over this matter.

2. The Board served a Notice of Intended Action and Accusation (Accusation) on Respondents, and each of them, on or about August 20, 2015.

3. Respondents did not file an Answer and Notice of Defense, but did contact Board Staff to discuss the instant stipulated terms.

4. Respondents, and each of them, were fully aware of their right to seek the advice of counsel in this matter, and knowingly and voluntarily waived their right to seek the advice of counsel prior to entering into this Stipulation.

5. Respondents, and each of them, were fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and

all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the Board's acceptance of this Stipulation, and while reserving the right to challenge any future determination that Respondents, or either of them individually, have failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. In lieu of a hearing, Respondents, and each of them, admit that evidence exists, and that such evidence could be presented at a hearing, to establish a factual basis for the allegations in the Accusation, *to wit*, that:

a. Ms. Lee is, or was at the time of the events alleged in the Accusation, a student at Texas Tech University Health Sciences Center School of Pharmacy.

b. On or about July 6, 2015, Board Staff became aware that Ms. Lee completed a pharmacy rotation at Respondent AnazaoHealth's facility in Las Vegas, Nevada.

c. Ms. Lee worked as an intern pharmacist at AnazaoHealth without a valid Nevada intern registration during the period of May 26, 2014 to July 3, 2014.

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

8. By allowing Ms. Lee to work at AnazaoHealth's facility for approximately thirty (30) days without a valid registration, Respondent Mr. Cammann violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i) and/or (j).

Those violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and (15), as well as NRS 639.255 and NAC 639.955.

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

10. Based upon the allegations in the Accusation and the foregoing admissions, Respondent Mr. Cammann stipulates to:

a. Accept a letter of reprimand from the Board's Executive Secretary regarding his responsibilities as a pharmacist in charge to ensure that only licensed personnel work in the pharmacy under his charge;

b. Complete a one-hour continuing education (CE) unit on the topic of pharmacist in charge responsibilities, in addition to the CE credits he is ordinarily required to complete to maintain his license;

c. Pay a fine of $250.00.

11. Based upon the allegations in the Accusation and the foregoing admissions, Respondent AnazaoHealth stipulates to:

a. Submit a letter to Board Staff, within thirty (30) days of the acceptance date of this Stipulation by the Board, outlining and explaining, to Board Staff's satisfaction and approval, the policies and procedures AnazaoHealth has or will establish to prevent persons from working within the pharmacy without a valid and appropriate license or registration.

b. Pay a fine of $600.00, which is twenty dollars ($20) a day for each of the thirty (30) days in which Ms. Lee worked without a valid certificate of registration;

c. Pay an administrative fee of $500.00;

12. The foregoing admissions and stipulations are for the purposes of this proceeding only, and shall have no force or effect in any other case or proceeding before the Board.

13. Board Counsel will present this Stipulation to the Board for approval at its meeting on Wednesday, October 14, 2015, in Las Vegas, Nevada. Respondents or their authorized representatives will appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board may discuss and deliberate regarding this Stipulation even if Respondents or their representatives are absent.

14. The Board has discretion to accept this Stipulation, but it is not obligated to do so.

15. If the Board adopts the recommendations set forth above, Respondents and the Board each agree to release the other from any and all claims arising from the facts set forth in the Accusation, whether known or unknown, which might otherwise have existed on or before the effective date of the Board's Order in this matter.

16. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's January 6, 2016 meeting in Las Vegas, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

17. Respondents 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 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

18. Respondents shall pay the administrative fees agreed to herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

State of Nevada
County of Clark

19. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of Respondent's pharmacy license until all terms have been satisfied.

Signed this 1st **day of** ~~September~~ October**, 2015**

S. PAUL EDWARDS, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this 2nd **day of** ~~September~~ October**, 2015**

Authorized Representative
ANAZAOHEALTH CORPORATION
Certificate of Registration No. PHC01471

Signed this 2nd **day of** ~~September~~ October**, 2015**

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

JACLYN W. YEOMANS
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 15-1404-1
My Appt. Expires April 23, 2019

Jaclyn W. Yeomans

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Douglas Cammann, Certificate of Registration No. 13340, and Respondent AnazaoHealth Corporation, Certificate of Registration No. PHC01471, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

Signed this 14 **day of** ~~September~~ October**, 2015**

Leo Basch, President
Nevada State Board of Pharmacy

TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph
President
Waco

Christopher M. Dembny, R.Ph
Vice President
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Austin

Jenny Downing Yoakum, R.Ph.
Kilgore

Gay Dodson, R.Ph
Executive Director Secretary
Austin

May 5, 2017

DOUGLAS CAMMANN RPH
[redacted]

RE: In the Matter of Douglas Cammann

Dear Mr. Cammann:

Enclosed is a copy of Agreed Board Order (ABO) #L-16-066 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on May 1, 2017. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

GRANTING OF PHARMACIST LICENSE

As a result of the entry of this Order, TSBP granted pharmacist license #60425 to you, effective May 1, 2017.

REPRIMAND

As a result of entering ABO #L-16-066, the pharmacist license to be issued to Douglas Cammann is reprimanded.

PRECEPTOR RESTRICTION

You may not serve as a preceptor in Texas, as explained below. TSBP Rule 283.6(c) states, in part:

> "No pharmacist may serve as a preceptor if his or her license to practice pharmacy has been the subject of an order of the board imposing any penalty set out in the Act, §565.051, during the period he or she is serving as a preceptor or within the three-year period immediately preceding application for approval as a preceptor."

Accordingly, you may not serve as a preceptor until three years after the termination of all sanctions. Please note that TSBP Rule 283.6(c) also allows you to petition TSBP in writing for approval to act as a preceptor. However, until such petition is granted, you may not serve as a preceptor beginning May 1, 2017, and ending May 1, 2020.

RENEWAL APPLICATIONS

Prior to the next expiration date of your pharmacist license, you will complete a license renewal application for the Texas State Board of Pharmacy. This application will require you to answer the question:

> "Have you been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?..."

As a result of the entry of ABO #L-16-066, you must answer "yes" to this question for 36 months after the termination of all sanctions. Consequently, you must answer "yes" to this question on any renewal applications submitted beginning May 1, 2017, and ending May 1, 2020.

If you have any questions about this Order, please contact Carissa Garcia, Enforcement Specialist, at (512) 305-8054.

Sincerely,

Robert Rivera
Enforcement Program Manager

RR: ng

Enclosure: Agreed Board Order #L-16-066

AGREED BOARD ORDER #L-16-066

RE: IN THE MATTER OF
DOUGLAS CAMMANN
(APPLICANT FOR PHARMACIST
LICENSURE BY RECIPROCITY)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of the Application for Pharmacist Licensure by Reciprocity filed by Douglas Cammann (Applicant) on March 25, 2016.

By letter dated April 7, 2017, the Board gave preliminary notice to Applicant of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Applicant may have violated:

Sections 565.001(a)(1), (2), (12) and (16); and 565.001(b) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and

Section 281.7(a)(13) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), as alleged in the Count below.

The conduct described in the Stipulation and Order by the Nevada State Board of Pharmacy is substantially similar to conduct described in:

Sections 557.001; and 565.001(a)(1) and (12) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and

Sections 291.32(a)(2)(H); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2014).

COUNT

On or about October 2, 2015, the Nevada State Board of Pharmacy entered a Stipulation and Order against the Nevada pharmacist registration number 13340 held by Douglas Cammann. The Order was based on allegations that in 2014, while Mr. Cammann was acting as pharmacist-in-charge of AnazaoHealth Corporation, an intern pharmacist worked at the pharmacy over a thirty day period without a valid Nevada intern registration. The Order imposed a letter of reprimand and a $250 fine, and required the completion of one hour of continuing education.

By letter dated April 7, 2017, Applicant was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Applicant neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this

matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Applicant shall be granted a Texas Pharmacist License after successfully completing the requirements of licensure as set forth in the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015) and the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

(2) Upon the granting of Applicant's license, such license is reprimanded.

And it is so Ordered.

THIS ORDER IS A PUBLIC RECORD.

Signed and entered by the Executive Director on behalf of the Texas State Board of Pharmacy on this 1st day of May, 2017.

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Douglas Cammann

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

AGREED BOARD ORDER #L-16-066

RE: IN THE MATTER OF
DOUGLAS CAMMANN
(APPLICANT FOR PHARMACIST
LICENSURE BY RECIPROCITY)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

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> Sections 291.32(a)(2)(H); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2014).

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(2) Applicant's license is reprimanded.

(3) Upon the granting of Applicant's license, such license is reprimanded.

And it is so Ordered.

THIS ORDER IS A PUBLIC RECORD.

Signed and entered by the Executive Director on behalf of the Texas State Board of Pharmacy on this _____ day of _____, _____.

_____
Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

_____
Douglas Cammann

- SIGN HERE
- DO NOT DATE
- RETURN

APPROVED AS TO FORM:

_____
Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

Defendant Information

Name: CAMMANN, DOUGLAS FREDERICK
Address: [redacted]
Soc Sec No:
Birth Date: [redacted]
Phone 1:
Phone 2:
DL No:
DL State:
Def No: [redacted]

Case Information

Citation No:	29128	Agency:	MPD	Closed Date:	10/16/1992
Type:	CRIMINAL	Officer:	LOUYS,RICK	BCI No:	
Violation Date:	10/04/1992	Plaintiff:	CITY OF MCMINNVILLE	Location:	
Status:	CLOSED	Judge:	KEVIN J KINNEY	Input Date:	10/04/1992
		Pros. Attorney:	KAUFMAN NOBLE, CYNTHIA		
		Def. Attorney:	None		

Offenses

Date	Code	Violation Code	Description	Amount	Plea	Dispositions	Clerk	Follow-up	Action	S
10/04/92	DUII	813.010	DUII	4,650.00						
10/04/92	UA97		UNITARY ASSESSMENT - DUII	97.00						
10/04/92	LEMLA		LEMLA	2.00						
10/04/92	YC		YC FEE	54.00						
10/04/92	PCRT		PEER COURT	10.00						
10/04/92	MHS		MENTAL HEALTH STATE	75.00						
10/04/92	DUIIFEE		DUII FEE	112.00						
			Offense Total:	5,000.00						

Dispositions

Date	Code	Description	Amount	Clerk	Follow-up	Action	S
10/04/92	FINE	ORIGINAL FINE AMOUNT: $317	.00				
10/04/92	PLEA	TAKE DIVERSION	.00				
10/12/92	COM	TAKE DIVERSION RESET 11/13 FOR PPWRK					
10/16/92	COM	PPWRK IN AND APPROVD RESET 10/15/93					
10/15/93	COM	PIF, COMPLETED TREATMENT CLOSED FILE					
10/16/92	CLOSE	CASE CLOSED					
		Fine Total:	.00				

Payments

Date	Code	Description	Amount	Clerk	Follow-up	Action	S
10/14/92	PMT	YTD PAYMENTS: $317	.00				
		Payment Total:	.00				
		Case Balance:	.00				

All Cases

Case No	Date	Description	Status	Type	Balance
29128	10/4/1992	DUII	CLOSED	D	-

Offense Total: - Disposition Total: - Total: -

4QQ

RECEIVED 4/2/24

NEVADA STATE BOARD OF PHARMACY

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

Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

Section 1: Select the following that applies to you.

- ☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
- ☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
- ■ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

Section 2: General Information

First: Jaime Middle: Jill Last: Dennison

NV Pharmacist Registration # 18147

Telephone: [redacted] Email: [redacted]

Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information

Pharmacy/State Government Entity Name:

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity):

Address:

City: State: Zip:

Employer Contact Name:

Employer Contact Telephone: Employer Contact email:

Section 4: Employer Information

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Veterans Integrated Service Network (VISN) 21 of the Veterans Health Administration

Address: 931 Taylor Blvd, Suite 200

City: Pleasant Hill State: CA Zip: 94523

Employer Contact Name: Helen Park

Employer Contact Telephone: Employer Contact email: helen.park@va.gov

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): Personal Residence

Address: [redacted] Stone Bluff Way

City: Reno State: NV Zip: 89523

Country/Territory/Province: USA

Is this a medical, residential, or business site? ☐ Medical ☒ Residential ☐ Business

Days of the week and hours services will be provided at this site? Five (5) days a week (Monday through Friday) 0800-1630

Name of Site (if applicable): VA Sierra Nevada Healthcare Center

Address: 975 Kirman Avenue

City: Reno State: NV Zip: 89502

Country/Territory/Province: USA

Is this a medical, residential, or business site? ☒ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? Only to report here if experiencing technical issues

---

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

Services provided at personal residence include patient counseling, refilling medication orders, tracking medication orders, entering prescription renewal requests to providers within the Veterans Integrated Service Network (VISN) 21. Sites include Reno, NV; Las Vegas, NV; Palo Alto, CA; San Francisco, CA; Fresno, CA; Northern California VA; and Honolulu, HI.

I am employed as a pharmacy supervisor who oversees up to eighteen pharmacy technicians who are all working remote as well. Communicate with them through telephone, video, and Teams.

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Services are provided to all veterans and veteran caregivers within VISN 21 of the Veterans Health Administration.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

All resources that are provided to me are electronic. The Reno VA is my home site and I was provided a laptop, docking station, two monitors, keyboard and mouse. All drug information resources are provided through the virtual private network (VPN). Resources include Lexi-comp, Micromedex, Facts and Comparisons, Up to Date, etc.

4. Provide an explanation of the policy for users of the services when you are unavailable.

Policy is for users to report to actual VA site if services are expected to be unavailable for greater than thirty minutes. My reporting site to work is VA in Reno, NV (VA Sierra Nevada Healthcare Center). Distance to my site from my personal residence is approximately twenty minutes away.

Users are to attempt troubleshooting services at residential site first and if unable to recover services they need to report to site.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

6. Provide a description of the business plan for the services provided.

Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.

A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

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.

Jaime Dennison

Print Name

Jaime Dennison

Original Signature, no copies or stamps accepted

3/24/2024

Date

Board Use Only	Date Received: 4/2/24 For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file. For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda.

4RR

NEVADA STATE BOARD OF PHARMACY

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

Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

Section 1: Select the following that applies to you.

- ☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
- ☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
- ☑ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

Section 2: General Information

First: Kinga Middle: _____ Last: Faulkner

NV Pharmacist Registration # 17992

Telephone: [redacted] Email: [redacted]

Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information

Pharmacy/State Government Entity Name: _____

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity): _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Contact Name: _____

Employer Contact Telephone: _____ Employer Contact email: _____

Section 4: Employer Information

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Comprehensive Cancer Centers of Nevada (CCCN)

Address: 3730 S Eastern Ave

City: Las Vegas State: NV Zip: 89169

Employer Contact Name: Matthew Williams

Employer Contact Telephone: 702-343-0496 Employer Contact email: matthew.williams@usoncology.com

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): CCCN
Address: 3730 S Eastern Ave
City: Las Vegas State: NV Zip: 89169
Country/Territory/Province: US
Is this a medical, residential, or business site? ☒ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site? Monday through Friday, 8am to 5pm

Name of Site (if applicable): CCCN
Address: 1505 Wigwam Parkway #130
City: Henderson State: NV Zip: 89052
Country/Territory/Province: US
Is this a medical, residential, or business site? ☒ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site? Monday through Friday, 8am to 5pm

Name of Site (if applicable): CCCN
Address: 2460 W Horizon Ridge Parkway
City: Henderson State: NV Zip: 89052
Country/Territory/Province: US
Is this a medical, residential, or business site? ☒ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site? Monday through Friday, 8am to 5pm

Name of Site (if applicable): CCCN
Address: 10001 S Eastern Ave
City: Henderson State: NV Zip: 89052
Country/Territory/Province: US
Is this a medical, residential, or business site? ☒ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site? Monday through Friday, 8am to 5pm

Name of Site (if applicable): CCCN
Address: 9280 W Sunset Rd
City: Las Vegas State: NV Zip: 89148
Country/Territory/Province: US
Is this a medical, residential, or business site? ☒ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site? Monday through Friday, 8am to 5pm

Name of Site (if applicable): CCCN
Address: 653 Town Center Dr #402
City: Las Vegas State: NV Zip: 89144
Country/Territory/Province: US
Is this a medical, residential, or business site? ☒ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site? Monday through Friday, 8am to 5pm

(Use and make copies of this page if necessary)

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): CCCN

Address: 7445 Peak Drive

City: Las Vegas State: NV Zip: 89144

Country/Territory/Province: US

Is this a medical, residential, or business site? ☒ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? Monday through Friday, 8am to 5pm

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

Please see attached description after signature page

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Services will be provided to patients of CCCN physicians primarily treating cancer at the CCCN locations

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

1- US Oncology Pharmacy Operations Policy and and Procedures and Admixture Guidelines
2- Clinical Pharmacology
3- National Comprehensive Cancer Network (NCCN) Guidelines
4- Up-to-Date

4. Provide an explanation of the policy for users of the services when you are unavailable.

CCCN employs three (3), soon to be four (4) full time pharmacists; this permits scheduling so one pharmacist is always available during normal operating hours.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

Pharmacists, like all CCCN employees, are required to have annual HIPAA training. All patient data is secured within the EMR of CCCN and paper documents in the medical record department or admixture department of CCCN. No documents are taken outside of the CCCN locations.

6. Provide a description of the business plan for the services provided.

There is no formal written business plan for medical oncology services provided through the pharmacists; the services are ancillary to the services of the CCCN providers. The physician providers of CCCN develop the treatment plans of patients and they are implimented with the services described above by each of the pharmacists.

Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.

A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

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.

Kinga Faulkner
Print Name

Original Signature, no copies or stamps accepted

4/23/24
Date

Board Use Only	Date Received: 4/25/24 For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file. For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda.

Page 3, Section 6, Question 1: Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7(A) of this application.

1. Oversight of the admixture staff in the procurement, storage, and admixture of intravenous medications and chemotherapy.

2. Oversight of the staff in the selection, procurement, and storage of medical supplies.

3. Management of investigational products (IP):

a. Their proper storage and documentation of storage conditions.

b. Maintenance of inventory logs.

c. Proper admixture and administration of IP per Study Protocol.

d. Completion of Study Protocol required documents concerning the receipt, storage, dispensing, and destruction of IP.

e. Assisting in the addition of Research Protocol Regimens into the Electronic Medical Record (EMR) system.

4. Providing medication information and training to staff.

5. Assisting in obtaining insurance approval or appeal of denials of coverage for medications given in the clinic.

6. Assisting the Pharmacy and Therapeutics Committee in developing drug administration policies and preferred drug lists.

7. Assisting providers in the selection of the proper biosimilar and therapeutic agents that require Step Edits for insurance coverage.

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ANNUAL DISCIPLINE CASES Reporting Period: January 2024 – April 2024			
FINDING	**HARM**	**DISCIPLINE INDIVIDUAL**	**DISCIPLINE FACILITY**
SC engaged in unprofessional conduct by an APRN when she sold/dispensed dangerous drugs without having obtained a certificate of registration.	N/A	Fined $5,000; assessed $500 in recoverable attorney's fees and costs.	N/A
TH overrode a DUR alert signaling a drug-interaction with another prescription. The prescription was misfilled and provided to the incorrect patient. MW failed to provide counseling or properly counsel patient's mother.	N/A	TH and MW each fined $1,000; assessed $350 in recoverable attorney's fees and costs.	Fined $2,000; assessed $350 in recoverable attorney's fees and costs.
CVS, as pharmacy/pharmacy owner, is responsible for the dispensing errors of its employees where the patient was given clonazepam 0.5mg instead of ibuprofen and amoxicillin which resulted in patient harm.	Yes	N/A	Fined $1,000; assessed $500 in recoverable attorney's fees and costs.
MO issued or caused to be issued at least one hundred twenty (120) prescriptions for controlled substances while travelling out of country. MO participated in deceitful transactions and billed Medicaid for services that respondent did not provide.	N/A	Certificate of Registration No. CS10935 is revoked. MO cannot reapply for a period of ten years. Fined $2,500; assessed $1,754.68 in recoverable attorney's fees and costs.	N/A
PR assisted in unauthorized prescribing when she allowed her medical assistant to use her signature stamp for controlled substance prescriptions.	N/A	Fined $1,500; assessed $500 in recoverable attorney's fees and costs.	N/A

CVS, as pharmacy/pharmacy owner, is responsible for the dispensing errors of its employee who erroneously dispensed Estradoil 0.5mg and failed to counsel the patient which resulted in patient harm.	Yes	N/A	Fined $3,000.00; assessed $2,000.00 in recoverable attorney's fees and costs.
JC, as managing pharmacist, is responsible for the dispensing errors of employees that failed to dispense Doxycycline 50mg simultaneously with another prescription Metronidazole 250mg which were supposed to be taken as the prescribed course of treatment.	N/A	Respondent fined $1,000.00; assessed $500.00 in recoverable attorney's fees and costs	Fined $2,000; assessed $1,000 in recoverable attorney's fees and costs.
CD Rx failed to properly disclose that they had pending administrative actions in Alabama and Louisiana Boards of Pharmacy on their 2020 business renewal application.	N/A	N/A	Fined $1,000; assessed $500 in recoverable attorney's fees and costs.
EA failed to comply with the citation and fine dated June 30, 2023, due to his failure to complete the thirty CE credits required by NAC 639.330 for their pharmacist biennial registration period for November 1, 2019, to October 31, 2021. EA was sent an Order to Show Cause on November 29, 2023, which he failed to appear, and a default was made. Respondent's Certificate of Registration No. 19224 is revoked and cannot reapply for a period of one year; assessed $506.67 in recoverable attorney's fees and costs.	N/A	Certificate of Registration No. 19224 is revoked and cannot reapply for a period of one year; assessed $506.67 in recoverable attorney's fees and costs.	N/A

JI failed to complete the thirty CE credits required by NAC 639.330 for their pharmacist biennial registration period for November 1, 2019, to October 31, 2021. JI was sent an Order to Show Cause on November 29, 2023, which she failed to appear, and a default was made.	N/A	Certificate of Registration No. 09672 is revoked and cannot reapply for a period of one year; assessed $506.67 in recoverable attorney's fees and costs.	N/A
OE failed to comply with the citation and fine dated June 30, 2023, due to her failure to complete the thirty CE credits required by NAC 639.330 for their pharmacist biennial registration period for November 1, 2019, to October 31, 2021. OE sent an Order to Show Cause on November 29, 2023, which she failed to appear, and a default was made.	N/A	Certificate of Registration No. 16558 is revoked and cannot reapply for a period of one year; assessed $506.67 in recoverable attorney's fees and costs.	
VV is responsible for providing preprinted prescription blanks to Kindred Outpatient Wound Care Hospital. VV erroneously entered the prescriber's name Dr. L.R. on the illegal preprinted prescription blank form and dispensed several prescriptions which included a misfill of six tubes of 30g Santyl Ointment rather than one 30g tube.	N/A	Certificate of Registration No. 18969 is placed on probation for a period of two years; public reprimand; fined $5,000 for the violations; assessed $1,000 in recoverable attorney's fees and costs.	
RR failed to make timely payments of the $500 fine and the $500 in attorney's fees and costs pursuant to the agreed upon Stipulation and Order filed September 6, 2023.	N/A	Certificate of Registration No. PT20827 is revoked and cannot petition for reinstatement for a period of one year.	N/A

KT authorized an employee to independently access, possess, store and administer dangerous drugs to patients without practitioner supervision, and without a patient-specific and medication-specific written chart order for the patient and/or medication, to patients with whom Respondent did not establish a bona fide therapeutic relationship. In addition, Respondent falsified patient information and issued false prescriptions to obtain compounded dangerous drugs for office use.	N/A	Certificate of Registration No. CS06260 is placed on probation for a period of one year; public reprimand; fined $2,500 for the violations; and assessed $1,000 in recoverable attorney's fees and costs.	N/A
MS failed to timely renew his Certificate of Registration Nos. CS25265, CS12420, and CS15562 on October 31, 2018, where he issued 2,684 prescriptions of controlled substances to 484 patients in Nevada between November 1, 2018, and June 21, 2023, without a valid controlled substance registration and without accessing the Prescription Monitoring Program (PMP) to review the patient utilization report. Respondent MS applied for a new Certificate of Registration No. CS35699 on June 22, 2023, where he failed to comply with all the requirements for prescribing under Nevada controlled substance registration and failed to review a patient utilization report.	N/A	Certificate of Registration No. CS35699 is placed on probation for a period of two years; public reprimand; fined $16,000 for the violations; and assessed $2,500 in recoverable attorney's fees and costs.	N/A

AA prescribed electronic prescriptions for controlled substances after the Nevada Board of Pharmacy suspended his Certificate of Registration No. CS21324 due to the Nevada Board of Medical Examiners (NSBME) summarily suspending his medical license for violating his prior NSBME disciplinary orders.	N/A	Certificate of Registration No. CS21324 is revoked and cannot petition for reinstatement for a period of two years. Respondent fined $5,000 for the violations; and assessed $1,000 in recoverable attorney's fees and costs.	N/A
MK failed to query a PMP report for any of his prescriptions since January 19, 2016, to June 13, 2021. During the time period of January 19, 2016, to April 17, 2023, Respondent queried only two individual patients which Respondent had over 8,000 filled controlled substance prescriptions for over 6,800 patients.	N/A	Certificate of Registration No. CS23600 is fined $6,500 for the violations; and assessed $1,000 in recoverable attorney's fees and costs.	N/A
PO's Owner received a large shipment of drugs without the managing pharmacist's knowledge.	N/A	N/A	Pharmacy License No. PH04369 is suspended for a period of one year; however, the suspension is stayed. Respondent fined $5,000 for the violations; and assessed $2,000 in recoverable attorney's fees and costs.
CS procured dangerous drugs for Aesthetics MedSpa and allowed an unlicensed person to possess, store, and/or administer these dangerous drugs without any supervision or direction by a practitioner.	N/A	Certificate of Registration No. CS27884 fined $1,500 for the violations; and assessed $1,000 in recoverable attorney's fees and costs.	N/A

DVH is responsible for its employee's unlawful diversion of controlled substances which included 3,243 tablets of hydrocodone, oxycodone, and alprazolam, 103 vials of fentanyl, 218 vials of morphine, and 50 vials of lorazepam, meperidine, and midazolam.	N/A	N/A	Pharmacy License No. IB02134 fined $10,000 for the violations; assessed $1,000 in recoverable attorney's fees and costs; quarterly inspections at the pharmacy's expense; and must maintain a perpetual inventory of all controlled substances in stock in the pharmacy.
ES is responsible for its employee's unlawful diversion of controlled substances which included 3,243 tablets of hydrocodone, oxycodone, and alprazolam, 103 vials of fentanyl, 218 vials of morphine, and 50 vials of lorazepam, meperidine, and midazolam. Respondent ES failed to maintain perpetual inventory of Schedule II controlled substances.	N/A	Certificate of Registration No. 19265 is suspended for a period of one year; however, the suspension is stayed. Respondent fined $2,500 for the violations; and assessed $500 in recoverable attorney's fees and costs.	N/A
MH is responsible for its employee's unlawful diversion of controlled substances which included 3,243 tablets of hydrocodone, oxycodone, and alprazolam, 103 vials of fentanyl, 218 vials of morphine, and 50 vials of lorazepam, meperidine, and midazolam. MH failed to maintain perpetual inventory of Schedule II controlled substances.	N/A	Certificate of Registration No. 18203 is suspended for a period of one year; however, the suspension is stayed. Respondent fined $2,500 for the violations; and assessed $500 in recoverable attorney's fees and costs.	N/A

WP employees misfilled Metformin Hydrochloride ER 500mg tablets ASC, quantity 360, with two bottles of 100 tablets of Metformin Hydrochloride ER 500 MG AS tablets and one bottle of amlodipine besylate tablet, USP 5mg, quantity 500.	Yes	N/A	Pharmacy License No. PH02772 fined $1,000 for the violations; and assessed $750 in recoverable attorney's fees and costs.
CVS exceeded the Nevada pharmacist to pharmaceutical technician supervision ratio of one to three.	N/A	N/A	Pharmacy License No. PH01095 fined $20,000 for the violations; assessed $750 in recoverable attorney's fees and costs; and quarterly inspections for a period of one year at the pharmacy's expense.
EN exceeded the Nevada pharmacist to pharmaceutical technician supervision ratio of one to three.	N/A	Certificate of Registration No. 19578 fined $750 for the violations; and assessed $250 in recoverable attorney's fees and costs.	N/A
LC operated without an administrator and failed to notify the Board within three business days, and they continued to operate as a medical products provider for more than ten business days without an administrator approved by the Board.	N/A	N/A	License No. MP00012 fined $1,000 for the violations; and assessed $1,000 in recoverable attorney's fees and costs.
LC operated without an administrator and failed to notify the Board within three business days, and they continued to operate as a medical products provider for more than ten business days without an administrator approved by the Board.	N/A	N/A	License No. MP00122 fined $5,500 for the violations; and assessed $1,000 in recoverable attorney's fees and costs.

NT filled an oral solution amoxicillin prescription for a 16-month-old toddler. The prescription incorrectly called for a dose large enough to treat a 290-pound adult. Respondent recognized the error on the prescription and attempted to telephone the prescribing practitioner for clarification.	Yes	Certificate of Registration No. 23478 fined $1,000 for the violations; and assessed $500 in recoverable attorney's fees and costs.	N/A
WP conducted business as a pharmacy without having designated and/or employed a managing pharmacist for its pharmacy location between October 6, 2023, to November 17, 2023.	N/A	N/A	License No. PH02587 fined $2,000 for the violations; and assessed $500 in recoverable attorney's fees and costs.
NK was found guilty of making a false record of COVID-19 vaccinations reportedly administered to her former boyfriend.	N/A	Certificate of Registration No. 20034 is revoked, and she cannot petition for reinstatement for a period of two years. Respondent fined $10,000 for the violations; and assessed $8,406.29 in recoverable attorney's fees and costs.	N/A
HM Magana wrote 690 controlled substance prescriptions between March 18, 2018, and January 12, 2022, without having a Nevada Controlled Substance Registration.	N/A	Certificate of Registration No. PR14531 is revoked and cannot petition for reinstatement for a period of one year. Respondent fined $10,000 for the violations; and assessed $544.55 in recoverable attorney's fees and costs.	N/A

5A

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ASP CARES PHARMACY,** **Pharmacy License No. PH03347, and** **VENUS VEDADI, RPH,** **Certificate of Registration No. 18969,** **Respondents.**	**CASE NOS. 19-011-PH-S** **19-011-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 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 Venus Vedadi, RPh (Vedadi), Certificate of Registration No. 18969, was a pharmacist registered with the Board, and Respondent ASP Cares Pharmacy, Pharmacy License No. PH03347, was a pharmacy licensed by the Board.

2. By Board order entered October 10, 2018, in Case No. 17-112-RPH-S, Vedadi stipulated to discipline including a fine for unauthorized access of the Prescription Monitoring Program (PMP) database.

FACTUAL ALLEGATIONS

3. Vedadi was employed as managing pharmacist by ASP Cares Pharmacy at the time of the events alleged herein.

4. Vedadi and ASP Cares Pharmacy provided preprinted prescription blanks with ASP Cares Pharmacy information to Kindred Outpatient Wound Care Hospital, located at 5110 W. Sahara Avenue in Las Vegas, directing the prescribing practitioner to fax the prescription to ASP Cares Pharmacy.

5. On or about October 29, 2018, in the course of filling and dispensing prescription no. 170875, and again on December13, 2018, in the course of filling and dispensing prescription no. 174758, both for patient M.K., Vedadi erroneously entered the name of Dr. L.R. on the illegal preprinted prescription blank form as the prescribing practitioner.

6. On or about January 7, 2019, in the course of filling and dispensing prescription no. 176440, submitted on the illegal preprinted prescription blank form, Vedadi erroneously dispensed six (6) 30g tubes of Santyl Ointment to patient L.M. rather than one (1) 30g tube as prescribed by Dr. L.R.

COUNT ONE

Violation of Statutory Prohibition Against Unearned Rebate/Inducement
(Respondents Vedadi and ASP Cares Pharmacy)

7. The furnishing to a practitioner by a pharmacist or a pharmacy of prescription blanks bearing the name or name and address of any pharmacy is an unearned rebate and an inducement to refer patients to such pharmacist or pharmacy. NRS 639.264(2).

8. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy. NRS 639.210(12) and (15); NRS 639.220(1).

9. Vedadi and ASP Care Pharmacy violated NRS 639.264(2) by providing preprinted prescription blanks with ASP Cares Pharmacy information to Kindred Wound Care Hospital directing the prescribing practitioner to fax the prescription to ASP Cares Pharmacy, and are subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NRS 639.230(5).

COUNT TWO

Error in Dispensing Prescription/Unprofessional Conduct

(Respondent Vedadi)

10. Unprofessional conduct includes failing to strictly follow the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes failing to confer with the person writing or ordering a prescription if there is an error or omission which should be questioned. NAC 639.945(1)(e). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

11. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription. NAC 639.252 and NAC 639.702

12. Vedadi engaged in unprofessional conduct as defined in NAC 639.945(1)(d), (e) and/or (i) when she and/or pharmaceutical technicians under her supervision committed errors in the course of filling and dispensing prescription nos. 170875, 174758 and 176440, and is subject to discipline pursuant to NAC 639.252, NAC 639.702, NRS 639.210(4) and/or (12).

COUNT THREE

Pharmacy/Pharmacy Owner Responsibility

(Respondent ASP Cares Pharmacy)

13. 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); NAC 639.702. 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).

14. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent ASP Cares Pharmacy is responsible for those violations, including all

errors and omissions of Vedadi and the pharmaceutical technicians, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license and certificate of registration of these Respondents.

Signed this 2nd day of January, 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ASP CARES PHARMACY,** **Pharmacy License No. PH03347,** **Respondent.**	**CASE NO. 19-011-PH-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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 6, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 2nd day of JANUARY 2024.

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.** **ASP CARES PHARMACY,** **Pharmacy License No. PH03347,** **Respondent.**	**CASE NO. 19-011-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 _____, 2024.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR ASP CARES PHARMACY

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 5th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Venus Vedadi, RPH
[redacted] Rancho Navarro Street
Henderson, NV 89012

ASP Care Pharmacy
501 S. Rancho Drive Ste. G46
Las Vegas, NV 89106

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ASP CARES PHARMACY,** **Pharmacy License No. PH03347, and** **VENUS VEDADI, RPH,** **Certificate of Registration No. 18969,** **Respondents.**	**CASE NOS. 19-011-PH-S** **19-011-RPH-S** **STIPULATION AND ORDER (RESPONDENT ASP CARES PHARMACY ONLY)**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through General Counsel Brett Kandt, and Respondent ASP Cares Pharmacy, Pharmacy License No. PH03347, by and through counsel, Chandon Alexander, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about January 2, 2024, 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 entering into this Stipulation in lieu of filing 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 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 does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. ASP Cares Pharmacy violated NRS 639.264(2) by providing preprinted prescription blanks with ASP Cares Pharmacy information to Kindred Wound Care Hospital directing the prescribing practitioner to fax the prescription to ASP Cares Pharmacy; and

B. ASP Cares Pharmacy Managing Pharmacist Venus Vedadi engaged in unprofessional conduct as defined in NAC 639.945(1)(d), (e) and/or (i) when she and/or pharmaceutical technicians under her supervision committed errors in the course of filling and dispensing prescription nos. 170875, 174758 and 176440, and ASP Cares Pharmacy is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 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 ASP Cares Pharmacy, Pharmacy License No. PH03347, stipulate to the following penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding its duties and responsibilities as a pharmacy licensed under NRS Chapter 639;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations, by personal, business, certified or cashier's 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; and

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "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.

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 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 not inconsistent 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 March 6, 2024. 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 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. The terms and admissions 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 contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of March 2024

ASP CARES PHARMACY,
Pharmacy License No. PH03347

Signed this 6TH day of March 2024

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of March 2024

CHANDON ALEXANDER, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent ASP Cares Pharmacy, Pharmacy License No. PH03347, in Case No. 19-011-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 March 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **FESTUS EBONKA, APRN,** **Certificate of Registration No. CS23430,** **Respondent.**	**Case No. 19-012-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 Festus Ebonka, APRN, held a controlled substance registration, Certificate of Registration No. CS23430, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent pre-signed controlled substance prescriptions that were issued to patients by his staff while he was engaged in overseas travel. Respondent traveled outside of the United States on the following dates: July 14, 2016 – July 25, 2016; February 25, 2017 – March 11, 2017; September 27, 2017 – October 2, 2017; December 22, 2017 – December 28, 2017; and November 9, 2018 – November 30, 2018. Prescriber records and prescriptions document one-hundred and twenty-six (126) controlled substance prescriptions authorized by Respondent during these periods.

3. Respondent caused other practitioners who treated his patients to use his National Provider Identifier (NPI) while he was outside of the country to falsely bill Medicaid and other

commercial health insurance plans for services that Respondent did not personally provide, and received reimbursement for those services.

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 453.321(1)(a); NRS 453.381(1); NRS 639.100(1); NRS 639.235(1); NRS 639.2355.

5. Falsifying a prescription for a controlled substance and the possession of signed prescription blanks are felony offenses. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(f), (h) and (i).

6. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

7. Medicaid fraud is a felony offense. 18 U.S.C. § 1347; 42 U.S.C.A. § 1320a-7b; NRS 422.540(1).

8. Insurance fraud is a felony offense. NRS 686A.2815; NRS 686A.291.

9. 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 453.236(1) and NRS 639.210(4).

10. 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 453.236(1) and 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 453.236(1) and 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 453.236(1) and NRS 639.210(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).

COUNT ONE

Violation of Federal Controlled Substances Act – Issuing Fraudulent Controlled Substance Prescriptions

14. By pre-signing controlled substance prescriptions that were issued to patients while he was engaged in overseas travel as alleged in Paragraph 2 herein, Respondent 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(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11).

COUNT TWO

Violations of State Law – Issuing Fraudulent Controlled Substance Prescriptions

15. By pre-signing controlled substance prescriptions that were issued to patients while he was engaged in overseas travel as alleged in Paragraph 2 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1) (f), (h) and (i), NRS 453.381(1), NRS

453.401(l)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2355, and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(12).

COUNT THREE

Violations of Federal and State Law – Medicaid Fraud/Insurance Fraud

16. By falsely billing Medicaid and other commercial health insurance plans for services that Respondent did not personally provide, and receiving reimbursement for those services, as alleged in Paragraph 3 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 18 U.S.C. § 1347, 42 U.S.C.A. § 1320a-7b, NRS 422.540(1), NRS 686A.2815 and/or NRS 686A.291, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11) and/or (12).

COUNT FOUR

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

17. By pre-signing controlled substance prescriptions that were issued to patients while he was engaged in overseas travel as alleged in paragraph 2 herein, and by falsely billing Medicaid and other commercial health insurance plans for services that Respondent did not personally provide, and receiving reimbursement for those services, as alleged in Paragraph 3 herein, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT FIVE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

18. By pre-signing controlled substance prescriptions that were issued to patients while he was engaged in overseas travel as alleged in paragraph 2 herein, and by falsely billing Medicaid and other commercial health insurance plans for services that Respondent did not personally provide, and receiving reimbursement for those services, as alleged in Paragraph 3

herein, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), and/or NRS 639.210(4).

COUNT SIX

Commission of Acts that Render Registration Inconsistent with the Public Interest

19. By pre-signing controlled substance prescriptions that were issued to patients while he was engaged in overseas travel as alleged in paragraph 2 herein, and by falsely billing Medicaid and other commercial health insurance plans for services that Respondent did not personally provide, and receiving reimbursement for those services, as alleged in Paragraph 3 herein, Respondent has committed acts that render his registration inconsistent with the public interest 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 certificate of registration of this Respondent.

Signed this 25th day of January 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **FESTUS EBONKA, APRN,** **Certificate of Registration No. CS23430,** **Respondent.**	**CASE NO. 19-012-CS-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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 6, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 25th day of January 2024.

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.** **FESTUS EBONKA, APRN,** **Certificate of Registration No. CS23430,** **Respondent.**	**CASE NO. 19-012-CS-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 _____, 2024.

_____

FESTUS EBONKA, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Festus Ebonka, APRN
[redacted] E. Charleston Blvd
Las Vegas, NV 89104

Festus Ebonka, APRN
[redacted] Leadbrick St.
Las Vegas, NV 89143

SHIRLEY HUNTING
BOARD COORDINATOR

FILED
FEB 21 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **FESTUS EBONKA, APRN,** Certificate of Registration No. CS23430 Respondent.	**Case No. 19-012-CS-S**

ANSWER AND NOTICE OF DEFENSE

Respondent, **FESTUS EBONKA, APRN,** by and through counsel, LIBORIUS AGWARA, ESQ., of the Law Offices of Libo Agwara, Ltd., hereby files his Answer and Notice of Defense to THE NEVADA STATE BOARD OF PHARMACY'S ("Board") Complaint and states as follows:

1. Answering Paragraphs 1 and 10, Respondent admits the allegations contained therein.

2. Answering Paragraphs 2, 3. 14, 15, 16, 17, 18 and 19, Respondent denies the allegations contained therein.

3. Answering Paragraphs 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13, Respondent states that he is without sufficient knowledge as to the truth or falsity of the allegations contained therein, and as such denies them.

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LAW OFFICES OF LIBO AGWARA, LTD.
2785 E. Desert Inn Rd., Ste. 270
Las Vegas, NV 89121
702-385-4800 Phone

WHEREFORE, Respondent, respectfully requests that the Board find that he did not violate the Control Substance Act. Respondent further requests such other and additional relief as the Board may deem just and proper under the circumstances.

Dated this 21st day of February 2024.

LAW OFFICES OF LIBO AGWARA, LTD

LIBORIUS AGWARA, ESQ.
Nevada Bar No.: 7576
2785 E. Desert Inn Rd., Ste. 270
Las Vegas, NV 89121
Tel: (702) 385-4800 Phone
Libolaw@yahoo.com
Attorney for Respondent

LAW OFFICES OF LIBO AGWARA, LTD.
2785 E. Desert Inn Rd., Ste. 270
Las Vegas, NV 89121
702-385-4800 Phone

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JAY K. SELZNICK, DMD, MD,** **Certificate of Registration No. CS07913,** **Respondent.**	**CASE NO. 19-043-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 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 Jay K. Selznick, DMD, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS07913, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about December 18, 2015, the Nevada State Board of Dental Examiners (NSBDE) entered an order in Case No. 74127-02801 and imposed discipline on Respondent's License No. S2-22 to practice dentistry for engaging in conduct in violation of standards of practice under NRS 631.3475(1) and NRS 631.230(1)(c) related to prescribing controlled substances to treat pain.

3. Respondent failed to disclose to the Board the disciplinary order in NSBDE Case No. 74127-02801 on his 2016 biennial renewal application for Certificate of Registration No. CS07913.

APPLICABLE LAW

4. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in conformance with all applicable standards of care. 21 CFR § 1306.04(a); NRS 453.381(1).

5. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e); NRS 639.281(1).

6. 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).

7. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

8. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

9. 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).

10. 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).

11. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 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).

COUNT ONE
Furnishing False Material Information to Board

12. By failing to disclose to the Board the disciplinary order in NSBDE Case No. 74127-02801 on his 2016 biennial renewal application for Certificate of Registration No. CS07913, Respondent violated NRS 453.331(l)(e) and NRS 639.281(1), and is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1), NRS 639.210(9) and/or NRS 639.210(12).

COUNT TWO
Obtaining Registration by False or Fraudulent Application

13. By failing to disclose to the Board the disciplinary order in NSBDE Case No. 74127-02801 on his 2016 biennial renewal application for Certificate of Registration No. CS07913, Respondent is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1) and/or NRS 639.210(10).

COUNT THREE
Violations of Federal and State Law

14. By violating NRS Chapter 631 as detailed in the disciplinary order in NSBDE Case No. 74127-02801, Respondent violated 21 CFR § 1306.04(a) and/or NRS 453.381(1), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(11) and (12).

COUNT FOUR
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

15. By violating NRS Chapter 631 as detailed in the disciplinary order in NSBDE Case No. 74127-02801, and by violating 21 CFR § 1306.04(a) and/or NRS 453.381(1), Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct

contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(4).

COUNT FIVE

Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By failing to disclose to the Board the disciplinary order in NSBDE Case No. 74127-02801 on his 2016 biennial renewal application for Certificate of Registration No. CS07913, by violating NRS Chapter 631 as detailed in the disciplinary order in NSBDE Case No. 74127-02801, and by violating 21 CFR § 1306.04(a) and/or NRS 453.381(1), Respondent has committed acts that render his registration inconsistent with the public interest 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 certificate of registration of this Respondent.

Signed this 2nd day of January 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JAY K. SELZNICK, DMD, MD,** **Certificate of Registration No. CS07913,** **Respondent.**	**CASE NO. 19-043-CS-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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 6, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 2nd day of JANUARY 2024.

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.** **JAY K. SELZNICK, DMD, MD,** **Certificate of Registration No. CS07913,** **Respondent.**	**CASE NO. 19-043-CS-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 _____, 2024.

_____

JAY K. SELZNICK, DMD, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 5th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Jay K. Selznick, DMD, MD
8350 W. Sahara Avenue, Suite 190
Las Vegas, NV 89117

Jay K. Selznick, DMD, MD
2500 W. Sahara Ave. #202
Las Vegas, NV 89102

SHIRLEY HUNTING

FILED
JAN 25 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **JAY K. SELZNICK, DMD, MD,** **Certificate of Registration No. CS07913,** **Respondent.**	**CASE NO. 19-043-CS-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").

Jessette Phaynarikone

From: Brett Kandt
Sent: Wednesday, January 24, 2024 8:52 PM
To: Shirley Hunting; Darlene Nases; Jessette Phaynarikone
Subject: Fw: NSBP v. Jay K. Selznick, D.M.D., M.D.

FILED
JAN 25 2024
NEVADA STATE BOARD OF PHARMACY

Please file-stamp, upload and send a copy to me. Thx

From: jay selznick <[redacted]>
Sent: Wednesday, January 24, 2024 7:58 PM
To: Board Coordination <teambc@pharmacy.nv.gov>; Brett Kandt <bkandt@pharmacy.nv.gov>; jay selznick <[redacted]>; Jay Selznick <[redacted]>
Subject: NSBP v. Jay K. Selznick, D.M.D., M.D.

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

To: **The Nevada State Board of Pharmacy**
J. David Wuest, Executive Secretary

Re: **Jay K. Selznick CS07913**
Notice of Intended Action and Accusation
Case NO. 10-043-CS-S

I received a Certificate of Service for the above referenced Notice.

I have read it thoroughly and reviewed my records.

In response to the Factual Allegations and COUNTS:

Any failure to disclose to the Board my NSBDE action was **erroneous.**
Any violation of the NRSs and CFRs was **erroneous.**

It has been a lengthy period of time since my NSBDE 2016 disciplinary action. I successfully completed the probationary period.
During the probationary period, my license to practice Oral & Maxillofacial Surgery was NOT restricted. I maintained all of my hospital privileges and appointments. I maintained my provider status with ALL insurance companies.

I would NEVER knowingly withhold any information from a licensing entity - So much so, that when I applied for a New York State DEA number in 2018, they were made aware of my Board action, issued my

DEA number (FS8777382) and had me comply for a 3 year period of prescription monitoring. This was done by way of a letter of Memorandum. It was completed perfectly and monitored by DEA representative - DI Denise Jordan-Group D-62 Program Manager

Since obtaining a NV CS number, this is my first occurrence of this sort. I understand my rights and the Board's claim. I am not retaining counsel and would like to come to a reasonable conclusion to this matter.

Respectfully, I would like to discuss this matter and try to resolve it without the need of a hearing. I would also like to amend and correct my erroneous application from the year in question.

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

I look forward to hearing from the Board.

Jay K. Selznick, D.M.D., M.D. - January 24th, 2024

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JAY K. SELZNICK, DMD, MD,** **Certificate of Registration No. CS07913,** **Respondent.**	**CASE NO. 19-043-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through General Counsel Brett Kandt, and Respondent Jay K. Selznick, DMD, MD, Certificate of Registration No. CS07913, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about January 2, 2024, 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. On or about January 24, 2024, 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 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 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).

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 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).

7. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. On or about December 18, 2015, the Nevada State Board of Dental Examiners (NSBDE) entered an order in Case No. 74127-02801 and imposed discipline on Respondent's License No. S2-22 to practice dentistry for engaging in conduct in violation of standards of practice under NRS 631.3475(1) and NRS 631.230(1)(c) related to prescribing controlled substances to treat pain;

B. Respondent DENIES any intentional wrongdoing; however, by failing to disclose to the Board the disciplinary order in NSBDE Case No. 74127-02801 on his 2016 biennial renewal application for Certificate of Registration No. CS07913, Respondent violated NRS 453.331(l)(e) and NRS 639.281(1);

C. By violating NRS Chapter 631 as detailed in the disciplinary order in NSBDE Case No. 74127-02801, Respondent violated 21 CFR § 1306.04(a) and/or NRS 453.381(1); and

D. Respondent has engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) and committed acts that render his registration inconsistent with the public interest.

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/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 stipulate to the following penalties. The certificate of registration of Respondent Jay K. Selznick, DMD, MD, Certificate of Registration No. CS07913, is suspended for a period of one (1) year pursuant to NRS 453.241(1)(a). The suspension is stayed, and Respondent is placed on probation pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a practitioner under NRS Chapters 453 and 639;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Two Thousand Dollars ($2,000.00) for the violations, by personal, business, certified or cashier's 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, due and payable by September 1, 2024;

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "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, due and payable by September 1, 2024; and

D. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

Upon successful completion of probation, Respondent's Certificate of Registration No. CS07913 will be fully restored.

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 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 lift the stay and immediately suspend Respondent's Certificate of Registration No. CS07913 and impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 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 May 29, 2024. 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 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. The terms and admissions 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 contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 3 **day of** May **2024**

Jay Selznick

JAY K. SELZNICK, DMD, MD,
Certificate of Registration No. CS07913

Signed this ___ day of _____ 2024

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 Respondent Jay K. Selznick, DMD, MD, Certificate of Registration No. CS07913, in Case No. 19-043-CS-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 May 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL S. MALL, MD,** **Certificate of Registration Nos.** **CS18967 and PD00257,** **Respondent.**	**CASE NO. 19-086-CS-S** **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 first amended notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 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 Michael S. Mall, MD, held a Nevada controlled substance registration, Certificate No. CS18967 and a Nevada dispensing practitioner registration, Certificate No. PD00257, issued by the Board.

FACTUAL ALLEGATIONS

2. On February 21, 2019, Respondent surrendered his DEA Certificate of Registration No. FM2307468 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

3. On or about February 27, 2019, Board staff notified Respondent that his surrender of DEA Certificate of Registration No. FM2307468 for cause operated as an immediate suspension of his Certificate of Registration Nos. CS18967 and PD00257 with the Board pursuant to NRS 639.2107.

4. Respondent issued at least twenty (20) prescriptions for controlled substances between February 21, 2019, and December 14, 2023, after the surrender of DEA Certificate of Registration No. FM2307468 and suspension of his Certificate of Registration No. CS18967.

5. Respondent failed to timely renew his Certificate of Registration Nos. CS18967 and PD00257, which expired on October 31, 2022.

6. On or about September 15, 2023, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case Nos. 22-8666-1, 22-8666-2, and 22-8666-3, and imposed discipline on Respondent's License No. 6074 to practice medicine for engaging in conduct in violation of the standards of practice established by the NSBME, specifically for violations of NRS 630.3062(1)(b)(3) and NRS 639.23913 related to prescribing controlled substances to treat acute pain or chronic pain.

APPLICABLE LAW

7. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

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 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

9. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in conformance with the requirements of NRS 639.2391-.23914, *inclusive*. 21 CFR § 1306.04(a); NRS 453.381(1).

10. 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).

11. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

12. 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).

13. 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).

14. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest, or upon a finding that the registrant no longer possesses his or her federal registration to dispense controlled substances and is no longer authorized by federal law to dispense those substances. NRS 453.236(1)(d) and (e) and NRS 453.241(1).

15. The surrender, revocation or a suspension that has not been stayed of any registration of a practitioner by the DEA operates as an immediate suspension of any certificate, license, registration or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

16. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

COUNT ONE
Violations of Federal Controlled Substances Act

17. By violating NRS Chapter 630 as detailed in the NSBME's order in Case Nos. 22-8666-1, 22-8666-2, and 22-8666-3, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 1306.04(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.23916(3)(b).

COUNT TWO
Violations of State Law

18. By violating NRS Chapter 630 as detailed in the NSBME's order in Case Nos. 22-8666-1, 22-8666-2, and 22-8666-3, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1) and/or NRS 639.2391-.23914, *inclusive*, and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT THREE
Violations of Federal Controlled Substances Act

19. By issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS18967, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and 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) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(11).

COUNT FOUR
Violations of State Controlled Substances Act

20. By issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS18967, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and 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 639.100(1), NRS 639.235(1)and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(12).

COUNT FIVE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

21. By violating NRS Chapter 630 as detailed in the NSBME's orders in Case Nos. 22-8666-1, 22-8666-2, and 22-8666-3, and by issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS18967, 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).

COUNT SIX

Unprofessional Conduct – Prescribing on Suspended Registration

22. By issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS18967, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT SEVEN

Commission of Acts that Render Registration Inconsistent with the Public Interest

23. By violating NRS Chapter 630 as detailed in the NSBME's orders in Case Nos. 22-8666-1, 22-8666-2, and 22-8666-3, and by issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS18967, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

COUNT EIGHT
Surrender of DEA Registration

24. By the surrender of his DEA Registration No. FM2307468 for cause, Respondent no longer qualifies for registration to dispense controlled substances under federal or state law 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 9th day of FEBRUARY 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL S. MALL, MD,** **Certificate of Registration Nos.** **CS18967 and PD00257,** **Respondent.**	**CASE NO. 19-086-CS-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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, May 29, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 9th day of FEBRUARY 2024.

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.** **MICHAEL S. MALL, MD,** **Certificate of Registration Nos. CS18967 and PD00257,** **Respondent.**	**CASE NO. 19-086-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First Amended 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 First Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

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

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

DATED this ___ day of _____, 2024.

_____

MICHAEL S. MALL, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of February, 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and U.S. Standard Mail to the following:

Michael S. Mall, MD
7455 W. Washington Ave #400
Las Vegas, NV 89128

Michael S. Mall, MD
3201 S. Maryland Pkwy. #220
Las Vegas, NV 89109

SHIRLEY HUNTING
BOARD COORDINATOR

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner, **Case No. 19-086-CS-S**

v.

MICHAEL S. MALL, MD,
Certificate of Registration Nos. CS18967 and PD00257

Respondent.

ANSWER TO FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION, NOTICE OF DEFENSE, REQUEST FOR HEARING, DEMAND FOR DISCOVERY, OBJECTION TO TESTIMONY BY WAY OF DECLARATION, AFFIDAVIT OR REPORT

Comes Now, Respondent Michael S. Mall, MD, by and through his undersigned counsel of record, Richard A. Schonfeld, Esq., of the law offices of Chesnoff & Schonfeld, and in Answer to the First Amended Notice of Intended Action and Accusation and Notice of Hearing (hereinafter "Complaint") filed in the above entitled matter before the State of Nevada Board of Pharmacy, declares and Answers as follows (any allegation not addresses shall be deemed a denial of the same):

1. Answering Paragraph I of the Complaint Respondent admits the allegations set forth;

2. Answering Paragraph II of the Complaint, the Respondent denies that there is a valid surrender of his DEA Certificate, nor was the purported surrender "for cause". The purported "surrender" was done under duress. Respondent requested, but was not given, an opportunity to consult with counsel prior to the "surrender". After the "surrender" Respondent was then allowed to contact his counsel and they immediately issued a rescission of the "surrender" to the DEA. Accordingly, the surrender is not valid. Moreover, Respondent asserts that he did not violate regulations pertaining to controlled substances, nor has any evidence been

presented as to said allegations;

3. Answering Paragraph III of the Complaint, the Respondent is without sufficient information with which to form a basis as to the truth of the matter asserted and therefore denies the allegations;

4. Answering Paragraph IV of the Complaint, the Respondent denies the allegations;

5. Answering Paragraph V of the Complaint, the Respondent denies the allegations;

6. Answering Paragraph VI of the Complaint, the Respondent is without sufficient information with which to form a basis as to the truth of the matter asserted and therefore denies the allegations;

7. Answering Paragraphs VII-XVI of the Complaint, those paragraphs call for a legal conclusion. In addition, Respondent is without sufficient information with which to form a basis as to the truth of the matters asserted and therefore denies said allegations in their entirety;

8. Answering Paragraph XVII-XXIV of the Complaint, the Respondent denies the allegations.

DEMAND FOR DISCOVERY

Respondent hereby demands discovery pursuant to NRS 622A.330 including all documents and other evidence intended to be presented by the Board and/or its counsel in support of the case and a list of proposed witnesses.

OBJECTION TO USE OF AFFIDAVITS, DECLARATIONS, OR REPORTS AS EVIDENCE

The Board is hereby placed on notice that Respondent objects to the use of Affidavits, Declarations or Reports, as substantive evidence or as testimony in this manner under Crawford v. Washington, City v. Walsh, the Confrontation Clause of the United States Constitution and Nevada Constitution, as well as all other applicable statutes.

Objection is also made under NRS 622A.370(2) and NRS 233B.123.

DEFENSES

FIRST DEFENSE

The Complaint herein fails to state a claim against Respondents upon which relief can be granted.

SECOND DEFENSE

The Board is estopped from pursuing any claim against Respondents.

THIRD DEFENSE

The Board is barred by the doctrine of waiver.

FOURTH DEFENSE

Any claim of the Board is barred by the laches of the Board in pursuing such claim.

FIFTH DEFENSE

The Respondent committed no wrongdoing and the "surrender" of his DEA Certificate of Registration is invalid, was not voluntary, was not for cause, and should be rescinded. Respondent incorporates the rescission letter herein by reference as though fully set forth.

SIXTH DEFENSE

The allegations against Respondent are vague and ambiguous and do not adequately provide the Respondent with notice and an opportunity to defend themselves.

SEVENTH DEFENSE

The evidence obtained in this investigation was obtained in violation of the Respondent's constitutional rights.

EIGHTH DEFENSE

Pursuant to NRCP 11, as amended, all possible defenses may not have been alleged herein insofar as sufficient facts were not available after reasonable inquiry upon the filing of Respondent's Answer, and therefore Respondent reserves the right to amend this Answer to allege additional defenses if subsequent investigation warrants.

NINTH DEFENSE

Respondent incorporates herein by reference all defenses enumerated in Rule 8 of the Nevada Rules of Civil Procedure as if fully set forth herein. These defenses are incorporated by reference for the specific purpose of not waiving them.

TENTH DEFENSE

Respondent has complied with federal requirements pertaining to controlled substances. Respondent did not commit any act that would render his Nevada Registrations inconsistent with the public interest, and therefore is not subject to discipline.

ELEVENTH DEFENSE

Respondent did not issue the prescriptions for controlled substances between February 21, 2019 and December 14, 2023, as alleged in the Complaint.

REQUEST FOR HEARING

The Respondent hereby requests a full hearing on the allegations that have been lodged against him.

DATED this 1st day of March, 2024.

Under Penalty of Perjury the undersigned does hereby affirm that he is counsel of record for the Respondent in this matter, and that this document constitutes the Respondents' Notice of Defense, subject to amendment or supplementation.

RESPECTFULLY SUBMITTED:

CHESNOFF & SCHONFELD

RICHARD A. SCHONFELD, ESQ.
Nevada Bar No. 6815
520 South Fourth Street
Las Vegas, Nevada 89101
(702) 384-5563

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the foregoing was sent by Federal Express Overnight Delivery and by United States Mail this 1st day of March, 2024, as follows:

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, Nevada 89521

Dated this 1st day of March, 2024.

/s/ Rosemary Reyes
An Employee of Chesnoff & Schonfeld

NEVADA STATE BOARD OF PHARMACY
OFFICE OF THE GENERAL COUNSEL
WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: bkandt@pharmacy.nv.gov • FAX: (775) 850-1444

February 27, 2019

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: candice@drmallmd.com

Michael S. Mall, MD
7455 W. Washington Avenue #400
Las Vegas, NV 89128

Re: Suspension of Certificate of Registration Nos. CS18967 and PD00257

Dear Dr. Mall:

The Nevada State Board of Pharmacy (Board) has been notified by the U.S. Drug Enforcement Administration that you surrendered your DEA Certificate of Registration No. FM2307468 on February 21, 2019 (documentation enclosed).

Please be advised that pursuant to NRS 639.2107 your surrender of your DEA registration operates as an immediate suspension of your Certificate of Registration Nos. CS18967 and PD00257 with the Board.

You may request a hearing before the Board to contest the suspension of your registrations by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. 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

U. S. Department of Justice - Drug Enforcement Administration

DEA USE ONLY

File No.

SURRENDER FOR CAUSE OF DEA CERTIFICATE OF REGISTRATION

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list I chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certificate of Registration.

I understand that submission of this document to DEA, including any employee of DEA, shall result in the immediate termination of my registration.

I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

I understand that, beginning on the date that I sign below, I am not authorized to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other activities with controlled substances or list I chemicals.

With the understanding that I am not required to surrender my DEA Certificate of Registration, I freely and under no duress, implied or expressed, execute this document and choose to take the action described herein.

NAME OF REGISTRANT *(Print)*	ADDRESS OF REGISTRANT
MICHAEL S. MALL, MD	7455 W. WASHINGTON AVE.#400 LAS VEGAS, NV 89128
DEA REGISTRATION NO. FM2307468	
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL	DATE 2/21/19

WITNESSES TO REGISTRANT'S SIGNATURE

NAME AND DATE	TITLE
2/21/19	DI
NAME AND DATE 2-21-2019	TITLE Supervisor

PRIVACY ACT

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (21 U.S.C 821).
PURPOSE: Permit surrender for cause of DEA Certificate of Registration.
ROUTINE USES: The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.
EFFECT: Submission of this information is voluntary. There is no effect on the individual if not provided.

FORM DEA-104 (07/18) *Previous editions obsolete*

NEVADA STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF CHARGES AND COMPLAINT AGAINST

MICHAEL SCOTT MALL, M.D.

SETTLEMENT AGREEMENT

Case Nos: 22-8666-1, 22-8666-2, 22-8666-3

Board Meeting Date: September 15, 2023

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4. SETTLEMENT AGREEMENT

1

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against: **MICHAEL SCOTT MALL, M.D., Respondent.**	**Case No. 22-8666-1**

FILED
MAY - 5 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
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COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Donald K. White, J.D., Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Michael Scott Mall, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 6074). Respondent was originally licensed by the Board on July 1, 1990.

PATIENT A

2. Patient A was a twenty-nine (29) year old female patient during the events in question. Her identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon Respondent, along with a copy of this Complaint, and filed under seal.

3. Patient A visited Respondent, a family practice physician, for treatment on or about October 1, 2013, until approximately January 6, 2014.

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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 on May 14, 2021 and was composed of Board members Mr. M. Neil Duxbury, Aury Nagy, M.D., and Michael C. Edwards, M.D., FACS.

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4. Patient A was seen for back pain, depression, anxiety, sleeplessness, parenting conflicts and mood swings.

5. The medical records do not contain a patient history, physical exam notes, a list of medications, nor was a psychiatric exam performed on Patient A during her visits. Urine drug screening was conducted with no documented evidence as to why the screen was performed nor how the test was to be used.

6. Additionally, there is no evidence that Respondent consulted a mental health practitioner for the medical treatment and plan of care for Patient A.

COUNT I

NRS 630.301(4) - Malpractice

7. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

8. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

9. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

10. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when treating Patient A.

11. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

12. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

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13. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

14. Respondent failed to maintain complete medical records relating to the diagnosis, treatment, and care of Patient A, by failing to correctly document his actions when he treated Patient A.

15. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

PATIENT B

16. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

17. Patient B was a nine (9) year old male patient during the events in question. His identity is not disclosed herein to protect his privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint and filed under seal.

18. Patient B was seen by Respondent for medical treatment from on or about March 27, 2014, until on or about August 24, 2016.

19. The medical records in Patient B's chart do not contain vital sign checks, evidence of a physical exam, any indication that weight or growth was followed, nor an adequate patient history. Respondent diagnosed Patient B with Attention Deficit Hyperactivity Disorder (ADHD), Mood Disorder, and Autism, but there is no analysis, criteria or testing for how these diagnoses were reached by Respondent.

20. Respondent prescribed Abilify and Risperidone to Patient B, while he was already taking Stratera, but there is no indication of the child's size or why both drugs were started instead of only one. Additionally, there were no notes regarding a discussion of risks, benefits, side effects or potential drug interactions with Patient B's parents.

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COUNT III

NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation

21. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

22. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

23. NAC 630.210 requires a physician to "seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services."

24. Respondent failed to timely seek consultation of a mental health provider regarding Patient B's medical conditions from March 27, 2014, through August 24, 2016. Respondent should have consulted with an appropriate mental health care provider to address the doubtfulness and difficulty of Patient B's diagnoses and medical conditions, which may have enhanced the quality of medical care provided to Patient B.

25. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT IV

NRS 630.306(1)(e) - Practice Beyond Scope of License

26. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

27. NRS 630.306(1)(e) provides that practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that he or she is not competent to perform, or which are beyond the scope of his or her training constitutes grounds for initiating disciplinary action.

28. Patient B required a comprehensive psychiatric evaluation, which was beyond the scope of Respondent's training as a family practice physician. Instead, Patient B should have been referred to a mental health practitioner for this evaluation.

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29. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT V

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

30. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

31. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

32. Respondent failed to maintain legible and complete medical records relating to the diagnosis, treatment, and care of Patient B, and by failing to correctly document his actions when he treated Patient B.

33. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

PATIENT C

34. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

35. Patient C was a nine (9) year old male patient during the events in question. His identity is not disclosed herein to protect his privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint and filed under seal.

36. Patient B visited Respondent for treatment from on or about May 2013 until approximately December 26, 2013.

37. The medical records kept in the normal course of business by Respondent for Patient C do not contain an adequate medical or psychiatric history, vital sign notes, weight or growth assessment, nor evidence of a physical exam. Respondent utilized an inadequate mental status examination by checking boxes on a form to diagnose Patient C.

38. It is unclear why Respondent prescribed Saphris to this child. Typically, Saphris is prescribed for children with bipolar disorder. However, in this case there is no documented

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analysis for the prescribed medicine, nor is there any documentation to reflect that a parent of Patient C was informed of the risks, benefits, drug interactions or diagnosis for treatment through the intake of this medication.

COUNT VI

NRS 630.301(4) - Malpractice

39. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

40. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

41. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

42. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when treating Patient C, when Respondent did not justify prescribing of Saphris, did not discuss the risks and benefits with a parent, and did not document the justification or analysis for prescribing Saphris to Patient C.

43. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT VII

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

44. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

45. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

46. Respondent failed to maintain legible, accurate, and complete medical records relating to the diagnosis, treatment, and care of Patient C, by failing to correctly document his

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actions when he treated Patient C, the justification for prescribing Saphris to the patient, nor documenting a discussion of the risks and benefits with the parents of Patient C.

47. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

PATIENT D

48. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

49. Patient D was a nine (9) year old female patient during the events in question. Her identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint and filed under seal.

50. Patient D visited Respondent for treatment on or about April 2, 2013.

51. The sole medical record, which is nearly illegible, does not contain documentation of vital signs, current weight, notes of a physical examination or relevant past medical history.

52. Respondent started Patient D on a prescription for 50 mgs of Vyvance, rather than the usual starting dose of 30 mgs. Respondent did not document the patient's weight, provided no documentation or justification for the reason(s) he prescribed a higher dosage. Additionally, there was no documentation that cardiac risk factors, benefits, contra-indications, nor medication side effects were ever discussed with the parents of Patient D.

53. Further, Respondent prescribed Seroquel, a medication usually prescribed for schizophrenia or bipolar disorder with no documentation or justification for prescribing this kind of medication for Patient D. Moreover, Seroquel should not be prescribed to patients under ten (10) years of age.

COUNT VIII

NRS 630.301(4) - Malpractice

54. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

55. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

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56. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

57. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when treating Patient D.

58. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT IX

NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation

59. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

60. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

61. NAC 630.210 requires a physician to "seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services."

62. Respondent failed to seek consultation regarding Patient D's medical condition(s) April 2, 2013, and should have consulted with an appropriate care provider to address the doubtfulness and difficulty of the diagnosis of Patient D's medical condition(s) and may have enhanced the quality of medical treatment provided to Patient D.

63. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT X

NRS 630.306(1)(e) - Practice Beyond Scope of License

64. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

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65. NRS 630.306(1)(e) provides that practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that he or she is not competent to perform, or which are beyond the scope of his or her training constitutes grounds for initiating disciplinary action.

66. Patient D required a comprehensive psychiatric evaluation by a physician specializing in psychiatric medical care, which was beyond the scope of Respondent's training as a family practice physician.

67. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XI

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

68. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

69. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

70. Respondent failed to maintain legible, accurate, and complete medical records relating to the diagnosis, treatment, and care of Patient D, by failing to correctly document his actions, analysis and justifications for diagnoses and treatment when he provided medical care to Patient D.

71. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

PATIENT E

72. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

73. Patient E was a seven (7) year old female patient during the events in question. Her true identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint and filed under seal.

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74. Patient E visited Respondent for treatment from on or about April 10, 2014, until approximately October 9, 2014.

75. The medical records are nearly illegible, do not contain vital signs, medical history, growth measurements, any physical examinations, a comprehensive psychiatric examination, nor justification for prescriptions given to Patient E.

COUNT XII

NRS 630.301(4) - Malpractice

76. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

77. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

78. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

79. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when treating Patient E. Reasonable care, skill and knowledge would incorporate a physical examination, psychiatric examination and provide justification for the prescriptions written to Patient E, none of which is evident in the records of Patient E.

80. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XIII

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

81. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

82. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

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83. Respondent failed to maintain legible, accurate, and complete medical records relating to the diagnosis, treatment, and care of Patient E, by failing to correctly document his actions when he treated Patient E.

84. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

PATIENT F

85. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

86. Patient F was a thirty-six (36) year old female patient during the events in question. Her identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint and filed under seal.

87. Patient F visited Respondent for treatment from approximately April 23, 2013, until on or about April 2, 2015.

88. The medical records are nearly illegible and do not contain vital signs taken at the time of treatment, a medical history, a physical examination, a comprehensive psychiatric examination, nor justification for prescriptions of hydrocodone/Tylenol, MS Contin and Xanax.

89. Patient F was prescribed Viibyrd, but there is no indication in the medical records of a discussion with Patient F that an increased risk of suicide can occur.

COUNT XIV

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

90. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

91. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

92. Respondent failed to maintain legible and complete medical records relating to the diagnosis, treatment, and care of Patient F, by failing to correctly document his actions when he treated Patient F.

93. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

PATIENT G

94. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

95. Patient G was a five (5) year old female patient during the events in question. Her identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint and filed under seal.

96. Patient G visited Respondent for treatment on or about October 17, 2013.

97. In the one (1) medical note provided, there are no growth measurements, vital signs, or a physical examination.

98. The mental examination of Patient G was inadequate and merely provided a diagnosis of ADHD. Respondent prescribed Clonidine to Patient G and provided no justification or medical analysis describing his actions for writing the prescription for this patient in any of the medical records.

99. There was only one (1) medical note on file for Patient G's visit, making the medical records for this patient incomplete.

COUNT XV

NRS 630.301(4) - Malpractice

100. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

101. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

102. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

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103. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when treating Patient G.

104. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XVI

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

105. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

106. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

107. Respondent failed to maintain complete medical records relating to the diagnosis, treatment, and care of Patient G, by failing to correctly document his actions when he treated Patient G.

108. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

PATIENT H

109. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

110. Patient H was a fifty-six (56) year old female patient during the events in question. Her identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint and filed under seal.

111. Patient H visited Respondent for treatment from on or about January 4, 2013, until on or about January 8, 2015.

112. Respondent's notes are illegible and incomplete, and the intake note merely states "Hx of suicide."

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113. On May 22, 2014, medications are listed in the medical record, but it does not contain vital signs or a physical examination. The medical record merely states that Patient H is "alert happy."

114. Other notes minimally state that Patient H is bipolar and to increase Zoloft, with no indication when Respondent started prescribing Zoloft to Patient H with no further mention of suicide risk nor provided a suicidal assessment.

COUNT XVII

NRS 630.301(4) - Malpractice

115. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

116. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

117. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

118. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when treating Patient H.

119. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XVIII

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

120. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

121. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

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122. Respondent failed to maintain legible and complete medical records relating to the diagnosis, treatment, and care of Patient H.

123. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

PATIENT I

124. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

125. Patient I was a fifty-eight (58) year old female patient during the events in question. Her true identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint and filed under seal.

126. Patient I visited Respondent for treatment from on or about May 8, 2014, until on or about December 3, 2015.

127. Patient I's medical records are incomplete relating to the prescriptions written for Patient I and further do not contain vital sign information, no indication a physical examination was performed, nor did the records include the patient's medical history.

COUNT XIX

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

128. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

129. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

130. Respondent failed to maintain complete medical records relating to the diagnosis, treatment, and care of Patient I.

131. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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PATIENT J

132. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

133. Patient J was a seventeen (17) year old female patient during the events in question. Her identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint and filed under seal.

134. Patient J visited Respondent on or about March 13, 2014, however, that one (1) medical note contains the incorrect date and mentions intake of the patient on or about December 2013.

135. The one (1) medical note for Patient J is not legible and contains no vital signs, or any indication that a physical examination was performed, or the patient's past medical history was taken.

136. The mental health examination states that Patient J was cooperative, with no mention of suicide risk or the potential for Patient J to harm herself or others, despite prior documentation to the contrary.

137. Lamictil, Seroquel, and Lexapro are prescribed with no rationale or any indication that risks were discussed. There is no evidence in Patient J's medical records that Respondent attempted to consult with a psychiatric physician about the care and treatment of Patient J when he prescribed three (3) psychotropic medications in his role as a family physician.

138. There is also no indication that Respondent discussed the results of a concerning urine drug screen with Patient J.

COUNT XX

NRS 630.301(4) - Malpractice

139. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

140. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

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141. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

142. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when treating Patient J.

143. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXI

NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation

144. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

145. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

146. NAC 630.210 requires a physician to "seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services."

147. Respondent failed to seek consultation regarding Patient J's medical condition December 2013 through March 13, 2014. Respondent should have consulted with an appropriate care provider to address the doubtfulness of the diagnosis of Patient J's medical condition and such a timely consultation could have confirmed or denied such a diagnosis and may have enhanced the quality of medical care provided to Patient J regarding psychiatric care.

148. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

COUNT XXII

NRS 630.306(1)(e) - Practice Beyond Scope of License

149. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

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150. NRS 630.306(1)(e) provides that practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that he or she is not competent to perform or which are beyond the scope of his or her training constitutes grounds for initiating disciplinary action.

151. Patient J was treated with three (3) psychotropic agents without an in-depth psychiatric evaluation or consultation. Due to the severity of this patient's psychiatric condition, a psychiatric evaluation would be indicated and beyond the scope of a family practitioner.

152. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXIII

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

153. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

154. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

155. Respondent failed to maintain legible and complete medical records relating to the diagnosis, treatment, and care of Patient J.

156. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

PATIENT K

157. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

158. Patient K was a six (6) year old male patient during the events in question. His identity is not disclosed herein to protect his privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint and filed under seal.

159. The only medical note, dated August 28, 2014, does not contain a patient name, date of birth or patient identifier, and is illegible. Also, the record does not contain growth

metrics, vital signs, a physical examination, or medical history, therefore, making it nearly impossible to understand the ultimate diagnosis of ADHD.

COUNT XXIV

NRS 630.301(4) - Malpractice

160. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

161. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

162. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

163. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when treating Patient K.

164. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXV

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

165. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

166. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

167. Respondent failed to maintain legible and complete medical records relating to the diagnosis, treatment, and care of Patient K.

168. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

/ / /

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PATIENT L

169. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

170. Patient L was a fifty-four (54) year old female patient during the events in question. Her identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint and filed under seal.

171. Patient L visited Respondent from approximately May 14, 2013, to on or about September 24, 2015. However, there is a gap in the medical records from approximately October 8, 2013, to on or about August 13, 2015.

172. The medical records do not contain a reasonable medical history of Patient L, a physical examination nor vital signs. Additionally, the medical records do not contain Patient L's other concerning medical issues including a history of the chronic use of narcotics and benzodiazepines.

COUNT XXVI

NRS 630.301(4) - Malpractice

173. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

174. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

175. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

176. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when treating Patient L.

177. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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COUNT XXVII

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

178. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

179. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

180. Respondent failed to maintain legible and complete medical records relating to the diagnosis, history, treatment, and care of Patient L.

181. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

PATIENT M

182. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

183. Patient M was an approximately nine (9) year old male patient during the events in question. His identity is not disclosed herein to protect his privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint and filed under seal.

184. Patient M visited Respondent from approximately May 15, 2013, to on or about November 13, 2014.

185. Most of the medical records are primarily illegible and do not contain the patient's medical history, his vital signs, a physical examination, weights, nor growth metrics. Further, the medical records contain little to no mental health examinations and no justification for the diagnoses reached and medications prescribed.

186. On or about May 15, 2013, when Patient M was still eight (8) years old, Respondent started him on Seroquel[2] (100 mg), but there is no diagnosis(es) of schizophrenia or bipolar disorder. Then, the dose of Seroquel was doubled to 200 mg on June 20, 2013, by

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[2] Seroquel is not recommended for patients under the age of ten (10) years old.

Respondent without proper growth metrics, analysis, or justification for the rapid increase in medication.

COUNT XXVIII

NRS 630.301(4) - Malpractice

187. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

188. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

189. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

190. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when treating Patient M.

191. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXIX

NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation

192. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

193. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

194. NAC 630.210 requires a physician to "seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services."

195. Respondent failed to timely seek consultation regarding Patient M's medical condition from approximately May 5, 2013, through on or about November 13, 2014. Respondent should have consulted with an appropriate care provider to address the doubtfulness of the

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diagnosis(es) of Patient M's medical condition and such a timely consultation could have confirmed or denied such a diagnosis and may have enhanced the quality of medical care provided to Patient M regarding psychiatric care.

196. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXX

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

197. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

198. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

199. Respondent failed to maintain legible and complete medical records relating to the diagnosis, treatment, and care of Patient M. Respondent did not track the child's growth metric, but prescribed him Seroquel, a medication not intended for his age group, then doubled the amount of medication without justification for the increase.

200. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee 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 Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the 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 determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

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5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 5th day of May, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

DONALD K. WHITE, J.D.
Senior Deputy General Counsel
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Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Bret W. Frey, M.D., 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 5th day of May, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
BRET W. FREY, M.D.
Chairman of the Investigative Committee

2

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **MICHAEL SCOTT MALL, M.D.,** **Respondent.**	**Case No. 22-8666-2**

FILED
MAY - 5 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Donald K. White, J.D., Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Michael Scott Mall, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 6074). Respondent was originally licensed by the Board on July 1, 1990.

2. Patient A was an approximately forty-six (46) year old female at the time of the events in question. Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

3. Respondent treated Patient A from on or about March 2012, to on or about October 2018, to manage her chronic cervical and lumbar spine pain, as well as other musculoskeletal pain that she was experiencing.

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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 on November 15, 2019, was composed of Board members Mr. M. Neil Duxbury, Aury Nagy, M.D., and Michael C. Edwards, M.D., FACS.

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4. Respondent's medical records regarding the treatment of Patient A failed to contain therapeutic goals utilizing opioid pain medication to treat her chronic pain.

5. Patient A passed away on or about October 27, 2018, due to oxycodone toxicity.

COUNT I

NRS 630.306(1)(b)(3) - Violation of a Provision of Chapter 639 of Nevada Revised Statutes Governing Prescribing Controlled Substances

1. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

2. NRS 630.306(1)(b)(3) provides that a violation of the of a provision of NRS 639 that is applicable to a licensee who is a practitioner, as defined in NRS 639.0125 constitutes grounds for initiating disciplinary action.

3. NRS 639.23913[2] provides in pertinent part that a practitioner is required to, among other things, review the treatment plan, determine whether continuation of treatment using the controlled substance is medically appropriate, and develop and document the revised treatment plan, if needed, for a patient who has used the controlled substance for ninety (90) consecutive

[2] **NRS 639.23913 Requirements for prescribing certain controlled substances to patients who have used controlled substance for 90 consecutive days; revised treatment plan required for such prescription.**

1. Before prescribing a controlled substance listed in schedule II, III or IV to continue the treatment of pain of a patient who has used the controlled substance for 90 consecutive days or more, a practitioner, other than a veterinarian, must:

(a) Require the patient to complete an assessment of the patient's risk for abuse, dependency and addiction that has been validated through peer-reviewed scientific research;

(b) Conduct an investigation, including, without limitation, appropriate hematological and radiological studies, to determine an evidence-based diagnosis for the cause of the pain;

(c) Meet with the patient, in person or using telehealth, to review the treatment plan established pursuant to paragraph (c) of subsection 1 of NRS 639.23911 to determine whether continuation of treatment using the controlled substance is medically appropriate; and

(d) If the patient has been prescribed a dose of 90 morphine milligram equivalents or more of an opioid per day for 90 days or longer, consider referring the patient to a specialist.

2. If, after conducting a review of the treatment plan and considering referral of the patient to a specialist pursuant to paragraphs (c) and (d) of subsection 1, the practitioner decides to continue to prescribe a dose of 90 morphine milligram equivalents or more of the opioid per day, the practitioner must develop and document in the medical record of the patient a revised treatment plan, which must include, without limitation, an assessment of the increased risk for adverse outcomes.

3. For the purposes of this section, the daily dose of a controlled substance must be calculated in accordance with the most recent guidelines prescribed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

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days or more. Respondent failed to develop and review a treatment plan analyzing whether the continued prescription of high doses of opioid pain medication was appropriate for Patient A.

4. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

5. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

6. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

7. Respondent failed to maintain accurate and complete medical records relating to the diagnosis, treatment and care of Patient A when he failed to document his medical analysis, or document a coherent and reasonably safe treatment plan when prescribing high doses of controlled substances to Patient A.

8. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee 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 Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the 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 determines 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, that includes the sanctions imposed; and

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5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 5th day of May, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

DONALD K. WHITE, J.D.
Senior Deputy General Counsel
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Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Bret W. Frey, M.D., 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 5th day of May, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
BRET W. FREY, M.D.
Chairman of the Investigative Committee

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3

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **MICHAEL SCOTT MALL, M.D., Respondent.**	**Case No. 22-8666-3**

FILED
MAY - 5 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
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COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Donald K. White, Esq., Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Michael Scott Mall, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 6074). Respondent was originally licensed by the Board on July 1, 1990.

2. Patient A, a female, was approximately fifty-seven (57) years old during the events in question. Patient A's identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

3. Respondent treated Patient A from on or about August 2017, until on or about April 2018.

4. Patient A presented to Respondent for treatment with complaints of insomnia, stress, fatigue, metabolic syndrome, hypothyroidism, sciatica, and depression.

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing on November 15, 2019, was composed of Board members Mr. M. Neil Duxbury, Aury Nagy, M.D., and Michael C. Edwards, M.D., FACS.

5. Respondent prescribed to Patient A clonazepam, phentermine, tramadol, belsomra, and zolpidem, all of which are controlled substances and carry risks of dependence. Respondent did not document any evaluations of Patient A or the risk or benefits of these prescriptions.

COUNT I

NRS 630.306(1)(b)(3) - Violation of a Provision of Chapter 639 of Nevada Revised Statutes Governing Prescribing Controlled Substances

6. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

7. NRS 630.306(1)(b)(3) provides that a violation of the of a provision of NRS 639 that is applicable to a licensee who is a practitioner, as defined in NRS 639.0125 constitutes grounds for initiating disciplinary action.

8. NRS 639.23913[2] provides in pertinent part that a practitioner is required to, among other things, review the treatment plan, determine whether continuation of treatment using the controlled substance is medically appropriate, and develop and document the revised treatment plan, if any, of a patient who has used the controlled substance for ninety (90) consecutive days or

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[2] **NRS 639.23913 Requirements for prescribing certain controlled substances to patients who have used controlled substance for 90 consecutive days; revised treatment plan required for such prescription.**

1. Before prescribing a controlled substance listed in schedule II, III or IV to continue the treatment of pain of a patient who has used the controlled substance for 90 consecutive days or more, a practitioner, other than a veterinarian, must:

(a) Require the patient to complete an assessment of the patient's risk for abuse, dependency and addiction that has been validated through peer-reviewed scientific research;

(b) Conduct an investigation, including, without limitation, appropriate hematological and radiological studies, to determine an evidence-based diagnosis for the cause of the pain;

(c) Meet with the patient, in person or using telehealth, to review the treatment plan established pursuant to paragraph (c) of subsection 1 of NRS 639.23911 to determine whether continuation of treatment using the controlled substance is medically appropriate; and

(d) If the patient has been prescribed a dose of 90 morphine milligram equivalents or more of an opioid per day for 90 days or longer, consider referring the patient to a specialist.

2. If, after conducting a review of the treatment plan and considering referral of the patient to a specialist pursuant to paragraphs (c) and (d) of subsection 1, the practitioner decides to continue to prescribe a dose of 90 morphine milligram equivalents or more of the opioid per day, the practitioner must develop and document in the medical record of the patient a revised treatment plan, which must include, without limitation, an assessment of the increased risk for adverse outcomes.

3. For the purposes of this section, the daily dose of a controlled substance must be calculated in accordance with the most recent guidelines prescribed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

more. Respondent failed to develop and review a treatment plan considering whether continuing to prescribe Patient A high doses of controlled substances was appropriate.

9. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

10. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

11. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

12. Respondent failed to maintain accurate and complete medical records relating to the diagnosis, treatment, and care of Patient A, by failing to document his medical analysis, or to document a coherent and reasonably safe treatment plan when prescribing controlled substances.

13. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee 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 Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the 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 determines 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, that includes the sanctions imposed; and

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5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 5th day of May, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

DONALD K. WHITE, J.D.
Senior Deputy General Counsel
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Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Bret W. Frey, M.D., 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 5th day of May, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
BRET W. FREY, M.D.
Chairman of the Investigative Committee

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BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against:	**Case No. 22-8666-1**
	22-8666-2
MICHAEL SCOTT MALL, M.D.,	**22-8666-3**
Respondent.	

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Donald K. White, J.D., Senior Deputy General Counsel for the Board and attorney for the IC, and Michael Scott Mall, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Michael Navratil, Esq., of the law firm of John H. Cotton & Associates, Ltd., 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 July 1, 1990 (License No. 6074).

CASE NO. 22-8666-1

2. On May 5, 2022, in Case No. 22-8666-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges ten (10) violations of NRS 630.301(4), Malpractice (Count(s) I, VI, VIII, XII, XV, XVII, XX, XIV, XVI and XVIII); thirteen (13) violations of NRS 630.3062(1)(a) Failure to

[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.

mm 6/10/22

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Maintain Complete Medical Records, (Count(s) II, V, VII, XI, XIII, XIV, XVI, XVIII, XIX, XXIII, XXV, XXVII, and XXX); four (4) violations of NRS 630.306(1)(e) Practicing Beyond Scope of Licensure (Counts III, IX, XXI, and XXIX). By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

CASE NO. 22-8666-2

3. On May 5, 2022, in Case No. 22-8666-2, 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)(b)(3) Violation of Provisions of Chapter 639 of Nevada Revised Statutes Governing Controlled Substances (Count I) and one (1) violation of NRS 630.3062(1)(a) Failure to Maintain Complete Medical Records. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

CASE NO. 22-8666-3

4. On May 5, 2022, in Case No. 22-8666-3, 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)(b)(3) Violation of Provisions of Chapter 639 of Nevada Revised Statutes Governing Controlled Substances (Count I) and one (1) violation of NRS 630.3062(1)(a) Failure to Maintain Complete Medical Records. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

5. Respondent was properly served with a copy of these Complaints, has reviewed and understands these Complaints, and has had the opportunity to consult with competent counsel concerning the nature and significance of these Complaints.

6. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaints. Specifically, Respondent has certain rights in these administrative matters as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B and 622A. These rights include the right to a formal hearing on the allegations in the Complaints, the right to representation by counsel, at his own expense, in the

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preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decisions of the Board, and the right to judicial review of the Board's orders, if the decisions are adverse to him.

7. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary actions against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

8. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaints, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaints has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel and wishes to resolve the matters addressed herein with said counsel in Case No. 22-8666-2. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the

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material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

Respondent acknowledges he is not represented by counsel and wishes to resolve the matters addressed herein without said counsel in Case Nos. 22-8666-1 and 22-8666-3. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into these Agreements (Case Nos. 22-8666-1 and 22-8666-3) and for the duration of these Agreements, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into these Agreements (Case Nos. 22-8666-1 and 22-8666-3) without the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with these administrative matters. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with these administrative proceedings resulting from the Complaints filed in this matter, including defense of the Complaints, adjudication of the allegations set forth in the Complaints, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaints as set out by this Agreement, without hearings or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. As of the time of entering into this Settlement Agreement, the allegations of the Complaints remain unproven. Respondent acknowledges that the IC believes it has reasonable bases 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 Complaints have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearings and potential subsequent litigation. Respondent asserts, if these matters were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the

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Complaints, 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 these Complaints 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. In order to resolve these Complaints pending against the Respondent, Respondent admits to the following counts:

i. **CASE NO. 22-8666-1**: Count I, Malpractice; Count III, Violation of Standards of Practice Established by Regulation; Count IV, Practice Beyond Scope of License.

ii. **CASE NO. 22-8666-2**: Count I, Violation of a Provision of Chapter 639 of Nevada Revised statutes Governing Prescribing Controlled Substances.

iii. **CASE NO. 22-8666-3**: Count I, Violation of a Provision of Chapter 639 of Nevada Revised statutes Governing Prescribing Controlled Substances.

b. Respondent's license is hereby placed on probationary status for eighteen (18) months, from September 15, 2023, through and including March 14, 2025 (Probationary Period). During the Probationary Period, Respondent must complete the following terms and conditions within the Probationary Period and demonstrate compliance to the good faith satisfaction of the Board during and within eighteen (18) months; if Respondent fails to demonstrate compliance with the terms and conditions of this Agreement within eighteen (18) months, or otherwise violates the terms of this Agreement or the Medical Practice Act, then the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing on immediate revocation of his license, which hearing will be duly noticed. The following terms and conditions shall apply during Respondent's probationary period:

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Reno, Nevada 89521
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i. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matters in sixteen (16) equal monthly payments beginning November 15, 2023, continuing on December 15, 2023, January 15, 2024, February 15, 2024, March 15, 2024, April 15, 2024, May 15, 2024, June 15, 2024, July 15, 2024, August 15, 2024, September 15, 2024, October 15, 2024, November 15, 2024, December 15, 2024, January 15, 2025, and paid in full on or before February 15, 2025, with the total amount being ten thousand nine hundred ninety-three dollars and fifty-six cents ($10,993.56). The payment plan is conditioned upon the Board's acceptance, adoption and approval of this Agreement.

ii. Respondent shall pay a fine of twenty thousand dollars ($20,000.00) in sixteen (16) equal monthly payments beginning November 15, 2023, continuing on December 15, 2023, January 15, 2024, February 15, 2024, March 15, 2024, April 15, 2024, May 15, 2024, June 15, 2024, July 15, 2024, August 15, 2024, September 15, 2024, October 15, 2024, November 15, 2024, December 15, 2024, January 15, 2025, and paid in full on or before February 15, 2025. The payment plan is conditioned upon the Board's acceptance, adoption and approval of this Agreement.

iii. The Respondent shall perform a total of thirty (30) hours of Continued Medical Education (CME), with twenty-two (22) hours of CME related to best practices in the prescribing of controlled substances, and the remaining eight (8) hours related to practicing within the scope of practice. These CME hours must be completed within 180 days 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 to meet this requirement prior to their completion.

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iv. The Respondent shall submit to and pass all five (5) sections of the Ethics and Boundaries Assessment Services (EBAS) examination within 180 days of the Board's approval of this agreement which shall be paid for at the expense of the Respondent.

c. 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.

d. Respondent shall receive a Public Letter of Reprimand.

e. The remaining counts of the Complaints, and any other claims arising from the Board's corresponding investigative case files shall be dismissed with prejudice. Investigative File Nos. 15-15914 and 18-18160 shall also be dismissed with prejudice.

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.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of these Complaints. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

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Reno, Nevada 89521
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Respondent acknowledges that such contacts and communications may be made or conducted ex-parté, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaints and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the cases shall be closed and all remaining claims arising out of the Complaints shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering these Complaints and from participating in disciplinary proceedings against Respondent, including adjudications of these cases; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the party's consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

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12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply with Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may 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 11th day of August, 2023.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

DONALD K. WHITE, J.D.
Senior Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: dwhite@medboard.nv.gov
Attorney for the Investigative Committee

DATED this 10th day of August, 2023.

JOHN H. COTTON & ASSOCIATES, LTD.

By: _____

MICHAEL D. NAVRATIL, ESQ.
7900 W. Sahara Ave, Suite 200
Las Vegas, NV 89117
Tel: (702) 832-5909
Email: mnavratil@jhcottonlaw.com
Attorney for Respondent

DATED this 10 day of August, 2023.

By: _____

MICHAEL SCOTT MALL, M.D.,
Nevada License No. 6074
Respondent

STATE OF NEVADA)
:ss.
COUNTY OF Clark)

SUBSCRIBED and SWORN to before me this 10th day of August, 2023.

_____
NOTARY PUBLIC

Prenciss Bates
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 22-5657-01
My Appt. Expires: February 17, 2026

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8794,** **Pharmacy License No. PH01405, and** **BRENDA VAKNIN, RPH,** **Certificate of Registration No. 19231,** **Respondents.**	**CASE NOS. 19-134-PH-S** **19-134-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 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 Brenda Vaknin, RPh (Vaknin), Certificate of Registration No. 19231, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #8794, Pharmacy License No. PH01405, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Vaknin was employed as managing pharmacist by CVS Pharmacy #8794 at the time of the events alleged herein.

3. On or about July 17, 2019, APRN C.C. submitted an electronic prescription to CVS Pharmacy #8794 for patient J.L. for escitatopram oxalate 5mg oral tablet quantity of sixty

(60) with directions to take 2 tablets by mouth daily with 6 refills. Vaknin performed data entry and the CVS computer system designated this prescription no. 1321503.

4. In the course of filling, performing final product review and dispensing prescription no. 1321503, Vaknin erroneously dispensed estradiol 0.5mg and failed to counsel the patient.

5. J.L. ingested the medication from August 6, 2019 through August15, 2019, and experienced negative medical outcomes including dizziness, light headedness, shortness of breath, and increased anxiety.

6. Records of prescriptions dispensed by CVS Pharmacy #8794 from July 21, 2019, through July 27, 2019, reveal that two hundred and fifty-six (256) dispensed prescriptions lacked any documentation of medication counseling to the patient.

COUNT ONE

Error in Dispensing Prescription/Unprofessional Conduct

(Respondent Vaknin)

7. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

8. Vaknin engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she erroneously dispensed estradiol 0.5mg for prescription no. 1321503, resulting in patient harm, and is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Failure to Provide Medication Counseling to Patient

(Respondent Vaknin)

9. A pharmacist shall provide medication counseling to a patient when dispensing a prescription and a pharmacy shall maintain documentation of medication counseling in conformance with NRS 639.266, NAC 639.707 and NAC 639.708.

10. Vaknin violated NRS 639.266 and NAC 639.707 when she failed to provide medication counseling to J.L. for prescription no. 1321503 and is subject to discipline pursuant to NRS 639.210(12).

COUNT THREE
Managing Pharmacist Responsibility
(Respondent Vaknin)

11. A managing pharmacist is 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, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

12. As the managing pharmacist of CVS Pharmacy #8794 at the time of the violations alleged herein, including the failure to provide medication counseling to patients and maintain documentation of medication counseling in violation of NRS 639.266, NAC 639.707 and NAC 639.708, Vaknin is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

COUNT FOUR
Pharmacy/Pharmacy Owner Responsibility
(Respondent CVS Pharmacy #8794)

13. 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); NAC 639.702. 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).

14. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8794 is responsible for those violations, including all errors and omissions of Vaknin, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses and certificates of registrations of these Respondents.

Signed this 30th day of October, 2023.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BRENDA VAKNIN, RPH,** **Certificate of Registration No. 19231,** **Respondent.**	**CASE NO. 19-134-RPH-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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 30th day of October, 2023.

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.** **BRENDA VAKNIN, RPH,** **Certificate of Registration No. 19231,** **Respondent.**	**CASE NO. 19-134-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 _____, 2023.

_____

BRENDA VAKNIN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of November, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy #8794
1600 N Buffalo Drive
Las Vegas, NV 89128

Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

Brenda Vaknin, RPH
[redacted] Palmares Court
Las Vegas, NV 89134

SHIRLEY HUNTING

FILED
JAN 17 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8794,** **Pharmacy License No. PH01405, and** **BRENDA VAKNIN, RPH,** **Certificate of Registration No. 19231,** **Respondents.**	**CASE NOS. 19-134-PH-S** **19-134-RPH-S** **STIPULATION AND ORDER (Respondent CVS PHARMACY #8794 ONLY)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board) and Respondent CVS Pharmacy #8794, Pharmacy License No. PH01405, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about October 30, 2023, 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. Respondent is fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.

3. 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 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).

4. 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 knowingly and voluntarily waives the 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).

5. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. Respondent Brenda Vaknin, RPh (Vaknin), Certificate of Registration No. 19231, engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she erroneously dispensed estradiot 0.5mg for prescription no. 1321503, resulting in patient harm;

B. Vaknin violated NRS 639.266 and NAC 639.707 when she failed to provide medication counseling to J.L. for prescription no. 1321503, resulting in patient harm;

C. As the managing pharmacist of CVS Pharmacy #8794 at the time of the violations alleged herein, including the failure to provide medication counseling to patients and maintain documentation of medication counseling in violation of NRS 639.266, NAC 639.707 and NAC 639.708, Vaknin is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702; and

D. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8794 is responsible for those violations, including all errors and omissions of Vaknin, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

6. Those violations are plead with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent CVS Pharmacy #8794, Pharmacy License No. PH01405, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent CVS Pharmacy #8794 shall pay a fine of Three Thousand Dollars ($3,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent CVS Pharmacy #8794 shall pay Two Thousand Dollars ($2,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

8. 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 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 639.

9. 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 January 17, 2024. Respondent will appear in person 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 or counsel are not present at the meeting.

10. 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.

11. 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 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.

12. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by personal, business, certified or cashier's 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.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "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.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent 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 *First Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of January 2024

CVS PHARMACY #8794
Pharmacy License No. PH01405

Signed this 17th day of January 2024

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent CVS Pharmacy #8794, Pharmacy License No. PH01405, in Case No. 19-134-PH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 17th day of January 2024.

Helen Park, Pharm.D.
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 23rd day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy #8794
1600 N Buffalo Drive
Las Vegas, NV 89128

Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

Darlene Nases

DARLENE NASES

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FILED
FEB 14 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WILLIAM ALVEAR, MD,** **Certificate of Registration No. CS08254,** **Respondent.**	**Case No. 20-162-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 and this respondent because at the time of the alleged events, Respondent William Alvear, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS08254, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about November 28, 2023, in *United States of America vs. William Alvear, M.D.*, U.S. District Court for the District of Nevada Case No. 2:20-cr-00229-CDS-VCF, Respondent was convicted on 8 felony counts of distribution of a controlled substance in violation of 21 U.S.C. § 841(a)(1) and 21 U.S.C. § 841(b)(1)(c).

3. On or about December 11, 2023, Board staff served Respondent with notice that his conviction operates as an immediate suspension of his Certificate of Registration No. CS08254 with the Board pursuant to NRS 639.2121, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

APPLICABLE LAW

4. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 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).

5. 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).

6. Conviction of a felony related to holding a controlled substance registration or any other crime involving moral turpitude, dishonesty or corruption is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(7)(a) and (c).

7. Conviction of a felony for a violation of any federal or state law involving drugs operates as an immediate suspension of any license or registration issued by the Board. NRS 639.2121.

COUNT ONE

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

8. By his conviction on 8 felony counts of illegal distribution of a controlled substance, Respondent 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 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT TWO

Felony Convictions for Violation of Controlled Substances Act

9. By his conviction on 8 felony counts of illegal distribution of a controlled substance, Respondent is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or 639.210(7)(a) and (c).

COUNT THREE

Commission of Acts that Render Registration Inconsistent with the Public Interest

10. By his conviction on 8 felony counts of illegal distribution of a controlled substance, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest, and is therefore subject to discipline pursuant to NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.210(12).

11. The pre-hearing suspension of Respondent's Certificate of Registration No. CS08254 pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2121 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

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

Signed this 14th day of February 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WILLIAM ALVEAR, MD,** **Certificate of Registration No. CS08254,** **Respondent.**	**CASE NO. 20-162-CS-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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. A **hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, May 29, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 14th day of FEBRUARY 2024.

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.** **WILLIAM ALVEAR, MD,** **Certificate of Registration No. CS08254,** **Respondent.**	**CASE NO. 20-162-CS-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 _____, 2024.

WILLIAM ALVEAR, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of February, 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

William Alvear, MD
[redacted]E. St Louis Ave.
Las Vegas, NV 89104

Donald J. Green, Esq.
4760 S. Pecos Rd., 103
Las Vegas, NV 89121

SHIRLEY HUNTING
BOARD COORDINATOR

FILED
ENTERED
RECEIVED
SERVED ON
COUNSEL/PARTIES OF RECORD
NOV 28 2023
CLERK US DISTRICT COURT
DISTRICT OF NEVADA
BY: DEPUTY

UNITED STATES DISTRICT COURT

DISTRICT OF NEVADA

UNITED STATES OF AMERICA,

Plaintiff,

v.

WILLIAM ALVEAR, M.D.,

Defendant.

Case No. 2:20-cr-00229-CDS-VCF

VERDICT FORM

We, the jury in the above entitled case, upon our oaths, do say:

1. That we find the defendant, William Alvear, Guilty of the (Not Guilty/Guilty) offense of Distribution of a Controlled Substance – Schedule II ("Norco") in violation of 21 U.S.C. §§ 841(a)(1) and 841(b)(1)(C) that occurred on or about March 18, 2020, as charged in Count One of the Second Superseding Indictment.

2. That we find the defendant, William Alvear, Guilty of the (Not Guilty/Guilty) offense of Distribution of a Controlled Substance – Schedule II ("Norco") in violation of 21 U.S.C. §§ 841(a)(1) and 841(b)(1)(C) that occurred on or about April 7, 2020, as charged in Count Two of the Second Superseding Indictment.

3. That we find the defendant, William Alvear, Guilty of the (Not Guilty/Guilty)

offense of Distribution of a Controlled Substance – Schedule II ("Norco") in violation of 21 U.S.C. §§ 841(a)(1) and 841(b)(1)(C) that occurred on or about May 13, 2020, as charged in Count Three of the Second Superseding Indictment.

4. That we find the defendant, William Alvear, Guilty of the (Not Guilty/Guilty)

offense of Distribution or Dispensing of a Controlled Substance – Schedule IV ("Xanax") in violation of 21 U.S.C. §§ 841(a)(1) and 841(b)(2) that occurred on or about March 18, 2020, as charged in Count Four of the Second Superseding Indictment.

5. That we find the defendant, William Alvear, Guilty of the (Not Guilty/Guilty)

offense of Distribution or Dispensing of a Controlled Substance – Schedule IV ("Xanax") in violation of 21 U.S.C. §§ 841(a)(1) and 841(b)(2) that occurred on or about March 18, 2020, as charged in Count Five of the Second Superseding Indictment.

6. That we find the defendant, William Alvear, Guilty of the (Not Guilty/Guilty)

offense of Distribution or Dispensing of a Controlled Substance – Schedule IV ("Xanax") in violation of 21 U.S.C. §§ 841(a)(1) and 841(b)(2) that occurred on or about April 7, 2020, as charged in Count Six of the Second Superseding Indictment.

7. That we find the defendant, William Alvear, Guilty of the (Not Guilty/Guilty)

offense of Distribution or Dispensing of a Controlled Substance – Schedule IV ("Xanax") in violation of 21 U.S.C. §§ 841(a)(1) and 841(b)(2) that occurred on or about April 7, 2020, as charged in Count Seven of the Second Superseding Indictment.

8. That we find the defendant, William Alvear, Guilty of the (Not Guilty/Guilty)

offense of Distribution or Dispensing of a Controlled Substance – Schedule IV ("Xanax") in violation of 21 U.S.C. §§ 841(a)(1) and 841(b)(2) that occurred on or about May 13, 2020, as charged in Count Eight of the Second Superseding Indictment.

Dated: This 28 day of November, 2023.

JOE LOMBARDO
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

December 11, 2023

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: aw0312@aol.com

William Alvear
[redacted] E. St. Louis Ave.
Las Vegas NV 89104

Re: Suspension of Certificate of Registration No. CS08254 (Case No. 20-162-CS-S)

Dear Dr. Alvear:

The Nevada State Board of Pharmacy (Board) has determined that you had been convicted of a felony related to drugs on November 28, 2023.

Please be advised that pursuant to NRS 639.2121 the conviction of a federal felony offense involving drugs operates as an immediate suspension of your certificate of registration to prescribe controlled substances. Furthermore, your access to the Nevada Prescription Monitoring Program (PMP) database is terminated effective immediately since you are no longer authorized to access the PMP pursuant to NRS 453.163.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 Ext. 132 or gvanderdonck@pharmacy.nv.gov.

Sincerely,

Gustaf Vanderdonck
Assistant General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0307 6316 14

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

United States of America, Plaintiff v. William Alvear, M.D., Defendant	Case No. 2:20-cr-00229-CDS-MDC **Order Denying Defendant's Motion for Judgment of Acquittal and Motion for a New Trial** [ECF Nos. 269, 271]

On November 28, 2023, defendant William Alvear, M.D. was found guilty of three counts of Distribution of a Controlled Substance in violation of 21 U.S.C. §§ 841(a)(1) and 841(b)(1)(C), and five counts of Distribution or Dispensing of a Controlled Substance in violation of 21 U.S.C. §§ 841(a)(1) and 841(b)(2). *See* Verdict Form, ECF No. 261. On January 4, 2024, Alvear's counsel filed a motion for acquittal. ECF No. 269. The following day, counsel filed a motion for a new trial. ECF No. 271. The Government opposes both motions. ECF Nos. 273, 274. Avelar's counsel did not reply. For the reasons set forth herein, both of Alvear's motions are denied.

I. Background

This case stems from an undercover investigation between March and May of 2020. At the time, defendant Alvear was a licensed medical doctor in the State of Nevada. As a result of the investigation, Alvear was charged with eight violations of the Controlled Substances Act (CSA). Second Superseding Indictment, ECF No. 201.[1] Specifically, counts one through three charged Alvear with unlawfully prescribing a confidential human source (CHS) opioids, and counts four through eight charged Alvear with unlawfully dispensing Xanax pills. *Id.* A seven-day jury trial on the charges commenced on November 14, 2023. Mins., ECF No. 242. At the conclusion of the trial,

[1] Alvear was initially charged with eight violations of the CSA. Indictment, ECF No. 1. The government later superseded and added 35 additional charges. *See* Superseding Indictment, ECF No. 59. On October 25, 2023, the government superseded a second time. Second Superseding Indictment, ECF No. 201. In the second superseding indictment, Alvear was charged with eight violations of the CSA. *Id.* These are the charges that proceeded to trial in November of 2023.

the jury returned a verdict of guilty on all eight charges. Verdict Form, ECF No. 261. Sentencing is set for May 15, 2024. ECF No. 276.

II. Summary of the evidence introduced at trial.

During the trial, the Government introduced undercover video evidence of Alvear's interactions with two CHSs[2] on three different days between March and May of 2020. *See* Govt.'s Exs. 1–6 (admitted 11/15/2023). The videos captured by the CHSs show Alvear meeting with the CHSs in his personal office (not in an examination room), during which time he prescribed CHS-2 opioids at the request of CHS-1 without taking any sort of medical form or conducting any sort of medical examination of CHS-2,[3] and he dispensed individual Xanax pills to both CHSs.[4] In the video of the CHSs' first visit to Alvear's medical office, CHS-1 told Alvear that CHS-2 needed pain pills due to a recent breast surgery, and CHS-1 offered to pay him a $200 "tip" instead of the $60 standard office visit fee. While Alvear asked some questions and made some comments about the dangers of opioid medication, he ultimately accepted the offer and wrote a prescription for an opioid for CHS-2. This video also showed Alvear removing individual pills from a bottle and placing them on a tissue or napkin at the front of his desk and the CHSs taking the tissues or napkins containing the Xanax pills. The subsequent videos were similar: Alvear took the CHSs' "tip" money in exchange for an opioid prescription and/or giving them Xanax pills, although he never conducted a medical examination of either CHS or reviewed their medical history. In the second video, CHS-2's reason for needing an opioid changed from recent breast surgery to "back pain." Still, Alvear did not conduct a medical examination nor review her medical history. Video evidence showed Alvear telling CHS-1 that if CHS-2 died from the prescription pills that he gave CHS-2, that it would be CHS-1's fault. The video evidence also captured Alvear pulling out cash,

[2] The two CHS are identified separately as CHS-1 (initials M.L) and CHS-2 (initial A.A.).

[3] This evidence related to the three counts of Distribution of a Controlled Substance in violation of 21 U.S.C. §§ 841(a)(1) and 841(b)(1)(C).

[4] This evidence related to the Distribution or Dispensing of a Controlled Substance in violation of 21 U.S.C. §§ 841(a)(1) and 841(b)(2) set forth in counts 4–8 of the second superseding indictment.

then approaching, hugging, and groping CHS-1's buttocks and looking down CHS-1's shirt.[5] He then propositioned CHS-1 for sex in exchange for money. While propositioning her, Alvear told CHS-1 that he "would wear a condom."

FBI Special Agent (SA) Courtney Brooks testified regarding the standard operating CHS procedures. In sum, the CHSs met with agents before each undercover visit. In these meetings, the FBI searched each CHS for contraband and equipped them with recording devices and cash to use for the visit. *See generally*, Trial Tr., Day 2 (TT2), ECF No. 279 at 58–66, 72–75, 80–84. At the conclusion of each undercover visit, the agents would retrieve the recording devices, the prescriptions for CHS-2, and the Xanax pills. *See generally id.* at 59–63, 73–78, 82–87. All pills given to the CHSs by Alvear were impounded and later submitted to a Drug Enforcement Agency (DEA) laboratory for testing. *See* Govt.'s Exs. 8–13 (impounded prescriptions and pills).

Both case agents[6] were extensively questioned by Alvear's trial counsel. *See generally* TT2, ECF No. 279 at 95–152. The case agents were questioned, and at times impeached, about their recollections regarding this investigation, what sort of documents they obtained and/or reviewed during this investigation, what was seized from Alvear's clinic during a search warrant related to the investigation, if they were aware that CHS-1 had a preexisting relationship with Alvear, their knowledge of text exchanges between CHS-1 and Alvear during the spring of 2020, and whether Alvear was a licensed medical doctor during the relevant time period, amongst other subjects.

DEA Senior Forensic Chemist Alexandra Ambriz testified as an expert in forensic chemistry. Trial Tr., Day 3 (TT3), ECF No. 280 at 159. Ambriz testified about the process she used to test the Xanax pills that were impounded during the investigation in this case. *See generally id.* at 160–66 (identifying Govt.'s Exs. 9-D, 11-C, and 13-C, identified on 11/15/23, admitted on 11/16/23). She opined that each pill contained alprazolam,[7] which is a controlled substance. TT3, ECF No. 280 at 164. Ambriz was cross-examined by Alvear's counsel. *See generally id.* at 166–67.

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[5] CHS-1 also provided testimony regarding what happened during this interaction. *See* Trial Tr., Day 4 (TT4), ECF No. 281 at 39–40.

[6] *See infra*, pg. 7.

[7] Alprazolam is more commonly known as Xanax.

Dr. Timothy Munzing also testified during the trial as an expert witness in family medicine, pain management, and the legitimate and lawful prescribing and dispensing of controlled substances. *See generally* TT2, ECF No. 279 at 163–71; TT3, ECF No. 280 at 5–141. Dr. Munzing opined about the standard of care in prescribing opioids in Nevada and elsewhere, including physically evaluating a patient in order to diagnose them, collecting a comprehensive medical (including prescription) history and records, conducting laboratory testing, creating treatment plans, and more. *See generally*, TT3, ECF No. 280 at 8–31. He also testified about appropriate doctor/patient relationships, and how Alvear's meetings and relationships with both CHSs were "red flags"—including Alvear's acceptance of cash "tips" and not conducting any sort of physical examination. *Id.* at 28–47. Munzing walked through all three undercover videos and testified regarding red flags and other concerns about what was recorded. *Id.* at 47–55. Munzing testified that each interaction with the CHSs was "far below the floor" of the standard of care doctors should provide to their patients. *Id.* at 55. He further testified on re-direct that the prescriptions Alvear wrote for CHS-2 were not medically legitimate. *Id.* at 140. Munzing was extensively cross-examined. *Id.* at 56–138.[8]

The Government introduced testimony from two witnesses[9] who testified that during the time period alleged in the indictment, Alvear was not licensed to dispense medication. TT2, ECF No. 279 at 54–55. The Government also introduced a letter from the Nevada Board of Pharmacy showing that Alvear was not licensed to dispense medication during the relevant time-period. *See* Letter from the Nevada Board of Pharmacy, Govt.'s Ex. 23.

CHS-1 testified during the trial. Trial Tr., Day 4, ECF No. 281 at 19–82. CHS-1 testified that she was an opioid addict when she first became Alvear's patient in 2016. *Id.* at 22–23. CHS-1

[8] Alvear's counsel questioned Munzing about the fact that he never practiced medicine in Nevada; the fact that he has only testified as an expert for the government and has received millions of dollars in fees; about his testimony in other cases and if he had a prior working relationship with the case agents and whether he noted in a biography that it was his "secret goal" to lecture at the FBI Academy; the completeness and accuracy of his report for this case; and more. *Id.*

[9] The first witness was one of the co-case agents, FBI Special Agent Courtney Brooks. The second witness was Leo Basch. *See infra*, pg. 6.

testified that she went to Alvear to obtain "pain pills" and paid Alvear in cash for the pain pills. *Id.* at 23. CHS-1 further testified that Alvear charged $60 for an office visit, but she usually paid between $100 and $150 per visit. *Id.* She also testified that she texted Alvear throughout their relationship, up until 2020 when he ceased being her doctor. *Id.* at 25. CHS-1 explained what she did as a CHS for this investigation and what was going on during each of the undercover videos. *See generally id.* at 33–51.

Under cross-examination by Alvear's counsel, CHS-1 testified that she became a CHS for the FBI in 2018. *Id.* at 58. She further testified that Alvear became her doctor in 2016, initially seeing him to get pain pills to feed her addiction, but that at some point Alvear helped her "get clean[.]" *Id.* at 58–65. She also testified that she had a "friendly" relationship with Alvear, and that they would text each other, even prior to her working as a CHS. *Id.* at 64–65. CHS-1 testified that she suggested that Alvear give CHS-2 oxycodone, and Alvear gave her Xanax during the CHSs first meeting in Alvear's office. *Id.* at 67–68. She further testified that she got paid to work as a CHS in this case,[10] and that the FBI helped her with her immigration status. *Id.* at 70–72. CHS-1 was impeached about providing different dates of birth to Alvear and the FBI. *Id.* at 75–78.

Leo Basch, a pharmacist and employee of the Nevada State Board of Pharmacy, testified during the trial as an expert "in the distributing and dispensing of controlled substances and for the identification and use of controlled substances." *See id.* at 84–108; 117–137. Basch testified about Nevada's Prescription Monitoring Program (PMP), explaining that doctors, pharmacies, and pharmacists have access to the PMP database. I*d.* at 96–98. He further testified that the purpose behind the database is to "help practitioners and also pharmacies know if a patient has [ ] gotten a controlled substance from another practitioner or another pharmacy and help prevent overuse and – of opioids and other controlled substances, even benzodiazepines." *Id.* at 99. He also testified that practitioners are required to check the PMP database prior to issuing a patient a prescription for a controlled substance, and noted that in reviewing the undercover videos, it did

[10] Counsel asked if she was paid $3,000 for her work as a CHS, but she responded she could not recall how much she was paid. TT4, ECF No. 281 at 70.

not appear that Alvear checked the CHSs' PMP records before writing them opioid prescriptions. *Id.* at 124. Basch also testified that a "dispensing practitioner license" is required to dispense medication. *Id.* at 100. To be a dispensing practitioner, a doctor must apply for a license and renew it every two years. *Id.* at 100–01. He further testified about the requirements for dispensing and storing the medication, as well as labeling and documenting what is dispensed. *Id.* at 103–04. He testified that Alvear's license to dispense medication expired on October 21, 2018, and was not active in 2020—the time he was dispensing benzodiazepine pills to the CHSs. *Id.* at 106; *see also* Letter from Nevada Board of Pharmacy, admitted 11/15/2023, Govt.'s Ex. 23. Basch further testified about the "red flags" he saw in reviewing the undercover videos in this case and opined that the Xanax pills were improperly given out (noting that it would even qualify as being dispensed), and were not provided for a legitimate medical purpose. *Id.* at 121–22.

Basch was also cross-examined during the trial. *Id.* at 131–37. Alvear's counsel questioned Basch about (1) the PMP database and timeline of its creation/existence, (2) whether one purpose behind the PMP was preventing "doctor shopping," (3) overdose risk scores, and more. *Id.* At the conclusion of Basch's testimony, the Government rested its case-in-chief. *Id.* at 138. Thereafter, Alvear moved for a Federal Rule of Criminal Procedure 29(a) motion, which was denied. *Id.* at 139–141.

Alvear elected to present a defense case. First, Alvear called Leticia Cardenas, a woman who worked in Alvear's office performing administrative duties between 2009 and July of 2018. Trial Tr., Day 6 (TT6), ECF No. 284 at 40–41. Cardenas testified that one of her roles was maintaining and retrieving medical records. *Id.* at 41–42. She testified that she was a records custodian for the office's medical records and explained how records were created and then stored. *Id.* at 42–45. She further testified that she was responsible for giving intake forms to patients. *Id.* at 45. Through Cardenas, the defense moved in CHS-1's intake sheet from 2016, where she reported coming in to see Alvear for a UTI,[11] and other medical records. ECF No. 46–47; *see*

[11] "UTI" stands for Urinary Tract Infection.

also Def.'s Exs. 511–516 (admitted 11/27/23). Cardenas was asked about what year CHS-1 listed as her year of birth on her intake form. *Id.* at 48–49. She also testified that while working for Alvear, part of her job was to run the PMP on patients, and that at the time CHS-1 came in to see Alvear in 2016, she ran her PMP database but got no result. *Id.* at 55–56. The Government cross-examined Cardenas. *Id.* at 58–61. During cross-examination, Cardenas testified that CHS-1 paid $60 for her first office visit with Alvear in 2016. *Id.* at 60.

Alvear then called FBI Special Agent Zach Carey, who was the co-case agent, to testify. TT6, ECF No. 284 at 62–171. SA Carey testified about meetings with the U.S. Attorney's Office and preparing witnesses for trial. *Id.* at 62–77. He was questioned about what he could and could not recall about information included in an FBI 302[12] about CHS-1's pretrial interview. *Id.* He was further questioned about the items seized during a search warrant at Alvear's office and what he could remember about those items (including pill bottles from within Alvear's personal office). *Id.* at 78–85. During his testimony, SA Carey discussed assisting CHS-1 with her immigration status (*id* at 86, 96–97) and certain documentation regarding that assistance. *Id.* at 88–92, 95–97, 105–06, 136–37. SA Carey was also questioned about maintenance of CHS-1's file. *Id.* at 93–97. He further testified about guidelines and policies associated with how to handle CHSs, the vetting of CHSs, what may or may not qualify someone to work as a CHS, and what happened when the FBI learned CHS-1 had violated certain provisions of her CHS agreement. *Id.* at 100–03, 128–36. SA Carey was questioned about monitoring CHS-1 and her activities, as well as questions about CHS-1's source agreement, including the provision that discusses "otherwise illegal activity." *Id.* at 113–17, 140–41. SA Carey was also questioned about whether he was aware that CHS-1 was going to see Alvear without the FBI's authorization, and about paying CHS-1 for her work on this case. *Id.* at 118–126, 137–38. And SA Carey was asked whether he was "signalling" to CHS-1 during her testimony, to which he explained that he was reacting to what he believed was a

[12] "After FBI agents conduct a formal interview, they incorporate their handwritten notes into a more complete report of the interview on the FBI's Interview Report Form FD-302, known colloquially as a '302.'" *United States v. Lloyd*, 807 F.3d 1128, 1159 (9th Cir. 2015) (internal quotation marks, citation, and alterations omitted).

misrepresentation of the facts in a question posed to CHS-1 during her cross-examination, and that he had no intent to signal. *Id.* at 142–43.

During cross-examination, SA Carey testified about why the agency utilized CHSs instead of undercover agents for this investigation (*id.* at 149–50), what he did prior to and after sending the CHSs to Alvear's office, and his review of the recordings captured by the CHSs. *See generally id.* at 151–70.

Alvear also called CHS-1 in his case-in-chief. *Id.* at 172–99. During her testimony, CHS-1 testified what was going on during certain snippets of the undercover recordings. *Id.* at 173–75. She was questioned about whether she saw other doctors between March and September of 2020, and whether her memory was impacted by certain medication she was taking during the investigation into Alvear. *Id.* at 176–81. She was again questioned about her immigration status and about her struggle with addiction. *Id.* at 182. CHS-1 also testified about meeting the prosecutors for pretrial preparation (*id.* at 183–85) and whether she had a driver's license before working with the FBI as a CHS. *Id.* at 187.

The Government cross-examined CHS-1, asking about paying Alvear "cash tips" in exchange for opioids and what occurred during her visits with Alvear. *Id.* at 190–91. She also testified about what she was told during pretrial meetings with the prosecutors. *Id.* at 191.

CHS-1 was redirected by Alvear's counsel. During redirect, CHS-1 testified that she did not tell anyone at Alvear's office about her opioid addiction when she first began seeing him as a patient (*id.* at 198) and answered some additional questions about what occurred during some of her visits to Alvear's office. *See generally id.* at 193–97.

The last witness called by Alvear was former detective Timothy Beck. *Id.* at 199–251; Trial Tr. Day 7 (TT7) ECF No. 285 at 20–24. Beck testified about his law enforcement career, including his involvement in undercover investigations into medical practitioners, his experience handling and vetting CHSs, the challenges of utilizing CHSs who have a history of substance use disorders, entrapment, and the particular concerns of utilizing CHS-1 because of her prior

relationship with the target of an investigation, in this case, Alvear. *See generally* TT6 at 199–227. During his testimony, he was qualified to testify as an expert regarding the use of confidential human sources or informants and regarding undercover narcotics investigations. *Id.* at 228. Beck testified about his review of the evidence in this case and critiqued the FBI's handling of CHS-1 and the investigation. *Id.* at 229–39; 241–47. Beck stated that there is a risk of a target being "highly susceptible" to the influence of a CHS if they have a prior relationship (*id.* at 240) and testified that he would not have utilized CHS-1, especially after watching the video of CHS-1 and Alvear interacting in the first undercover video. *Id.* at 245–46. He also opined that it was not a good idea to utilize two CHSs at the same time. *Id.* at 246–47.

The Government cross-examined Beck. *Id.* at 248–54. During cross, Beck discussed that he had never used a CHS or an informant in any of the four cases about which he specifically testified during direct examination. *Id.* at 248–49. He was questioned about whether he was an FBI agent or if he had ever worked on an FBI Task Force, to which he responded no. *Id.* at 249–50. Beck was questioned about what he reviewed in preparation for his report and his testimony.[13] *Id.* at 251. Beck was also questioned about why he left a DEA Task Force he was previously assigned. *Id.* at 250.

Prior to the defense resting its case, Alvear was canvassed about whether he was going to testify at trial. TT6, ECF No. 284 at 271–73. Based on the advice of counsel, Alvear did not testify. *Id.* at 273. The defense rested its case on day seven of the trial. TT7, ECF No. 285 at 32.

The Government presented a rebuttal case. They called FBI language specialist Alfredo Brunet-Vera, who testified about translating certain text messages recovered from Alvear's cellphone. *See generally* TT7, ECF No. 285 at 33–37. Brunet-Vera was not cross-examined. The Government then recalled SA Brooks, who also testified about text messages seemingly

[13] There was a dispute regarding what had been reviewed and disclosed regarding Beck's testimony. This required the court to take an overnight break to resolve the dispute. *See id.* at 252–54; 256–70; TT7, ECF No. 285 at 6–13.

discussing Alvear providing prescription medication to other persons that were recovered from Alvear's cellphone. *Id.* at 44–50. SA Brooks was cross-examined. *Id.* at 48–50.

The Government then rested its case and jury instructions were finalized. One instruction provided to the jury was the entrapment instruction.[14] It read as follows:

> The defendant contends that he was entrapped by a Government agent. The Government has the burden of proving beyond a reasonable doubt that the defendant was not entrapped. The Government must prove either:
>
> 1. The defendant was predisposed to commit the crime before being contacted by Government agents; or
>
> 2. The defendant was not induced by the Government agents to commit the crime.
>
> When a person, independent of and before Government contact, is predisposed to commit the crime, it is not entrapment if the Government agents merely provide an opportunity to commit the crime.
>
> In determining whether the defendant was predisposed to commit the crime before being approached by Government agents, you may consider the following:
>
> First, whether the defendant demonstrated a reluctance to commit the crime;
>
> Second, the defendant's character and reputation;
>
> Third, whether the Government's agents initially suggested the criminal activity;
>
> Fourth, the nature of the Government's inducement or persuasion.
>
> In determining whether the defendant was induced by Government agents to commit the offense, you may consider any Government conduct creating a substantial risk that an otherwise innocent person would commit an offense including persuasion, fraudulent misrepresentations, threats, coercion tactics, harassment, promises of reward or pleas based on need, sympathy, or friendship.
>
> It is not entrapment if a person is tempted into committing a crime solely on the hope of obtaining ill-gotten gain. That is often the motive to commit a crime. However, in deciding whether a law enforcement agent induced the defendant to commit the crime, the jury may consider all of the factors that shed light on how the agent supposedly persuaded or pressured the defendant to commit the crime.

TT7, ECF No. 285 at 94–95; *see also* Jury Instructions, ECF No. 224 at 30–31.

After receiving all the instructions and hearing closing arguments from the parties, the jury was released to deliberate the case. Approximately three hours later, the jury returned a verdict of guilty on all counts. TT7, ECF No. 285 at 150–55; *see also* Verdict Form, ECF No. 261.

[14] The defense advised the government and the court it would be arguing entrapment in pre-trial filings (*see* Notice of Expert Testimony, ECF No. 99) and at calendar call (*see generally* Transcript from calendar call, ECF No. 237). The defense also requested an entrapment instruction be given. Joint Proposed Jury Instructions, ECF No. 224 at 30–31.

III. Legal Standard

A. Motion for judgment of acquittal

Federal Rule of Criminal Procedure 29 provides that "the court may set aside the verdict and enter an acquittal." Fed. R. Crim. P. 29(c). When evaluating a motion for judgment of acquittal the court "review[s] the evidence presented against the defendant in the light most favorable to the government to determine whether any rational trier of fact could have found the essential elements of the crime beyond a reasonable doubt." *United States v. Hernandez-Herrera*, 273 F.3d 1213, 1216 (9th Cir. 2001) (internal quotation marks and citation omitted). "[I]t is not the district court's function to determine witness credibility when ruling on a Rule 29 motion" (*United States v. Alarcon–Simi*, 300 F.3d 1172, 1176 (9th Cir. 2002)), that is within the exclusive function of the jury. *United States v. Rojas*, 554 F.2d 938, 943 (9th Cir. 1977). Rather, "after viewing the evidence in the light most favorable to the government," the relevant question is whether "any rational trier of fact could have found the essential elements of the crime beyond a reasonable doubt." *United States v. Cordova Barajas*, 360 F.3d 1037, 1040 (9th Cir. 2004) (quoting *Jackson v. Virginia*, 443 U.S. 307, 319 (1979)). If a rational trier of fact could find the essential elements of the crime(s) beyond a reasonable doubt, then motion must be denied. *United States v. Nevils*, 598 F.3d 1158, 1164 (9th Cir. 2010) (en banc).

Further, a Rule 29 motion for a new trial is "directed to the discretion of the district judge and should be granted only in exceptional cases in which the evidence preponderates heavily against the verdict." *U.S.A. v. Perez*, 2019 WL 4573488, at *2 (C.D. Cal. Sept. 19, 2019) (citing *Pimentel*, 654 F.2d at 545) (internal quotation marks removed).

B. Motion for a new trial

Federal Rule of Criminal Procedure 33 permits a district court to vacate any judgment and grant a new trial if the interest of justice so requires. Fed. R. Crim. P. 33(a). "A district court's power to grant a motion for a new trial is much broader than its power to grant a motion for judgment of acquittal," and the court may thus weigh the evidence itself and judge the credibility

of witnesses. *United States v. A. Lanoy Alston, D.M.D., P.C.*, 974 F.2d 1206, 1211 (9th Cir. 1992). However, Rule 33 motions are generally disfavored and should only be granted in "exceptional" cases. *United States v. Del Toro-Barboza*, 673 F.3d 1136, 1153 (9th Cir. 2012) (citing *United States v. Pimentel*, 654 F.2d 538, 545 (9th Cir. 1981)). The heavy burden of proving a new trial is warranted rests with the defendant. *See United States v. Halali*, 2017 WL 3232566, at *2 (N.D. Cal. July 28, 2017) (quoting *United States v. McCourty*, 562 F.3d 458, 475 (2d Cir. 2009)).

III. Discussion

Before deciding Alvear's motions on the merits, the court must address a concern. Both of Alvear's motions were filed by his new counsel—not his trial counsel[15]—without first obtaining a copy of the transcript. The transcripts (which remain under seal) were not released until January 29, 2024. *See* ECF Nos. 277–87. Both motions require consideration of the evidence and references to the evidence as an important component of the motions. While not a basis to deny either motion, the court addresses this issue as a reminder of counsel's need to fully comply with Local Rule 7-2(a) which mandates that "[a]ll motions—unless made during a hearing or trial—must be… supported by a memorandum of points and authorities." Without the benefit of the transcript, Alvear's motions are certainly lacking key points.

Turning to the merits of the motion for judgment of acquittal, Alvear's argument that there was no evidence that he "knowingly or intentionally prescribed controlled substances without evidence of medical necessity (or outside of the normal course of the doctor's practice)" is unconvincing. ECF No. 269 at 3. As established by the video evidence and the testimony of CHS-1, Alvear prescribed opioids in his personal office, in the presence of both CHSs, without conducting any sort of medical examination, obtaining past medical records, verifying the CHSs' purported medical ailments, or checking the PMP database, amongst other issues. Stated otherwise—he prescribed medication without evidence of medical necessity. Thus, in considering the trial evidence in the light most favorable to the Government, the record clearly establishes

[15] *See* Order granting motion to substitute counsel, ECF No. 266.

that any rational trier of fact could have found beyond a reasonable doubt that Alvear violated 21 U.S.C. § 841(a)(1) and (b)(1)(C) as alleged in counts 1–3 of the second superseding indictment. *See* Second Superseding Indictment, ECF No. 201 at 4.

Further, the Government introduced evidence that Alvear was not licensed to dispense medication during the relevant time period. There was no evidence to the contrary introduced. Consequently, in considering the lack of proper licensing together with the video evidence showing Alvear dispensing individual Xanax pills to the CHSs in the light most favorable to the Government, the record clearly establishes any rational trier of fact could have found beyond a reasonable doubt that Alvear violated 21 U.S.C. § 841(a)(1) and (b)(2) as set forth counts 4–6 of the second superseding indictment. *Id.* at 5.

Alvear's argument that the government failed to demonstrate that he was not entrapped is belied by the verdict itself. "[W]hether a defendant was entrapped is a question for the jury." *United States v. Jones*, 231 F.3d 508, 516 (9th Cir. 2000). To succeed on an entrapment defense as a matter of law defense, the defendant must persuade the court that "viewing the evidence in the light most favorable to the government, no reasonable jury could have found in favor of the government as to inducement or lack of predisposition." *United States v. Poehlman*, 217 F.3d 692, 698 (9th Cir. 2000). Alvear fails to meet this burden. At trial, Alvear's counsel argued entrapment in opening and closing statements. During both direct and cross-examinations of witnesses, Alvear's counsel presented evidence about text conversations, meetings, and alleged romantic interests between CHS-1 and Alvear. The parties disputed the relevance and that evidence, and argued their respective positions on whether or not it showed that Alvear was entrapped. Further, in the Government's rebuttal case, they provided evidence of Alvear's seeming predisposition to provide controlled substances to individuals who were not his patient, and seemingly without any sort of medical examination. The jury was provided the entrapment instruction, together with other jury instructions, and was therefore able to consider and weigh the various factual disputes and entrapment defense in reaching its verdict. That alone establishes Alvear was not entrapped as a

matter of law. The verdict also demonstrates that the jury rejected the argument that Alvear was not predisposed to commit the acts alleged in the second superseding indictment or it found that the Government did not induce him. The jury's verdict supports that finding that Alvear was not entrapped. Consequently, Alvear's motion for judgment of acquittal fails and I do not find this to be an exceptional case where the evidence preponderates heavily against the verdict. Rather, the evidence heavily supports the verdict.

Alvear's motion for a new trial fails for much of the same reasoning. In weighing the evidence (in particular, the video evidence) and the credibility of the witnesses (some of which is bolstered by the video evidence), I do not find that the interests of justice entitle Alvear to a new trial. The video evidence clearly shows Alvear's violations of the Title 21 offenses set forth in the second superseding indictment. The witness testimony and other evidence only aggravates what is depicted in the videos. Accordingly, Alvear fails to meet his burden demonstrating a new trial is warranted, much less that his case falls into the "exceptional" category under Rule 33. Thus, his motion for a new trial is denied.

IV. Conclusion

IT IS THEREFORE ORDERED that Alvear's motion for a judgment of acquittal **[ECF No. 269] is denied**.

IT IS FURTHER ORDERED that Alvear's motion for a new trial **[ECF No. 271] is denied**.

Dated: March 1, 2024

Cristina D. Silva
United States District Judge

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. CVS PHARMACY #8789, Pharmacy License No. PH01257, OMID MAHKHATAM, RPH, Certificate of Registration No. 23030, and KAYLA FRIESZ, RPH, Certificate of Registration No. 19635, Respondents.	CASE NOS. 22-345-PH-N 22-345-RPH-A-N 22-345-RPH-B-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 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 Omid Mahkhatam, RPh (Mahkhatam), Certificate of Registration No. 23030, and Respondent Kayla Friesz, RPh (Friesz), Certificate of Registration No. 19635, were pharmacists registered with the Board, and Respondent CVS Pharmacy #8789, Pharmacy License No. PH01257, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Friesz was employed as managing pharmacist and Mahkhatam was employed as a staff pharmacist by CVS Pharmacy #8789 at the time of the events alleged herein.

3. On or about August 17, 2022, Mahkhatam administered a dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, to six-year-old patient S.P., and erroneously entered into the patient's records that the dose administered was a second dose when no first dose was ever administered to S.P.

APPLICABLE LAW

4. A registered pharmacist may administer immunizations pursuant to NRS 454.213(1)(r) in compliance with the "Standards for Immunization Practices" recommended and approved by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP), and in conformance with NAC 639.297 to 639.2978, inclusive. Immunization records must be maintained in conformance with NAC 639.2977.

5. Meningococcal vaccinations must be performed in conformance with the ACIP Recommendations published in the Morbidity and Mortality Weekly Report, September 25, 2020, Vol. 69 No. 9, located at https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6909a1-H.pdf. ACIP Recommendations specify administration of the vaccine to adolescents as one (1) primary dose at 11 to 12 years of age, with one (1) booster dose at 16 years of age, except under special circumstances.

6. Performing any duties as the holder of a pharmacist 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).

7. 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).

8. A managing pharmacist is 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, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

9. 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); NAC 639.702. 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).

COUNT ONE

Statutory Violation – Administration of Vaccine in Violation of ACIP Recommendations

(Respondents Mahkhatam and CVS Pharmacy #8789)

10. Mahkhatam violated NRS 454.213(1)(r) when he administered a dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, to six-year-old patient S.P. in violation of ACIP Recommendations, and is subject to discipline pursuant to NRS 639.210(12).

11. As the pharmacy/pharmacy owner at which the violation of law alleged herein occurred, Respondent CVS Pharmacy #8789 is responsible for those violations, including all errors and omissions of Mahkhatam, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

COUNT TWO

Statutory Violation –Vaccine Administration Recordkeeping Violation

(Respondents Mahkhatam, Friesz and CVS Pharmacy #8789)

12. Mahkhatam violated NAC 639.2977 when he erroneously entered into S.P.'s patient records that the dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, administered to S.P. was a second dose when no first dose was ever administered to S.P., and is subject to discipline pursuant to NRS 639.210(12).

13. As the managing pharmacist of CVS Pharmacy #8789 at the time of the recordkeeping violation, Friesz is responsible for the violation and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

14. As the pharmacy/pharmacy owner at which the violation of law alleged herein occurred, Respondent CVS Pharmacy #8789 is responsible for the violation, including all errors and omissions of Mahkhatam, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

COUNT THREE

Unprofessional Conduct

(Respondent Mahkhatam and Respondent CVS Pharmacy #8789)

15. Mahkhatam engaged in unprofessional conduct as defined in NAC 639.945(1)(i) when he administered a second dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, to six-year-old patient S.P. in violation of ACIP Recommendations and again when he erroneously entered into S.P.'s patient records that the dose administered was a second dose when no first dose was ever administered to S.P., and is subject to discipline pursuant to NRS 639.210(4).

16. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8789 is responsible for those violations, including all errors and omissions of Mahkhatam, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license and certificates of registration of these Respondents.

Signed this 25th day of January 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8789,** **Pharmacy License No. PH01257,** **Respondent.**	**CASE NO. 22-345-PH-N** **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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 6, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@pharmacy.nv.gov **and** **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 25th day of January, 2024.

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.** **CVS PHARMACY #8789,** **Pharmacy License No. PH01257,** **Respondent.**	**CASE NO. 22-345-PH-N** **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 _____, 2024.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR CVS PHARMACY #8789

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Omid Mahkhatam, RPH
[redacted] Rhoda St.
Los Angeles, CA 91316

Kayla Friesz, RPH
[redacted] Blackhorn St
Pahrump, NV 89048

CVS Pharmacy #8789
100 S. Nevada Highway 160
Pahrump, NV 89048

Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

SHIRLEY HUNTING
BOARD COORDINATOR

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8789,** **Pharmacy License No. PH01257,** **OMID MAHKHATAM, RPH,** **Certificate of Registration No. 23030, and** **KAYLA FRIESZ, RPH,** **Certificate of Registration No. 19635,** **Respondents.**	**CASE NOS. 22-345-PH-N** **22-345-RPH-A-N** **22-345-RPH-B-N** **STIPULATION AND ORDER (RESPONDENTS CVS PHARMACY #8789 AND MAHKHATAM ONLY)**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Omid Mahkhatam, RPh (Mahkhatam), Certificate of Registration No. 23030, and Respondent CVS Pharmacy #8789, Pharmacy License No. PH01257, **HEREBY STIPULATE AND AGREE THAT:**

1. On or about January 25, 2024, Respondents were 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. Respondents are fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.

3. Respondents are 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 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).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive the 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).

5. Respondents do not contest the allegations in the Accusation, but acknowledge that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. Mahkhatam violated NRS 454.213(1)(r) when he administered a dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, to six-year-old patient S.P. in violation of ACIP Recommendations, and is subject to discipline pursuant to NRS 639.210(12);

B. Mahkhatam violated NAC 639.2977 when he erroneously entered into S.P.'s patient records that the dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, administered to S.P. was a second dose when no first does was ever administered to S.P., and is subject to discipline pursuant to NRS 639.210(12);

C. Mahkhatam engaged in unprofessional conduct as defined in NAC 639.945(1)(i) when he administered a second dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, to six-year-old patient S.P. in violation of ACIP Recommendations and again when he erroneously entered into S.P.'s patient records that the dose administered was a second dose when no first does was ever administered to S.P., and is subject to discipline pursuant to NRS 639.210(4);

D. As the managing pharmacist of CVS Pharmacy #8789 at the time of the recordkeeping violation, Friesz is responsible for the violation and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702; and

E. As the pharmacy/pharmacy owner at which the violation of law alleged herein occurred, Respondent CVS Pharmacy #8789 is responsible for the violation, including all errors and omissions of Mahkhatam, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

6. Those violations are plead with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Omid Mahkhatam, RPh, Certificate of Registration No. 23030, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Mahkhatam shall pay a fine of One Thousand Five Hundred Dollars ($1,500.00) for the violations;

B. Pursuant to NRS 622.400, Mahkhatam shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs; and

C. Pursuant to NRS 639.2174, Mahkhatam shall complete 10 continuing education units on immunizations, in addition to the 30 continuing education units required biennially pursuant to NAC 639.330.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent CVS Pharmacy #8789, Pharmacy License No. PH01257, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), CVS Pharmacy #8789 shall pay a fine of One Thousand Five Hundred Dollars ($1,500.00) for the violations; and

B. Pursuant to NRS 622.400, CVS Pharmacy #8789 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. Any failure by any 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 the non-compliant Respondent(s) 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 any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

10. 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 May 29, 2024. Respondents will appear in person 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.

11. 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.

12. 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 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.

13. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's 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.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "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.

15. 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.

Respondents have fully considered the charges and allegations contained in the *First Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this Apr 18, 2024 **day of** _____ **2024**

Leo Lariviere (Apr 18, 2024 10:37 EDT)

CVS PHARMACY #8789,
Pharmacy License No. PH01257

Signed this ___ day of _____ 2024

OMID MAHKHATAM, RPH,
Certificate of Registration No. 23030

Signed this ___ day of _____ 2024

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Omid Mahkhatam, RPh, Certificate of Registration No. 23030, and Respondent CVS Pharmacy #8789, Pharmacy License No. PH01257, in Case Nos. 22-345-PH-S and 22-345-RPH-A-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of May 2024.

_____
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8789,** **Pharmacy License No. PH01257,** **OMID MAHKHATAM, RPH,** **Certificate of Registration No. 23030, and** **KAYLA FRIESZ, RPH,** **Certificate of Registration No. 19635,** **Respondents.**	**CASE NOS. 22-345-PH-N** **22-345-RPH-A-N** **22-345-RPH-B-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 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 Omid Mahkhatam, RPh (Mahkhatam), Certificate of Registration No. 23030, and Respondent Kayla Friesz, RPh (Friesz), Certificate of Registration No. 19635, were pharmacists registered with the Board, and Respondent CVS Pharmacy #8789, Pharmacy License No. PH01257, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Friesz was employed as managing pharmacist and Mahkhatam was employed as a staff pharmacist by CVS Pharmacy #8789 at the time of the events alleged herein.

3. On or about August 17, 2022, Mahkhatam administered a dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, to six-year-old patient S.P., and erroneously entered into the patient's records that the dose administered was a second dose when no first dose was ever administered to S.P.

APPLICABLE LAW

4. A registered pharmacist may administer immunizations pursuant to NRS 454.213(1)(r) in compliance with the "Standards for Immunization Practices" recommended and approved by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP), and in conformance with NAC 639.297 to 639.2978, inclusive. Immunization records must be maintained in conformance with NAC 639.2977.

5. Meningococcal vaccinations must be performed in conformance with the ACIP Recommendations published in the Morbidity and Mortality Weekly Report, September 25, 2020, Vol. 69 No. 9, located at https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6909a1-H.pdf. ACIP Recommendations specify administration of the vaccine to adolescents as one (1) primary dose at 11 to 12 years of age, with one (1) booster dose at 16 years of age, except under special circumstances.

6. Performing any duties as the holder of a pharmacist 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).

7. 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).

8. A managing pharmacist is 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, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

9. 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); NAC 639.702. 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).

COUNT ONE

Statutory Violation – Administration of Vaccine in Violation of ACIP Recommendations
(Respondents Mahkhatam and CVS Pharmacy #8789)

10. Mahkhatam violated NRS 454.213(1)(r) when he administered a dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, to six-year-old patient S.P. in violation of ACIP Recommendations, and is subject to discipline pursuant to NRS 639.210(12).

11. As the pharmacy/pharmacy owner at which the violation of law alleged herein occurred, Respondent CVS Pharmacy #8789 is responsible for those violations, including all errors and omissions of Mahkhatam, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

COUNT TWO

Statutory Violation –Vaccine Administration Recordkeeping Violation
(Respondents Mahkhatam, Friesz and CVS Pharmacy #8789)

12. Mahkhatam violated NAC 639.2977 when he erroneously entered into S.P.'s patient records that the dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, administered to S.P. was a second dose when no first dose was ever administered to S.P., and is subject to discipline pursuant to NRS 639.210(12).

13. As the managing pharmacist of CVS Pharmacy #8789 at the time of the recordkeeping violation, Friesz is responsible for the violation and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

14. As the pharmacy/pharmacy owner at which the violation of law alleged herein occurred, Respondent CVS Pharmacy #8789 is responsible for the violation, including all errors and omissions of Mahkhatam, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

COUNT THREE

Unprofessional Conduct

(Respondent Mahkhatam and Respondent CVS Pharmacy #8789)

15. Mahkhatam engaged in unprofessional conduct as defined in NAC 639.945(1)(i) when he administered a second dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, to six-year-old patient S.P. in violation of ACIP Recommendations and again when he erroneously entered into S.P.'s patient records that the dose administered was a second dose when no first dose was ever administered to S.P., and is subject to discipline pursuant to NRS 639.210(4).

16. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8789 is responsible for those violations, including all errors and omissions of Mahkhatam, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license and certificates of registration of these Respondents.

Signed this 25th day of January 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **OMID MAHKHATAM, RPH,** **Certificate of Registration No. 23030,** **Respondent.**	**CASE NO. 22-345-RPH-A-N** **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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 6, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov **and** **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 25th day of January, 2024.

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.** **OMID MAHKHATAM, RPH,** **Certificate of Registration No. 23030,** **Respondent.**	**CASE NO. 22-345-RPH-A-N** **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 _____, 2024.

_____

OMID MAHKHATAM, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Omid Mahkhatam, RPH
[redacted] Rhoda St.
Los Angeles, CA 91316

Kayla Friesz, RPH
[redacted] Blackhorn St
Pahrump, NV 89048

CVS Pharmacy #8789
100 S. Nevada Highway 160
Pahrump, NV 89048

Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

SHIRLEY HUNTING
BOARD COORDINATOR

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8789,** **Pharmacy License No. PH01257,** **OMID MAHKHATAM, RPH,** **Certificate of Registration No. 23030, and** **KAYLA FRIESZ, RPH,** **Certificate of Registration No. 19635,** **Respondents.**	**CASE NOS. 22-345-PH-N** **22-345-RPH-A-N** **22-345-RPH-B-N** **STIPULATION AND ORDER (RESPONDENTS CVS PHARMACY #8789 AND MAHKHATAM ONLY)**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Omid Mahkhatam, RPh (Mahkhatam), Certificate of Registration No. 23030, and Respondent CVS Pharmacy #8789, Pharmacy License No. PH01257, **HEREBY STIPULATE AND AGREE THAT:**

1. On or about January 25, 2024, Respondents were 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. Respondents are fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.

3. Respondents are 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 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).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive the 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).

5. Respondents do not contest the allegations in the Accusation, but acknowledge that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. Mahkhatam violated NRS 454.213(1)(r) when he administered a dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, to six-year-old patient S.P. in violation of ACIP Recommendations, and is subject to discipline pursuant to NRS 639.210(12);

B. Mahkhatam violated NAC 639.2977 when he erroneously entered into S.P.'s patient records that the dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, administered to S.P. was a second dose when no first does was ever administered to S.P., and is subject to discipline pursuant to NRS 639.210(12);

C. Mahkhatam engaged in unprofessional conduct as defined in NAC 639.945(1)(i) when he administered a second dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, to six-year-old patient S.P. in violation of ACIP Recommendations and again when he erroneously entered into S.P.'s patient records that the dose administered was a second dose when no first does was ever administered to S.P., and is subject to discipline pursuant to NRS 639.210(4);

D. As the managing pharmacist of CVS Pharmacy #8789 at the time of the recordkeeping violation, Friesz is responsible for the violation and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702; and

E. As the pharmacy/pharmacy owner at which the violation of law alleged herein occurred, Respondent CVS Pharmacy #8789 is responsible for the violation, including all errors and omissions of Mahkhatam, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

6. Those violations are plead with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Omid Mahkhatam, RPh, Certificate of Registration No. 23030, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Mahkhatam shall pay a fine of One Thousand Five Hundred Dollars ($1,500.00) for the violations;

B. Pursuant to NRS 622.400, Mahkhatam shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs; and

C. Pursuant to NRS 639.2174, Mahkhatam shall complete 10 continuing education units on immunizations, in addition to the 30 continuing education units required biennially pursuant to NAC 639.330.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent CVS Pharmacy #8789, Pharmacy License No. PH01257, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), CVS Pharmacy #8789 shall pay a fine of One Thousand Five Hundred Dollars ($1,500.00) for the violations; and

B. Pursuant to NRS 622.400, CVS Pharmacy #8789 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. Any failure by any 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 the non-compliant Respondent(s) 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 any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

10. 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 May 29, 2024. Respondents will appear in person 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.

11. 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.

12. 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 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.

13. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's 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.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "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.

15. 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.

Respondents have fully considered the charges and allegations contained in the *First Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this Apr 18, 2024 **day of** _____ **2024**

Leo Lariviere (Apr 18, 2024 10:37 EDT)

CVS PHARMACY #8789,
Pharmacy License No. PH01257

Signed this ___ day of _____ 2024

OMID MAHKHATAM, RPH,
Certificate of Registration No. 23030

Signed this ___ day of _____ 2024

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Omid Mahkhatam, RPh, Certificate of Registration No. 23030, and Respondent CVS Pharmacy #8789, Pharmacy License No. PH01257, in Case Nos. 22-345-PH-S and 22-345-RPH-A-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of May 2024.

_____

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. CVS PHARMACY #8789, Pharmacy License No. PH01257, OMID MAHKHATAM, RPH, Certificate of Registration No. 23030, and KAYLA FRIESZ, RPH, Certificate of Registration No. 19635, Respondents.	CASE NOS. 22-345-PH-N 22-345-RPH-A-N 22-345-RPH-B-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 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 Omid Mahkhatam, RPh (Mahkhatam), Certificate of Registration No. 23030, and Respondent Kayla Friesz, RPh (Friesz), Certificate of Registration No. 19635, were pharmacists registered with the Board, and Respondent CVS Pharmacy #8789, Pharmacy License No. PH01257, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Friesz was employed as managing pharmacist and Mahkhatam was employed as a staff pharmacist by CVS Pharmacy #8789 at the time of the events alleged herein.

3. On or about August 17, 2022, Mahkhatam administered a dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, to six-year-old patient S.P., and erroneously entered into the patient's records that the dose administered was a second dose when no first dose was ever administered to S.P.

APPLICABLE LAW

4. A registered pharmacist may administer immunizations pursuant to NRS 454.213(1)(r) in compliance with the "Standards for Immunization Practices" recommended and approved by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP), and in conformance with NAC 639.297 to 639.2978, inclusive. Immunization records must be maintained in conformance with NAC 639.2977.

5. Meningococcal vaccinations must be performed in conformance with the ACIP Recommendations published in the Morbidity and Mortality Weekly Report, September 25, 2020, Vol. 69 No. 9, located at https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6909a1-H.pdf. ACIP Recommendations specify administration of the vaccine to adolescents as one (1) primary dose at 11 to 12 years of age, with one (1) booster dose at 16 years of age, except under special circumstances.

6. Performing any duties as the holder of a pharmacist 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).

7. 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).

8. A managing pharmacist is 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, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

9. 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); NAC 639.702. 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).

COUNT ONE

Statutory Violation – Administration of Vaccine in Violation of ACIP Recommendations
(Respondents Mahkhatam and CVS Pharmacy #8789)

10. Mahkhatam violated NRS 454.213(1)(r) when he administered a dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, to six-year-old patient S.P. in violation of ACIP Recommendations, and is subject to discipline pursuant to NRS 639.210(12).

11. As the pharmacy/pharmacy owner at which the violation of law alleged herein occurred, Respondent CVS Pharmacy #8789 is responsible for those violations, including all errors and omissions of Mahkhatam, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

COUNT TWO

Statutory Violation –Vaccine Administration Recordkeeping Violation
(Respondents Mahkhatam, Friesz and CVS Pharmacy #8789)

12. Mahkhatam violated NAC 639.2977 when he erroneously entered into S.P.'s patient records that the dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, administered to S.P. was a second dose when no first dose was ever administered to S.P., and is subject to discipline pursuant to NRS 639.210(12).

13. As the managing pharmacist of CVS Pharmacy #8789 at the time of the recordkeeping violation, Friesz is responsible for the violation and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

14. As the pharmacy/pharmacy owner at which the violation of law alleged herein occurred, Respondent CVS Pharmacy #8789 is responsible for the violation, including all errors and omissions of Mahkhatam, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

COUNT THREE

Unprofessional Conduct

(Respondent Mahkhatam and Respondent CVS Pharmacy #8789)

15. Mahkhatam engaged in unprofessional conduct as defined in NAC 639.945(1)(i) when he administered a second dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, to six-year-old patient S.P. in violation of ACIP Recommendations and again when he erroneously entered into S.P.'s patient records that the dose administered was a second dose when no first dose was ever administered to S.P., and is subject to discipline pursuant to NRS 639.210(4).

16. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8789 is responsible for those violations, including all errors and omissions of Mahkhatam, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license and certificates of registration of these Respondents.

Signed this 25th day of January 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** v. **KAYLA FRIESZ, RPH,** **Certificate of Registration No. 19635,** **Respondent.**	**CASE NO. 22-345-RPH-B-N** **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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 6, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov **and** **bkandt@pharmay.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 25th day of JANUARY 2024.

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.** **KAYLA FRIESZ, RPH,** **Certificate of Registration No. 19635,** **Respondent.**	**CASE NO. 22-345-RPH-B-N** **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 _____, 2024.

_____

KAYLA FRIESZ, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Omid Mahkhatam, RPH
[redacted] Rhoda St.
Los Angeles, CA 91316

Kayla Friesz, RPH
[redacted] Blackhorn St
Pahrump, NV 89048

CVS Pharmacy #8789
100 S. Nevada Highway 160
Pahrump, NV 89048

Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

SHIRLEY HUNTING
BOARD COORDINATOR

FILED
FEB 20 2024
NEVADA STATE BOARD OF PHARMACY

MICHAEL MEE, ESQ.
Nevada Bar No. 13726
400 S 4th St #500
Las Vegas, NV 89101
(702) 990-0190
mmee@defenselawyervegas.com
Attorney for Respondent Kayla Friesz

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. CVS PHARMACY #8789, Pharmacy License No. PH01257, OMID MAHKHATAM, RPH, Certificate of Registration No. 23030, and KAYLA FRIESZ, RPH, Certificate of Registration No. 19635, Respondents.	Case Nos.: **22-345-PH-N** **22-345-RPH-A-N** **22-345-RPH-B-N** **RESPONDENT KAYLA FRIESZ'S ANSWER AND NOTICE OF DEFENSE** **(Hearing Requested)**

COMES NOW, Respondent KAYLA FRIESZ, by and through her attorney of record, MICHAEL MEE, ESQ, who does hereby provide Notice of her Defense to the received Notice of Intended Action and Accusation, and hereby responds and Answers as follows:

1. Respondent Kayla Friesz ("Friesz") answers that she is without knowledge of the truth or falsity of the statements made in Paragraph 1, and on that basis denies the same, except that she admits as to being a pharmacist registered with the Board under No.

19635.

2. Respondent Friesz admits this allegation.

3. Respondent Friez answers that she is without knowledge of the truth or falsity of the statements made in Paragraph 3, and on that basis denies the same.

4. Respondent Friesz answers that she objects as Paragraph 4 contains no factual allegations but rather presents a summary of the law and legal conclusions, and is further compound, and on that basis denies the same, without waiving said objections Respondent acknowledges that Paragraph 4 appears to provide a correct statement of law.

5. Respondent Friesz answers that she objects as Paragraph 5 contains no factual allegations but rather presents a summary of the law and legal conclusions, and is further compound, and further that Respondent has no knowledge of the truth or falsity of the allegations set forth therein, and on that basis denies the same.

6. Respondent Friesz answers that she objects as Paragraph 6 contains no factual allegations but rather presents a summary of the law and legal conclusions, and is further compound, and further that Respondent has no knowledge of the truth or falsity of the allegations set forth therein, and on that basis denies the same, without waiving said objections Respondent acknowledges that Paragraph 6 appears to provide a correct statement of law.

7. Respondent Friesz answers that she objects as Paragraph 7 contains no factual allegations but rather presents a summary of the law and legal conclusions, and is further compound, and further that Respondent has no knowledge of the truth or falsity of the allegations set forth therein, and denies the same, however without waiving said

objections Respondent acknowledges that Paragraph 7 appears to provide a correct statement of law.

8. Respondent Friesz answers that she objects as Paragraph 8 contains no factual allegations but rather presents a summary of the law and legal conclusions, and is further compound, and further that Respondent has no knowledge of the truth or falsity of the allegations set forth therein, and on that basis denies the same, however without waiving said objections Respondent acknowledges that Paragraph 8 appears to provide a correct statement of law.

9. Respondent Friesz answers that she objects as Paragraph 9 contains no factual allegations but rather presents a summary of the law and legal conclusions, and is further compound, and further that Respondent has no knowledge of the truth or falsity of the allegations set forth therein, and on that basis denies the same, however without waiving said objections Respondent acknowledges that Paragraph 9 appears to provide a correct statement of law.

10. Respondent Friez answers that she is without knowledge of the truth or falsity of the statements made in Paragraph 10, and on that basis denies the same.

11. Respondent Friez objects as this Paragraph states a legal conclusion, answers that she is without knowledge of the truth or falsity of the statements made in Paragraph 11, and on that basis denies the same.

12. Respondent Friez objects as this Paragraph states a legal conclusion, answers that she is without knowledge of the truth or falsity of the statements made in Paragraph 12, and on that basis denies the same.

13. Respondent Friez objects as Paragraph 13 states a legal conclusion, and is compound,

without waiving said objections, denies the allegation(s) contained herein.

14. Respondent Friez objects as this Paragraph states a legal conclusion, answers that she is without knowledge of the truth or falsity of the statements made in Paragraph 14, and on that basis denies the same.

15. Respondent Friez objects as this Paragraph states a legal conclusion, answers that she is without knowledge of the truth or falsity of the statements made in Paragraph 15, and on that basis denies the same.

16. Respondent Friez objects as this Paragraph states a legal conclusion, answers that she is without knowledge of the truth or falsity of the statements made in Paragraph 16, and on that basis denies the same.

Wherefore, Respondent Friesz requests a hearing before the Nevada State Board of Pharmacy regarding the Notice of Intended Action and Accusation, and that at the close of such hearing the Board enter findings consistent with her denial of the allegation(s) against her set forth in **Count Two** of the Notice of Intended Action.

DATED this 20st day of February, 2024

MICHAEL MEE, ESQ.
Nevada Bar Number 13726
Counsel for Respondent Friesz

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8789,** **Pharmacy License No. PH01257,** **OMID MAHKHATAM, RPH,** **Certificate of Registration No. 23030, and** **KAYLA FRIESZ, RPH,** **Certificate of Registration No. 19635,** **Respondents.**	**CASE NOS. 22-345-PH-N** **22-345-RPH-A-N** **22-345-RPH-B-N** **STIPULATION AND ORDER** **(RESPONDENT FRIESZ ONLY)**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Kayla Friesz, RPh (Friesz), Certificate of Registration No. 19635, by and through counsel**,** Michael Mee, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about January 25, 2024, 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. On or about February 20, 2024, 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 does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. Respondent Omid Mahkhatam, RPh, Certificate of Registration No. 23030, violated NRS 454.213(1)(r) when he administered a dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, to six-year-old patient S.P. in violation of ACIP Recommendations, and is subject to discipline pursuant to NRS 639.210(12), and violated NAC 639.2977 when he erroneously entered into S.P.'s patient records that the dose of meningococcal vaccine, MENVEO A-C-Y-W-135-DIP, administered to S.P. was a second dose when no first does was ever administered to S.P., and is subject to discipline pursuant to NRS 639.210(12); and

B. As the managing pharmacist of CVS Pharmacy #8789 at the time of the recordkeeping violation, Friesz is responsible for the violation and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

8. Those violations are plead with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Kayla Friesz, RPh, Certificate of Registration No. 19635, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Friesz shall pay a fine of Five Hundred Dollars ($500.00) for the recordkeeping violation, by personal, business, certified or cashier's 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; and

B. Pursuant to NRS 622.400, Friesz shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "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.

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 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 not inconsistent 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 May 29, 2024. 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 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. The terms and admissions 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 contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of March 2024

KAYLA FRIESZ, RPH,
Certificate of Registration No. 19635

Signed this ___ day of March 2024

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of March 2024

MICHAEL MEE, ESQ.
Counsel for Respondent

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Kayla Friesz, RPh, Certificate of Registration No. 19635, in Case No. 22-345-RPH-B-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of May 2024.

_____
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KEVIN PETERSON, MD,** **Certificate of Registration No. CS10594,** **Respondent.**	**CASE NO. 22-510-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 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 Kevin Peterson, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS10594, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent has a documented history of severe alcoholism, including instances of alcohol impairment in the course of performing his duties as a practitioner.

3. Respondent failed to renew his license No. 9665 to practice medicine with the Nevada State Board of Medical Examiners (NSBME), which expired by operation of law pursuant to NRS 630.267(2).

4. On or about October 21, 2023, Board staff served Respondent with notice that the expiration of his NSBME License No. 9665 to practice medicine operated as an immediate suspension of his Certificate of Registration No. CS10594 with the Board pursuant to NRS

639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

APPLICABLE LAW

5. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

6. The Board may suspend or revoke a controlled substance registration if the holder has a substance use disorder. NRS 453.241(1) and NRS 639.210(5).

7. 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).

8. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

9. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, NRS 454.00958 or NRS 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

10. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to

review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

COUNT ONE
Substance Abuse Disorder

11. By his documented history of severe alcoholism, Respondent is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(5).

COUNT TWO
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

12. By his documented history of severe alcoholism, including instances of alcohol impairment in the course of performing his duties as a practitioner, 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).

COUNT THREE
Surrender of NSBME License

13. By his surrender of his NSBME License No. 9665 to practice medicine, which expired by operation of law pursuant to NRS 630.267(2), Respondent no longer qualifies as a practitioner for registration to dispense controlled substances under federal or state law and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

COUNT FOUR
Commission of Acts that Render Registration Inconsistent with the Public Interest

14. By his documented history of severe alcoholism, including instances of alcohol impairment in the course of performing his duties as a practitioner, Respondent has committed acts that render his 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 25th day of January 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KEVIN PETERSON, MD,** **Certificate of Registration No. CS10594,** **Respondent.**	**CASE NO. 22-510-CS-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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 6, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 25th day of January 2024.

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.** **KEVIN PETERSON, MD,** **Certificate of Registration No. CS10594,** **Respondent.**	**CASE NO. 22-510-CS-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 _____, 2024.

_____

KEVIN PETERSON, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Kevin C. Peterson, MD
653 N. Town Center Dr. #314
Las Vegas, NV 89144

Kevin C. Peterson, MD
9121 W. Russell Rd. #115
Las Vegas, NV 89148

SHIRLEY HUNTING

Kevin C. PETERSEN

License Number:

9665

License Type:

Medical Doctor

License Status:

Expired

Initial License Date:

Dec-15-2000

Expiration Date:

Jun-30-2023

Public Address:

653 North Town Center Suite 314

Public City:

Las Vegas

Public State:

Nevada

Public ZIP Code:

89144

Public Country:

United States

Public Phone Number:

7022567616

Credential:

M.D.

Specialties

Specialty
Surgery, General

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
Tufts University - Boston, MA	Medical Doctor Degree	N/A	Jun-24-1981

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
University of CA Hospital - Los Angeles, CA	Residency	Surgery,General	Jul-01-1981	Jun-30-1983

Institution	Program Type	Specialty Type	Start Date	End Date
USC-LAC County Hospital - Los Angeles, CA	Fellowship	Transplantation	Jul-01-1983	Jun-30-1984
Chicago Medical School - Chicago, IL	Residency	Surgery,General	Jul-01-1984	Jun-30-1986

Board Actions

Summary	Attachments
None.	

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary	Attachments
None.	

Malpractice Information

Summary	Attachments
None.	

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JOE LOMBARDO
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

October 21, 2023

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO:

kevincpetersen@gmail.com

Kevin Peterson, MD
[redacted] Sapphire Vista Avenue
Las Vegas NV 89144

Re: Notice of Suspension of Registration No. CS10594 (Case No. 22-510-CS-S)

Dear Dr. Peterson:

The Nevada State Board of Pharmacy (Board) has been notified that your License No. 9665 to practice medicine was not renewed with the Nevada State Board of Medical Examiners. Please be advised that pursuant to NRS 639.2107 this operates as an immediate suspension of your Certificate of Registration No. CS10594 with the Board.

You may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until you petition the Board for reinstatement pursuant to NRS 639.2565 and the Board reinstates your certificate of registration. Your PMP account is also suspended pursuant to NAC 453.078.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0279 8258 20

5K

FILED
FEB 14 2024
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. ERIKA KIMBLE, APRN, Certificate of Registration No. CS21522, Respondent.	CASE NO. 23-256-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 Erika Kimble, APRN, held a controlled substance registration, Certificate No. CS21522, issued by the Board.

FACTUAL ALLEGATIONS

2. A Board investigation of Respondent's practice at Parasol Aesthetics, located at 7925 W Sahara Avenue Ste 103 in Las Vegas, revealed that Respondent issued prescriptions for compounded semaglutide under the names of her staff to Meta Pharmacy for administration by injection to multiple patients.

APPLICABLE LAW

3. No person may possess and administer a dangerous drug except as authorized by law. NRS 454.213(3); NRS 454.221; NRS 454.301; NRS 454.316(2).

4. A practitioner may prescribe a dangerous drug for a specific patient in conformance with NRS 454.223 and NRS 639.2353.

5. It is a felony offense to falsify a prescription for a dangerous drug. NRS 454.311(1).

6. A practitioner may purchase supplies of dangerous drugs from a pharmacy, and a pharmacy may sell or otherwise provide a compounded drug to a practitioner who will be administering the drug to a patient; the quantity must not exceed the amount necessary for the practitioner to serve the present needs of the patients of the practitioner. NRS 639.268(1)(a) and NAC 639.757(4) and (5).

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 453.236(1) and NRS 639.210(4).

8. 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 453.236(1) and NRS 639.210(4).

9. 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 453.236(1) and NRS 639.210(12).

10. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 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).

COUNT ONE

Violations of State Law – Issuing Fraudulent Prescriptions

11. By falsifying prescriptions as alleged in paragraph 2 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213(3), NRS 454.221, NRS 454.223, NRS 454.301, NRS 454.311(1), NRS 454.316(2), NRS

639.2353, NRS 639.268(1)(a) and/or NAC 639.757(4) and (5), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(12).

COUNT TWO

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

12. By falsifying prescriptions as alleged in paragraph 2 herein, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT THREE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

13. By falsifying prescriptions as alleged in paragraph 2, Respondent has performed her duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), and/or NRS 639.210(4).

COUNT FOUR

Commission of Acts that Render Registration Inconsistent with the Public Interest

14. By falsifying prescriptions as alleged in paragraph 2, Respondent has committed acts that render her registration inconsistent with the public interest 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 14th day of February 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIKA KIMBLE, APRN,** **Certificate of Registration No. CS21522,** **Respondent.**	**CASE NO. 23-256-CS-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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, May 29, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 14th day of FEBRUARY 2024.

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.** **ERIKA KIMBLE, APRN,** **Certificate of Registration No. CS21522,** **Respondent.**	**CASE NO. 23-256-CS-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 _____, 2024.

_____

ERIKA KIMBLE, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of February, 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Erika Kimble, APRN
7925 W. Sahara Ste. 103
Las Vegas, NV 89117

Erika Kimble, APRN
Parasol Aesthetics, Dermatology & Wellness
7925 W. Sahara
Las Vegas, NV 89117

Erika Kimble, APRN
[redacted] Granemore St.
Las Vegas, NV 89135

SHIRLEY HUNTING
BOARD COORDINATOR

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIKA KIMBLE, APRN,** **Certificate of Registration No. CS21522,** **Respondent.**	**Case No. 23-256-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Erika Kimble, APRN, Certificate No. CS21522, by and through counsel**,** Michael Raine, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about February 14, 2024, 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 March 4, 2024, 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 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).

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 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).

6. Respondent does not admit the allegations in the Accusation, but acknowledges that Board staff prosecuting this case has and could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. While engaged in practice at Parasol Aesthetics, located at 7925 W Sahara Avenue Ste 103 in Las Vegas, Respondent issued prescriptions for compounded semaglutide under the names of her staff to Meta Pharmacy for administration by injection to multiple patients; and

B. Such conduct, if proven, could constitute a violation of NRS 454.213, NRS 454.221, NRS 454.223, NRS 454.301, NRS 454.311(1), NRS 454.316(2), NRS 639.2353, NRS 639.268(1)(a) and/or NAC 639.757(4) and (5) and constitute unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i).

7. Respondent acknowledges that any violation of the above-referenced statutes and/or regulations constitutes grounds for discipline pursuant to NRS 453.236(1), NRS 639.210, NRS 639.255, NAC 639.955 and NRS 622.400.

8. 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. Respondent Erika Kimble, APRN, Certificate No. CS21522, is placed on probation pursuant to NRS 639.255(1)(b) for a period of one (1) 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 practitioner under NRS Chapters 453, 454 and 639;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Two Thousand Five Hundred Dollars ($2,500.00) for the violations, by personal, business, certified or cashier's 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, due and payable by May 29, 2025;

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "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, due and payable by May 29, 2025; and

D. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.

Upon successful completion of probation, Respondent's Certificate of Registration No. CS21522 will be fully restored.

9. 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 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 not inconsistent with the provisions of NRS Chapters 453 and 639.

10. 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 May 29, 2024. 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.

11. 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.

12. 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

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. The terms and admissions 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 contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 1 day of May 2024

EKIKA KIMBLE, APRN,
Certificate of Registration No. CS21522

Signed this ___day of _____2024

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___day of _____2024

MICHAEL RAINES, ESQ.
Counsel for Respondent

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.

13. 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 knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2024

ERIKA KIMBLE, APRN,
Certificate of Registration No. CS21522

Signed this ___ day of _____ 2024

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2024

MICHAEL RAINES, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Erika Kimble, APRN, Certificate No. CS21522, in Case No. 23-256-CS-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 May 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. HARRISON CLAYTON, PT, Certificate of Registration No. PT28442, Respondent.	CASE NO. 23-297-PT-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 Harrison Clayton, PT, Certificate No. PT28442, was a pharmaceutical technician registered with the Board.

FACTUAL ALLEGATIONS

2. Respondent was employed as a pharmaceutical technician by Walgreens Pharmacy #11899, Pharmacy License No. PH02487, located at 6485 S. Ft. Apache Road in Las Vegas, at the time of the events alleged herein.

3. Walgreens Pharmacy #11899 submitted DEA Form 106 documentation to the Board reporting the theft of controlled substances after an investigation in July 2023 produced evidence that Respondent diverted nine-hundred and twenty-six (926) controlled substance tablets/capsules for his personal use, including, without limitation, Alprazolam, Oxycodone-Acetaminophen, Hydrocodone-Acetaminophen and Oxycodone HCL.

4. On or about July 30, 2023, Respondent signed a written admission to diverting controlled substances from Walgreens Pharmacy #11899 and was terminated from employment.

APPLICABLE LAW

5. 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).

6. 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)

7. It is a criminal offense to use a controlled substance except as authorized by law. 42 U.S.C. § 12210; NRS 453.411(1).

8. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

9. 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).

10. 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).

11. 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).

COUNT ONE
Unlawful Acquisition of Controlled Substances

12. By diverting and acquiring controlled substances as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 846, NRS 453.331(1)(d) and/or NRS 453.391(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT TWO
Unlawful Possession of Controlled Substances

13. By diverting and possessing controlled substances as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 844, 21 U.S.C. § 846, NRS 453.336(1), NRS 453.381(8) and/or NRS 454.316(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT THREE
Unlawful Use of Controlled Substances

14. By diverting and using controlled substances as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 42 U.S.C. § 12210 and/or NRS 453.411(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT FOUR
Unprofessional Conduct - Diversion

15. By diverting controlled substances as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

COUNT FIVE
Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

16. By diverting controlled substances as alleged herein, Respondent was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct

contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

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

Signed this 14th day of February 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HARRISON CLAYTON, PT,** **Certificate of Registration No. PT28442,** **Respondent.**	**CASE NO. 23-297-PT-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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, May 29, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 14th day of February 2024.

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.** **HARRISON CLAYTON, PT,** **Certificate of Registration No. PT28442,** **Respondent.**	**CASE NO. 23-297-PT-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 _____, 2024.

HARRISON CLAYTON, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of February, 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Harrison Clayton, PT
[redacted] Summer Grove Ave.
Las Vegas, NV 89117

SHIRLEY HUNTING
BOARD COORDINATOR

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FEB 2 9 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ELIHU D. WYATT, APRN,** **Certificate of Registration No. CS32395,** **Respondent.**	**CASE NO. 23-427-CS-A-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 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 Elihu D. Wyatt, APRN, held a Nevada controlled substance registration, Certificate of Registration No. CS32395, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent served as medical director of The Tox Shop, located at 2620 Regatta Drive #218 in Las Vegas, Nevada, during the relevant times frames herein. Registered Nurse (RN) Kami Gray owns The Tox Shop.

3. Respondent permitted Gray and other RNs to have independent access to the medication storage containing dangerous drugs, and to access those medications outside Respondent's presence and without Respondent's supervision.

4. Respondent permitted Gray and other RNs to independently access, possess and administer dangerous drugs to patients, specifically, to provide on-site medical treatment at The

Tox Shop, including the administration of dangerous drugs by injection, without direct practitioner supervision, and without a patient-specific and medication-specific written chart order for the patient and/or medication, to patients with whom Respondents had not established a bona fide therapeutic relationship, and for whom Respondents had neither diagnosed nor determined that a dangerous drug was medically necessary.

APPLICABLE LAW

5. No person may possess or administer 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; NRS 639.100(1).

6. A practitioner may give an RN limited authority to possess and administer dangerous drugs pursuant to NRS 454.213(1)(c), 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 registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, or pursuant to a chart order, for administration to a patient at another location.

Chart orders are patient-specific and medication-specific. *See* NRS 454.0041; NRS 639.004.

7. All controlled substances and dangerous drugs in the possession of an advanced practice registered nurse must be kept in a locked storage area with access restricted to authorized persons. NAC 639.898(1).

8. The Board may suspend or revoke the certificate of registration of an advanced practice registered nurse that has failed to maintain the security of his or her drug supply. NAC 639.900(12).

9. 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); NAC 639.900(4).

10. Aiding or abetting a person in unlicensed practice 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); NAC 639.900(4).

11. Dispensing a drug to any 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 is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.900(4).

12. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, including, without limitation, any provision of chapter 453, 454,585 or 639 of NRS or any regulation pertaining thereto, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12); NAC 639.900(14).

13. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 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).

COUNT ONE

Violations of State Law - Failure to Maintain Security of Dangerous Drugs

14. By permitting Gray and other RNs to have unrestricted access to his inventory of dangerous drugs at The Tox Shop as alleged in paragraph 3 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.898(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.900(12) and (14) and/or NRS 639.210(12).

COUNT TWO

Violation of State Law - Unlawful Possession & Administration of Dangerous Drugs

15. By permitting Gray and other RNs to independently access, possess and administer dangerous drugs, without direct practitioner supervision, and without a patient-specific and medication-specific written chart order for the patient and/or medication, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor 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 454.213, NRS 454.221, NRS 454.316, NRS 454.316, NRS 454.321, NRS 454.356 and NRS 639.100(1), and is subject to discipline pursuant to NAC 639.900(14) and/or NRS 639.210(12).

COUNT THREE

Unprofessional Conduct - Unlawful Possession & Administration of Dangerous Drugs

16. By permitting Gray and other RNs to independently access, possess and administer dangerous drugs, without direct practitioner supervision, and without a patient-specific and medication-specific written chart order for the patient and/or medication, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary, Respondent performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, aided and abetted unlicensed practice, and engaged in, or aided and abetted others to engage in, unprofessional conduct as defined in NAC 639.945(i), (j) and (n), and is subject to discipline pursuant to NRS 639.210(4) and/or NAC 639.900(4).

COUNT FOUR

Commission of Acts that Render Registration Inconsistent with the Public Interest

17. By permitting Gray and other RNs to independently access, possess and administer dangerous drugs, without direct practitioner supervision, and without a patient-specific and medication-specific written chart order for the patient and/or medication, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary, Respondent has committed acts that render registration inconsistent with the public interest 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 certificate of registration of this Respondent.

Signed this 27th day of FEBRUARY 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ELIHU D. WYATT, APRN,** **Certificate of Registration No. CS32395,** **Respondent.**	**CASE NO. 23-427-CS-A-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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, May 29, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov **and** **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 27th day of FEBRUARY 2024.

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.** **ELIHU D. WYATT, APRN,** **Certificate of Registration No. CS32395,** **Respondent.**	**CASE NO. 23-427-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 _____, 2024.

_____

ELIHU D. WYATT, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 29th day of February, 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Elihu D. Wyatt, APRN
1180 N. Town Center Dr. #100
Las Vegas, NV 89144

Baxter L. Wilde, Esq.
10001 Park Run Dr.
Las Vegas, NV 89145

JESSETTE PHAYNARIKONE
ADMINISTRATOR ASSISTANT I
BOARD COORDINATOR

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ELIHU D. WYATT, APRN,** **Certificate of Registration No. CS32395,** **Respondent.**	**CASE NO. 23-427-CS-A-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Elihu D. Wyatt, APRN, Certificate of Registration No. CS32395, by and through counsel**,** Brian R. Hardy, Esq. and McKenna J. Sullivan, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about February 29, 2024, 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. Respondent is entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. 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.

3. 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).

4. 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).

5. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. By permitting Registered Nurse (RN) Kami Gray and other RNs to have unrestricted access to his inventory of dangerous drugs at The Tox Shop, Respondent violated NAC 639.898(1) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.900(12) and (14) and/or NRS 639.210(12);

B. By permitting Gray and other RNs to independently access, possess and administer dangerous drugs, without direct practitioner supervision, and without a patient-specific and medication-specific written chart order for the patient and/or medication, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a controlled substance was medically necessary, Respondent violated NRS 454.213, NRS 454.221, NRS 454.316, NRS 454.316, NRS 454.321, NRS 454.356 and NRS 639.100(1), and is subject to discipline pursuant to NAC 639.900(14) and/or NRS 639.210(12); and

C. By his actions Respondent performed his duties as the holder of a controlled substance registration in an unprofessional conduct as defined in NAC 639.945(i), (j) and (n), committed acts that render registration inconsistent with the public interest and is subject to discipline pursuant to NRS 639.210(4) NRS 453.236(1), NRS 453.241(1), and/or NAC 639.900(4).

6. 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, NAC 639.900 and/or NRS 639.255.

7. 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. Respondent Elihu D. Wyatt, APRN, Certificate of Registration No. CS32395, is placed on probation pursuant to NRS 639.255(1)(b) for a period of one (1) year subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a practitioner under NRS Chapters 453, 454 and 639 with respect to the actions identified above;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Two Thousand Five Hundred Dollars ($2,500.00) for the violations, by personal, business, certified or cashier's 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, due and payable by December 1, 2024;

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "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, due and payable by September 1, 2024; and

D. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

However, nothing herein shall suspend or impair the right of the Respondent to practice under any valid registration, license or permit, during the probation period. Upon successful completion of probation, Respondent's Certificate of Registration No. CS32395 will be fully restored.

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 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 not inconsistent with the provisions of NRS Chapters 453 and 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 May 29, 2024. 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 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. The terms and admissions 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 contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2024

ELIHU D. WYATT, APRN,
Certificate of Registration No. CS32395

Signed this ___ day of _____ 2024

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2024

MCKENNA J. SULLIVAN, ESQ.
BRIAN R. HARDY, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Elihu D. Wyatt, APRN, Certificate of Registration No. CS32395, in Case No. 23-427-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 May 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW OKEKE, M.D.,** **Certificate of Registration No. CS10935,** **Respondent.**	**Case No. 19-013-CS-S** **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, files the following document that will serve as both a first amended notice of intended action under NRS 233B.127(3) and a first amended accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over Respondent Matthew Okeke, M.D. (Respondent), because Respondent, at the time of the violations alleged herein, held a Nevada controlled substance registration, Certificate of Registration No. CS10935.

2. Respondent is a physician licensed by the Nevada State Board of Medical Examiners to practice psychiatry in Nevada. During the time periods discussed herein, Respondent was a "practitioner" as that term is defined at NRS 453.126.

FACTUAL ALLEGATIONS

3. Between February 28, 2017, and November 21, 2018, Respondent maintained a psychiatric practice in Las Vegas, Nevada. During that time frame, while engaged at various times in overseas travel, Respondent issued or caused to be issued at least one hundred twenty (120) prescriptions for controlled substances. These included prescriptions for alprazolam, clonazepam, diazepam, lacosamide, pregabalin, lisdexamfetamine, and buprenorphine.

4. Respondent was located outside of the United States during the periods from: 1) February 26 to March 11, 2017; 2) September 27 to October 2, 2017; 3) June 30 to July 17, 2018; and 4) November 9 to November 23, 2018.

5. While engaged in overseas travel as alleged above, Respondent employed the following methods of issuing prescriptions for controlled substances: 1) Respondent pre-signed certain of the prescriptions and supplied then to persons under his supervision or control for subsequent distribution to consumers; 2) Respondent authorized or directed one or more persons under his supervision or control to issue prescriptions to consumers by affixing Respondent's signature to those prescriptions via a rubber stamp imprinted with Respondent's signature; and 3) Respondent authorized or directed one or more persons under his supervision or control to telephonically issue prescriptions for consumers using Respondent's name and controlled substances registration number.

6. During the periods described herein, Respondent intentionally failed to maintain patient treatment charts and/or records from which a person could reasonably determine whether Respondent had a bona fide therapeutic relationship with the persons to whom prescriptions for controlled substances were issued under Respondent's name and controlled substances registration number.

7. Respondent caused, directed, or permitted one or more persons under his supervision or control to issue prescriptions for controlled substances even though such person(s) were not licensed or registered under state or federal law to prescribe controlled substances. Respondent knew or should have known that such person(s) were not licensed or registered under state or federal law to prescribe controlled substances.

8. On or about March 9, 2020, the Nevada State Board of Medical Examiners disciplined Respondent for malpractice and for failure to maintain proper medical records.

9. On or about September 7, 2022, Respondent entered a guilty plea pursuant to a plea agreement of committing the offense of intentional failure to maintain adequate records, a gross misdemeanor violation of NRS 422.510(1).

10. On or about September 7, 2022, Discovery Mind Center Ltd. (Discovery Mind Center), a Nevada limited-liability company, entered a guilty plea pursuant to a plea agreement of submitting false claims to defraud Medicaid, a felony violation of NRS 422.540; and of using the identifying information of an older person for unlawful purposes, a felony violation of NRS 205.463.

11. At the time of the offenses described in paragraph 10 above, Respondent owned, controlled, and/or managed Discovery Mind Center. Respondent entered guilty pleas on behalf of Discovery Mind Center.

12. On or about December 8, 2022, the Nevada State Board of Medical Examiners disciplined Respondent for failure to maintain proper medical records.

13. On or about January 17, 2023, Respondent and Discovery Mind Center were sentenced for the criminal offenses described in paragraph 10 above. Discovery Mind Center was ordered to pay $330,000 in restitution, and Respondent was sentenced to probation and ordered to pay $300,000 in costs and penalties.

14. On or about February 21, 2023, Matthew Okeke, M.D., Ltd., a Nevada limited-liability company, was convicted pursuant to a plea agreement of one count of submitting false claims: Medicaid fraud, a category D felony in violation of NRS 422.540(1)(a) and NRS 422.540(2)(a), and one count of obtaining and using personal identifying information of an older person for unlawful purposes, a category D felony in violation of NRS 205.463(1) and NRS 205.463(3)(a).

15. At the time of the offenses described in paragraph 14 above, Respondent owned, controlled, and/or managed Matthew Okeke, M.D., Ltd., a Nevada limited-liability company. Respondent entered guilty pleas on behalf of the company.

16. On or about February 21, 2023, Matthew Okeke, M.D., Ltd., a Nevada limited-liability company, was sentenced for the offenses described in paragraph 14 above. The company was ordered to pay a fine of $100,000, among other fees and assessments.

17. Respondent was charged individually with the offenses described in paragraphs 9, 10, and 14 above. However, Respondent entered into plea agreements whereby he avoided individual convictions for all offenses except the gross misdemeanor offense described in paragraph 9 above.

18. On or about October 25, 2022, Respondent submitted to the Board his application to renew his certificate of registration to prescribe controlled substances. The application specifically directed Respondent to disclose any charges, arrests, or convictions. Respondent disclosed the

conviction described in paragraph 9 above, referring to it as a "misdemeanor for record keeping," but he did not disclose the individual charges and/or arrests related to the felony fraud charges mentioned in paragraphs 10 and 14 above.

APPLICABLE LAW

19. In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. *See* NRS 453.321(1)(a). "Dispense" is defined to include the act of prescribing a controlled substance. *See* NRS 453.056.

20. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration from the Board. NRS 453.226(1)(a); NRS 453.231(3). A practitioner who fails to secure and maintain such a registration is subject to criminal and/or civil penalties for prescribing controlled substances without a registration. *See* NRS 453.232; NRS 453.553; NRS 453.5531.

21. In addition to any criminal or civil penalties that may apply, the Board may revoke or suspend the existing registration of any practitioner who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4).

22. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner: 1) performs, without the required registration, any task or operation for which registration is required; 2) performs his or her duties in an incompetent, unskillful, or negligent manner; 3) performs or engages in any fraudulent or deceitful transaction; or, 4) prescribes a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship. *See* NAC 639.945(1)(h)-(o).

23. Additionally, the Board may revoke or suspend the registration of any practitioner who has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to controlled substances, *see* NRS 639.210(11), or who has violated any Nevada statute or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, *see* NRS 639.210(12).

24. Further, the Board may revoke or suspend the registration of any practitioner who has been convicted of a crime involving moral turpitude, dishonesty or corruption. *See* NRS 639.210(7)(c).

25. Finally, the Board may revoke or suspend the registration of any practitioner who "[h]as willfully made to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provisions of [NRS chapter 639]." *See* NRS 639.210(9).

26. In addition to or in lieu of revoking or suspending a practitioner's certificate of registration due to any violation described herein, the Board may impose an administrative fine upon such practitioner. The fine may not exceed $10,000 for each offense. *See* NRS 639.255(1)(f) and (3).

COUNT ONE

Failure to Comply with Federal Registration Requirements

27. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribed controlled substances in Nevada without their having obtained a registration from the Drug Enforcement Division of the U.S. Department of Justice. This constitutes a violation of federal law relating to controlled substances. *See* 21 U.S.C. 822(a)(2); 21 C.F.R. § 1306.03(a)(1). It also constitutes a violation of NRS 639.210(11), an offense for which the Board may impose administrative discipline.

COUNT TWO

Failure to Comply with State Registration Requirements

28. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada without their having obtained a registration from the Board. This violates state law relating to controlled substances. *See* NRS 453.321(1); NRS 453.226. It also constitutes a violation of NRS 639.210(12), an offense for which the Board may impose administrative discipline.

COUNT THREE
Participating in Deceitful Transactions

29. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada.

30. Respondent engaged in the conduct described herein as part of a scheme to bill Medicaid for services that Respondent did not provide. In this regard, Respondent used prescriptions to falsely document patient visits that never occurred.

31. By causing prescriptions to be issued in the manner described herein, Respondent engaged in unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(h).

COUNT FOUR
Issuing Pre-signed Prescriptions

32. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada by supplying patients with written prescriptions that Respondent had signed or stamped in advance of his overseas travel.

33. By causing prescriptions to be issued in the manner described herein, Respondent violated NRS 639.2353 by issuing pre-signed prescriptions. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 639.210(12). Through his conduct, Respondent has potentially subjected other persons to administrative discipline. *See* NAC 639.295(15). (a physician assistant is subject to discipline for supplying patients with pre-signed prescriptions).

COUNT FIVE
Issuing Prescriptions from Unauthorized Locations

34. Between May 18, 2022, and January 22, 2023, while located outside the United States, Respondent caused prescriptions for controlled substances to be issued in his name and under his controlled substances registration number.

35. By engaging in the conduct described herein, Respondent prescribed controlled substances from locations other than his office and/or a location properly registered with the Board. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 453.226; NRS 639.210(12); NAC 453.130(3).

COUNT SIX

Performing Duties in an Incompetent, Unskillful, or Negligent Manner

36. Respondent failed to maintain patient charts and records from which the Board and/or a member of the Board's staff could reasonably ascertain whether Respondent maintained bona fide therapeutic relationships with the persons to whom prescriptions for controlled substances were issued between May 18, 2022, and January 22, 2023. Pursuant to NRS 453.246 and NAC 639.945(1)(o), Respondent had a legal duty to maintain such records.

37. By failing to maintain records as required by NRS 453.246 and NAC 639.945(1)(o), Respondent violated state law relating to controlled substances and/or performed his duties in an incompetent, unskillful and/or negligent manner. This is conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NAC 639.945(1)(i).

38. By subjecting persons under his supervision or control to potential disciplinary action, Respondent performed his duties in an incompetent, unskillful and/or negligent manner. This too is conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

COUNT SEVEN

Failure to Establish Bona Fide Patient Relationships

39. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances for persons whom Respondent identified as his patients. Respondent did not establish bona fide therapeutic relationship with one or more of these ostensible patients.

40. Respondent's conduct as described above constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(o).

COUNT EIGHT
Conviction of Crime Involving Dishonesty

41. As described above, Respondent was convicted of intentional failure to maintain adequate records, a gross misdemeanor.

42. Respondent's conviction for intentional failure to maintain adequate records, a gross misdemeanor, was directly related to a fraudulent billing scheme involving the Discovery Mind Center and Matthew Okeke, M.D., Ltd., both limited-liability companies under the ownership and control of Respondent.

43. Respondent's conviction for intentional failure to maintain adequate records, a gross misdemeanor, amounted to a conviction for a crime involving dishonesty. The Board may impose administrative discipline based upon that conviction. *See* NRS 639.210(7)(c).

COUNT NINE
Willfully Making False Statements in Connection with Renewal Application

44. As alleged above, on or about October 25, 2022, Respondent submitted to the Board his application to renew his certificate of registration to prescribe controlled substances. On the application, Respondent falsely represented that he had never been charged with or arrested for a criminal offense other than a misdemeanor offense related to record keeping. When he made this representation, Respondent had recently been charged with and/or arrested for multiple felony offenses related to a scheme to defraud Medicaid.

45. When he made the above false representation, Respondent knew that he had recently been charged with and/or arrested for multiple felony offenses related to a scheme to defraud Medicaid.

46. Respondent's false statement was material to the Board's determination whether to renew Respondent's certificate of registration to prescribe controlled substances.

47. Having willfully made a false representation as alleged above, Respondent is subject to discipline pursuant to NRS 639.210(9).

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 26th day of September 2023.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW OKEKE, MD,** **Certificate of Registration No. CS10935,** **Respondent.**	**CASE NO. 19-013-CS-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 639.241 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.

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 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.

3. **The Board has rescheduled your hearing on this matter for Wednesday, December 6, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

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 26th day of September, 2023.

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.** **MATTHEW OKEKE, MD,** **Certificate of Registration No. CS10935,** **Respondent.**	**CASE NO. 19-013-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First Amended 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 First Amended 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 First Amended 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 _____, 2023.

_____

MATTHEW OKEKE, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 29th day of September 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Liborius Agwara, JD, PhD
Law Offices of Libo Agwara, LTD
2785 E. Desert Inn Road, Suite 280
Las Vegas, NV 89121

Matthew Okeke, MD
[redacted] S. Las Vegas Blvd., [redacted]
Las Vegas, NV 89101

SHIRLEY HUNTING

FILED
MAR 0 6 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW OKEKE, M.D.,** **Certificate of Registration No. CS10935,** **Respondent.**	**Case No. 19-013-CS-S** **ORDER VACATING DECISION**

Respondent Matthew Okeke, M.D. (Respondent), by and through counsel, Liborius Agwara, Esq., petitioned the Nevada State Board of Pharmacy (Board) to vacate its Findings of Fact, Conclusions of Law, and Order dated January 17, 2024 (Order). By issuance of the Order, the Board revoked Respondent's Certificate of Registration No. CS10935 after Respondent failed to appear for the scheduled hearing. Pursuant to NRS 622A.390, Respondent petitioned the Board to vacate the Order on the ground that Respondent was reasonably unaware of the hearing due to circumstances beyond his control. The Board, acting through its undersigned President pursuant to NRS 622A.390(4), found good cause to vacate the Order and proceed with disciplinary proceedings stemming from the First Amended Notice of Intended Action and Accusation on file herein.

NOW, THEREFORE, the Order is hereby VACATED, and the disciplinary charges currently pending against Respondent shall be heard at the Board's next available public meeting. Respondent understands and acknowledges that Respondent's Certificate of Registration No. CS10935 has been placed on inactive status pursuant to NAC 453.285(1). Accordingly, Respondent shall not prescribe or unlawfully possess controlled substances pending the final disposition of these disciplinary proceedings. This decision is effective immediately.

Entered this 6th day of March 2024.

Helen Park, President
Nevada State Board of Pharmacy

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FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NEGAR SAFAVI, RPH,** **Certificate of Registration No. 18099,** **and,** **CVS PHARMACY # 6717,** **Pharmacy License No. PH01932,** **Respondents.**	**Case Nos. 20-133-PH-S** **20-133-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, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Negar Safavi ("Respondent Safavi"), because Respondent Safavi holds a certificate of registration issued by the Board pursuant to NRS 639.127, authorizing her to engage in the practice of pharmacy in the state of Nevada.

2. The Board has personal jurisdiction over Respondent CVS Pharmacy #6717 ("Respondent CVS"), because Respondent CVS holds a license issued by the Board pursuant to NRS 639.230, authorizing Respondent CVS to operate a pharmacy located at 60 N. Valle Verde Drive in Henderson, Nevada.

3. The Board has jurisdiction over the subject matter of this accusation because the violations alleged herein involve the practice of pharmacy at a pharmacy location operated by Respondent CVS in Henderson, Nevada.

FACTUAL ALLEGATIONS

4. In June 2020, Respondent Safavi was a registered pharmacist employed by Respondent CVS at its pharmacy on North Valle Verde Drive in Henderson, Nevada.

5. On or about June 24, 2020, while on duty at the pharmacy location on North Valle Verde Drive, Respondent Safavi dispensed, or caused to be dispensed to patient T.E., a total of 14 tablets of Oxycodone 10 mg.

6. The 14 tablets were dispensed pursuant to a prescription written by T.E.'s physician, who provided instructions for T.E. to take 1 tablet by mouth every 12 hours. Respondent CVS assigned prescription number 888727 to that order. A CVS pharmacist or pharmacy technician entered the relevant details about the prescription into the CVS computer system.

7. As of June 24, 2020, Respondent CVS had not previously filled a prescription for T.E. for Oxycodone. Accordingly, the CVS computer system alerted pharmacy staff that patient counseling was required by Nevada law before dispensing the drug.

8. T.E. unknowingly left the pharmacy with just 14 tablets even though T.E.'s physician had written the prescription for 56 tablets. When T.E. later discovered that she had not received the full supply of Oxycodone as prescribed by her physician, she complained to CVS pharmacy employees. T.E. later submitted a lengthy complaint to the Board in which she alleged, among other things, that someone had stolen her Oxycodone.

9. Respondent Safavi neglected to counsel T.E. before T.E. left the pharmacy on June 24, 2020, with 14 tablets instead of 56 tablets as prescribed.

10. Between June 24, 2020, and June 26, 2020, Respondent Safavi investigated T.E.'s complaints concerning the alleged theft of her Oxycodone. Having reviewed pharmacy records, Respondent Safavi determined that there had been no theft of T.E.'s Oxycodone. Respondent Safavi explained to T.E. and/or to T.E.'s physician that T.E. had received just 14 tablets, as opposed to 56 tablets, because T.E.'s insurance would not agree to pay for more than a 7-day supply.

11. T.E. insisted that her insurance would have paid for 56 tablets had pharmacy employees requested preauthorization to fill the full 28-day supply. Respondent Safavi and/or other CVS employees explained that the insurance company would not have processed a request for preauthorization until after she had received the initial 7-day supply. T.E. continued to demand a full 28-day supply of Oxycodone.

12. Between June 24, 2020, and 26, 2020, Respondent Safavi attempted to resolve T.E.'s complaints about having received a short supply of Oxycodone. Respondent Safavi states that she attempted to edit the entry in the CVS computer system for prescription number 88727, and to obtain preauthorization from T.E.'s insurance company. Ultimately, it was determined that T.E.'s insurance would not pay for a 28-day supply of Oxycodone.

13. According to Respondent Safavi, her edits to the data entry for prescription number 88727 were intended to reflect that the prescribed 28-day supply had been partially dispensed on June 24, 2020, and/or to reflect that T.E. would pay cash for the balance of the drug rather than use insurance.

14. Respondent Safavi states that she tried but was unable to edit the data entry for prescription number 88727 to reflect that the prescription had been partially and not fully dispensed. Consequently, the description of the prescribed drug, the dose, and the dosage remained in the system without amendment or modification.

15. Due to Respondent Safavi's edits and/or attempted edits as described above, the CVS computer system automatically prompted another CVS pharmacist, Todd Spears, to fill prescription number 88727 according to the prescription information that remained in the system. That information conformed to the prescription as originally written by T.E.'s physician, without any indication that the prescription had been partially dispensed on June 24, 2020.

16. On or about June 26, 2020, acting in reliance upon the information in the CVS computer system, Spears filled prescription number 88727 with a full 28-day supply of Oxycodone tablets. Spears placed the filled prescription in the pharmacy's waiting bin. Spears stated that he had not previously interacted with T.E. or been made aware of any issues with her prescription.

17. On or about July 24, 2020, T.E. picked up a full 28-day supply of Oxycodone tablets. According to T.E., a pharmacy employee handed her a bag without asking her to sign for the receipt of the contents or present photo identification. Respondent CVS was unable to produce a record of the July 24, 2020, transaction.

18. At no time between June 24, 2020, and July 24, 2020, did T.E.'s physician write her a second prescription for Oxycodone. According to Respondent Safavi, the CVS computer system did not generate a record of the transaction on July 24, 2020, because the system had already been programmed to reflect that prescription number 88727 was fully dispensed on June 24, 2020. As indicated above, Respondent Safavi was unable to modify or amend the applicable data entry.

19. As of October 16, 2020, Respondent CVS had not corrected pharmacy records to reflect that prescription number 88727 was only partially filled on June 24, 2020, and then filled a second time on July 24, 2020, with an excess number of Oxycodone 10 mg tablets.

APPLICABLE LAW

20. The Board may revoke or suspend the registration of any pharmacist who has been guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4). Likewise, the Board may revoke or suspend the registration of any pharmacist who has violated any provision of Nevada law relating to prescription drugs. NRS 639.210(12). In lieu of revoking or suspending a pharmacist's registration, the Board may impose fines as a disciplinary measure. NRS 639.255; NAC 639.955.

21. A pharmacist's conduct is deemed unprofessional if the pharmacist fails to strictly follow the instructions of the person writing, making, or ordering a prescription as to its filling or refilling. NAC 639.945(1)(d). Additionally, a pharmacist's conduct is deemed unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

22. Unless otherwise provided by law, a pharmacist must verbally provide a patient or a person caring for the patient with information about each prescription drug or device dispensed to the

patient. Failure to provide appropriate counseling to the patient constitutes a violation of NRS 639.707(1). Pursuant to NRS 639.210(12), the Board may discipline a pharmacist who violates NRS 639.707(1).

23. Pursuant to NAC 639.910, a computerized system used by a pharmacy for recording information concerning prescriptions must be designed in such a manner that it provides a readily retrievable printed record of the information relating to a prescription or a patient which the pharmacy is required to maintain pursuant to state or federal law, including, without limitation, information relating to the original prescription or the refill or modification of that prescription.

24. Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), pharmacies, pharmacy managers, and/or pharmacists are responsible for the acts and omissions of the pharmacy workers under their supervision and/or in their employ.

COUNT ONE
Failure to Counsel
(Respondents Safavi and CVS)

25. On or about June 24, 2020, Respondent Safavi dispensed, or caused to be dispensed to patient T.E., a total of 14 tablets of Oxycodone 10 mg. This was 42 fewer tablets than what had been prescribed by T.E.'s physician.

26. Respondent Safavi neglected to counsel T.E. before T.E. left the pharmacy with 14 tablets of Oxycodone.

27. Had Respondent Safavi properly counseled T.E., she would have alerted T.E. to the discrepancy between the number of tablets dispensed versus the number of tablets prescribed. This, in turn, would have alerted Respondent Safavi to correct the entry in the CVS computer system before it ostensibly became irreversible.

28. Respondent Safavi's conduct as alleged above violated NRS 639.707(1). Further, Respondent's conduct as alleged above was negligent. Accordingly, Respondent Safavi is subject to discipline pursuant to NRS 629.210(4), NRS 639.210(12), and NAC 639.945(1)(i).

29. As the owner/operator of the pharmacy at which Respondent Safavi was employed, Respondent CVS is responsible for Respondent Safavi's conduct as alleged above. Accordingly, the Board may discipline Respondent CVS pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

COUNT TWO
Failure to Follow Physician's Instructions
(Respondents Safavi and CVS)

30. On or about June 24, 2020, Respondent Safavi dispensed, or caused to be dispensed to patient T.E., a total of 14 tablets of Oxycodone 10 mg. This was 42 fewer tablets than what had been prescribed by T.E.'s physician.

31. Respondent Safavi did not obtain T.E.'s consent, nor the consent of T.E.'s physician, to deviate from the instructions on the prescription.

32. Having failed to obtain consent to deviate from the instructions on the prescription, Respondent Safavi failed to strictly follow the instructions of the person writing, making, or ordering a prescription as to its filling or refilling.

33. Having failed to obtain consent to deviate from the instructions on the prescription, Respondent Safavi performed her duties in a negligent manner.

34. Respondent Safavi's negligent conduct as alleged above was unprofessional. Accordingly, Respondent Safavi is subject to discipline pursuant to NRS 639.210(4) and NAC 639.945(1)(d) and (i).

35. As the owner/operator of the pharmacy at which Respondent Safavi was employed, Respondent CVS is liable for Respondent Safavi's' negligent conduct as described above. Accordingly, the Board may discipline Respondent CVS pursuant to NRS 639.230(5) and NAC 639.945(2).

COUNT THREE
Failure to Follow Physician's Instructions
(Respondents Safavi and CVS)

36. On or about June 24, 2020, Respondent Safavi dispensed, or caused to be dispensed to patient T.E., a total of 14 tablets of Oxycodone 10 mg. This was 42 fewer tablets than what had been prescribed by T.E.'s physician.

37. Between June 24 and 26, 2020, Respondent Safavi attempted without success to edit pharmacy records to reflect that prescription number prescription number 88727 was partially and not fully dispensed on June 24, 2020. Although Respondent Safavi knew that her attempts to edit pharmacy records were unsuccessful, Respondent Safavi neglected to monitor the status of prescription number 88727.

38. As a result of Respondent Safavi's failure to monitor the status of prescription number 88727, another CVS pharmacist erroneously filled the prescription a second time by adding 56 Oxycodone tablets to the 14 tablets that had already been dispensed to T.E. This, in turn, caused Respondent CVS and/or its employees to dispense too many tablets to T.E, thus deviating from the instructions of the person writing, making, or ordering prescription number 88727 as to its filling or refilling.

39. Respondent Safavi's conduct as alleged above was negligent. Accordingly, she is subject to discipline for having engaged in unprofessional conduct. NRS 639.210(4); NAC 639.945(1)(d) and (i).

40. As the owner/operator of the pharmacy at which Respondent Safavi was employed, Respondent CVS is liable for Respondent Safavi's conduct as described above. Accordingly, the Board may discipline Respondent CVS pursuant to NRS 639.230(5) and NAC 639.945(2).

COUNT FOUR
Failure to Maintain Accurate Records
(Respondent CVS)

41. On or about June 24, 2020, Respondent Safavi dispensed, or caused to be dispensed to patient T.E., a total of 14 tablets of Oxycodone 10 mg. This was 42 fewer tablets than what had been prescribed by T.E.'s physician.

42. On information and belief, Respondent CVS designed its computer system in such a way as to make it difficult if not impossible for Respondent Safavi to correct the history and status of prescription number 88727 as it appeared in pharmacy records.

43. As of October 16, 2020, Respondent CVS had not corrected pharmacy records to reflect that prescription number 88727 was only partially filled on June 24, 2020, and then filled a second time on July 24, 2020, with an excess number of Oxycodone 10 mg tablets.

44. Acting by and through its officers, employees, consultants, and/or independent contractors, Respondent CVS designed a computerized system that was incapable of providing a readily retrievable printed record of relevant information relating to prescription number 88727. Through this conduct, Respondent CVS violated NAC 639.910.

45. Based on the foregoing, Respondent CVS may be disciplined pursuant to NRS 639.210(12).

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

DATED this 22 day of February 2024.

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, **Petitioner,** **v.** **NEGAR SAFAVI, RPH,** **Certificate Of Registration No. 18099,** **and,** **CVS Pharmacy # 6717** **License No. PH01932,** **Respondents.**	**Case Nos. 20-133-PH-S** **20-133-RPH-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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, May 29, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 27th day of February 2024.

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.** **NEGAR SAFAVI, RPH,** **Certificate Of Registration No. 18099,** **and,** **CVS Pharmacy # 6717** **License No. PH01932,** **Respondents.**	**Case Nos. 20-133-PH-S** **20-133-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 _____ 2024.

AUTHORIZED REPRESENTATIVE FOR CVS PHARMACY # 6717

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of February 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy #6717
60 N Valle Verde Dr.
Henderson, NV 89074

Brian Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

5P

FILED
FEB 28 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NEGAR SAFAVI, RPH,
Certificate of Registration No. 18099,

and,

CVS PHARMACY # 6717,
Pharmacy License No. PH01932,

Respondents.

Case Nos. 20-133-PH-S
20-133-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, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Negar Safavi ("Respondent Safavi"), because Respondent Safavi holds a certificate of registration issued by the Board pursuant to NRS 639.127, authorizing her to engage in the practice of pharmacy in the state of Nevada.

2. The Board has personal jurisdiction over Respondent CVS Pharmacy #6717 ("Respondent CVS"), because Respondent CVS holds a license issued by the Board pursuant to NRS 639.230, authorizing Respondent CVS to operate a pharmacy located at 60 N. Valle Verde Drive in Henderson, Nevada.

3. The Board has jurisdiction over the subject matter of this accusation because the violations alleged herein involve the practice of pharmacy at a pharmacy location operated by Respondent CVS in Henderson, Nevada.

FACTUAL ALLEGATIONS

4. In June 2020, Respondent Safavi was a registered pharmacist employed by Respondent CVS at its pharmacy on North Valle Verde Drive in Henderson, Nevada.

5. On or about June 24, 2020, while on duty at the pharmacy location on North Valle Verde Drive, Respondent Safavi dispensed, or caused to be dispensed to patient T.E., a total of 14 tablets of Oxycodone 10 mg.

6. The 14 tablets were dispensed pursuant to a prescription written by T.E.'s physician, who provided instructions for T.E. to take 1 tablet by mouth every 12 hours. Respondent CVS assigned prescription number 888727 to that order. A CVS pharmacist or pharmacy technician entered the relevant details about the prescription into the CVS computer system.

7. As of June 24, 2020, Respondent CVS had not previously filled a prescription for T.E. for Oxycodone. Accordingly, the CVS computer system alerted pharmacy staff that patient counseling was required by Nevada law before dispensing the drug.

8. T.E. unknowingly left the pharmacy with just 14 tablets even though T.E.'s physician had written the prescription for 56 tablets. When T.E. later discovered that she had not received the full supply of Oxycodone as prescribed by her physician, she complained to CVS pharmacy employees. T.E. later submitted a lengthy complaint to the Board in which she alleged, among other things, that someone had stolen her Oxycodone.

9. Respondent Safavi neglected to counsel T.E. before T.E. left the pharmacy on June 24, 2020, with 14 tablets instead of 56 tablets as prescribed.

10. Between June 24, 2020, and June 26, 2020, Respondent Safavi investigated T.E.'s complaints concerning the alleged theft of her Oxycodone. Having reviewed pharmacy records, Respondent Safavi determined that there had been no theft of T.E.'s Oxycodone. Respondent Safavi explained to T.E. and/or to T.E.'s physician that T.E. had received just 14 tablets, as opposed to 56 tablets, because T.E.'s insurance would not agree to pay for more than a 7-day supply.

11. T.E. insisted that her insurance would have paid for 56 tablets had pharmacy employees requested preauthorization to fill the full 28-day supply. Respondent Safavi and/or other CVS employees explained that the insurance company would not have processed a request for preauthorization until after she had received the initial 7-day supply. T.E. continued to demand a full 28-day supply of Oxycodone.

12. Between June 24, 2020, and 26, 2020, Respondent Safavi attempted to resolve T.E.'s complaints about having received a short supply of Oxycodone. Respondent Safavi states that she attempted to edit the entry in the CVS computer system for prescription number 88727, and to obtain preauthorization from T.E.'s insurance company. Ultimately, it was determined that T.E.'s insurance would not pay for a 28-day supply of Oxycodone.

13. According to Respondent Safavi, her edits to the data entry for prescription number 88727 were intended to reflect that the prescribed 28-day supply had been partially dispensed on June 24, 2020, and/or to reflect that T.E. would pay cash for the balance of the drug rather than use insurance.

14. Respondent Safavi states that she tried but was unable to edit the data entry for prescription number 88727 to reflect that the prescription had been partially and not fully dispensed. Consequently, the description of the prescribed drug, the dose, and the dosage remained in the system without amendment or modification.

15. Due to Respondent Safavi's edits and/or attempted edits as described above, the CVS computer system automatically prompted another CVS pharmacist, Todd Spears, to fill prescription number 88727 according to the prescription information that remained in the system. That information conformed to the prescription as originally written by T.E.'s physician, without any indication that the prescription had been partially dispensed on June 24, 2020.

16. On or about June 26, 2020, acting in reliance upon the information in the CVS computer system, Spears filled prescription number 88727 with a full 28-day supply of Oxycodone tablets. Spears placed the filled prescription in the pharmacy's waiting bin. Spears stated that he had not previously interacted with T.E. or been made aware of any issues with her prescription.

17. On or about July 24, 2020, T.E. picked up a full 28-day supply of Oxycodone tablets. According to T.E., a pharmacy employee handed her a bag without asking her to sign for the receipt of the contents or present photo identification. Respondent CVS was unable to produce a record of the July 24, 2020, transaction.

18. At no time between June 24, 2020, and July 24, 2020, did T.E.'s physician write her a second prescription for Oxycodone. According to Respondent Safavi, the CVS computer system did not generate a record of the transaction on July 24, 2020, because the system had already been programmed to reflect that prescription number 88727 was fully dispensed on June 24, 2020. As indicated above, Respondent Safavi was unable to modify or amend the applicable data entry.

19. As of October 16, 2020, Respondent CVS had not corrected pharmacy records to reflect that prescription number 88727 was only partially filled on June 24, 2020, and then filled a second time on July 24, 2020, with an excess number of Oxycodone 10 mg tablets.

APPLICABLE LAW

20. The Board may revoke or suspend the registration of any pharmacist who has been guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4). Likewise, the Board may revoke or suspend the registration of any pharmacist who has violated any provision of Nevada law relating to prescription drugs. NRS 639.210(12). In lieu of revoking or suspending a pharmacist's registration, the Board may impose fines as a disciplinary measure. NRS 639.255; NAC 639.955.

21. A pharmacist's conduct is deemed unprofessional if the pharmacist fails to strictly follow the instructions of the person writing, making, or ordering a prescription as to its filling or refilling. NAC 639.945(1)(d). Additionally, a pharmacist's conduct is deemed unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

22. Unless otherwise provided by law, a pharmacist must verbally provide a patient or a person caring for the patient with information about each prescription drug or device dispensed to the

patient. Failure to provide appropriate counseling to the patient constitutes a violation of NRS 639.707(1). Pursuant to NRS 639.210(12), the Board may discipline a pharmacist who violates NRS 639.707(1).

23. Pursuant to NAC 639.910, a computerized system used by a pharmacy for recording information concerning prescriptions must be designed in such a manner that it provides a readily retrievable printed record of the information relating to a prescription or a patient which the pharmacy is required to maintain pursuant to state or federal law, including, without limitation, information relating to the original prescription or the refill or modification of that prescription.

24. Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), pharmacies, pharmacy managers, and/or pharmacists are responsible for the acts and omissions of the pharmacy workers under their supervision and/or in their employ.

COUNT ONE
Failure to Counsel
(Respondents Safavi and CVS)

25. On or about June 24, 2020, Respondent Safavi dispensed, or caused to be dispensed to patient T.E., a total of 14 tablets of Oxycodone 10 mg. This was 42 fewer tablets than what had been prescribed by T.E.'s physician.

26. Respondent Safavi neglected to counsel T.E. before T.E. left the pharmacy with 14 tablets of Oxycodone.

27. Had Respondent Safavi properly counseled T.E., she would have alerted T.E. to the discrepancy between the number of tablets dispensed versus the number of tablets prescribed. This, in turn, would have alerted Respondent Safavi to correct the entry in the CVS computer system before it ostensibly became irreversible.

28. Respondent Safavi's conduct as alleged above violated NRS 639.707(1). Further, Respondent's conduct as alleged above was negligent. Accordingly, Respondent Safavi is subject to discipline pursuant to NRS 629.210(4), NRS 639.210(12), and NAC 639.945(1)(i).

29. As the owner/operator of the pharmacy at which Respondent Safavi was employed, Respondent CVS is responsible for Respondent Safavi's conduct as alleged above. Accordingly, the Board may discipline Respondent CVS pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

COUNT TWO
Failure to Follow Physician's Instructions
(Respondents Safavi and CVS)

30. On or about June 24, 2020, Respondent Safavi dispensed, or caused to be dispensed to patient T.E., a total of 14 tablets of Oxycodone 10 mg. This was 42 fewer tablets than what had been prescribed by T.E.'s physician.

31. Respondent Safavi did not obtain T.E.'s consent, nor the consent of T.E.'s physician, to deviate from the instructions on the prescription.

32. Having failed to obtain consent to deviate from the instructions on the prescription, Respondent Safavi failed to strictly follow the instructions of the person writing, making, or ordering a prescription as to its filling or refilling.

33. Having failed to obtain consent to deviate from the instructions on the prescription, Respondent Safavi performed her duties in a negligent manner.

34. Respondent Safavi's negligent conduct as alleged above was unprofessional. Accordingly, Respondent Safavi is subject to discipline pursuant to NRS 639.210(4) and NAC 639.945(1)(d) and (i).

35. As the owner/operator of the pharmacy at which Respondent Safavi was employed, Respondent CVS is liable for Respondent Safavi's' negligent conduct as described above. Accordingly, the Board may discipline Respondent CVS pursuant to NRS 639.230(5) and NAC 639.945(2).

COUNT THREE
Failure to Follow Physician's Instructions
(Respondents Safavi and CVS)

36. On or about June 24, 2020, Respondent Safavi dispensed, or caused to be dispensed to patient T.E., a total of 14 tablets of Oxycodone 10 mg. This was 42 fewer tablets than what had been prescribed by T.E.'s physician.

37. Between June 24 and 26, 2020, Respondent Safavi attempted without success to edit pharmacy records to reflect that prescription number prescription number 88727 was partially and not fully dispensed on June 24, 2020. Although Respondent Safavi knew that her attempts to edit pharmacy records were unsuccessful, Respondent Safavi neglected to monitor the status of prescription number 88727.

38. As a result of Respondent Safavi's failure to monitor the status of prescription number 88727, another CVS pharmacist erroneously filled the prescription a second time by adding 56 Oxycodone tablets to the 14 tablets that had already been dispensed to T.E. This, in turn, caused Respondent CVS and/or its employees to dispense too many tablets to T.E, thus deviating from the instructions of the person writing, making, or ordering prescription number 88727 as to its filling or refilling.

39. Respondent Safavi's conduct as alleged above was negligent. Accordingly, she is subject to discipline for having engaged in unprofessional conduct. NRS 639.210(4); NAC 639.945(1)(d) and (i).

40. As the owner/operator of the pharmacy at which Respondent Safavi was employed, Respondent CVS is liable for Respondent Safavi's conduct as described above. Accordingly, the Board may discipline Respondent CVS pursuant to NRS 639.230(5) and NAC 639.945(2).

COUNT FOUR
Failure to Maintain Accurate Records
(Respondent CVS)

41. On or about June 24, 2020, Respondent Safavi dispensed, or caused to be dispensed to patient T.E., a total of 14 tablets of Oxycodone 10 mg. This was 42 fewer tablets than what had been prescribed by T.E.'s physician.

42. On information and belief, Respondent CVS designed its computer system in such a way as to make it difficult if not impossible for Respondent Safavi to correct the history and status of prescription number 88727 as it appeared in pharmacy records.

43. As of October 16, 2020, Respondent CVS had not corrected pharmacy records to reflect that prescription number 88727 was only partially filled on June 24, 2020, and then filled a second time on July 24, 2020, with an excess number of Oxycodone 10 mg tablets.

44. Acting by and through its officers, employees, consultants, and/or independent contractors, Respondent CVS designed a computerized system that was incapable of providing a readily retrievable printed record of relevant information relating to prescription number 88727. Through this conduct, Respondent CVS violated NAC 639.910.

45. Based on the foregoing, Respondent CVS may be disciplined pursuant to NRS 639.210(12).

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

DATED this 27th day of FEBRUARY 2024.

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, **Petitioner,** **v.** **NEGAR SAFAVI, RPH,** **Certificate Of Registration No. 18099,** **and,** **CVS Pharmacy # 6717** **License No. PH01932,** **Respondents.**	**Case Nos. 20-133-PH-S** **20-133-RPH-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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, May 29, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South.
7830 Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 27th day of FEBRUARY 2024.

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.** **NEGAR SAFAVI, RPH,** **Certificate Of Registration No. 18099,** **and,** **CVS Pharmacy # 6717** **License No. PH01932,** **Respondents.**	**Case Nos. 20-133-PH-S** **20-133-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 _____, 2024.

_____

NEGAR SAFAVI, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of February 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Negar Safavi, PA
[redacted] Stuttgart St.
Las Vegas, NV 89147

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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FILED
JAN 2 5 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RAVI RAMANATHAN, M.D.,** **Certificate of Registration No. CS14526,** **Respondent.**	**CASE NO. 20-076-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, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Ravi Ramanathan, M.D. ("Respondent") because Respondent holds a certificate of registration issued by the Board authorizing him to prescribe controlled substances in Nevada. Respondent holds certificate of registration no. CS14526, which was issued by the Board pursuant to NRS 453.226 and NRS 453.231

2. The Board has jurisdiction over the subject matter of the violations alleged herein because they involve the prescribing of controlled substances.

FACTUAL ALLEGATIONS

3. Respondent is a physician licensed by the Nevada State Board of Medical Examiners ("NSBME") to practice medicine in Nevada. During the time periods discussed herein, Respondent was a "practitioner" as that term is defined at NRS 453.126.

4. Since 2006, Respondent has held a certificate of registration to prescribe controlled substances in Nevada. Between August 2009 and November 2017, Respondent also held a certificate of registration to sell and/or directly dispense dangerous drugs and controlled substances to his patients.

5. Between January 1, 2015, and December 31, 2019, Respondent owned, operated, and/or participated in a medical practice known as Family Doctors of Green Valley ("FDGV"), located in Henderson, Nevada.

6. In 2015, Respondent traveled on one or more occasions to destinations outside of the United States. Although FDGV employed other practitioners at the time, Respondent was the only member of the practice who held a certificate of registration to sell and/or directly dispense dangerous to patients of FDGV. In Respondent's absence, and with Respondent's knowledge and consent, these other practitioners sold and/or dispensed dangerous drugs and/or controlled substances using Respondent's certificate of registration and/or credentials.

7. In 2019, the Board disciplined Respondent for the conduct described in paragraph 6 above. In 2022, the NSBME disciplined Respondent for the same conduct.

8. In 2018 and 2019, while the Board's disciplinary action was pending against him, Respondent traveled on two or more occasions to destinations outside of the United States. Respondent's overseas travel encompassed the periods from: 1) December 23, 2018, to December 30, 2018; and 2) July 7, 2019, to July 22, 2019.

9. Between December 23, 2018, and December 30, 2018, while Respondent was engaged in overseas travel as alleged above, eleven of Respondent's patients obtained controlled substances using prescriptions that were ostensibly written by Respondent during the same time frame. These included prescriptions for phentermine and diazepam, both Schedule IV controlled substances.

10. Between July 7, 2019, and July 22, 2019, while Respondent was engaged in overseas travel as alleged above, three of Respondent's patients obtained controlled substances using prescriptions that were ostensibly written by Respondent during the same time frame. These included prescriptions for phentermine, a Schedule IV controlled substance, dextroamphetamine-amphetamine, a Schedule II controlled substance, and hydrocodone-acetaminophen, also a Schedule II controlled substance.

11. Respondent authorized or directed one or more persons under his supervision or control to issue the prescriptions described in paragraphs 9 and 10 above. Respondent pre-signed prescription blanks for this purpose, leaving them with other FDGV employees and/or practitioners to fill out and issue in Respondent's absence.

APPLICABLE LAW

12. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration issued by the Board. NRS 453.226(1)(a); NRS 453.231(3). A practitioner who fails to secure and maintain a certificate of registration is subject to criminal and/or civil penalties for prescribing controlled substances without a registration. NRS 453.232; NRS 453.553; NRS 453.5531.

13. The Board may revoke or suspend the registration of any practitioner who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any of the provisions of NRS chapter 639 or any state or federal law or regulation relating to drugs, the manufacture or distribution of drugs, or the practice of pharmacy. NRS 639.210(12); NRS 639.100(1); NRS 453.231(1)(b); NRS 453.236(1)(e).

14. It is unlawful for a practitioner to knowingly or intentionally "[p]ossess prescription blanks which have been signed before being filled out." NRS 453.331(1)(h).

15. It is unlawful for a practitioner to knowingly or intentionally "falsely make, alter, forge, utter, publish or pass, as genuine, any prescription for a controlled substance." NRS 453.331(1)(f).

16. A practitioner who dispenses controlled substances must register an office or other physical location with the Board where the practitioner maintains his or her professional practice. NRS 453.226(1); NAC 453.130. A separate registration is required at each principal place of business or professional practice where the practitioner dispenses controlled substances. NRS 453.226(5).

17. In addition to imposing discipline for a violation of applicable state or federal law, the Board may revoke or suspend the registration of any practitioner who is guilty of unprofessional

conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 453.231(1)(h); NRS 453.236(1)(e).

18. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner: 1) performs, without the required registration, any task or operation for which registration is required, NAC 639.945(1)(k); 2) performs his or her duties in an incompetent, unskillful, or negligent manner, NAC 639.945(1)(i); 3) performs or engages in any fraudulent or deceitful transaction, NAC 639.945(1)(h); or 4) aids or abets a person not licensed to practice pharmacy in Nevada, NAC 639.945(1)(j).

19. "'Practice of pharmacy' includes, but is not limited to, the . . . [p]erformance or supervision of activities associated with manufacturing, compounding, labeling, *dispensing* and distributing of a drug, including the receipt, handling and storage of prescriptions and other confidential information relating to patients." NRS 639.0124(1)(a) (emphasis added).

20. "'Dispense' means to deliver a controlled substance to an ultimate user, patient or research subject by or pursuant to the lawful order of a practitioner, including the *prescribing*, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery." NRS 639.0065 (emphasis added); *see also* NRS 453.056(1).

21. In addition to or in lieu of revoking or suspending a practitioner's certificate of registration due to any violation described herein, the Board may impose an administrative fine upon such practitioner. The fine may not exceed $10,000 for each offense. *See* NRS 639.255(1)(f) and (3).

COUNT ONE
Assisting or Abetting Unregistered Prescribing

22. Between December 23, 2018, and December 30, 2018, Respondent caused, directed, assisted, or abetted one or more persons under his supervision or control to prescribe controlled substances in Nevada without their having obtained a certificate of registration from the Board authorizing them to prescribe controlled substances.

23. Respondent's conduct as alleged above was a violation of state law for which the Board may impose professional discipline. *See* NRS 453.232; NRS 453.553; NRS 453.5531; NRS 639.210(12).

24. Respondent's conduct as alleged above was unprofessional and contrary to the public interest. NRS 453.231(1)(b); NRS 453.236(1)(e); NAC 639.945(1)(j) and (k). Respondent's conduct was unprofessional and contrary to the public interest because Respondent aided or abetted persons not licensed to practice pharmacy in Nevada and caused them to perform tasks for which registration was required.

25. The Board may discipline Respondent based upon any of the grounds stated above.

COUNT TWO
Assisting or Abetting Unregistered Prescribing

26. Between July 7, 2019, and July 22, 2019, Respondent caused, directed, assisted, or abetted one or more persons under his supervision or control to prescribe controlled substances in Nevada without their having obtained a certificate of registration from the Board authorizing them to prescribe controlled substances.

27. Respondent's conduct as alleged above was a violation of state law for which the Board may impose professional discipline. *See* NRS 453.232; NRS 453.553; NRS 453.5531; NRS 639.210(12).

28. Respondent's conduct as alleged above was unprofessional and contrary to the public interest. NRS 453.231(1)(b); NRS 453.236(1)(e); NAC 639.945(1)(j) and (k). Respondent's conduct was unprofessional and contrary to the public interest because Respondent aided or abetted persons not licensed to practice pharmacy in Nevada and caused them to perform tasks for which registration was required.

29. The Board may discipline Respondent based upon any of the grounds stated above. NRS 630.210(4) and NRS 639.210(12).

COUNT THREE
Possession of Pre-signed Prescriptions

30. Between December 23, 2018, and December 30, 2018, Respondent caused, directed, assisted, or abetted one or more persons under his supervision or control to prescribe controlled substances in Nevada. Respondent pre-signed prescription blanks for this purpose, leaving them with other FDGV employees and/or practitioners to fill out and issue in Respondent's absence.

31. Through his conduct as alleged above, Respondent constructively possessed pre-signed prescription blanks in violation of NRS 453.331(1)(h). Alternatively, Respondent assisted or abetted the unlawful possession of pre-signed prescription blanks by other FDGV employees and/or practitioners.

32. Respondent's conduct as alleged above was a violation of state law for which the Board may impose professional discipline. NRS 453.331(1)(h); NRS 639.210(12).

33. Respondent's conduct as alleged above was unprofessional and contrary to the public interest insofar as it was deceitful. NAC 639.945(1)(h). The alleged conduct was deceitful because it was calculated to induce pharmacists to fill unlawful and/or unauthorized prescriptions for controlled substances.

34. Respondent's conduct as alleged above was unprofessional and contrary to the public interest insofar as it was negligent. NAC 639.945(1)(i). Respondent's conduct was negligent because Respondent subjected other FDGV employees and/or practitioners to potential civil or criminal liability for violating Nevada law related to controlled substances.

35. The Board may discipline Respondent based upon any of the grounds stated above. NRS 630.210(4) and NRS 639.210(12).

COUNT FOUR
Possession of Pre-signed Prescriptions

36. Between July 7, 2019, and July 22, 2019, Respondent caused, directed, assisted, or abetted one or more persons under his supervision or control to prescribe controlled substances in

Nevada. Respondent pre-signed prescription blanks for this purpose, leaving them with other FDGV employees and/or practitioners to fill out and issue in Respondent's absence.

37. Respondent's conduct as alleged above was a violation of state law for which the Board may impose professional discipline. *See* NRS 453.232; NRS 453.553; NRS 453.5531; NRS 639.210(12).

38. Respondent's conduct as alleged above was unprofessional and contrary to the public interest insofar as it was deceitful. NAC 639.945(1)(h). The alleged conduct was deceitful because it was calculated to induce pharmacists to fill unlawful and/or unauthorized prescriptions for controlled substances.

39. Respondent's conduct as alleged above was unprofessional and contrary to the public interest insofar as it was negligent. NAC 639.945(1)(i). Respondent's conduct was negligent because Respondent subjected other FDGV employees and/or practitioners to potential civil or criminal liability for violating Nevada law related to controlled substances.

40. The Board may discipline Respondent based upon any of the grounds stated above. NRS 630.210(4) and NRS 639.210(12).

COUNT FIVE
Issuing Prescriptions from Unregistered Locations

41. Between December 23, 2018, and December 30, 2018, while located outside the United States, Respondent caused prescriptions for controlled substances to be issued in his name and under his controlled substances registration number.

42. By engaging in the conduct alleged above, Respondent prescribed controlled substances from locations other than his office and/or a location properly registered with the Board. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 453.226; NRS 639.210(12); NAC 453.130(3).

COUNT SIX
Issuing Prescriptions from Unregistered Locations

43. Between July 7, 2019, and July 22, 2019, while located outside the United States, Respondent caused prescriptions for controlled substances to be issued in his name and under his controlled substances registration number.

44. By engaging in the conduct alleged above, Respondent prescribed controlled substances from locations other than his office and/or a location properly registered with the Board. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 453.226; NRS 639.210(12); NAC 453.130(3).

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

DATED this 25th day of January 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RAVI RAMANATHAN, M.D.,** **Certificate of Registration No. CS14526,** **Respondent.**	**CASE NO. 20-076-CS-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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 6, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 25th day of January 2024.

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.** **RAVI RAMANATHAN, M.D.,** **Certificate of Registration No. CS14526,** **Respondent.**	**CASE NO. 20-076-CS-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 _____, 2024.

_____

RAVI RAMANATHAN, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Ravi Ramanathan, MD
[redacted] N. Pecos RD
Henderson, NV 89074

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RAVI RAMANATHAN, M.D.,** **Certificate of Registration No. CS14526,** **Respondent.**	**Case No. 20-076-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Gregory L. Zunino, Esq., and Respondent Ravi Ramanathan. M.D. ("Respondent"), by and through counsel, John A. Hunt, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent 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. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as the parties pursued settlement negotiations.

4. Respondent acknowledges that he understands the terms of this Stipulation and Proposed Order ("Stipulation"), and that he has executed it knowingly and voluntarily.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and excluding 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 right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

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. The parties agree that the offenses alleged in the Accusation relate to Respondent's issuance of pre-signed prescriptions in 2018 and 2019.

8. Respondent represents and warrants that Respondent's paramount concern was always to make sure his patients' health care needs were met in his absence, and that he established and maintained bona fide therapeutic relationships with the patients to whom prescriptions were issued in 2018 and 2019. Respondent now unequivocally acknowledges the pre-signing of the prescriptions in question was inappropriate and he takes full responsibility for his poor judgment.

9. Further, Respondent has provided reasonable assurances that since 2019, he has implemented appropriate remedial measures to ensure he will never issue pre-signed prescriptions in the future. Respondent's remedial measures can be corroborated by a review of Respondent's prescription monitoring profile during the time periods when he has been out of the county since July 22, 2019.

10. Now, therefore, to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agrees to the imposition of the following penalties:

A. Respondent accepts the Stipulation as a public reprimand imposed pursuant to NRS 639.255(1)(e).

B. Respondent shall pay an administrative fine of **Five Thousand and No/100 Dollars ($5,000.00)**, payable by *cashier's check, certified check,* or *money order* written to the **"State of Nevada, Office of the Treasurer."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before June 30, 2024.

C. Respondent shall pay the sum of **One Thousand Five Hundred and 00/100 Dollars ($1,500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check,* or *money order* written to the **"Nevada State Board of Pharmacy."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before June 30, 2024.

11. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 20-076-CS-S. However, Respondent understands and acknowledges that his failure to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing 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 by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

12. The Board's Senior 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 May 29, 2024, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear for the meeting.

13. The Board may 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 this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation

on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

AGREED:

Signed this 10 day of May 2024.

RAVI RAMANATHAN, M.D.
Certificate of Registration No. CS14526

Signed this 10th day of May 2024.

NEVADA STATE BOARD OF PHARMACY

By _____
GREGORY L. ZUNINO
Senior General Counsel

Approved as to Form and Content:

_____
JOHN A. HUNT, ESQ.
Clark Hill PLC

Attorneys for Respondent Ravi Ramanathan, M.D.

DECISION AND ORDER

As to Respondent Ravi Ramanathan, M.D., in Case No. 20-076-CS-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this ____day of May 2024.

Helen Park, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RAVI RAMANATHAN, M.D.,** **Certificate of Registration No. CS14526,** **Respondent.**	**Case No. 20-076-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Gregory L. Zunino, Esq., and Respondent Ravi Ramanathan. M.D. ("Respondent"), by and through counsel, John A. Hunt, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent 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. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as the parties pursued settlement negotiations.

4. Respondent acknowledges that he understands the terms of this Stipulation and Proposed Order ("Stipulation"), and that he has executed it knowingly and voluntarily.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and excluding 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 right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

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. The parties agree that the offenses alleged in the Accusation relate to Respondent's issuance of pre-signed prescriptions in 2018 and 2019.

8. Respondent represents and warrants that Respondent's paramount concern was always to make sure his patients' health care needs were met in his absence, and that he established and maintained bona fide therapeutic relationships with the patients to whom prescriptions were issued in 2018 and 2019. Respondent now unequivocally acknowledges the pre-signing of the prescriptions in question was inappropriate and he takes full responsibility for his poor judgment.

9. Further, Respondent has provided reasonable assurances that since 2019, he has implemented appropriate remedial measures to ensure he will never issue pre-signed prescriptions in the future. Respondent's remedial measures can be corroborated by a review of Respondent's prescription monitoring profile during the time periods when he has been out of the county since July 22, 2019.

10. Now, therefore, to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agrees to the imposition of the following penalties:

A. Respondent accepts the Stipulation as a public reprimand imposed pursuant to NRS 639.255(1)(e).

B. Respondent shall pay an administrative fine of **Five Thousand and No/100 Dollars ($5,000.00)**, payable by *cashier's check, certified check,* or *money order* written to the **"State of Nevada, Office of the Treasurer."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before June 30, 2024.

C. Respondent shall pay the sum of **One Thousand Five Hundred and 00/100 Dollars ($1,500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check,* or *money order* written to the **"Nevada State Board of Pharmacy."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before June 30, 2024.

11. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 20-076-CS-S. However, Respondent understands and acknowledges that his failure to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing 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 by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

12. The Board's Senior 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 May 29, 2024, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear for the meeting.

13. The Board may 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 this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation

on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

AGREED:

Signed this 10 day of May 2024.

RAVI RAMANATHAN, M.D.
Certificate of Registration No. CS14526

Signed this ____ day of May 2024.

NEVADA STATE BOARD OF PHARMACY

By_____
GREGORY L. ZUNINO
Senior General Counsel

Approved as to Form and Content:

JOHN A. HUNT, ESQ.
Clark Hill PLC

Attorneys for Respondent Ravi Ramanathan, M.D.

DECISION AND ORDER

As to Respondent Ravi Ramanathan, M.D., in Case No. 20-076-CS-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this ____day of May 2024.

Helen Park, President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GEORGE JAMES MAIORANO, PT,** **Certificate of Registration No. PT18868,** **Respondent.**	**Case No. 21-207-PT-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy hereby files the following document 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 personal jurisdiction over Respondent George James Maiorano ("Maiorano"), because at the time of the events alleged herein, Respondent Maiorano held Pharmaceutical Technician Registration No. PT18868, issued by the Board, pursuant to NRS 639.170, on January 31, 2018, which authorized Respondent Maiorano to engage in the limited practice of pharmacy within the State of Nevada, as specified by NRS 639.1371(3)(c) and the regulations adopted thereunder.

2. The Board has subject matter jurisdiction over this matter because at the time of the events alleged herein Respondent Maiorano was engaged in the practice of pharmacy as a pharmaceutical technician at Precision Specialty Pharmacy Corp. which dispensed dangerous drugs and controlled substances to Nevada patients.

FACTUAL ALLEGATIONS

3. On or about December 9, 2021, the Board conducted its annual inspection of Precision Specialty Pharmacy Corp. ("Precision Pharmacy") located at 2775 S. Jones Blvd., Suite 100A, Las Vegas, Nevada 89146. During the inspection it was discovered that Respondent Maiorano, who was an owner of Precision Pharmacy, was in possession of a pharmacy key.

4. In an emailed statement dated April 4, 2022, that was provided to the Board's investigator, Respondent Maiorano stated that he only had possession of a key to Precision Pharmacy during staffing changes involving Precision Pharmacy's managing pharmacists on October 21, 2021, October 25-26, 2021, and October 28, 2021 through November 1, 2021.

5. In July of 2019, Respondent Maiorano had possession of a key to the pharmacy.

6. Respondent Maiorano knew the combination to the safe where the pharmacy keys were kept at various times, including but not limited to October 21, 2021, October 25-26, 2021, and October 28, 2021 through November 1, 2021.

APPLICABLE LAW

7. The registered pharmacist on duty shall maintain possession of the key to the prescription department. Any additional keys to the prescription department must be kept in a locked box which is accessible only to licensed pharmacists and maintained to prevent access by unauthorized persons. NAC 639.520(2).

8. The Board may suspend or revoke any certificate, license, registration, or permit, pursuant to NRS 639.210(4), upon a finding that the holder or an owner of a business or an entity licensed by the Board performed their duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

9. The Board may suspend or revoke any certificate, license, registration, or permit, pursuant to NRS 639.210(4), upon a finding that the holder or an owner of a business or an entity licensed by the Board performed any act, task, or operation for which, licensure, certification or registration is required without the required license, certificate, or registration. NAC 639.945(1)(k).

10. The Board may suspend or revoke any certificate, license, registration, or permit, pursuant to NRS 639.210(9), upon a finding that the holder or an owner of a business or an entity licensed by the Board willfully made to the Board or its authorized representative a false statement

which is material to the administration or enforcement of any of the provisions of NRS or NAC Chapter 639.

11. Any violation of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5).

12. 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(3).

13. The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission. NAC 639.702.

14. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

COUNT ONE

Unprofessional Conduct – Incompetent, Unskillful, or Negligent Conduct and Unauthorized Acts (Respondent Maiorano)

15. By possessing the keys to Precision Pharmacy and/or knowledge of the combination to the pharmacy safe without holding a Pharmacist Certificate, Respondent Maiorano violated NAC 639.520(2), which constitutes unprofessional conduct and/or incompetent, unskillful, or negligent conduct contrary to the public interest pursuant to NRS 639.210(4) as further defined by NAC 639.945(1)(i).

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16. By possessing the keys to Precision Pharmacy and/or knowledge of the combination to the pharmacy safe without holding a Pharmacist Certificate, Respondent Maiorano violated NAC 639.520(2), which constitutes unprofessional conduct and acts in excess of the limited scope of practice of pharmacy authorized by a pharmaceutical technician registration pursuant to NRS 639.210(4) as further defined by NAC 639.945(1)(k). Respondent Maiorano is therefore subject to discipline pursuant to NRS 639.210(4); NRS 639.255(3).

17. As an owner of Precision Pharmacy, Respondent Maiorano is responsible for the conduct of its employees pursuant to NRS 639.230(5), NAC 639.702, and NAC 639.945(2). Respondent Maiorano is also therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

COUNT TWO
Willful False Statement to Board Investigator
(Respondent Maiorano)

18. Respondent Maiorano's April 7, 2022, emailed statement contained a willfully false statement to the Board's investigator that he only had possession of keys to Precision Pharmacy between October 21, 2021 and November 1, 2021. Therefore, Respondent Maiorano violated NRS 639.210(9), and is subject to discipline thereto and pursuant to NRS 639.255(3).

19. As an owner of Precision Pharmacy, Respondent Maiorano is responsible for the conduct of its employees pursuant to NRS 639.230(5), NAC 639.702, and NAC 639.945(2). Respondent Maiorano is also therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license of this Respondent Maiorano.

Signed this 9th day of January 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GEORGE JAMES MAIORANO, PT,** **Certificate of Registration No. PT18868,** **Respondent.**	**Case No. 21-207-PT-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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 6, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and p.keegan@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 9th day of January 2024.

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.** **GEORGE JAMES MAIORANO, PT,** **Certificate of Registration No. PT18868,** **Respondent.**	**Case No. 21-207-PT-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 _____, 2024.

_____
GEORGE JAMES MAIORANO, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of January, 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

George Maiorano
[redacted] Tenza Ct.
Las Vegas, NV 89141

Darlene Nases
DARLENE NASES
ASSISTANT BOARD COORDINATOR

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DVH HOSPITAL ALLIANCE, LLC,** **Pharmacy License No. IB02134,** **ELLIOTT ASARCH, RPH,** **Certificate of Registration No. 19265,** **MATTHEW HUNTINGTON, RPH,** **Certificate of Registration No. 18203,** **and,** **MARISSA CRAIN, PT,** **Certificate of Registration No. PT14524,** **Respondents.**	**CASE NOS. 22-053-PH-S** **22-053-RPH-A-S** **22-053-RPH-B-S** **22-053-PT-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent DVH Hospital Alliance, LLC ("Respondent DVH"), because Respondent DVH is licensed by the Board to dispense dangerous drugs and controlled substances in Nevada. Respondent DVH holds pharmacy license number PH02587.

2. The Board has personal jurisdiction over Respondent Elliott Asarch ("Respondent Asarch") because Respondent Asarch is a registered pharmacist authorized by the Board to dispense dangerous drugs and controlled substances in Nevada. Respondent Asarch holds certificate of registration no. 19265.

3. The Board has personal jurisdiction over Respondent Matthew Huntington ("Respondent Huntington") because Respondent Huntington is a registered pharmacist authorized by the Board to dispense dangerous drugs and controlled substances in Nevada. Respondent Huntington holds certificate of registration no. 18203.

4. The Board has personal jurisdiction over Respondent Marissa Crain ("PT Crain") because PT Crain was formerly registered by the Board to work as a pharmacy technician. The allegations below relate to PT Crain's employment as a pharmacy technician between December 2019 and February 2022. PT Crain held certificate of registration no. PT14524, which expired on October 31, 2022.

5. The Board has jurisdiction over the subject matter of this accusation because it alleges violations pertaining to the possession, control, and distribution of dangerous drugs and controlled substances.

FACTUAL ALLEGATIONS

6. At all times relevant to this accusation, Respondent DVH operated a pharmacy within the Desert View Hospital ("DVH Hospital"), located at 360 South Lola Lane in Pahrump, Nevada.

7. Between October 28, 2019, and February 18, 2022, Respondent DVH employed PT Crain as a pharmacy technician.

8. During her employment with Respondent DVH, PT Crain stole a large quantity of controlled substances. The stolen items included at least 3,243 tablets of hydrocodone, oxycodone, and alprazolam, 103 vials of fentanyl, 218 vials of morphine, and 50 vials of lorazepam, meperidine, and midazolam.

9. In February 2022, PT Crain admitted to stealing controlled substances from DVH Hospital. Respondent DVH thereafter terminated PT Crain's employment at DVH Hospital. In September 2022, PT Crain pleaded guilty to felony charges of unlawful possession of a controlled substance and embezzlement.

10. Between November 13, 2020, and October 5, 2021, Respondent DVH employed Respondent Asarch as its managing pharmacist. During this time frame, while under Respondent Asarch's direct or indirect supervision, PT Crain stole a large percentage of the controlled substances described in paragraph 8 above.

11. Between October 6, 2021, and February 18, 2022, Respondent DVH employed Respondent Huntington as its managing pharmacist. During this time frame, while under Respondent Huntington's direct or indirect supervision, PT Crain stole a large percentage of the controlled substances described in paragraph 8 above.

12. At all times relevant to this accusation, Respondent DVH owned or leased a Pyxis automated medication dispensing system. Respondent DVH used the Pyxis system to store and dispense dangerous drugs and controlled substances.

13. The Pyxis system consisted of a Pyxis CII safe, which was located in the pharmacy of the DVH Hospital. The Pyxis system also consisted of Pyxis MedStations, which were located at different places outside the pharmacy but inside the DVH Hospital where designated medical practitioners had access to them.

14. The Pyxis CII safe served as the central vault for storing dangerous drugs and controlled substances in the hospital pharmacy. The Pyxis MedStations served as automated dispensing devices from which medical practitioners removed dangerous drugs and controlled substances for administering to patients of the DVH Hospital.

15. The Pyxis system is equipped with digital technology that tracks dangerous drugs and controlled substances when they are removed from the Pyxis CII safe and then transferred to the Pyxis MedStations. The system also tracks removals from and/or deposits to the Pyxis MedStations. The Pyxis system is capable of generating a report that identifies in real time all such transactions involving dangerous drugs and controlled substances. If used properly, the Pyxis system provides the means by which a hospital pharmacy can maintain a perpetual inventory of controlled substances.

16. During her employment at DVH Hospital, PT Crain was responsible for restocking the Pyxis MedStations. This required her to remove dangerous drugs and controlled substances from the Pyxis CII safe and then transport them to the Pyxis MedStations.

17. While performing her restocking duties, PT Crain frequently worked without supervision. PT Crain was rarely if ever accompanied by another hospital employee when she removed inventory from the Pyxis CII safe and/or transported it to the Pyxis MedStations.

18. While performing her restocking duties, PT Crain often pretended to restock the Pyxis MedStations with inventory removed from the Pyxis CII safe. In fact, PT Crain stole much of the inventory that she removed from the Pyxis CII safe, never transferring it to the Pyxis MedStations and/or never returning it to the Pyxis CII safe.

19. During his tenure as managing pharmacist at DVH Hospital, Respondent Asarch neglected to familiarize himself with the Pyxis technology described in paragraph 15 above. As a result, Respondent DVH did not maintain an automated inventory system for tracking dangerous drugs and controlled substances. Respondent DVH manually tracked its inventory of dangerous drugs and controlled substances. Working without supervision, PT Crain easily falsified these records of inventory.

20. During his tenure as managing pharmacist at DVH Hospital, Respondent Huntington neglected to familiarize himself with the Pyxis technology described in paragraph 15 above. As a result, Respondent DVH did not maintain an automated inventory system for tracking dangerous drugs and controlled substances. Instead, Respondent DVH manually tracked its inventory of dangerous drugs and controlled substances. Working without supervision, PT Crain easily falsified these records of inventory.

21. In February 2022, Board Inspector Luis Curras met with Respondent Huntington to discuss some deficiencies that were noted during a previous inspection of the hospital pharmacy. During that meeting, Inspector Curras explained the technology described in paragraph 15 above. Respondent Huntington thereafter generated a report using the technology. Based on the report,

Respondent Huntington determined that PT Crain had been stealing controlled substances from the Pyxis CII safe.

APPLICABLE LAW

22. Every pharmacy in Nevada must be licensed by the Board to dispense dangerous drugs and/or controlled substances. NRS 639.230; NRS 639.231.

23. Additionally, every pharmacy must be managed by a registered pharmacist, approved by the Board, who is 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. NRS 639.220(1).

24. A "managing pharmacist" is a registered pharmacist who is responsible for managing the operation of the pharmacy. NRS 639.0087. This includes the duty to supervise the procurement and storage of drugs in the pharmacy. NAC 639.473(1).

25. The managing pharmacist must establish policies, procedures and systems related to the procurement and storage of drugs, the distribution of drugs to be administered to patients, and the recording of all transactions of the pharmacy required by applicable state and federal laws. NAC 639.468(4), (6) and (9).

26. A pharmacy must maintain records for controlled substances in a manner that establishes the receipt, distribution and destruction of all controlled substances handled by the pharmacy. NAC 639.485(1)(b). Additionally, a pharmacy must maintain a perpetual inventory of any controlled substance listed in schedule II. NAC 639.485(2).

27. The Board may revoke or suspend the license of any pharmacy owner, pharmacist, or pharmacy technician who has violated any Nevada law or regulation relating to the practice of pharmacy, or who has been convicted of a felony relating to the practice of pharmacy. NRS 639.210(7) & (12); NRS 639.230(5).

28. The Board may revoke or suspend the license of a managing pharmacist who has violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides. NRS 639.210(15)

29. The Board may revoke or suspend the license of a pharmacist upon finding that the pharmacist committed unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.230(5).

30. A pharmacist commits unprofessional conduct when the pharmacist performs their duties as the holder of a license or registration issued by the Board in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i).

31. It is unlawful for a person knowingly or intentionally to acquire or obtain or attempt to acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception, subterfuge, or alteration. NRS 453.331(1)(d).

32. Pharmacy managers and/or pharmacists are responsible for the acts and/or omissions of the pharmacy employees under their supervision if they knew or should have known of such acts and/or omissions. NAC 639.702. Further, pharmacy owners are responsible for the acts and/or omissions of pharmacy employees regardless of whether they knew or should have known of such acts and/or omissions. NRS 639.230(5); NAC 639.945(2),

33. In addition to or in lieu of revoking or suspending a license or certificate of registration, the Board may impose an administrative fine upon the offending pharmacy or pharmacist. The fine may not exceed $10,000 for each offense. NRS 639.255(3).

COUNT ONE
Unlawful Diversion of Controlled Substances

34. Between October 28, 2019, and February 18, 2022, PT Crain knowingly or intentionally acquired or obtained possession of controlled substances by means of deception and/or subterfuge, in violation of NRS 453.331(1)(d).

35. For her criminal misconduct as alleged above, PT Crain is subject to discipline by the Board pursuant to NRS 639.210(7) and/or (12).

36. Respondent DVH is subject to discipline by the Board because Respondent DVH is responsible as the pharmacy owner for PT Crain's unlawful diversion of controlled substances. NRS 453.331(1)(d), NRS 639.230(5), and NAC 639.945(2).

37. Respondent Asarch is subject to discipline by the Board because Respondent Asarch knew or should have known that PT Crain unlawfully diverted controlled substances in violation of NRS 453.331(1)(d). NAC 639.702.

38. Respondent Huntington is subject to discipline by the Board because Respondent Huntington knew or should have known that PT Crain unlawfully diverted controlled substances in violation of NRS 453.331(1)(d). NAC 639.702.

COUNT TWO
Failure by Managing Pharmacist to Comply with NAC 639.485

39. Between November 13, 2020, and October 5, 2021, while serving as the managing pharmacist for Respondent DVH, Respondent Asarch failed to maintain a perpetual inventory of Schedule II controlled substances as required by NAC 639.485(2). Had Respondent Asarch familiarized himself with the technology described in paragraph 15 above, Respondent Asarch could easily have maintained a perpetual inventory of all controlled substances in the possession of Respondent DVH.

40. Between October 6, 2021, and February 18, 2022, while serving as the managing pharmacist for Respondent DVH, Respondent Huntington failed to maintain a perpetual inventory of Schedule II controlled substances as required by NAC 639.485(2). Had Respondent Huntington familiarized himself with the technology described in paragraph 15 above, Respondent Huntington could easily have maintained a perpetual inventory of all controlled substances in the possession of Respondent DVH.

41. For his failure to comply with NAC 639.485(2) as alleged above, Respondent Asarch is subject to discipline by the Board pursuant to NRS 639.210(15).

42. For his failure to comply with NAC 639.485(2) as alleged above, Respondent Huntington is subject to discipline by the Board pursuant to NRS 639.210(15).

43. Respondent DVH is subject to discipline by the Board because Respondent DVH is responsible as the pharmacy owner for the noncompliance with NAC 639.485(2) as alleged above. NRS 639.230(5); NAC 639.945(2).

COUNT THREE
Unprofessional Conduct by a Pharmacist

44. Between November 13, 2020, and October 5, 2021, while serving as the managing pharmacist for Respondent DVH, Respondent Asarch failed to implement and/or maintain a reliable system and/or policies and procedures for tracking the possession, control, and distribution of controlled substances within the DVH Hospital. As a result, PT Crain, without detection, unlawfully diverted a large quantity of controlled substances over a period of more than 11 months.

45. Between October 6, 2021, and February 18, 2022, while serving as the managing pharmacist for Respondent DVH, Respondent Huntington failed to implement and/or maintain a reliable system and/or policies and procedures for tracking the possession, control, and distribution of dangerous drugs and controlled substances within the DVH Hospital. As a result, PT Crain, without detection, unlawfully diverted a large quantity of controlled substances over a period of more than 6 months.

46. As the managing pharmacist for Respondent DVH, Respondent Asarch had a legal duty to implement and/or maintain a reliable system and/or policies and procedures for tracking the possession, control, and distribution of controlled substances within the DVH Hospital. *See* NRS 639.220(1); NRS 639.0087; NAC 639.473(1); NAC 639.468(4), (6) and (9); NAC 639.485(1)(b) and (2). Through his negligence, inattention, and/or incompetence, Respondent Asarch breached this duty.

47. As the managing pharmacist for Respondent DVH, Respondent Huntington had a legal duty to implement and/or maintain a reliable system and/or policies and procedures for tracking the possession, control, and distribution of controlled substances within the DVH Hospital. *See* NRS 639.220(1); NRS 639.0087; NAC 639.473(1); NAC 639.468(4), (6) and (9); NAC 639.485(1)(b) and (2). Through his negligence, inattention, and/or incompetence, Respondent Huntington breached this duty.

48. As alleged above, Respondent Asarch performed his duties as the holder of a license or registration issued by the Board in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i). Therefore, Respondent Asarch is subject to discipline by the Board pursuant to NRS 639.210(4).

49. As alleged above, Respondent Huntington performed his duties as the holder of a license or registration issued by the Board in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i). Therefore, Respondent Huntington is subject to discipline by the Board pursuant to NRS 639.210(4).

50. Respondent DVH is subject to discipline by the Board because Respondent DVH is responsible as the pharmacy owner for the unprofessional conduct as alleged above. NRS 639.230(5); NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to the pharmacy license of Respondent DVH and the certificates of registration of PT Crain, Respondent Asarch, and Respondent Huntington.

DATED this 9th day of January 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARISSA CRAIN, PT,** **Certificate of Registration No. PT14524,** **Respondent.**	**CASE NO. 22-053-PT-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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 6, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 9th day of January 2024.

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.** **MARISSA CRAIN, PT,** **Certificate of Registration No. PT14524,** **Respondent.**	**CASE NO. 22-053-PT-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 _____, 2024.

_____

MARISSA CRAIN, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of January, 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

DVH Hospital Alliance, LLC
360 S. Lola Ln.
Pahrump, NV 89048

Elliott Asarch, RPH
[redacted]
Las Vegas, NV 89141

Matthew Huntington, RPH
[redacted]
Las Vegas, NV 89161

Marissa Crain, PT
[redacted]
Pahrump, NV 89048

Thomas Gibson, Esq.
1601 E. Basin Ave., Ste #302
Pahrump, NV 89060

SHIRLEY HUNTING

FILED
JAN 29 2024
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARISSA CRAIN, PT,** **Certificate of Registration No. PT14524,** **Respondent.**	**CASE NO. 22-053-PT-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").

NONE

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

NONE

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 26TH day of JANUARY, 2024.

MARISSA CRAIN, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARISSA CRAIN, PT,** **Certificate of Registration No. PT14524,** **Respondent.**	**Case Nos. 22-053-PT-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through its Senior General Counsel, Gregory L. Zunino, and Respondent Marissa Crain ("Respondent"), hereby stipulate and agree as follows:

1. The Board has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent 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 acknowledges that she understands the terms of this Stipulation and has executed it knowingly and voluntarily.

4. Respondent acknowledges that she is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

5. Conditioned on the acceptance of this Stipulation by the Board and excluding the right to challenge any determination that Respondent has failed to comply with its provisions, Respondent hereby freely and voluntarily waives the right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

6. Respondent denies that she diverted injectable controlled substances as alleged in paragraph 8 of the Accusation, but she admits that she diverted controlled substances in tablet form. Respondent further maintains that she diverted these controlled substances for personal use and not for purposes of sale or distribution.

7. Notwithstanding her representations as set forth in paragraph 6 above, Respondent admits that evidence exists, and that the Board counsel prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violation alleged against Respondent in Count One of the Accusation.

8. To settle the disputed issues described in paragraph 6 above, and to resolve this matter without incurring any further costs or the expenses associated with a hearing, the parties agree that as of the effective date of this Order, Respondent's Certificate of Registration No. PT14524 shall be **REVOKED** for a period of ten (10) years.

9. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting at **9 a.m. on May 29, 2024, at the Hilton Garden Inn, 7830 S. Las Vegas Boulevard, Las Vegas, Nevada.** Respondent understands and acknowledges that she is expected to make a personal appearance at this hearing.

10. Respondent understands and acknowledges that if she fails to make a personal appearance at the Board's meeting on May 29, 2024, the Board may enter a default order against her and impose such discipline, including fines and fees, as may be authorized by Nevada law.

11. Respondent understands and acknowledges that the Board is not obligated to accept this Stipulation. Assuming the Board accepts this Stipulation, 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.

12. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

13. Subject to the approval of this Stipulation by the Board, the parties agree to release each

other from any or all additional claims arising from the facts set forth in the Accusation.

AGREED:

Signed this 14 day of March 2024.

MARISSA CRAIN, PT

Certificate of Registration No. PT14524

Signed this 14th day of March 2024.

NEVADA STATE BOARD OF PHARMACY

By _____

GREGORY L. ZUNINO

Senior General Counsel

Nevada Bar No. 4805

DECISION AND ORDER

As to Respondent Marissa Crain, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in Case No. 23-053-PT-S, and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 29th day of May 2024.

_____

Helen Park, President

Nevada State Board of Pharmacy

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FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MAURICE VARGAS, DDS,** **Certificate of Registration No. CS15506,** **Respondent.**	**CASE NO. 21-086-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Maurice Vargas, D.D.S. (Respondent), because the violations alleged herein, weigh on Respondent's character to hold a certificate of registration issued by the Board pursuant to NRS 453.226, authorizing Respondent to write prescriptions for controlled substances. Since August 31, 2007, Respondent has held certificate of registration no. CS15506, allowing Respondent to prescribe controlled substances issued by the Board pursuant to NRS 453.226.

2. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines. NRS 639.070.

FACTUAL ALLEGATIONS

3. Respondent is a dentist who practices at North Vegas Dental, located at 1631 W. Craig Rd., North Las Vegas, NV 89032.

4. Respondent has been registered by the Board to prescribe controlled substances since August 31, 2007. NRS 453.226. Such a registration authorizes the holder to write prescriptions for controlled substances. NRS 453.226.

5. A requirement of possessing a controlled substance registration with the Board is to maintain and actively use a prescription monitoring program (PMP) account. NRS 453.162.

6. Respondent's PMP account was activated on or about June 29, 2015.

7. Board PMP Compliance Coordinator Dave Jones conducts audits of practitioners to ensure that they are compliant with state law related to the PMP. The audits are conducted to ensure compliance with NRS 453.164(7) and NRS 639.23507.

8. Board PMP Compliance Coordinator Jones conducted an audit of Respondent's PMP account.

9. Board PMP Compliance Coordinator Jones found that Respondent conducted a "MyRx" review of all the prescriptions Respondent had written as required by NRS 453.164(7) on the following dates: June 26, 2023, May 17, 2023, June 13, 2022, February 21, 2022, June 14, 2021, June 18, 2019, June 29, 2017, and June 29, 2015.

10. Respondent was not in compliance for the entire calendar years of 2016, 2018, and 2020.

11. Additionally, Respondent was not in compliance for part of the calendar years of 2017, 2019, and 2021.

12. Board PMP Compliance Coordinator Jones also found that Respondent conducted individual patient queries a grand total of nine (9) times as required by NRS 639.23507, despite writing over 890 prescriptions for 651 unique patients during that period.

13. This means that Respondent failed to conduct individual patient inquires at least over 640 times during this period.

APPLICABLE LAW

14. Each practitioner who is authorized to write prescriptions for human consumption of controlled substances listed in schedule II, III, IV or V shall access the database of the (PMP) program at least once every 6 months to review the information concerning the practitioner that is listed in the database, including, without limitation, information concerning prescriptions issued by the practitioner, and notify the Board if any such information is not correct, and to verify to the Board that he or she

continues to have access to and has accessed the database as required by this subsection. NRS 453.164(7).

15. A practitioner shall, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the computerized program established by the Board. NRS 639.23507.

16. The Board may suspend or revoke any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

17. Unprofessional conduct includes, "performing any duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

18. In lieu of a suspension or revocation, the Board may impose a fine of up to $10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE

Unprofessional Conduct – Failure to Query PMP Every 6 Months

19. Respondent established his PMP account on June 29, 2015. Between these dates, Respondent failed to review his PMP account every six (6) months for the entire calendar years of 2016, 2018, and 2020 to ensure that the information in the account concerning the practitioner, including the legitimacy or validity of the prescriptions Respondent is shown as having written was correct. Respondent also failed to do this for part of the calendar years of 2017, 2019, and 2021. Respondent was and is still required to do so every six (6) months. NRS 453.164(7).

20. Because of these actions, Respondent has engaged in unprofessional conduct. NRS 639.210(4). Respondent engaged in unprofessional conduct because Respondent, as the holder of a certificate of registration issued by the Board, performed his duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

21. Respondent performed his duties as the holder of a certificate of registration issued by the Board in an incompetent, unskillful or negligent manner because Respondent failed to query his PMP account every six (6) months to review the information in the account regarding the practitioner as is required by law. *See* NRS 453.164(7) and NAC 639.945(1)(i). The information regarding the practitioner that Respondent was and still is required to look at includes information concerning the prescriptions written by the practitioner. *See* NRS 453.164(7). A check of the PMP account at least once every six (6) months ensures that a practitioner has not had their credentials stolen or duplicated and that, if they have been stolen or duplicated, the Board is notified of any potentially forged prescriptions by the practitioner in a timely manner. *See* NRS 453.164(7). The required six (6) month check of a practitioner's PMP account guards against forged controlled substance prescriptions and allows practitioners to work with the Board to stop them in real time. *See* NRS 453.164(7).

22. Having engaged in unprofessional conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945.

COUNT TWO

Unprofessional Conduct – Failure to Query Patients Prior to Issuing an Initial Prescription for a Controlled Substance

23. Between the period of time from January 1, 2018, to September 18, 2023, Respondent only queried individual patients given unique prescriptions nine (9) times. During the same period, Respondent wrote over 890 prescriptions for over 650 unique patients. Respondent failed to query the PMP regarding individual patient information when prescribing them controlled substances over 640 times.

24. Because of these actions, Respondent has engaged in unprofessional conduct. NRS 639.210(4). Respondent engaged in unprofessional conduct because Respondent, as the holder of a certificate of registration issued by the Board, performed his duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

25. Respondent performed his duties as the holder of a certificate of registration issued by the Board in an incompetent, unskillful or negligent manner because Respondent failed to conduct patient queries on over 640 patients given initial prescriptions for controlled substances in schedule I-IV, or for an opioid that is a controlled substance and listed in schedule V. *See* NRS 639.23507 and NAC 639.945(1)(i). Respondent failed to query over 640 patients that should have been queried as PMP records reflect that Respondent only queried nine patients since Respondent's PMP account has been active. *See* NRS 639.23507.

26. Having engaged in unprofessional conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945.

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 25th day of January 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MAURICE VARGAS, DDS,** **Certificate of Registration No. CS15506,** **Respondent.**	**CASE NO. 21-086-CS-N** **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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 6, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and gvanderdonck@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 25th day of January 2024.

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.** **MAURICE VARGAS, DDS,** **Certificate of Registration No. CS15506,** **Respondent.**	**CASE NO. 21-086-CS-N** **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 _____, 2024.

_____

MAURICE VARGAS, DDS

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Maurice Vargas, DDS
[redacted] W. Craig RD #10
North Las Vegas, NV 89032

SHIRLEY HUNTING
BOARD COORDINATOR

FILED
FEB 16 2024
NEVADA STATE BOARD
OF PHARMACY

Candace C. Herling, Esq. (NBN 13503)
Jessica Gandy, Esq. (NBN 14202)
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Attorneys for Respondent,
Maurice Vargas, DDC

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. MAURICE VERGAS, DDC, Certificate of Registration No. CS15506, Respondent.	Case No. 21-086-CS-N **RESPONDENT'S ANSWER AND NOTICE OF DEFENSE**

Respondent, MAURICE VARGAS, DDS ("Dr. Vargas"), by and through his counsel of record, the law firm of Hutchison & Steffen, PLLC, hereby answers THE NEVADA STATE BOARD OF PHARMACY'S ("Board") NOTICE OF INTENDED ACTION AND ACCUSATION as follows:

JURISDICTION

1. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 1 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

2. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 2 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

FACTUAL ALLEGATIONS

3. Dr. Vargas admits the statements in Paragraph 3 of the Board's Notice of Intended Action and Accusation.

4. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 4 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

5. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 5 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

6. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 6 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

7. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 7 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

8. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 8 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

9. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 9 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

10. Dr. Vargas denies each and every allegation as written in Paragraph 10 of the Board's Notice of Intended Action and Accusation.

11. Dr. Vargas denies each and every allegation as written in Paragraph 11 of the Board's Notice of Intended Action and Accusation.

12. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph12 of the Board's Notice of Intended Action and

Accusation, and therefore denies the same.

13. Dr. Vargas denies each and every allegation as written in Paragraph 13 of the Board's Notice of Intended Action and Accusation.

APPLICABLE LAW

14. Dr. Vargas admits to the language of NRS 453.164(7) in Paragraph 14 of the Board's Notice of Intended Action and Accusation but denies any violation of the same.

15. Dr. Vargas admits to the language of NRS 639.23507 in Paragraph 15 of the Board's Notice of Intended Action and Accusation but denies any violation of the same.

16. Dr. Vargas admits to the language of NRS 639.210(4) in Paragraph 16 of the Board's Notice of Intended Action and Accusation but denies any violation of the same.

17. Dr. Vargas admits to the language of NAC 639.954(1)(i) in Paragraph 17 of the Board's Notice of Intended Action and Accusation but denies any violation of the same.

18. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 18 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

COUNT I

Unprofessional Conduct – Failure to Query PMP Every 6 Months

19. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 19 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

20. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 20 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

21. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 21 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

22. Dr. Vargas is without sufficient knowledge or information to form a belief as to the

veracity of the allegations contained in Paragraph 22 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

COUNT II

Unprofessional Conduct – Failure to Query Patients Prior to Issuing an Initial Prescription for a Controlled Substance

23. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 23 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

24. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 24 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

25. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 25 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

26. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 26 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

NOTICE OF DEFENSES

FIRST AFFIRMATIVE DEFENSE

The Board's Notice of Intended Action and Accusation fails to state claims against Dr. Vargas upon which relief can be granted.

SECOND AFFIRMATIVE DEFENSE

The Board's Notice of Intended Action and Accusation does not give Dr. Vargas the necessary and appropriate notice of claims against him, which is a violation of Dr. Vargas's due process rights.

THIRD AFFIRMATIVE DEFENSE

The violations complained of in the Notice of Intended Action and Accusation, if any, were

not the result of willful, malicious or deliberate conduct on the part of Dr. Vargas.

FOURTH AFFIRMATIVE DEFENSE

Dr. Vargas denies each and every allegation of the Board's Notice of Intended Action and Accusation not specifically admitted or otherwise pled to herein.

FIFTH AFFIRMATIVE DEFENSE

All possible Affirmative Defenses may not have been alleged herein insofar as sufficient facts were not available after reasonable inquiry upon the filing of Dr. Vargas's Answer, and therefore, Dr. Vargas reserves the right to amend his Answer to allege additional Affirmative Defenses if subsequent investigation warrants.

SIXTH AFFIRMATIVE DEFENSE

Dr. Vargas hereby incorporates by reference those affirmative defenses enumerated in NRCP 8 and 12, as if fully set forth herein. In the event further investigation or discovery reveals the applicability of any such defenses, Defendant reserves the right to seek leave of Court to amend his Answer to specifically assert any such defense(s). Such defenses are herein incorporated by reference for the specific purpose of not waiving any such defense.

SEVENTH AFFIRMATIVE DEFENSE

The violations alleged in the Board's Notice of Intended Action and Accusation were not committed by Dr. Vargas and the Board has mistakenly attributed the actions or inactions of another individual to Dr. Vargas.

EIGHTH AFFIRMATIVE DEFENSE

It has been necessary for Dr. Vargas to employ the services of an attorney to defend this action and a reasonable sum should be allowed Defendant for attorneys' fees, together with costs of suit incurred herein.

NINTH AFFIRMATIVE DEFENSE

The Board's Notice of Intended Action and Accusation lacks specific details or fails to provide clear allegations, making it difficult, if not impossible, to prepare a defense.

. . .

TENTH AFFIRMATIVE DEFENSE

The Board's investigation was improper.

ELEVENTH AFFIRMATIVE DEFENSE

The Board's Investigation failed to follow proper procedures.

TWELFTH AFFIRMATIVE DEFENSE

The Board mishandled the evidence of the investigation and/or unlawfully obtained evidence which does not meet the standards for admissibility.

THIRTEENTH AFFIRMATIVE DEFENSE

The Board failed to follow its own administrative procedures or regulations in the handling of the Notice of Intended Action and Accusation.

PRAYER FOR RELIEF

WHEREFORE, Dr. Vargas prays for judgment as follows:

1. That the Board takes nothing by virtue of its Notice of Intended Action and Accusation, and that all allegations against Dr. Vargas are dismissed with prejudice;

2. For reasonable attorney's fees and costs of suit incurred herein;

3. For costs and disbursements incurred herein; and

4. For such other and further relief as is just and proper.

DATED this 15th day of February 2024

HUTCHISON & STEFFEN, PLLC

/s/ Candace Herling

Candace C. Herling, Esq. (NBN 13503)
Jessica Gandy, Esq. (NBN 14202)
Peccole Professional Park
10080 West Alta Drive, Suite 200
Las Vegas, NV 89145
Telephone: (702) 385-2500
Attorneys for Respondent Maurice Vargas, DDC

CERTIFICATE OF SERVICE

I certify that I am an employee of HUTCHISON AND STEFFEN, PLLC, and that on this 15th day of February 2024, I submitted for filing and served a true and correct copy of the **RESPONDENT'S ANSWER AND NOTICE OF DEFENSE** by electronic mail to the following:

J. David Wuest – Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521
Petitioner

Electronic submission for filing:
TeamBC@Pharmacy.nv.gov
gvanderdonck@Pharmacy.nv.gov

/s/ Tya Frabott
An employee of HUTCHISON & STEFFEN, PLLC

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL STELLMACHER, PA,** **Certificate of Registration Nos. CS21884,** **Respondent.**	**CASE NO. 23-260-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Michael Stellmacher, P.A. (Respondent), because the violations alleged herein, weigh on Respondent's character to hold a certificate of registration issued by the Board pursuant to NRS 453.226, authorizing Respondent to write prescriptions for controlled substances. Since May 1, 2014, Respondent has held certificate of registration no. CS21884.

2. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines. NRS 639.070.

FACTUAL ALLEGATIONS

3. Respondent has been licensed by the Board to prescribe controlled substances since May 1, 2014. NRS 453.226. Such a license authorizes the holder to write prescriptions for controlled substances. NRS 453.226.

4. A requirement of possessing a controlled substance registration with the Board is to maintain and actively use a prescription monitoring program (PMP) account. NRS 453.162.

5. Respondent's PMP account was activated on or about May 25, 2015.

6. Board PMP Compliance Coordinator Dave Jones (Ret.) conducted audits of practitioners to ensure that they are compliant with state law related to the PMP. The audits are conducted to ensure compliance with NRS 453.164(7) and NRS 639.23507.

7. Board PMP Compliance Coordinator Jones conducted an audit of Respondent's PMP account.

8. Board PMP Compliance Coordinator Jones found that Respondent never conducted a "MyRx" review of all the prescriptions Respondent had written as required by NRS 453.164(7) prior to December 27, 2022.

9. Respondent was not in compliance for the entire calendar years of 2015, 2016, 2017, 2018, 2019, 2020, and 2021.

10. During this period, Respondent wrote at least 4,693 prescriptions for at least 1,809 unique patients.

11. Board PMP Compliance Coordinator Jones also found that Respondent failed to conduct individual patient queries as required by NRS 639.23507 for the period from October 1, 2018, to September 14, 2022.

12. Again, during this period, Respondent wrote at least 4,693 prescriptions for at least 1,809 unique patients.

APPLICABLE LAW

13. Each practitioner who is authorized to write prescriptions for human consumption of controlled substances listed in schedule II, III, IV or V shall access the database of the (PMP) program at least once every 6 months to review the information concerning the practitioner that is listed in the database, including, without limitation, information concerning prescriptions issued by the practitioner, and notify the Board if any such information is not correct, and to verify to the Board that he or she continues to have access to and has accessed the database as required by this subsection. NRS 453.164(7).

14. A practitioner shall, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the computerized program established by the Board. NRS 639.23507.

15. The Board may suspend or revoke any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

16. Unprofessional conduct includes, "performing any duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

17. In lieu of a suspension or revocation, the Board may impose a fine of up to $10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE

Unprofessional Conduct – Failure to Query PMP Every 6 Months

18. Respondent established his PMP account on May 25, 2015. Between the period of time from May 25, 2015, to December 27, 2022, Respondent never reviewed his PMP account to ensure that the information in the account concerning the practitioner, including the legitimacy or validity of the prescriptions Respondent is shown as having written was correct. Respondent was and is still required to do so every six (6) months. NRS 453.164(7).

19. Because of these actions, Respondent has engaged in unprofessional conduct. NRS 639.210(4). Respondent engaged in unprofessional conduct because Respondent, as the holder of a certificate of registration issued by the Board, performed his duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

20. Respondent performed his duties as the holder of a certificate of registration issued by the Board in an incompetent, unskillful or negligent manner because Respondent failed to query his PMP account every six (6) months to review the information in the account regarding the practitioner

as is required by law. *See* NRS 453.164(7) and NAC 639.945(1)(i). The information regarding the practitioner that Respondent was and still is required to look at includes information concerning the prescriptions written by the practitioner. *See* NRS 453.164(7). A check of the PMP account at least once every six (6) months ensures that a practitioner has not had their credentials stolen or duplicated and that, if they have been stolen or duplicated, the Board is notified of any potentially forged prescriptions by the practitioner in a timely manner. *See* NRS 453.164(7). The required six (6) month check of a practitioner's PMP account guards against forged controlled substance prescriptions and allows practitioners to work with the Board to stop them in real time. *See* NRS 453.164(7).

21. Having engaged in unprofessional conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945.

COUNT TWO

Unprofessional Conduct – Failure to Query Patients Prior to Issuing an Initial Prescription and/or for a Controlled Substance

22. Respondent established his PMP account on May 25, 2015. Between the period from October 1, 2018, to December 27, 2022, Respondent never conducted an individual patient PMP query. Practitioners are required to do so pursuant to NRS 639.23507 on every new prescription and/or at least once every 90 days after an initial prescription for the duration of the course of treatment using the controlled substance.

23. Because of these actions, Respondent has engaged in unprofessional conduct. NRS 639.210(4). Respondent engaged in unprofessional conduct because Respondent, as the holder of a certificate of registration issued by the Board, performed his duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

24. Respondent performed his duties as the holder of a certificate of registration issued by the Board in an incompetent, unskillful or negligent manner because Respondent failed to conduct patient queries on over 1,809 patients given initial prescriptions for controlled substances in schedule I-IV, or for an opioid that is a controlled substance and listed in schedule V. *See* NRS 639.23507 and

NAC 639.945(1)(i). Respondent failed to query over 1,809 patients that should have been queried as PMP records reflect that Respondent did not query any patients between October 1, 2018, and September 14, 2022. *See* NRS 639.23507.

25. Having engaged in unprofessional conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945.

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 27th day of FEBRUARY 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL STELLMACHER, PA,** **Certificate of Registration Nos. CS21884,** **Respondent.**	**CASE NO. 23-260-CS-N** **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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, May 29, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **gvanderdonck@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 27th day of February 2024.

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.** **MICHAEL STELLMACHER, PA,** **Certificate of Registration Nos. CS21884,** **Respondent.**	**CASE NO. 23-260-CS-N** **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 _____, 2024.

_____

MICHAEL STELLMACHER, PA

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 27th day of February, 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Michael Stellmacher, PA
[redacted] North Pecos Road
Henderson, NV 89074

Michael Stellmacher, PA
[redacted] Albino Dr.
Henderson, NV 89002

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL STELLMACHER, PA,** **Certificate of Registration No. CS21884,** **Respondent.**	**CASE NO. 23-260-CS-S** **STIPULATION AND ORDER**

Gustaf Vanderdonck, Assistant General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Michael Stellmacher, P.A., Certificate of Registration No. CS21884, **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about February 27, 2024, 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 into 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 them 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 their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them 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 does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. Respondent's Prescription Monitoring Program (PMP) account was opened on May 25, 2015;

B. Respondent did not conduct a "MyRx" review of all of the prescriptions Respondent had written prior to December 27, 2022, in violation of NRS 453.164(7); NRS 639.210(4); and NAC 639.945(1)(i);

C. Respondent did not conduct individual queries between the dates of October 1, 2018, to September 14, 2022, in violation of NRS 639.23507; NRS 639.210(4); and NAC 639.945(1)(i);

D. During this period of time, Respondent wrote at least 4,693 prescriptions for at least 1,809 unique patients;

7. These violations are pleaded with particularity in the Accusation and are grounds for action pursuant to NRS 639.210; NRS 639.255; NAC 639.945;

8. 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:

A. Respondent shall accept this Stipulation and Order as a **public reprimand** for not properly checking the PMP as required by Nevada law;

B. Respondent agrees to **continue to comply with all PMP related laws and regulations**, including but not limited to, NRS 453.164(7) and NRS 639.23507, and to contact the Board of Pharmacy in the future if he has any problems or questions;

C. Respondent shall pay a fine of **Five Thousand Dollars and Zero Cents ($5,000.00)** for the alleged 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 ninety (90) of the effective date of this Order;

D. Respondent shall pay **One Thousand Dollars and Zero Cents ($1,000.00)** 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 ninety (90) of the effective date of this Order;

9. 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. The Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 639;

10. 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 May 29, 2024. Respondent and/or Counsel for 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;

11. 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;

12. 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 agreement herein may not be used or referred to in a full hearing on the merits of this matter;

13. This matter will be reported to the National Practitioner Data Bank as required by 45 C.F.R. §§ 60.3; 60.5; and 60.9;

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 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 5th day of April, 2024

PA-C

MICHAEL STELLMACHER, PA,
Certificate of Registration No. CS21884

Signed this 10th day of April, 2024

GUSTAF A. VANDERDONCK, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of April, 2024

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Michael Stellmacher, P.A., Certificate of Registration No. CS21884, in Case No. 23-260-CS-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 May, 2024.

_____

Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSHUA HAMILTON, APRN,** **Certificate of Registration No. CS17584,** **Respondent.**	**Case No. 23-335-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, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Joshua Hamilton, APRN (Respondent Hamilton), because the violations alleged herein, weigh on Respondent's character to hold a certificate of registration issued by the Board pursuant to NRS 453.226, authorizing Respondent to write prescriptions for controlled substances. Since October 27, 2008, Respondent has held certificate of registration no. CS17584, allowing Respondent to prescribe controlled substances issued by the Board pursuant to NRS 453.226.

2. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines. NRS 639.070.

FACTUAL ALLEGATIONS

3. Respondent has been registered by the Board to prescribe controlled substances since October 27, 2008. NRS 453.226. Such a registration authorizes the holder to write prescriptions for controlled substances. NRS 453.226.

4. A requirement of possessing a controlled substance registration with the Board is to maintain and actively use a prescription monitoring program (PMP) account. NRS 453.162.

5. Respondent's PMP account was activated on or about September 21, 2016.

6. Board PMP Compliance Coordinator Dave Jones conducts audits of practitioners to ensure that they are compliant with state law related to the PMP. The audits are conducted to ensure compliance with NRS 453.164(7) and NRS 639.23507.

7. Board PMP Compliance Coordinator Jones conducted an audit of Respondent's PMP account.

8. Board PMP Compliance Coordinator Jones found that Respondent had not conducted a "MyRx" review of all the prescriptions Respondent had written as required by NRS 453.164(7) for the entire calendar years of 2017, 2018, 2019, 2020, and 2021.

9. Respondent was also found to have only conducted one "MyRx" query for the calendar years of 2022 and 2023.

10. Board PMP Compliance Coordinator Jones also found that Respondent conducted individual patient queries as required by NRS 639.23507 a grand total of seven (7) times between the dates of January 1, 2018, and August 14, 2023.

11. Between January 1, 2018, and August 14, 2023, Respondent had written over 1,500 prescriptions for controlled substances to at least 61 unique patients.

12. This means that Respondent failed to conduct individual patient inquires at least over 54 times during this period.

APPLICABLE LAW

13. Each practitioner who is authorized to write prescriptions for human consumption of controlled substances listed in schedule II, III, IV or V shall access the database of the (PMP) program at least once every 6 months to review the information concerning the practitioner that is listed in the database, including, without limitation, information concerning prescriptions issued by the practitioner, and notify the Board if any such information is not correct, and to verify to the Board that he or she continues to have access to and has accessed the database as required by this subsection. NRS 453.164(7).

14. A practitioner shall, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the computerized program established by the Board. NRS 639.23507.

15. The Board may suspend or revoke any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

16. Unprofessional conduct includes, "performing any duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

17. In lieu of a suspension or revocation, the Board may impose a fine of up to $10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE

Unprofessional Conduct – Failure to Query PMP Every 6 Months

18. Respondent established his PMP account on September 21, 2016. Between these dates, Respondent failed to review his PMP account every six (6) months for the entire calendar years of 2017, 2018, 2019, 2020, and 2021 to ensure that the information in the account concerning the practitioner, including the legitimacy or validity of the prescriptions Respondent is shown as having written was correct. Respondent also conducted a "MyRx" query of all the prescriptions he had written only one time during the calendar years of 2022 and 2023. Respondent was and is still required to do so every six (6) months. NRS 453.164(7).

19. Because of these actions, Respondent has engaged in unprofessional conduct. NRS 639.210(4). Respondent engaged in unprofessional conduct because Respondent, as the holder of a certificate of registration issued by the Board, performed his duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

20. Respondent performed his duties as the holder of a certificate of registration issued by the Board in an incompetent, unskillful or negligent manner because Respondent failed to query his PMP account every six (6) months to review the information in the account regarding the practitioner as is required by law for the calendar years of 2017, 2018, 2019, 2020, and 2021, and for part of the calendar years of 2022 and 2023. *See* NRS 453.164(7) and NAC 639.945(1)(i). The information regarding the practitioner that Respondent was and still is required to look at includes information concerning the prescriptions written by the practitioner. *See* NRS 453.164(7). A check of the PMP account at least once every six (6) months ensures that a practitioner has not had their credentials stolen or duplicated and that, if they have been stolen or duplicated, the Board is notified of any potentially forged prescriptions by the practitioner in a timely manner. *See* NRS 453.164(7). The required six (6) month check of a practitioner's PMP account guards against forged controlled substance prescriptions aud allows practitiouers to work with the Board to stop them in real time. *See* NRS 453.164(7).

21. Having engaged in unprofessional conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945.

COUNT TWO

Unprofessional Conduct – Failure to Query Patients Prior to Issuing an Initial Prescription for a Controlled Substance

22. Between the period of time from January 1, 2018, to August 14, 2023, Respondent only queried individual patients given unique prescriptions seven (7) times. During the same period, Respondent wrote over 1,500 prescriptions for controlled substances to at least sixty-one (61) unique patients. Respondent failed to query the PMP regarding individual patient information when prescribing them controlled substances at least fifty-four (54) times.

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23. Because of these actions, Respondent has engaged in unprofessional conduct. NRS 639.210(4). Respondent engaged in unprofessional conduct because Respondent, as the holder of a certificate of registration issued by the Board, performed his duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

24. Respondent performed his duties as the holder of a certificate of registration issued by the Board in an incompetent, unskillful or negligent manner because Respondent failed to conduct patient queries on at least 54 patients given initial prescriptions for controlled substances in schedule I-IV, or for an opioid that is a controlled substance and listed in schedule V and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance. *See* NRS 639.23507 and NAC 639.945(1)(i). Respondent failed to query at least 54 patients that should have been queried as PMP records reflect that Respondent only queried seven (7) patients since Respondent's PMP account has been active. *See* NRS 639.23507.

25. Having engaged in unprofessional conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945.

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 14th day of FEBRUARY 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSHUA HAMILTON, APRN,** **Certificate of Registration No. CS17584,** **Respondent.**	**Case No. 23-335-CS-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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, May 29, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 Las Vegas Blvd
Las Vegas, NV 89123

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and gvanderdonck@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 14th day of FEBRUARY 2024.

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.** **JOSHUA HAMILTON, APRN,** **Certificate of Registration No. CS17584,** **Respondent.**	**Case No. 23-335-CS-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 _____, 2024.

_____

JOSHUA HAMILTON, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of February 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Joshua Hamilton, APRN
[redacted] W Russell Rd [redacted]
Las Vegas, NV 89148

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT 1
BOARD COORDINATOR

FILED
MAR 0 8 2024
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSHUA HAMILTON, APRN,** **Certificate of Registration No. CS17584,** **Respondent.**	**Case No. 23-335-CS-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").

Regarding the "FACTUAL ALLEGATIONS," Page 1, I will stipulate to the accuracy of Items 3, 4 and 5.

It is my understanding that Compliance Coordinator Dave Jones retired from the Nevada Board of Pharmacy on December 26, 2023. I am unclear about the timing of the current action, considering the 6+ week lag time between investigator Jones' retirement and the generation of this Notice of Intended Action. Based upon the lack of detail about the timing of the alleged audit, I can neither confirm nor deny the factual nature of items 6 and 7 (nor the detail of the findings of the audit as outlined in Items 8-12).

In my answer (Page 2), I will summarize and present documentation that challenges the accuracy of Items 8-12, based upon my ongoing use of an electronic health record (EHR) that purports to integrate the Nevada State Prescription Monitoring Program (PMP AWARxE/ Bamboo Health) into my daily workflow. This documentation will show that *I made a consistent good faith effort to comply* with NRS 453.164(7) and NRS 639.23507 for the years cited in the allegations and counts (2017, 2018, 2019, 2020 and 2021 and part of 2022 and 2023).

Since these items form the basis for COUNT ONE and COUNT TWO, I respectfully contend that *I did not willfully engage in unprofessional conduct* (NRS 639.210(4)); nor did I perform my duties in an incompetent, unskillful or negligent manner (NRS 453.164(7) and NAC 639.945(1)(i)).

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

I have attached documentation from my EHR vendor (Valant) that demonstrates an integration/API between the Nevada state PMP/PDMP and DrFirst, the vendor for ePrescribing and EPCS/PDMP (Exhibits 1-3). Since the law was enacted, I have always (without fail) relied upon the "Show Medication History" workflow in DrFirst to query ALL patient medication history, including any controlled substance history, regardless of whether the patient discloses previous controlled substance use (and whether or not I intend to prescribe a controlled substance) (Exhibit 4). I have used this system several times each week for more than seven (7) years. My patients would attest to the fact that I do this during every visit so that we can discuss and clarify any new or duplicate prescription(s), including scheduled medications. The attached invoices clearly reflect my subscription to EPCS/PDMP services for Nevada (Exhibits 5 & 6). I have also attached example queries that show controlled substance history for both a new and established patient (names redacted) (Exhibits 7 & 8). I trusted that this information was legitimately sourced from the Nevada PMP. On the rare occasion that a chart was not yet created in the EMR when I first encountered a patient, I logged in directly to PMP AWARxE/Bamboo Health to check the history there.

Upon receipt of the *Notice of Intended Action and Accusation*, I immediately opened a support ticket with Valant to seek an answer as to why these queries aren't reflected in the "MyRx" history at Bamboo Health/PMP AWARxE (attached Exhibit 9). The vendor indicated a programming anomaly that led to an "incomplete configuration" of the account; therefore, query metadata are apparently not available. As such, I changed my workflow to ensure that I am directly querying Bamboo Health/Nevada State PMP for all new and renewal controlled substance prescriptions.

Insofar as my character is concerned, my commitment to ethical, responsible and legal prescribing is a matter of the local and national public record. I routinely speak and publish about the importance of fully utilizing the state PMP, particularly in this era of prescription drug abuse and the opioid epidemic. I recently served on the psychiatric medication working group at the Center of Excellence in Regulatory Science and Innovation, a FDA-sponsored project at the University of Maryland (see CV, Exhibit 10).

I am deeply distressed by this situation; and I will take all required actions to ensure that my reputation and practice are not adversely affected in the process of resolving this matter to the Board's satisfaction. Under the circumstances, I humbly ask the Board for grace and leniency – as well as an opportunity to clarify and answer any additional questions.

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 8th day of March, 2024.

JOSHUA HAMILTON, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of February 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Joshua Hamilton, APRN
[redacted] W Russell Rd [redacted]
Las Vegas, NV 89148

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT 1
BOARD COORDINATOR

EXHIBIT 1

Prescription Drug Monitoring Program (PDMP)

Save time and provide better care with full PDMP integration.

Get a Live Demo Watch a Recorded Demo

Have questions about Valant EHR and how it can help your practice? I'm happy to help! If you're a current customer & need support ... please visit https://help.valant.io

State Database Integration

Seamless integration with PDMP data across 43 states and D.C.

Medication Alerts

Timely notifications for precise prescription decision-making.

Controlled Substance History

Comprehensive insights into patients' controlled substance prescription history for informed care.

Have questions about Valant EHR and how it can help your practice? I'm happy to help! If you're a current customer & need support ... please visit https://help.valant.io

PDMP – Prescription Drug Monitoring Programs

now offers a direct integration with many state databases!

State Database Integration

Valant currently integrates with PDMP databases in 43 states and the District of Columbia. Currently, we are engaging with our partners to integrate with the remaining state databases. You can hover over the states below to see the status and click each

Have questions about Valant EHR and how it can help your practice? I'm happy to help! If you're a current customer & need support ... please visit https://help.valant.io

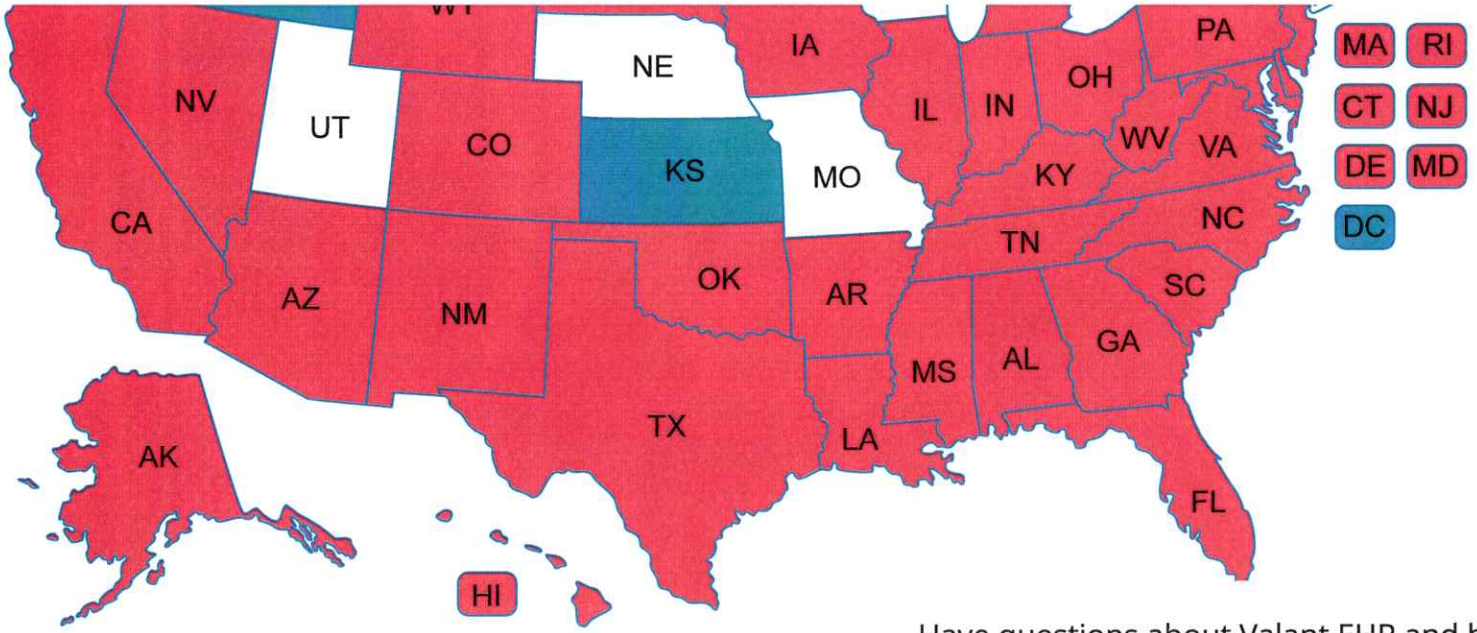
PDMP integration available and mandated by the state

PDMP integrati

Sign In Mobile Sign In Support

vālant

Product Who Uses Valant About Us Resources Buy Get a Demo



Have questions about Valant EHR and how it can help your practice? I'm happy to help! If you're a current customer & need support ... please visit https://help.valant.io

Alabama | Alaska | Arizona | Arkansa
Colorado | Connecticut | Delawar
Georgia | Hawaii | Idaho | Illinois | Indiana | Iowa | Kansas | Kentucky | Louisiana | Maine | Maryland | Massachusetts | Michigan | Minnesota | Mississippi

EHR Workflow Integration with PDMP

The Valant integration within the EHR workflow allows:

- Intervention at the earliest signs of controlled substance abuse
- Provision of better care
- Adherence to state regulations
- Great efficiency and time savings

PDMPs are one of the most impactful tools available addressing prescription opioid misuse and abuse and are part of the larger Electronic Prescribing of Controlled Substances (EPCS) initiatives. Using Valant's PDMP integration is a safer, faster, and more secure way for prescribers to comply with state PDMP mandates—without ever leaving the e-prescribing workflow.

As the U.S. fights the deadly opioid epidemic, heal
und
cont
trea
have
related incidents, but it's not enough. To address the root cause, we must improve controlled substance prescribing practices.

Have questions about Valant EHR and how it can help your practice? I'm happy to help! If you're a current customer & need support ... please visit https://help.valant.io

When available at the point of encounter, PDMP information gives prescribers critical information regarding their patients' controlled substance prescription history. This helps providers distinguish between patients who legitimately need opioid medications for pain treatment and those who may be seeking to misuse these powerful drugs.

M & Have questions about Valant EHR and how it can help your practice? I'm happy to help! If you're a current customer & need support ... please visit https://help.valant.io

There are currently 44 states with mandates in place, and 49 states—and the District of Columbia—have active PDMP databases that collect and report prescribing and dispensing data to

DrFirst Unite the Healthiverse Help Center

Submit a request Sign in

EXHIBIT 2

Please Sign in for the best Help Center experience.

Frozen iPrescribe screen? click here.

Learn about recent changes to PDMP funding for LA and MO: click here.

Got a new phone? click here.

All Systems Operational

DrFirst › EPCS Gold › PDMP

PDMP: What is PDMP?

Follow

DrFirst partners with several PDMP Vendors, including Bamboo Health, to integrate state PMP data into our easy-to-use PDMP system. This integration builds PDMP checks directly into your e-prescribing workflow.

This allows providers to meet state requirements for prescribing checks, without having to l separately.

Hi there. Got a question? We're here to help.

Acronyms and what they mean

PMP - Prescription Drug Monitoring (state level systems)

PDMP - Prescription Drug Monitoring Program

EPCS - Electronic Prescribing of Controlled Substances

Was this article helpful?

5 out of 5 found this helpful

Articles in this section

- PDMP: What information does DrFirst need to troubleshoot PDMP errors?
- PDMP: What is PDMP?

EXHIBIT 3

State Database Integration

Valant currently integrates with PDMP databases in 43 states and the District of Columbia. Currently, we are engaging with our partners to integrate with the remaining state databases. You can hover over the states below to see the status and click each state for more detail.

PDMP integration available and mandated by the state

PDMP integration available

Coming soon

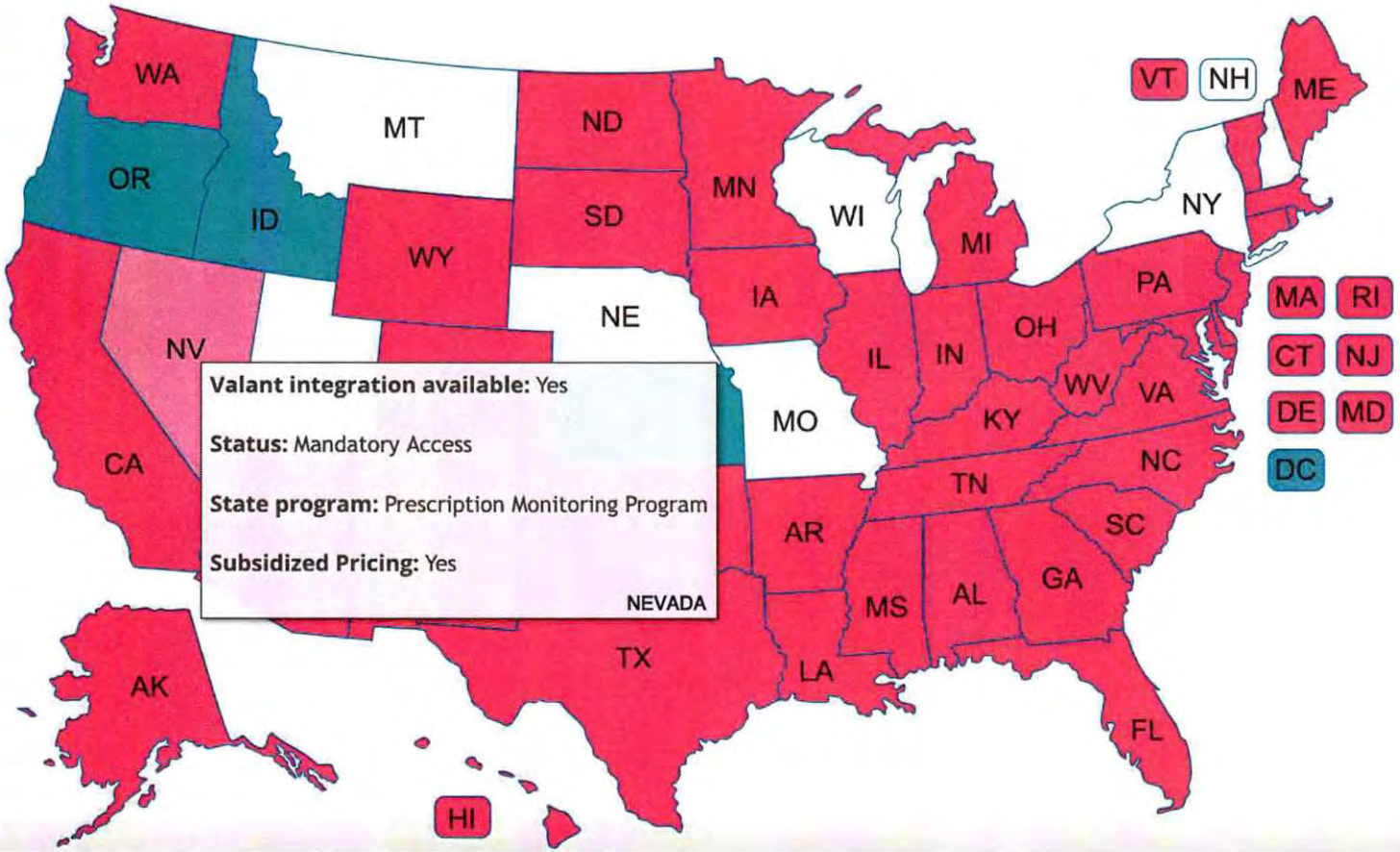


EXHIBIT 4

vālant

Invoice Date	12/19/2017
Invoice Number	INV00205659
Account Number	4001
Purchase Order #	
Payment Terms	Due Upon Receipt
Payment Method	CreditCard

Bill To: The Hamilton Group
Josh Hamilton
The Hamilton Group 9205 West Russell Road
STE 240
Las Vegas, Nevada 89148

Ship To: The Hamilton Group
Josh Hamilton
The Hamilton Group 9205 West Russell Road STE 240
Las Vegas, Nevada 89148

Subscription #	Subscription Identifier
A-S00001514	

Subscription #	Service	Service Period	Unit Price	Quantity	Ext. Price
A-S00001514	PT Power Psychiatrist - Monthly Subscription: Monthly ($ per Month of Service)	12/19/2021-01/18/2022	$220.00	1	$220.00
A-S00001514	Dr.First EPCS/PDMP (NV) Monthly (per Month of Service)	12/19/2021-01/18/2022	$10.00	1	$10.00

Subtotal	$230.00
Discount	$0.00
Tax	$0.00
Total	$230.00
Payments/Credits	$0.00
Balance Due	$230.00

Payments & Credits:

Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount

If the payment method listed above is Credit Card or ACH the card/account on file will be charged. If that card has expired we will reach out to you for updated information. Otherwise please remit payment to: **Valant Medical Solutions, Inc. PO Box 21405 Seattle, WA 98111-3405. We also accept wires at: Beneficiary Bank: Bridge Bank | SWIFT Code: BBFXUS6S | ABA Routing #: 121143260 | Bank Address: 55 Almaden Blvd, San Jose, CA 95113 | Account Name: Valant Medical Solutions, Inc. Collateral Acct | Account #: 101615888 | Beneficiary Address: 2033 6th Ave, Ste. 500, Seattle, WA 98121**

Invoice Date	12/19/2021
Invoice Number	INV00205659
Account Number	4001
Purchase Order #	
Payment Terms	Due Upon Receipt
Payment Method	CreditCard

Statement of Outstanding Invoices:

Invoice Date	Invoice Number	Due Date	Amount	Open Balance

Total Account Balance: $230.00

If the payment method listed above is Credit Card or ACH the card/account on file will be charged. If that card has expired we will reach out to you for updated information. Otherwise please remit payment to: **Valant Medical Solutions, Inc. PO Box 21405 Seattle, WA 98111-3405. We also accept wires at: Beneficiary Bank: Bridge Bank | SWIFT Code: BBFXUS6S | ABA Routing #: 121143260 | Bank Address: 55 Almaden Blvd, San Jose, CA 95113 | Account Name: Valant Medical Solutions, Inc. Collateral Acct | Account #: 101615888 | Beneficiary Address: 2033 6th Ave, Ste. 500, Seattle, WA 98121**

EXHIBIT 5

vālant

Invoice Date	02/19/2024
Invoice Number	INV00398341
Account Number	4001
Purchase Order #	
Payment Terms	Due Upon Receipt
Payment Method	CreditCard

Bill To: The Hamilton Group
Josh Hamilton
The Hamilton Group 9205 West Russell Road
STE 240
Las Vegas, Nevada 89148

Ship To: The Hamilton Group
Josh Hamilton
The Hamilton Group 9205 West Russell Road STE 240
Las Vegas, Nevada 89148

Subscription #	Subscription Identifier
A-S00001514	

Subscription #	Service	Service Period	Unit Price	Quantity	Ext. Price
A-S00001514	Dr.First EPCS/PDMP (NV) Monthly (per Month of Service)	02/19/2024-03/18/2024	$10.00	1	$10.00
A-S00001514	PT Power Psychiatrist - Monthly Subscription: Monthly ($ per Month of Service)	02/19/2024-03/18/2024	$237.25	1	$237.25

Subtotal	$247.25
Discount	$0.00
Tax	$0.00
Total	$247.25
Payments/Credits	$0.00
Balance Due	$247.25

Payments & Credits:

Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount

If the payment method listed above is Credit Card or ACH the card/account on file will be charged. If that card has expired, we will reach out to you for updated information. Otherwise please remit payment to: **Valant Medical Solutions, Inc., 600 Stewart St., Suite 501 Seattle, WA 98101. We also accept wires at: Beneficiary Bank: Bridge Bank | SWIFT Code: BBFXUS6S | ABA Routing #: 121143260 | Bank Address: 55 Almaden Blvd, San Jose, CA 95113 | Account Name: Valant Medical Solutions, Inc. Collateral Acct | Account #: 101615888 | Beneficiary Address: 600 Stewart St. STE 501, Seattle, WA 98101**

Invoice Date	02/19/2024
Invoice Number	INV00398341
Account Number	4001
Purchase Order #	
Payment Terms	Due Upon Receipt
Payment Method	CreditCard

Statement of Outstanding Invoices:

Invoice Date	Invoice Number	Due Date	Amount	Open Balance

Total Account Balance: $247.25

If the payment method listed above is Credit Card or ACH the card/account on file will be charged. If that card has expired, we will reach out to you for updated information. Otherwise please remit payment to: **Valant Medical Solutions, Inc., 600 Stewart St., Suite 501 Seattle, WA 98101. We also accept wires at: Beneficiary Bank: Bridge Bank | SWIFT Code: BBFXUS6S | ABA Routing #: 121143260 | Bank Address: 55 Almaden Blvd, San Jose, CA 95113 | Account Name: Valant Medical Solutions, Inc. Collateral Acct | Account #: 101615888 | Beneficiary Address: 600 Stewart St. STE 501, Seattle, WA 98101**

Medications

Active Medications Review Status: Unknown or Incomplete Last Reconciled: (P) Joshua Hamilton, APRN, 08/03/2023 12:19:49 PM PDT

EXHIBIT 6

Select All

Name	Directions	Qty	Rfl	Start	Stop	Last Written
acebutolol 200 mg capsule		60 capsule	none			10/23/2023
amlodipine 2.5 mg tablet		90 tablet	none			02/10/2023
atomoxetine 25 mg capsule	Take 1 capsule by mouth every morning.	30 capsules	2	01/15/2024	04/13/2024	01/15/2024
bisoprolol 2.5 mg-hydrochlorothiazide 6.25 mg tablet		30 tablet	none			03/07/2023
bupropion HCl XL 300 mg 24 hr tablet, extended release	TAKE 1 TABLET BY MOUTH EVERY DAY.	90 tablets	none	01/15/2024	04/13/2024	01/15/2024
gabapentin 400 mg capsule		270 capsule	none			08/31/2022
hydrocodone 10 mg-acetaminophen 325 mg tablet C - II		120 tablet	none			02/01/2023
hydrocortisone 2.5 % topical cream		60 gram	none			03/12/2023
hydroxyzine pamoate 25 mg capsule	Take 1 capsule by mouth up to three times daily as needed for anxiety.	90 capsules	2	11/22/2023	04/13/2024	01/15/2024
loperamide 2 mg capsule		15 capsule	none			04/13/2023
magnesium oxide 400 mg (241.3 mg magnesium) tablet		5 tablet	none			04/13/2023
memantine 5 mg tablet	TAKE 1 TABLET BY MOUTH TWICE DAILY.	60 tablets	2	01/15/2024	04/13/2024	01/15/2024
metoclopramide 10 mg tablet		60 tablet	none			08/02/2022
Movantik 25 mg tablet		30 tablet	none			07/06/2023
quetiapine 50 mg tablet	TAKE 1/2 TO 1 TABLET BY MOUTH DAILY AT BEDTIME.	90 tablets	none	01/15/2024	04/13/2024	01/15/2024
temazepam 15 mg capsule C - IV	Take 1 capsule by mouth at bedtime as needed for insomnia.	30 capsules	2	09/26/2023	03/18/2024	12/20/2023

Select All

Add Medication | Show Medication History | Show Inactive Medications

Patient **EXHIBIT 7**

[redacted]

Patient Consent: (•) Yes ( ) No

Pharmacy: WALGREENS DRUG STORE #09902 (C) (R) (E) - 292 LOS ALT...

Prescription Benefit: UHC INSURANCE COMPANY (OPTUMRX COMMERCIAL) , retai...

SEX	DOB	PREGNANT	BREASTFEEDING	ADDRESS	MOBILE PHONE	EMAIL
[redacted]	[redacted]	☐	☐	[redacted] Sparks, NV 89436	[redacted]	[redacted]

Clinical Reports: Provider Patient

Medications

Active Medications Review Status: Unknown or Incomplete

☐ Select All

	Name	Actions
☐	**aripiprazole 2 mg tablet** Take 1 tablet by mouth once a day. (qty: 30, rfl: 2)	
☐	**escitalopram 20 mg tablet** TAKE 1 TABLET BY MOUTH EVERY DAY. (qty: 90, rfl: none)	
☐	**testosterone 20.25 mg/1.25 gram per pump act.(1.62 %) transdermal gel *C - III*** APPLY 1 PUMP TWICE TO FOUR TIMES PER WEEK. (qty: 75, rfl: none)	

☐ Select All

Add Medication Hide Medication History Show Inactive Medications

Medication History from Other Sources

Note: Certain information may not be available or accurate in this report, including items that the patient asked not be disclosed due to patient privacy concerns, over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The

provider should independently verify medication history with the patient.

1 year

Drug History from 03/02/2023 to 03/02/2024

☐ Select All ✚ Add to Active Medications

		Drug	Directions	Qty	Last Fill	Actions
▬	☐	alprazolam 1 mg tablet	Directions Not available	45 tablet	02/10/2024	℞

	Drug	Directions		Qty	Last Fill	Actions
Date Filled	Directions	Qty	Orig Refills	Provider		Actions
02/10/2024	Directions Not available	45 tablet	Not available	JOSHUA HAMILTON		
02/10/2024	TAKE 1/2 TABLET BY MOUTH UP TO THREE TIMES DAILY AS NEEDED FOR ANXIETY	45 each	Not available	JOSHUA MICHAEL HAMILTON 9205 W RUSSELL RD STE 240 LAS VEGAS NV 7023024161(fax)		
12/28/2023	Directions Not available	45 tablet	Not available	JOSHUA HAMILTON		
12/28/2023	TAKE 1/2 TABLET BY MOUTH UP TO THREE TIMES DAILY AS NEEDED FOR ANXIETY	45 each	Not available	JOSHUA MICHAEL HAMILTON 9205 W RUSSELL RD STE 240 LAS VEGAS NV 7023024161(fax)		
11/08/2023	Directions Not available	45 tablet	Not available	JOSHUA HAMILTON		
11/08/2023	TAKE 1/2 TABLET BY MOUTH UP TO THREE TIMES DAILY AS NEEDED FOR ANXIETY	45 each	Not available	JOSHUA MICHAEL HAMILTON 9205 W RUSSELL RD STE 240 LAS VEGAS NV 7023024161(fax)		
10/03/2023	Directions Not available	45 tablet	Not available	JOSHUA HAMILTON		
10/03/2023	TAKE 1/2 TABLET BY MOUTH UP TO THREE TIMES DAILY AS NEEDED FOR ANXIETY	45 each	Not available	JOSHUA MICHAEL HAMILTON 9205 W RUSSELL RD STE 240 LAS VEGAS NV 7023024161(fax)		
09/12/2023	TAKE HALF TO 1 TABLET BY MOUTH EVERY DAY AS NEEDED	30 each	Not available	JOSHUA MICHAEL HAMILTON 9205 W RUSSELL RD STE 240 LAS VEGAS NV 7023024161(fax)		
07/05/2023	TKE 1/2 TO 1 TABLET BY MOUTH DAILY AS NEEDED FOR ANXIETY.	30 each	Not available	JOSHUA MICHAEL HAMILTON 9205 W RUSSELL RD STE 240 LAS VEGAS NV 7023024161(fax)		
☐	*aripiprazole 2 mg tablet*	*Directions Not available*		*30 tablet*	*10/25/2023*	
☐	azelastine 137 mcg (0.1 %) nasal spray aerosol	Directions Not available		30 ml	11/15/2023	

		Drug	Directions	Qty	Last Fill	Actions
⊟	☐	diazepam 10 mg tablet	Directions Not available	2 tablet	10/18/2023	℞

Date Filled	Directions	Qty	Orig Refills	Provider	Actions
10/18/2023	Directions Not available	2 tablet	Not available	DARRELL VYDRA	℞
10/17/2023	Directions Not available	2 tablet	Not available	DARRELL VYDRA	℞

⊞	☐	*escitalopram 20 mg tablet*	*Directions Not available*	*90 tablet*	*01/18/2024*	℞
⊞	☐	hydroxyzine pamoate 100 mg capsule	Directions Not available	1 capsule	10/17/2023	℞
⊞	☐	nortriptyline 10 mg capsule	Directions Not available	75 capsule	09/12/2023	℞
⊟	☐	orphenadrine citrate ER 100 mg tablet,extended release	Directions Not available	28 tablet	11/01/2023	℞

Date Filled	Directions	Qty	Orig Refills	Provider	Actions
11/01/2023	Directions Not available	28 tablet	Not available	DARRELL VYDRA	℞

☐ Select All

Allergies

No Known Drug Allergies (NKDA)

⊕ ✔

Diagnoses / Problems

Active Diagnoses

Type	Code	Description	Onset Date	Date Changed
ICD-10	F41.1	Generalized anxiety disorder	04/26/2023	04/26/2023
ICD-10	F33.41	Major depressive disorder, Recurrent episode, In partial remission	04/26/2023	04/26/2023

Prescription Management

Drug Type

All Drugs

Status

Pending

Search

Provider Clinical Report

EXHIBIT 8

Back

[redacted]

Patient Details

DOB: [redacted]
Height: Unknown
Weight: Unknown
Gender: [redacted]

Default Pharmacy

WALGREENS DRUG STORE #09902
292 LOS ALTOS PKWY, SPARKS, NV
894367708
Ph. (775) 354-0104
Fx. (775) 354-0122

Medications - Active Medications

Name	Directions	Qty	Rfl	Start	Stop	Last Written	History Source
aripiprazole 2 mg tablet	Take 1 tablet by mouth once a day.	30 tablet	2	12/07/2023	03/06/2024	12/07/2023	
escitalopram 20 mg tablet	TAKE 1 TABLET BY MOUTH EVERY DAY.	90 tablet	0	11/20/2023	04/15/2024	01/17/2024	
testosterone 20.25 mg/1.25 gram per pump act.(1.62 %) transdermal gel *C - III*	APPLY 1 PUMP TWICE TO FOUR TIMES PE R WEEK.	75 gram				11/16/2022	Pharmacy

Inactive Medications

Name	Directions	Qty	Rfl	Start	Stop	Reason Stopped	History Source
alprazolam 1 mg tablet *C - IV*	Tke 1/2 to 1 tablet by mouth daily as needed f or anxiety.	30 tablet	0	07/04/2023	08/03/2023		
alprazolam 1 mg tablet *C - IV*	TAKE 1/2 TABLET BY MOUTH UP TO THREE TIMES DAILY AS NEEDED FOR ANXIETY.	45 tablets	2	11/07/2023	02/05/2024		
alprazolam 1 mg tablet *C - IV*	Take 1/2 tablet by mouth up to three times dail y as needed for anxiety.	45 tablets	0	10/02/2023	11/01/2023		
alprazolam 1 mg tablet *C - IV*	TKE 1/2 TO 1 TABLET BY MOUTH DAILY AS NEEDED FOR ANXIETY.	30 tablets	0	09/11/2023	10/02/2023	Change per new prescription	
alprazolam 1 mg tablet *C - IV*	TAKE 1/2 TO 1 TABLET BY MOUTH DAILY A S NEEDED FOR ANXIETY.	30 tablets	0	08/09/2023	09/08/2023		
alprazolam 1 mg tablet *C - IV*	Tke 1/2 to 1 tablet by mouth daily as needed f or anxiety.	30 tablet	0	05/03/2023	06/02/2023		

Name	Directions	Qty	Rfl	Start	Stop	Reason Stopped	History Source
alprazolam 1 mg tablet *C - IV*	Take 1/2 to 1 tablet by mouth daily as needed f or anxiety.	30 tablet	0	06/29/2023	06/29/2023	Other - Pharmacy overstepping its statutory authority. Will report to Board.	
alprazolam 1 mg tablet *C - IV*	TAKE 1 TABLET BY MOUTH 1 TIME A DAY A S NEEDED FOR ANXIETY FOR UP TO 30 DA YS.	15 each			05/03/2023	Change per new prescription	Pharmacy
aripiprazole 2 mg tablet	Take 1 tablet by mouth once a day.	30 tablet	2	08/21/2023	11/19/2023		
escitalopram 20 mg tablet	TAKE 1 TABLET BY MOUTH EVERY DAY.	90 each			05/03/2023	Change per new prescription	Pharmacy
escitalopram 20 mg tablet	Take 1 tablet by mouth once a day.	90 tablet	0	05/03/2023	11/20/2023	Change per new prescription	

Allergies - No Known Drug Allergies (NKDA)

Inactive Allergies - None

Diagnoses - Active Diagnoses

Type	Code	Description	Status	Onset Date	Changed Date
ICD-10	F41.1	Generalized anxiety disorder	Active	04/25/2023	04/26/2023
ICD-10	F33.41	Major depressive disorder, Recurrent episode, In partial remission	Active	04/25/2023	04/26/2023

Inactive Diagnoses - None

Resolved Diagnoses - None

Generated by Valant Medical Solutions Valant ePrescribing on 03/02/2024.
See www.drfirst.com for more information.

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4.39.2.3

Patient

[redacted] 10/17/1964 female

Patient Consent: (•) Yes ( ) No

Pharmacy

US Pharmacy LLC (C) (R) (E) - 3871 S Valley View Blvd Suite 13, ...

Prescription Benefit

City of Henderson (EXPRESS SCRIPTS) , retail & mail

SEX	DOB	PREGNANT	BREASTFEEDING	HEIGHT	BSA(M^2)	ADDRESS
[redacted]	[redacted]	☐	☐	0 cm	0	[redacted] Las Vegas, NV 89120

HOME PHONE	MOBILE PHONE	WORK PHONE	EMAIL
[redacted]	[redacted]	[redacted]	[redacted]

Clinical Reports: Provider Patient

Medications

Active Medications Review Status: Unknown or Incomplete Last Reconciled: (P) Joshua Hamilton, APRN, 08/03/2023 12:19:19 PM PDT

☐ Select All

	Name	Actions
☐	**acebutolol 200 mg capsule** (qty: 60, rfl: none)	
☐	**amlodipine 2.5 mg tablet** (qty: 90, rfl: none)	
☐	**atomoxetine 25 mg capsule** Take 1 capsule by mouth every morning. (qty: 30, rfl: 2)	
☐	**bisoprolol 2.5 mg-hydrochlorothiazide 6.25 mg tablet** (qty: 30, rfl: none)	
☐	**bupropion HCl XL 300 mg 24 hr tablet, extended release** TAKE 1 TABLET BY MOUTH EVERY DAY. (qty: 90, rfl: none)	

	Name	Actions
☐	**gabapentin 400 mg capsule** (qty: 270, rfl: none)	
☐	**hydrocodone 10 mg-acetaminophen 325 mg tablet *C - II*** (qty: 120, rfl: none)	
☐	**hydrocortisone 2.5 % topical cream** (qty: 60, rfl: none)	
☐	**hydroxyzine pamoate 25 mg capsule** Take 1 capsule by mouth up to three times daily as needed for anxiety. (qty: 90, rfl: 2)	
☐	**loperamide 2 mg capsule** (qty: 15, rfl: none)	
☐	**magnesium oxide 400 mg (241.3 mg magnesium) tablet** (qty: 5, rfl: none)	
☐	**memantine 5 mg tablet** TAKE 1 TABLET BY MOUTH TWICE DAILY. (qty: 60, rfl: 2)	
☐	**metoclopramide 10 mg tablet** (qty: 60, rfl: none)	
☐	**Movantik 25 mg tablet** (qty: 30, rfl: none)	
☐	**quetiapine 50 mg tablet** TAKE 1/2 TO 1 TABLET BY MOUTH DAILY AT BEDTIME. (qty: 90, rfl: none)	
☐	**temazepam 15 mg capsule *C - IV*** Take 1 capsule by mouth at bedtime as needed for insomnia. (qty: 30, rfl: 2)	

☐ Select All

Add Medication Hide Medication History Show Inactive Medications

Medication History from Other Sources

Note: Certain information may not be available or accurate in this report, including items that the patient asked not be disclosed due to patient privacy concerns, over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.

1 year

Drug History from 03/02/2023 to 03/02/2024

☐ Select All + Add to Active Medications

	Drug	Directions	Qty	Last Fill	Actions
⊞ ☐	*acebutolol 200 mg capsule*	*Directions Not available*	*60 capsule*	*02/16/2024*	℞
⊞ ☐	*amlodipine 2.5 mg tablet*	*Directions Not available*	*90 tablet*	*05/18/2023*	℞
⊞ ☐	amlodipine 10 mg tablet	Directions Not available	30 tablet	06/09/2023	℞
⊞ ☐	*atomoxetine 25 mg capsule*	*Directions Not available*	*30 capsule*	*02/12/2024*	℞
⊞ ☐	atomoxetine 18 mg capsule	Directions Not available	30 capsule	09/12/2023	℞
⊞ ☐	Belsomra 10 mg tablet	Directions Not available	10 tablet	07/14/2023	℞
⊞ ☐	benzonatate 100 mg capsule	Directions Not available	21 capsule	08/19/2023	℞
⊞ ☐	*bisoprolol 2.5 mg-hydrochlorothiazide 6.25 mg tablet*	*TAKE 1 TABLET BY MOUTH EVERY DAY*	*30 tablet*	*08/30/2023*	℞
⊞ ☐	bupropion HCl XL 150 mg 24 hr tablet, extended release	Directions Not available	90 tablet	04/27/2023	℞
⊞ ☐	*bupropion HCl XL 300 mg 24 hr tablet, extended release*	*Directions Not available*	*90 tablet*	*02/12/2024*	℞
⊞ ☐	buspirone 5 mg tablet	Directions Not available	60 tablet	06/27/2023	℞
⊞ ☐	butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg capsule	Directions Not available	20 capsule	02/12/2024	℞
⊞ ☐	cephalexin 500 mg capsule	Directions Not available	14 capsule	06/26/2023	℞
⊞ ☐	ciprofloxacin 500 mg tablet	Directions Not available	10 tablet	07/03/2023	℞
⊞ ☐	diazepam 10 mg tablet	Directions Not available	75 tablet	04/27/2023	℞
⊞ ☐	dicyclomine 10 mg capsule	Directions Not available	56 capsule	04/13/2023	℞
⊞ ☐	doxepin 10 mg capsule	Directions Not available	30 capsule	05/25/2023	℞
⊞ ☐	*gabapentin 400 mg capsule*	*Directions Not available*	*90 capsule*	*01/19/2024*	℞
⊟ ☐	*hydrocodone 10 mg-acetaminophen 325 mg tablet*	*Directions Not available*	*100 tablet*	*02/16/2024*	℞

		Drug	Directions	Qty	Last Fill	Actions

Date Filled	Directions	Qty	Orig Refills	Provider	Actions
02/16/2024	Directions Not available	120 tablet	Not available	NATHAN BELL 5235 DURANGO DR STE 2 LAS VEGAS NV	
11/24/2023	Directions Not available	120 tablet	Not available		
10/27/2023	Directions Not available	120 tablet	Not available		
09/29/2023	Directions Not available	120 tablet	Not available		
07/02/2023	Directions Not available	120 tablet	Not available		
07/02/2023	TAKE 1 TABLET BY MOUTH FOUR TIMES DAILY AS NEEDED	120 each	Not available	NATHAN GARRETT BELL 5235 S DURANGO DR STE 2 LAS VEGAS NV 7029737377(fax)	
06/09/2023	Directions Not available	100 tablet	Not available		
06/09/2023	TAKE 1 TABLET BY MOUTH FOUR TIMES DAILY AS NEEDED	100 each	Not available	NATHAN GARRETT BELL 5235 S DURANGO DR STE 2 LAS VEGAS NV 7029737377(fax)	
05/04/2023	Directions Not available	120 tablet	Not available		
05/04/2023	TAKE 1 TABLET BY MOUTH FOUR TIMES DAILY AS NEEDED	120 each	Not available	NATHAN GARRETT BELL 5235 S DURANGO DR STE 2 LAS VEGAS NV 7029737377(fax)	
03/30/2023	Directions Not available	92 tablet	Not available		
03/30/2023	TAKE 1 TABLET BY MOUTH FOUR TIMES DAILY AS NEEDED	92 each	Not available	NATHAN GARRETT BELL 5235 S DURANGO DR STE 2 LAS VEGAS NV 7029737377(fax)	
03/22/2023	Directions Not available	28 tablet	Not available		

		Drug	Directions	Qty	Last Fill	Actions

Date Filled	Directions	Qty	Orig Refills	Provider	Actions
03/22/2023	*TAKE 1 TABLET BY MOUTH FOUR TIMES DAILY AS NEEDED*	*28 each*	*Not available*	*NATHAN GARRETT BELL 5235 S DURANGO DR STE 2 LAS VEGAS NV 7029737377(fax)*	

⊞	☐	*hydrocortisone 2.5 % topical cream*	*Directions Not available*	*60 gram*	*03/12/2023*	℞
⊞	☐	*hydroxyzine pamoate 25 mg capsule*	*Directions Not available*	*90 capsule*	*02/16/2024*	℞
⊞	☐	*loperamide 2 mg capsule*	*Directions Not available*	*15 capsule*	*04/13/2023*	℞
⊞	☐	*magnesium oxide 400 mg (241.3 mg magnesium) tablet*	*Directions Not available*	*5 tablet*	*04/13/2023*	℞
⊞	☐	*memantine 5 mg tablet*	*Directions Not available*	*60 tablet*	*02/02/2024*	℞
⊞	☐	methocarbamol 500 mg tablet	Directions Not available	90 tablet	07/25/2023	℞
⊞	☐	*metoclopramide 10 mg tablet*	*Directions Not available*	*90 tablet*	*01/29/2024*	℞
⊞	☐	metoprolol tartrate 100 mg tablet	Directions Not available	60 tablet	06/09/2023	℞
⊞	☐	metronidazole 500 mg tablet	Directions Not available	3 tablet	05/26/2023	℞
⊞	☐	*Movantik 25 mg tablet*	*TAKE 1 TABLET BY MOUTH EVERY DAY*	*30 tablet*	*07/07/2023*	℞
⊞	☐	neomycin 500 mg tablet	Directions Not available	6 tablet	05/30/2023	℞
⊞	☐	nitrofurantoin monohydrate/ macrocrystals 100 mg capsule	Directions Not available	14 capsule	01/29/2024	℞
⊞	☐	ondansetron 8 mg disintegrating tablet	Directions Not available	21 tablet	04/08/2023	℞
⊞	☐	ondansetron 4 mg disintegrating tablet	Directions Not available	15 tablet	02/14/2024	℞
⊞	☐	oxycodone 10 mg tablet	TAKE 1 TABLET BY MOUTH 4 TIMES DAILY AS NEEDED-5 DAYS. START OXY ON 6/5 AFTER PROCEDURE FOR UP TO FIVE DAYS THEN RESART NARCO ONCE OXY IS COMPLET	20 each	06/03/2023	℞
⊞	☐	oxycodone-acetaminophen 5 mg-325 mg tablet	Directions Not available	120 tablet	01/19/2024	℞
⊞	☐	pantoprazole 40 mg tablet,delayed release	Directions Not available	30 tablet	06/09/2023	℞

	Drug	Directions	Qty	Last Fill	Actions
⊞	potassium chloride ER 20 mEq tablet,extended release	Directions Not available	5 tablet	04/13/2023	℞
⊞	*quetiapine 50 mg tablet*	*Directions Not available*	*30 tablet*	*02/12/2024*	℞
⊞	Quviviq 50 mg tablet	TAKE 1/2 TO 1 TABLET BY MOUTH AT BEDTIME AS NEEDED FOR INSOMNIA	30 each	08/28/2023	℞
⊞	Sutab 1.479-0.188-0.225 gram tablet	USE AS DIRECTED	24 each	05/26/2023	℞
⊟	*temazepam 15 mg capsule*	*Directions Not available*	*30 capsule*	*02/16/2024*	℞

Date Filled	Directions	Qty	Orig Refills	Provider	Actions
02/16/2024	*Directions Not available*	*30 capsule*	*Not available*	*JOSHUA HAMILTON 9205 WEST RUSSELL ROAD LAS VEGAS NV*	℞
01/19/2024	*Directions Not available*	*30 capsule*	*Not available*	*JOSHUA HAMILTON 9205 WEST RUSSELL ROAD LAS VEGAS NV*	℞
12/22/2023	*Directions Not available*	*30 capsule*	*Not available*		℞
11/22/2023	*Directions Not available*	*30 capsule*	*Not available*		℞
10/25/2023	*Directions Not available*	*30 capsule*	*Not available*		℞
09/26/2023	*Directions Not available*	*30 capsule*	*Not available*		℞

⊞	trazodone 100 mg tablet	Directions Not available	135 tablet	08/03/2023	℞
⊞	zolpidem 10 mg tablet	TAKE 1/2 TO 1 TABLET BY MOUTH DAILY AT BEDTIME AS NEEDED FOR INSOMNIA	30 tablet	05/30/2023	℞

☐ Select All

Allergies

No Known Drug Allergies (NKDA)

⊕ ✔

Diagnoses / Problems ⤢

Active Diagnoses

Last Reviewed: Joshua Hamilton, APRN, 05/30/2017 12:48:27 PM PDT

Type	Code	Description	Onset Date	Date Changed
ICD-10	F41.1	Generalized anxiety disorder	12/15/2015	05/27/2021
ICD-10	G47.00	Insomnia disorder	12/15/2015	05/27/2021

Type	Code	Description	Onset Date	Date Changed
ICD-10	M51.16	Intervertebral disc disorders w radiculopathy, lumbar region	04/10/2018	05/27/2021
ICD-10	G31.84	Mild neurocognitive disorder due to multiple etiologies	06/30/2023	06/30/2023
ICD-10	D50.8	Other iron deficiency anemias	05/31/2018	05/27/2021
ICD-10	F34.1	Persistent depressive disorder (dysthymia)	12/15/2015	05/27/2021
ICD-10	G47.10	Unspecified hypersomnolence disorder	07/08/2021	07/08/2021
ICD-10	N95.9	Unspecified menopausal and perimenopausal disorder	12/15/2015	05/27/2021

Show Inactive Diagnoses

Prescription Management

Drug Type

All Drugs

Status

Pending

Search

No prescriptions found.

Eligibility provided by EXPRESS SCRIPTS

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EXHIBIT 9

Subject: Case Confirmation - 00307491: Bamboo Health integration - [ref:!00D4008JQP.!500Do0Htpaq:ref]
Date: Thursday, February 29, 2024 at 7:08:49 AM Pacific Standard Time
From: Valant Support
To: Josh Hamilton

Hello ,

Thank you for contacting Valant Support Services. We have received your Support request.

If this is an urgent issue requiring immediate attention, we strongly advise contacting our support team via phone at **1(888) 282-8085** with your case number: **00307491** for the quickest resolution.

A member of our Support Team will contact you by email regarding your issue: **Bamboo Health integration**. Due to a high volume of inquiries, the email response may be delayed.

Please ensure you check your Junk, Spam or Quarantined folders for Support emails as they may be incorrectly filtered.

If you need to provide additional information at any time, you may reply to this email. **IMPORTANT:** To prevent any potential HIPAA violation, please do not include any PHI in email correspondence. Please rest assured that any information already submitted via our contact form is secure and HIPAA compliant.

Kind regards,

Valant Support Services

EXHIBIT 10

JOSHUA M. HAMILTON, DNP, RN-PMH-BC, FNP-C, PMHNP-BC, CTMH, CNE, CLNC, FAANP

☎ (702) 281-3737 • josh@AskJoshHamilton.com • www.AskJoshHamilton.com •
9205 West Russell Road, Suite 240 | Las Vegas, NV 89148
14 Innisbrook Avenue | Las Vegas, NV 89113

"...brings extraordinary commitment, enthusiasm, and talent to the classroom and to the College..."

Margaret Rivera, VP, AACC

"...a champion of creative use of technology in the classroom; demonstrated leadership in technology, inspiration to students, and compassion in work with underserved populations in Wyoming..."

Nominating Committee for the David R. Pierce Faculty Technology Award, AACC

"... seems to care about his work and his students. I like that he modifies assignments to fit the way he teaches rather than just using a cookie cutter."

UNLV Nursing Student, 2009

Biographical:

Josh Hamilton resides in Las Vegas, Nevada, where he practices Telepsychiatry on a national scale. With more than a quarter-century of nursing experience, he also holds professorial appointments, academic leadership positions and provides extensive professional consultation services in higher education, industry and clinical affairs.

He was associate medical director for the largest managed care behavioral health network in the Desert Southwest and, as a university dean and vice president, he built one of the largest portfolio collections of competency-based graduate Nursing degrees in the United States.

His professional interests include neurobiology, pharmacology and epigenetics. He is an internationally-recognized speaker on these (and related) topics at conferences and professional meetings. He served on the psychiatric medication working group at the Center of Excellence in Regulatory Science & Innovation, a FDA-sponsored project at the University of Maryland.

He is a NEI Master Psychopharmacologist and a fellow of the American Association of Nurse Practitioners. The Point of Care Network proclaimed Josh to be America's Top Psychiatric NP in 2021.

Education, Honors, & Certifications

POST-DOCTORAL APRN CERTIFICATE, PSYCH-MENTAL HEALTH NURSING
Rush University, Chicago, Illinois: Jan. 2006 – Dec. 2007

DOCTOR OF NURSING PRACTICE (DNP)—business/leadership emphases
Rush University, Chicago, Illinois: Jan. 2005 – Dec. 2006

MASTER OF SCIENCE IN NURSING, Family Nurse Practitioner
University of Wyoming, Laramie, Wyoming: Aug. 1999 – Aug. 2003

ASSOCIATE OF SCIENCE IN NURSING
Casper College, Casper, Wyoming: Aug. 1997 – May 1999

BACHELOR OF SCIENCE IN NATURAL SCIENCE & MATHEMATICS
University of Wyoming, Laramie, Wyoming: Aug. 1995 – Aug. 1997

ASSOCIATE OF SCIENCE IN BIOLOGY
Casper College, Casper, Wyoming: Aug. 1993 – May 1995

Licenses & Certifications

- **RN** – AZ, MA, ME, MN, NV, OR | **APRN** – AZ, ME, MN, NV, OR
- Canadian Registered Nurse (CRNBC, 2011-2012, provisional)
- Certified Psychiatric-Mental Health Nurse Generalist (ANCC)
- Academy-Certified Family Nurse Practitioner (AANP)
- Certified Nurse Educator (NLN)
- Certified Family Psychiatric-Mental Health Nurse Practitioner (ANCC)
- Master Psychopharmacologist *with Distinction*, Neuroscience Education Institute
- Certified Telemental Health Provider (PESI/Evergreen)
- Certified Legal Nurse Consultant (CLNC®)

"...a dedicated and gifted nurse who is able to handle the most complex cases with skill and compassion...his strong work ethic, expertise, and commitment to the well-being of the patients in his care make him a valuable asset..."

Patricia L. Payne, M.D.,
Child/Adolescent Psychiatrist

"Josh is a competent and confident nurse educator who is able to relate to the nursing students and yet maintain his professionalism with them. He is very motivated and dedicated..."

Jolene Knaus, MS, RN, Director of Nursing & Division Chair, Casper College

"Josh's emphasis on the nursing process really helped me become more familiar with the concept of nursing diagnosis."

ADN Nursing Student, Spring 2006

Professional Memberships

- National Organization of Nurse Practitioner Faculties (NONPF)
- American Association of Nurse Practitioners (AANP)
- National League for Nursing (NLN)
- American Psychiatric Nurses Association (APNA)
- Sigma Theta Tau International, Gamma Phi Chapter (STTI)
- Neuroscience Education Institute (NEI)
- Western Regional Advanced Practice Nurses Network (WRAPNN)
- American Nurses Association (ANA)

Honors

- **America's Top Psychiatric Nurse Practitioner (POCN), 2021**
- Casper College "Top 75 Exemplary Alumni," 2020
- **Fellow, American Association of Nurse Practitioners, 2017**
- Distinguished Alumnus, UWyo F.W. Whitney School of Nursing, 2015
- Rosenthal Outstanding Educator (nominee), Casper College, 2007
- Doctoral Scholar, National League for Nursing, 2006 Educational Summit
- Phi Theta Kappa "Terrific Learning Coach," 2004
- AACN David R. Pierce Faculty Technology Award (nominee), 2005
- *Manchester "Who's Who Among Executives & Professionals in Healthcare"*
- Wyoming Behavioral Institute "Team Player Award," 2000
- University of Wyoming President's Honor Scholarship
- Casper College Honor Scholarship
- University of Wyoming Graduate Student Scholarship, 2002-2003
- National Council of Teachers of English literary award, 1993

Employment & Professional Service

- **INTERIM PROVOST & SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS**
  Chief Academic Officer (CAO) (10/23 – 01/24)
  Acting Dean, School of Nursing (10/23 – 12/23)
  Beal University, Bangor, ME
- **PRESIDENT | CHIEF CLINICAL OFFICER**
  The Hamilton Group LLC, Las Vegas, NV (08/13 – present)
- **PSYCHIATRIC NURSE PRACTITIONER**
  Brightside Health, Inc., San Francisco, CA (05/21 – present)

- **PART-TIME LECTURER | ORVIS SCHOOL OF NURSING**
  University of Nevada, Reno, NV (01/20 – present)
- **CONTRIBUTING PROFESSOR | COLLEGES OF NURSING & MEDICINE**
  Roseman University, Henderson, NV (02/15 – present)

- **ASSISTANT VICE PRESIDENT & DEAN** (08/20 – 09/23)
  Rasmussen University, School of Nursing, Bloomington, MN
- **PROFESSOR & CHIEF NURSE ADMINISTRATOR | DNP-FNP PROGRAM**
  Bay Path University, Longmeadow, MA (12/19 – 03/21)
- **CONTRIBUTING PROFESSOR | COLLEGE OF HEALTH SCIENCES**
  Walden University, Minneapolis, MN (05/11 – 11/21)

"...knowledge and calming nature helped me get through what, so far, has been my most difficult rotation. Your lecture style, presentation demeanor, and level of confidence enhanced the learning experience for me as a student."

Mark Smith, RN, 2003 Graduate,
Progressive Care Unit Manager,
Wyoming Medical Center

"Among Josh's many strengths are his written and verbal communication skills, self-directedness, perseverance and flexibility. I have found Josh to be an interesting, humorous, wonderful human being, and I am proud to have him as a colleague."

Pamela L. Payne, MSN, FNP-C,
Assistant Lecturer, University of
Wyoming School of Nursing

- **PROFESSOR & DIRECTOR | PMHNP PROGRAM**
  Rocky Mountain University, Provo, UT (11/18 – 10/19)
- **EVALUATION SUPERVISOR | COLLEGE OF HEALTH PROFESSIONS**
  Western Governors University, Salt Lake City, UT (07/18 – 01/20)
- **DEAN | ENGELSTAD SCHOOL OF HEALTH SCIENCES**
  College of Southern Nevada, Las Vegas, NV (07/15 – 05/18)
- **ASSOCIATE DEAN | COLLEGE OF NURSING**
  Roseman University, Henderson, NV (06/14 – 07/15)
- **ADJUNCT CLINICAL PROFESSOR | COLLEGE OF MEDICINE**
  Touro University, Henderson, NV (02/14 – 02/16)
- **ASSISTANT PROFESSOR | FACULTY OF HUMAN & SOCIAL DEVELOPMENT**
  University of Victoria, Victoria, BC | Canada (07/11 – 12/14)
- **ASSOCIATE DEAN | COLLEGE OF NURSING**
  West Coast University, Irvine, CA (07/12 – 05/13)
- **ASSOCIATE PROFESSOR | FNP PROGRAM DIRECTOR**
  Touro University Nevada, Henderson, NV (11/09 - 06/11)
- **PSYCHIATRIC NURSE PRACTITIONER**
  Dr. Josh Hamilton APRN, LLC, Las Vegas, NV (11/10 – 03/11)
- **ASSOCIATE MEDICAL DIRECTOR**
  Harmony Healthcare, Las Vegas, NV (11/09 – 07/10)
- **DIRECTOR OF CLINICAL OPERATIONS**
  Harmony Healthcare, Las Vegas, NV (07/09 – 11/09)
- **PSYCHIATRIC NURSE PRACTITIONER**
  Harmony Healthcare, Las Vegas, NV (03/09 – 09/10)
- **PSYCHIATRIC NURSE PRACTITIONER**
  Collins Clinic, Montevista Hospital, Las Vegas, NV (03/08 – 03/09)
- **ASSISTANT PROFESSOR OF NURSING**
  University of Nevada - Las Vegas, Las Vegas, NV (05/07 – 07/09)
- **NURSE EDUCATOR | PROGRAM COORDINATOR**
  Casper College, Dept. of Nursing, Casper, WY (08/01 – 04/07)
- **FAMILY NURSE PRACTITIONER**
  Central Wyoming Counseling Center, Casper, WY (10/03 – 04/07)
- **PSYCHIATRIC-MENTAL HEALTH NURSE**
  Wyoming Behavioral Institute, Casper, WY (05/99 – 02/02)

Professional Consulting

- **DISTINGUISHED FACULTY**, 2020-present
  Fitzgerald Health Education Associates, North Andover, MA
- **CLINICAL CONSULTANT & NATIONAL SPEAKER**, 2023-present
  Tempus Biotechnology, Chicago, IL
- **SUBJECT MATTER EXPERT & FACULTY**, 2022-present
  Wolters Kluwer | AudioDigest, Philadelphia, PA
- **KEY OPINION LEADER & SPOKESPERSON**, 2021-2022
  Alkermes, Inc. (Lybalvi™), Waltham, MA
- **CLINICAL CONSULTANT & NATIONAL SPEAKER**, 2014-2023
  Myriad Neuroscience, Mason, OH
- **LEGAL NURSE CONSULTANT**, 2007-2009
  Tulverson & McBride, Attorneys at Law, Las Vegas, NV
- **PROFESSIONAL CONSULTANT**
  - **Parthenon** (Ernst & Young LLP), healthcare education topics
  - **Guidepoint Education**, NY, healthcare education topics
  - **Phoenix Consulting**, long-acting antipsychotic medications
  - **Reuters Insight Community of Experts**, Healthcare Division
  - **Round Table Group Expert Network**, Washington, DC
  - **FirstThought**, New York, NY, psychiatric-mental health topics
  - **AlphaSights**, New York, NY, mental health topics

"Josh was absolutely the best part of this [clinical] experience! He was understanding, took time to explain and teach us; he cares; he grades very in-depth to make sure we are doing our best. He expects a lot from us but gives everything he has to offer, as well. This was a great experience!"

Sophomore Nursing Student, Psych-Mental Health Rotation, Fall 2005

"Because of the understanding and teaching I received from Josh, I will be a better nurse. I admire his brilliant mind and patient, calm way that personifies who he is as a great role model in the nursing profession. Casper College is fortunate to have Josh in the nursing department!"

Nancy Zeitner, ADN Student, Casper College ADN Class of 2004

- **Point of Care Network (POCN)**, Boonton, NJ, advanced practice topics

- **ACADEMIC CONSULTANT**
  - **South College**, graduate program development (MSN-NP, DNP), 2020
  - **Northern Kentucky University**, accelerated PMHNP curriculum, 2020

Clinical Training & Expertise

- Mental Health & Psychiatry (inpatient/outpatient)
- Microcurrent electrical therapy (MET), cranioelectric stimulation (CES)
- Korean Hand Therapy (KHT)
- Reproductive health, family planning
- Public & community health
- Dermatology
- Family practice & primary care

Teaching Experience

UNIVERSITY OF NEVADA - RENO | Reno, NV

- *Assessment & Management in PMH Settings* (NURS 721)—PMHNP Program
- *Advanced Mental Health Therapies* (NURS 703)—PMHNP Program

ROCKY MOUNTAIN UNIVERSITY | Provo, UT

- *Psychopharmacology* (PMH 682)—PMHNP Program
- *Psychotherapeutic Assessment & Practice* (PMH 692)—PMHNP Program

ROSEMAN UNIVERSITY | Henderson, NV

- *Nursing Theories, Practice & Issues* (NURS 305)—Accelerated BSN
- *Nursing Research* (NURS 401)—Accelerated BSN
- *Nursing Leadership* (NURS 406)—Accelerated BSN

UNIVERSITY OF VICTORIA | British Columbia

- *Health Program Evaluation* (NURS 509)–graduate
- *Advanced Assessment & Diagnostic Reasoning* (NUNP 541)–graduate
- *Trends & Issues in Advanced Practice Nursing* (NUNP 565)–graduate
- *Professional Practice VI: Nursing Research* (NURS 360)–undergraduate
- *Applied Pathophysiology* (NUNP 531)–graduate/FNP program

WALDEN UNIVERSITY | Minneapolis, MN

- *PMHNP Role II: Adults & Older Adults* (NURS 6670)—PMHNP Program
- *PMHNP Role I: Child & Adolescent* (NURS 6660)—PMHNP Program
- *Psychotherapy with Groups & Families* (NURS 6650)—PMHNP Program
- *Psychotherapy with Individuals* (NURS 6640)—PMHNP Program
- *Theoretical & Scientific Underpinnings for Nursing Practice* (NURS 8110)
- *Healthcare Policy & Advocacy* (NURS 8100)—Doctor of Nursing Practice
- *Foundations & Essentials of Doctoral Study in Nursing* (NURS 8000)
- *Foundations for Graduate Study* (NURS 6001)

"...the most organized instructor I've had...the best communicator with students. He is knowledgeable but never degrading; positive and complimentary. I was never afraid to go to him with questions as he was always kind and very helpful. His conferences were the most effective that I have experienced during my education. Awesome teacher!"

Sophomore Student, Psych-Clinical, Spring 2005

"...the only instructor to really take time out for his students and help them. He is a genuine and great teacher."

Freshman ADN Student, Clinical Pharmacology Lecture, 2004

"...challenges students to think critically while he presents information to carry forward into future nursing experiences."

UNLV Nursing Student, 2008

- *Essentials of Evidence-Based Practice* (NURS 6052)
- *The Nurse Leader: New Perspectives on the Profession* (NURS 6110)
- *Integrating Theory & Research for Evidence-Based Practice* (NURS 6125)
- *Integrating Technology in Nursing Education* (NURS 6320)
- *The Nurse Educator: Roles, Responsibilities & Relationships* (NURS 6340)
- *Nursing Curriculum Development, Assessment & Evaluation* (NURS 6330)
- *Advanced Pharmacology* (NURS 6521)
- *Direct Care Role in Health Promotion* (NURS 6561)
- *Primary Care of Adults* (NURS 6531)

TOURO UNIVERSITY NEVADA | Henderson, NV

- *Theoretical Applications in Nursing* (NUR 640)–graduate
- *Health Policy & Leadership* (NUR 425)–undergraduate
- *Human Resource Development* (NUR 668)–graduate
- *Advanced Physical Assessment* (NUR 634)–graduate
- *Mental Health Nursing* (NUR 422)–undergraduate
- *Reflection on Professional Nursing Practice* (NUR 725)—DNP program
- *Human Diversity & Social Issues in Health Promotion & Disease Prevention* (NUR 664)–graduate
- *Educational Program Development in Nursing* (NUR 656)–graduate
- *Ethics in Doctoral Research & Practice* (NUR 705)—DNP program
- *Health Policy Development & Implementation* (NUR 715)–DNP program
- *Legal, Policy, Organizations, & Financing Health Care Systems* (NUR 642)

UNIVERSITY OF NEVADA—LAS VEGAS | Las Vegas, NV

- *Nursing Care of Mental Health Populations* (NURS 419)–undergraduate
- *Roles in Advanced Practice Nursing* (NURS 705)–graduate
- *Master's Teaching Practicum* (NURS 733)–graduate/Nurse Educator Program
- *Master's/FNP Capstone I* (NURS 766)–graduate
- *Master's/FNP Capstone II* (NURS 796)–graduate
- *Primary Care of the Family I* (NURS 749L)–graduate/FNP program
- *Primary Care of the Family III* (NURS 769L)–graduate/FNP program

CASPER COLLEGE | Casper, WY

- *Medical Terminology* (HLTK 1200, HLTK 1710)
- *Principles of Clinical Pharmacology* (HLTK 1830)—ADN program
- *Nursing Process III* (NRST 2635)—ADN program
- *Nursing Process IV* (NRST 2645)—ADN program

Recent Professional Development

- AANP 2023 Fall Conference, Austin, TX
- NPACE Pharmacology Conference 2023, San Diego, CA
- AANP 2023 National Conference, New Orleans, LA

"...young enough to be on the cutting edge of his field, but he still has excellent teaching abilities that are sorely missed in today's learning environment. It's nice to see UNLV attracting such a quality instructor."

Nursing Student,
University of Nevada – Las Vegas,
Las Vegas, NV

"This class was great! ...helped me to actually gain an understanding of what an NP is and what the job entails. This is ingenious – the students actually being the instructors! This was my favorite class this semester (and I had a LOT of them)..."

Graduate Student,
University of Nevada – Las Vegas,
Las Vegas, NV

- APNA Clinical Psychopharmacology Institute 2023, Reston, VA
- NCSBN APRN Roundtable, April 2023
- NPACE Primary Care Conference 2023, Denver, CO
- NLN Education Summit 2022, Las Vegas, NV
- NPACE Pharmacology & Primary Care Update 2022, Dana Point, CA
- AANP 2022 National Conference, Orlando, FL
- NONPF 2021 Annual Conference (virtual)
- AANP 2021 Fall Conference, Hollywood, FL
- AANP 2021 National Conference (virtual)
- Virtual Fall Conference 2020, Nurse Practitioners of Idaho

Leadership Experience

- Vice-President, Innisbrook Estates Homeowners Association, 2019-2020.
- Reflective Portfolio as Capstone, project coordinator, UVic, 2011-2012.
- Director of Program Evaluation, Touro University, 2010-2011.
- DNP Program, joint taskforce chair, site coordinator, UNLV/UNR, 2007.
- Faculty-in-residence promotion criteria, taskforce chair, UNLV, 2008.
- President's Leadership Institute, Casper College, 2006-2007.
- Charge Nurse, Youth Psychiatric Unit, WY Behavioral Institute, 1999-2002.
- Employee Health Coordinator, Wyoming Behavioral Institute, 1999-2002.
- Grief Seminar co-chair, 2002-03; chairperson, 2004-05, Casper College
- Intravenous Skills Lab Coordinator, Casper College, 2002-2006.
- Task force on computerized testing, project director, Casper College, 2004.
- IT in Health Science Education, project director, Casper College, 2005-07.
- Nursing Process Validation Tool, project coordinator, Casper College, '05-06.
- Weekly Clinical Eval. Tool, project coordinator, Casper College, 2003-2004.

Committee Memberships

- Faculty Professional Development Committee, Bay Path Univ., 2020
- NP Program Admission Committee, Walden University, 2018-2019
- Chair, Council of Deans, College of Southern Nevada, 2017-2018
- LCME Steering Committee, Roseman Univ. College of Medicine, '14-'16
- Faculty Re/appointment, Promotion & Tenure Committee, UVic, 2012
- Graduate Curriculum & Education Committees, UVic, 2011-2013
- Nurse Practitioner Subcommittee, UVic, 2011-2013
- Institutional Faculty Grievance Committee, Touro University, 2010-2011
- Learning Spaces Technology Workgroup, Touro University, 2010-2011
- Graduate Curriculum Committee, Touro University, 2010-2011
- UNLV School of Nursing Graduate Admissions Committee, 2009
- Faculty Technology Advisory Board, UNLV, 2008-2009
- School of Nursing Academic Affairs Council, UNLV, 2007-2009
- President's Advisory Committee on IT, Casper College, 2006

"Dr. Hamilton has been very supportive and has guided me through a course that I was very anxious about. I have never gotten involved in political issues, thus I was very concerned about possibly not understanding the class material. Dr. Hamilton made me feel comfortable and eased my concerns, allowing me to learn and apply the material. Thank you SO very much!"

MSN Student (NR 506),
Chamberlain College of Nursing
Summer 2011

"Josh is a very energetic, passionate, and dedicated mentor, facilitator and leader. I believe that he has a truly unique ability to engage a variety of stakeholders, encouraging candid yet mutually respectful discussion, compromise and creation of shared vision."

Mary Jo Russo, Chief Nursing Officer, North Vista Hospital, Las Vegas, NV

- Nursing Dept. Evaluation Committee Chairperson, Casper College, 2005-07
- Level II & III Faculty Chairperson, Casper College, 2003-2005

Professional Presentations

"Realizing the Potential of Rapid-Acting Treatments for Depression: Key Clinical Evidence, Practical Considerations, and Best Practices for Individualized, Patient-Centered Care," sponsored by PeerView Institute for Medical Education and Sage Therapeutics; American Psychiatric Nurses Association 2023 National Conference, Lake Buena Vista, FL.

"Targeting Novel Pathways to Address Unmet Needs in Schizophrenia Treatment," sponsored by Vindico Medical Education and Karuna Therapeutics; American Psychiatric Nurses Association 2023 National Conference, Lake Buena Vista, FL.

"Neurobiology, Genomics & Precision Medicine for Mental Health," invited concurrent presentation, American Association of Nurse Practitioners 2023 Fall Conference, Austin, TX.

"Epigenetics, Neuroplasticity & Brief Mental Health Interventions," invited concurrent presentation, American Association of Nurse Practitioners 2023 Fall Conference, Austin, TX.

"Refocusing on ADHD: Genetics, Neurobiology & Treatment," invited concurrent presentation, American Association of Nurse Practitioners 2023 Fall Conference, Austin, TX.

"Epigenetics, Neuroplasticity & Brief Mental Health Interventions," invited presentation; Columbia University School of Nursing, New York, NY.

"Precision Medicine in Primary Care: Personalized Treatment of Depression," invited plenary presentation; Nurse Practitioner Associates for Continuing Education (NPACE) 2023 Pharmacology Conference, San Diego, CA.

"Anxiously Awaited: Neurobiology & Personalized Treatment of Anxiety Disorders," invited plenary presentation; Nurse Practitioner Associates for Continuing Education (NPACE) 2023 Pharmacology Conference, San Diego, CA.

"The Josh Hamilton Precision Medicine Series 2023," sponsored by Fitzgerald Health Education Associates; 12 CEs on-demand.

"Too Much of a Good Thing: Neurobiology, Genetics & Substance Abuse," invited concurrent presentation, American Association of Nurse Practitioners 2023 National Conference, New Orleans, LA.

"Medically Unexplainable: Working with Somatic Symptom Disorders," invited concurrent presentation, American Association of Nurse Practitioners 2023 National Conference, New Orleans, LA.

"Precision Medicine for Mental Healthcare," invited concurrent presentation, American Association of Nurse Practitioners 2023 National Conference, New Orleans, LA.

"Genomically-Informed Pain Management Strategies," invited concurrent presentation, American Association of Nurse Practitioners 2023 National Conference, New Orleans, LA.

"I attend this conference every year, and I always enjoy listening to Dr. Hamilton. He is exceptionally knowledgeable about neurobiology and genomics, and he's one of the best at explaining these complex concepts that so greatly impact the practice of psychiatry."

Conference attendee,
Contemporary Forums 2015,
Chicago, IL

"I will definitely go home to watch this presentation again! He is brilliant, has a wealth of knowledge and was exactly what I was seeking from this conference."

Conference attendee,
Contemporary Forums 2016,
Nashville, TN

"Dr. Hamilton listens & responds immediately to concerns; addresses issues quickly. He provides positive feedback and really has a strong

"Nature and Nurture: Epigenetics & Mental Health," invited concurrent presentation, American Association of Nurse Practitioners 2023 National Conference, New Orleans, LA.

"To Prescribe or *Not* to Prescribe: Benzodiazepines and Anxiety Disorders," invited concurrent presentation, American Association of Nurse Practitioners 2023 National Conference, New Orleans, LA.

"Refocusing on ADHD: Genetics, Neurobiology & Treatment," invited concurrent presentation, American Association of Nurse Practitioners 2023 National Conference, New Orleans, LA.

"Digging Deeper: Renewing the Primary Care Commitment to Mental Health," invited feature presentation; 2022 Consultant360 *Practical Updates in Primary Care* series (presented May, July, September, November 2023), HMP Education/NACCME.

"Achieving Balance: Neurobiology, Genomics & Precision Medicine for Bipolar Disorders," invited plenary presentation; American Psychiatric Nurses Association 2023 Clinical Psychopharmacology Institute, Reston, VA.

"Keep it Simple: The Power of Brief Therapeutic Interventions in Primary Care," invited plenary presentation; Nurse Practitioner Associates for Continuing Education (NPACE) 2023 Primary Care Conference, Denver, CO.

"Anxiously Awaited: Neurobiology & Personalized Treatment of Anxiety," invited plenary presentation; Nurse Practitioner Associates for Continuing Education (NPACE) 2023 Primary Care Conference, Denver, CO.

"Refocusing on ADHD: Diagnosis & Personalized Treatment for Adults," invited plenary presentation; Nurse Practitioner Associates for Continuing Education (NPACE) 2023 Primary Care Conference, Denver, CO.

"Cool the Burnout: How Connection Can Build Resilience," invited dinner presentation; Point of Care Network (POCN); Denver, CO.

"The Power of Brief Therapeutic Interventions in Primary Care," invited plenary presentation, 2023 Spring Conference, National Conference for Nurse Practitioners (NCNP), Wolters-Kluwer.

"Pharmacogenomics: Precision Medicine for Mental Healthcare," invited plenary presentation; Skin, Bones, Hearts & Private Parts 2022 national conference series, Las Vegas, NV.

"Refocusing on ADHD: Genomics, Neurobiology & Treatment," invited plenary presentation; Skin, Bones, Hearts & Private Parts 2022 national conference series, Las Vegas, NV.

"Pharmacogenomics & Precision Medicine for Mental Healthcare," invited plenary presentation, 2022 Fall Conference, National Conference for Nurse Practitioners (NCNP), Wolters-Kluwer.

"Pharmacogenomics: Precision Medicine for Mental Healthcare," invited plenary presentation; Nurse Practitioner Associates for Continuing Education (NPACE) 2022 Primary Care & Pharmacology Update, Dana Point, CA.

"Benzodiazepines: Safe Prescribing in the Era of Prescription Drug Abuse," invited plenary presentation; Nurse Practitioner Associates for Continuing Education (NPACE) 2022 Primary Care & Pharmacology Update, Dana Point, CA.

vision for our Nursing department."

Health Sciences faculty,
College of Southern Nevada,
Las Vegas, NV

"Dean Hamilton is a strong academic leader. He inspires his faculty to strive for excellence. He brings a fresh perspective to new & innovative ways to conduct business."

Dr. Hyla Winters,
Interim Vice President for
Academic Affairs,
College of Southern Nevada, Las
Vegas, NV

"Dr. Hamilton is an excellent instructor. I felt that he was right there with us through the entire course. While he acknowledged the difficulty of the course content, he was very encouraging and made it a pleasurable learning experience.

Graduate Student, Post-Master's
PMHNP Program, Rocky
Mountain University, Provo, UT

"Benzodiazepines: Safe Prescribing in the Era of Prescription Drug Abuse," invited plenary presentation; Skin, Bones, Hearts & Private Parts 2022 national conference series (presented in Myrtle Beach, Pensacola Beach and Orlando).

"Keeping it Simple: The Power of Brief Therapeutic Interventions," invited plenary presentation; Skin, Bones, Hearts & Private Parts 2022 national conference series (presented in Myrtle Beach, Pensacola Beach, Orlando & Las Vegas).

"Pharmacogenomics & Precision Medicine for Mental Healthcare," invited concurrent presentation, 2022 National Conference, American Association of Nurse Practitioners, Orlando, FL.

"Diagnosis & Management of Medically Unexplained Symptoms," invited concurrent presentation, 2022 National Conference, American Association of Nurse Practitioners, Orlando, FL.

"Acting with Urgency: Leadership in a Post-Pandemic Era," invited concurrent presentation, 2022 National Conference, American Association of Nurse Practitioners, Orlando, FL.

"Refocusing on ADHD: Diagnosis & Personalized Treatment for Adults," 2022 Consultant360 *Practical Updates in Primary Care* series (presented May, July, September, November 2022), HMP Education/NACCME.

"Anxiously Awaited: Neurobiology & Personalized Treatment of Anxiety," invited presentation, 2022 Advanced Practice Grand Rounds, University of California – San Francisco.

"Personalized Mental Healthcare," invited 2022 Master Clinician Series presentation, Skin, Bones, Heart & Private Parts (virtual).

"Unexplained Physical Symptoms: An Evidence-Based Approach to Diagnosis & Management," invited plenary presentation, 2022 Spring Conference, National Conference for Nurse Practitioners (NCNP), Wolters-Kluwer.

"Keep it Simple: The Power of Brief Therapeutic Interventions," 2022 Nurse Practitioner Associates for Continuing Education (NPACE) Conference, Nashville, TN.

"Acting with Urgency: Leading & Following in the COVID Era," 2022 Nurse Practitioner Associates for Continuing Education (NPACE) Conference, Nashville, TN.

"Anxiously Awaited: Neurobiology & Personalized Treatment of Anxiety," invited plenary presentation, 2021 National Conference, National Conference for Nurse Practitioners (NCNP), Wolters-Kluwer.

"Achieving Balance: Neurobiology, Genomics & Treatment of Bipolar Disorders," invited plenary presentation, 2021 National Conference, American Association of Nurse Practitioners (virtual).

"Unexplained Physical Symptoms: An Evidence-Based Approach to Diagnosis & Management," invited plenary presentation, 2021 Fall Conference, Nurse Practitioner Associates for Continuing Education (NPACE).

"Pharmacogenomics: Precision Medicine & Depression Treatment," 2021 Fall Conference, American Association of Nurse Practitioners, Hollywood, FL.

"Great presenter! Gave me actionable insights and direction for improving my practice. I feel much more comfortable caring for patients with complex mental health problems now."

Conference attendee, AANP 2019 Fall Conference, Las Vegas, NV

"After hearing Josh present earlier today, I changed my itinerary to hear him a 2nd time. I love his teaching style, and I really appreciated the focus on neurobiology and pharmacotherapeutics. I could listen to him speak all day!"

Conference attendee, AANP 2019 Fall Conference, Las Vegas, NV

"In an age when so many are clinging to their domain and trying to carve out their own niche to be different from other disciplines, Josh so graciously invites those of us 'non-therapists' to utilize his

"Keep it Simple: The Power of Brief Therapeutic Interventions," 2021 Fall Conference, American Association of Nurse Practitioners, Hollywood, FL.

"Achieving Balance: Neurobiology, Genomics & Treatment of Bipolar Disorders," invited plenary presentation, 2021 National Conference, American Association of Nurse Practitioners (virtual).

"Acting with Urgency: Leading & Following in the COVID Era," invited presentation, The Chicago School of Professional Psychology (2021).

"Leading with Urgency in the COVID Era," invited presentation, 2021 Advanced Practice Grand Rounds, Vanderbilt University Medical Center.

"Acting with Urgency: Leadership for Advanced Practice Nursing," invited keynote presentation, 2020 Virtual Fall Conference, The Nurse Practitioners of Idaho (ENP Network).

"Pharmacogenomics: Mental Health & Personalized Care," invited plenary presentation, 2020 Virtual Fall Conference, The Nurse Practitioners of Idaho (ENP Network).

"Pharmacogenomics & Depression Treatment," invited presentation, 2020 NPacers Conference, Nurse Practitioner Associates for Continuing Education (NPACE).

"Neurobiology & Precision Treatment of Anxiety," invited presentation, 2020 AANPconnect Virtual Conference, American Association of Nurse Practitioners. ***More than 5000 views in AANP CE-Center***

"Benzodiazepines: Safe Prescribing in the Era of Prescription Drug Abuse," invited presentation, 2019 Fall Conference, American Association of Nurse Practitioners, Las Vegas, NV.

"Achieving Balance: Neurobiology, Genomics & Treatment of Bipolar Disorders," invited presentation, 2019 Fall Conference, American Association of Nurse Practitioners, Las Vegas, NV.

"Refocusing on ADHD: Genomics, Neurobiology & Personalized Treatment," invited presentation, 2019 Fall Conference, American Association of Nurse Practitioners, Las Vegas, NV.

"Too Much of a Good Thing: Neurobiology, Genetics & Substance Abuse," invited presentation, 2019 National Conference, American Association of Nurse Practitioners, Indianapolis, IN.

"Major Depressive Disorder & Shared Decision-Making," invited presentation, 2018 National Conference, American Association of Nurse Practitioners, Denver, CO.

"Acting with Urgency: Leadership for Psychiatric Nursing," invited plenary presentation, 2018 Contemporary Forum on Psychiatric Nursing, New Orleans, LA, & Las Vegas, NV.

"It Really *Is* All In Your Head: Genomically-Informed Management of Pain," 2018 Contemporary Forum on Psychiatric Nursing, New Orleans, LA, & Las Vegas, NV; Frontiers in Primary Care, Casper, WY, 2018.

"Anxiously Awaited: Update on Neurobiology & Personalized Treatment of Anxiety Disorders," invited concurrent session, 2018 Contemporary Forum on Psychiatric Nursing, New Orleans, LA, & Las Vegas, NV.

"Achieving Balance: Neurobiology, Genomics & Personalized Treatment of Bipolar Disorders," invited concurrent session, 2017 Contemporary Forum on Psychiatric Nursing, Nashville, TN, & Las Vegas, NV.

therapeutic interventions in our own practice settings. Great presentation!"

Conference attendee, AANP 2021 Fall Conference, Hollywood, FL

"Best lecture – with brand-new information – I have heard! This [pharmacogenomic testing] is an amazing tool. Who knew?! This testing needs to be as available as PCRs for COVID testing. I would recommend this lecture to everyone I know!"

Conference attendee, AANP 2021 Fall Conference, Hollywood, FL

"After listening to Josh speak on this topic, I feel inspired to reconnect with my patients at a time when we're so rushed to get cases in and out. Such a thoughtful, professional presentation; gave me chills at the end when he shared his closing thoughts."

Conference attendee, AANP 2021 Fall Conference, Hollywood, FL

"Hot of the Press: Research That Will Change Your Practice," invited concurrent session, 2017 Contemporary Forum on Psychiatric Nursing, Nashville, TN, & Las Vegas, NV.

"Refocusing on ADHD: Genomics, Neurobiology & Personalized Treatment," invited plenary presentation, 2016 Contemporary Forum on Psychiatric Nursing, Las Vegas, NV.

"Keeping it Simple: The Power of Brief Therapeutic Interventions," invited concurrent session, 2016 Contemporary Forum on Psychiatric Nursing, Las Vegas, NV.

"Psychiatric Pharmacogenomics: Introduction & Applications," invited concurrent session, 2016 Developmental Disabilities Nurses Association Conference, San Diego, CA.

"Finding the Bull's Eye: Pharmacogenomics & Personalized Treatment for Depression & ADHD," invited plenary presentation, 2015 Contemporary Forum on Psychiatric Nursing, Chicago, IL.

"The In's and Out's of APRN Private Practice," moderator of concurrent session/specialty track, 2015 Contemporary Forum on Psychiatric Nursing, Chicago, IL.

"Molecules & Circuitry: Psychopharmacotherapy in the 21st Century," pre-conference seminar, 2014 Contemporary Forum on Psychiatric Nursing, Las Vegas, NV.

"Epigenetics & Neuropathology: Revisiting the Therapeutic Paradigm," 27th Annual U.S. Psychiatric & Mental Health Congress, Orlando, FL; APNA 11th Annual Clinical Psychopharmacology Institute, Reston, VA.

"Nursing Art & Science: The Neurobiology of Therapeutic Gains," invited plenary presentation, 2013 Contemporary Forum on Psychiatric Nursing, New Orleans, LA.

"Models, Models Everywhere: Understanding Curative Factors in Brief Therapeutic Interventions," invited pre-conference presentation, 2013 Contemporary Forum on Psychiatric Nursing, New Orleans, LA.

"Narrative Therapy: Principles & Practical Application to Brief Intervention," invited pre-conference presentation, 2013 Contemporary Forum on Psychiatric Nursing, New Orleans, LA.

"Academic Freedom: Our Right—and Our Responsibility," West Coast University's *Annual Faculty Meeting*, Fullerton, CA. Summer 2012.

"Neuroplasticity & Epigenetics," invited plenary presentation, 2012 Contemporary Forum on Psychiatric Nursing (Elsevier), Las Vegas, NV.

"Medically Unexplained Physical Symptoms in Psychiatric Nursing," invited concurrent session, 2012 Contemporary Forum on Psychiatric Nursing (Elsevier), Las Vegas, NV.

"EMR & Meaningful Use," invited guest presentation, University of Victoria Nurse Practitioner Program (NUNP 548), Victoria, BC | Canada.

"Collaborating for Success: Structure & Conduct of the Administrative Student Meeting," Vancouver Community College Dept of Nursing, Vancouver, BC, Canada. Spring 2011.

"Focus & Concentrate: Diagnosis & Management of ADHD in Primary Care," invited poster presentation, American Academy of Nurse Practitioners (AANP) 26th National Conference, Las Vegas, NV, 2011.

"Pragmatic Approaches to the Therapeutic Relationship," Touro University Nevada, Henderson, NV. Fall 2010.

"I have started to plan my entire week [at this conference] around Josh's presentations! His practical knowledge of somatoform disorders, shared in such an engaging and dynamic presentation, is astounding. AANP is lucky to have such an intelligent, authentic, professional (and funny) nurse practitioner on the faculty."

Conference attendee, AANP 2022 National Conference, Orlando, FL

"This was my first mental health lecture series [at this conference], and WOW! What an unexpected jolt of inspiration we received from Dr. Hamilton. His knowledge of brain chemistry, pharmacology, coupled with empathy and years of clinical experience, make him one of the very best in this area. The time went so quickly, and I learned so much!"

Conference attendee, Skin, Bones, Hearts & Private Parts, Myrtle Beach, SC

"Reconciling the Art & Science of Nursing," Casper College H.E. Stuckenhoff Department of Nursing Pinning Ceremony, Casper, WY. 2004 & 2005. College of Southern Nevada Pinning, Las Vegas, 2015.

"Complementary & Alternative Therapies," Casper College "Issues in Women's Health," Casper, WY. 2004-2005.

"Hybrid Classroom Technology Interface: An Interactive Workshop," Test Assembly, Management, & Analysis, Casper College Department of Distance Education. Spring 2004.

"Preventing Medication Errors," Casper College, WY. Fall 2004.

"Common Ophthalmological Problems in Primary Care," University of Wyoming Graduate School, Laramie, WY. Spring 2003.

"Why Did I Become a Psych Nurse? Establishing Therapeutic Rapport," Clinical Conference Presentations, Casper College; 2001-2007.

"A Whirlwind Tour of the DSM-IV," Casper College; 2001-2007.

"Psychotic Disorders: Pathophysiology & Pharmacotherapy," Clinical Conference Presentations, Casper College; 2001-2007.

"Psychometrics for Dummies: Practical Implications for Psych Nurses," Clinical Conference Presentations, Casper College; 2001-2007.

Service to the Profession | Research, Collaborations & Peer Reviews

- **American Association of Colleges of Nursing (AACN), Appointed Member, Health Policy Advisory Council (HPAC), 2021 – 2023.**
- Center of Excellence in Regulatory Science & Innovation (CERSI), Psychiatric Medication Working Group, University of Maryland (US FDA).
- **Nevada State Liaison to the American Association of Nurse Practitioners; 2020-2022 (1st term), 2022-present (2nd term).**
- **American Association of Colleges of Nursing (AACN), Site Evaluator; Commission on Collegiate Nursing Education (CCNE), 2011 – present.**
- Tenure & promotion committee (external reviewer) for Dr. Mark Soucy; UT Health | School of Nursing, San Antonio, TX; 2023.
- **Faculty Chair, Bipolar Center of Excellence, Point of Care Network (POCN), Boonton, NJ; 2022-present.**
- **Faculty Chair, Schizophrenia Center of Excellence, Point of Care Network (POCN), Boonton, NJ; 2022-present.**
- ***Journal of the American Association of Nurse Practitioners (JAANP),* Lippincott; Peer Manuscript Reviewer, 2022-present.**
- 2022 National Conference Committee Chair; American Association of Nurse Practitioners (AANP), Orlando, FL.
- **Content Expert, Nurse Practitioner Associates for Continuing Education (NPACE), Natick, MA; 2022-2024.**
- Subject Matter Expert, Reviewer; Vindico Medical Education, 2020.
- 2021 Fall Conference Committee Chair & Mental Health Track Lead; American Association of Nurse Practitioners (AANP), Hollywood, FL.
- 2020, 2021 National Conference Committee Member; American Association of Nurse Practitioners (AANP).
- 2020 Fall Conference Committee - Mental Health Track Lead; American Association of Nurse Practitioners (AANP).

"I have heard Dr. Hamilton teach and present many times over the years. What an AMAZING and dynamic speaker! He easily engages audiences and imparts technical and personal experiential information in a lively and enjoyable format that makes difficult concepts understandable."

Conference attendee, APNA 2023 Clinical Psychopharmacology Institute, Reston, VA

"With Dr. Hamilton, the question "How can we be better?" is continuous, and not only is there discussion on this matter, but he supports specific action steps to help our team improve. Josh is an amazing leader who advocates for both students and faculty in the relentless quest for quality in nursing education."

RN-to-BSN faculty member, Rasmussen University, 2023.

- APRN Practice Advisory Council, Member; American Psychiatric Nurses Association (APNA), 2017-present.
- Southern Nevada Addictive Disorders Training Project (SBIRT), Co-Principal Investigator; SAMSHA TI026023, $314,853; 2015-2018.
- American Association of Nurse Practitioners (AANP), Scholarship Application Reviewer; 2019.
- American Association of Nurse Practitioners (AANP), National Conference Abstract Reviewer; 2018 – present.
- Shared Decision-Making in the Treatment of Depression, content expert and faculty, American Association of Nurse Practitioners, 2017-2018.
- SBIRT Council of Directors, UNLV School of Medicine, Las Vegas, NV, 2017.
- Education Advisory Committee, Nevada State Board of Nursing, 2016-2019.
- NV Governor's Workforce Board, Healthcare Sector Council, 2015.
- Vegas PBS/Desert Meadows Area Healthcare Education Council, '15-'17.
- DNP Capstone Committee for Dr. Mary Jo Russo, Member; American Sentinel University, Denver, CO, 2013-2015.
- *Psychiatric Nursing, Conference Co-Chair;* Contemporary Forums, Las Vegas, NV, 2012, 2014, 2016, 2017, 2018; New Orleans, LA, 2013, 2018; Chicago, IL, 2015; Nashville, TN, 2017.
- ***Nursing Outlook,* Official Journal of the American Academy of Nursing, Elsevier, Certified Manuscript Reviewer; 2012-present.**
- Nurse Practitioner Practice Patterns in British Columbia, Co-Investigator; University of Victoria, Victoria, BC | Canada, 2011-2012.
- Walden University, Minneapolis, MN; Educational Preceptor, Nurse Educator Program, NURS 360; University of Victoria, 2011-2012.
- Canadian Health Care Academy Program Advisory Committee, B.C., 2011.
- APRN Advisory Committee, Nevada State Board of Nursing, 2010-2013.
- Professional Preceptor, University of South Alabama, Mobile, AL; Family Psychiatric Nurse Practitioner Program; 2009-2011.
- U.S Health Resources & Services Administration (HRSA), Grant Proposal Reviewer; 2008-2009.
- Chapter Editor; Zaccagnini, M. and White, K. (2010). *The Doctor of Nursing Practice Essentials: A New Model for Advanced Practice Nursing.* Boston, MA: Jones & Bartlett.
- 2nd Annual Doctors of Nursing Practice National Conference, Abstract Reviewer; Orlando, FL, 2009.
- Mohr, Wanda K. (2009). *Psychiatric & Mental Health Nursing, 7th ed. Lippincott.* Chapter Editor, 2009.
- Biomarkers for Low Back Pain-related Disability, Nancy Nivison Menzel, PhD, UNLV; Clinical Expert, mood disorders screening; 2007-2009.
- *Current Psychiatry,* Montvale, NJ, Reader Reactor; 2007-2012.
- *McMaster Online Rating of Excellence (MORE),* evidence-based literature review system, Sentinel Reader; 2007-2012.
- ***Nursing Education Perspectives,* Official Journal of the National League for Nursing, NY, NY, Peer Manuscript Reviewer; 2007-present.**
- "Mental Health Problems in Primary Care," University of Wyoming Graduate School, Laramie, WY, Peer Reviewer; 2003.

"Through Josh's actions and behaviors, he strives to inspire others to do their best work, recognizing team and individual contributions. He clearly believes that his job is to develop leaders, and he takes his role seriously in mentoring others. He is a proponent of big, bold thinking. He has the grit and fearlessness to push himself and his team to achieve great things. He often says that we are compelled to do what is right, not what is popular. He stands for what he believes in."

Dr. Joan Rich, Vice President, School of Nursing, Rasmussen University, 2022.

- *Organ Donation Collaborative Taskforce,* U.S. Department of Health & Human Services, Washington, D.C., Regional Member; 2002-2006.

Volunteer Service

- United Nations Foundation, Shot@Life Champion
- Nevada Battle Born Nurse Corps
- The Quaker Parakeet Society, Valley Park, MO
- Miracle Flights – The Cure for Distance; Las Vegas, NV
- The Animal Foundation; Las Vegas, NV
- Southwest Exotic Avian Rescue (SWEAR); Las Vegas, NV
- Southern Nevada Parrot Education, Rescue & Rehoming Society

Selected Publications

Hamilton, J.M. (2023). A Look Ahead: Insights into Precision Treatment. *American Psychiatric Nurses Association,* (2).

Hamilton, J.M. (2023). Addressing Burnout in NPs: The Need for Peer Networking, Professional Development and Support. *Psychiatric Times.*

Hamilton, J.M. (2022). AANP Member Spotlight: Starting a Virtual Practice. Interview by American Association of Nurse Practitioners, December, https://www.aanp.org/news-feed/aanp-member-spotlight-starting-a-virtual-practice.

Hamilton, J.M. (2010). Plugging in: Utilizing information technology in health science education. *Teaching and Learning in Nursing,* (5).

Hamilton, J.M. (2008). Culture-Bound: Anxiety disorder in adolescence: A case study. *Journal of Child & Adolescent Psychiatric Nursing,* (21) 3.

Selected Podcast Appearances

- Kunwar, T. (Host). *Precision Medicine*, The Nurse Practitioner Podcast (Wolters Kluwer), December 1, 2023.
- Schmitt, T. (Host). *Precision Healthcare & The Importance of Psychiatric-Mental Health*, Friends of NPACE Podcast, E5, 2023.
- Amiel, J. (Host). *Beyond the Genome: Exploring the Intersection of Pharmacogenomics & Epigenetics, Part 1*, Fitzgerald Health Education Associates, E26-1, 2023.
- Amiel, J. (Host). *Beyond the Genome: Exploring the Intersection of Pharmacogenomics & Epigenetics, Part 2*, Fitzgerald Health Education Associates, E26-2, 2023.
- Amiel, J. (Host). *Beyond the Genome: Exploring the Intersection of Pharmacogenomics & Epigenetics, Part 3*, Fitzgerald Health Education Associates, E26-3, 2023.
- Amiel, J. (Host). *The Gene-Drug Connection: Unlocking the Power of Pharmacogenomics*, Fitzgerald Health Education Associates, E22, 2023.
- Kapu, A. (Host). *NPs Share their Perspectives on Leadership, Mentoring & Relationship-Building During #AANP22*. AANP *NP Pulse*, S2, E61, 2022.
- Thomas, S. (Host). *Psych & Mental Health, featuring Josh Hamilton*. AANP *NP Pulse*, S2, E25, 2021.
- Walker, K.S. (Host). *The Journey of a Psychiatric Nurse Practitioner: A Conversation with Josh Hamilton*. Mental Health News Radio, 2020.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSHUA HAMILTON, APRN,** **Certificate of Registration No. CS17584,** **Respondent.**	**CASE NO. 23-335-CS-S** **STIPULATION AND ORDER**

Gustaf Vanderdonck, Assistant General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Joshua Hamilton, A.P.R.N., Certificate of Registration No. CS17584, by and through counsel Lyn E. Beggs, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about February 14, 2024, 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 into 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 them 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 their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them 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 does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. Respondent failed to check the Prescription Monitoring Program (PMP) every six (6) months for the calendar years of 2017, 2018, 2019, 2020, and 2021 despite issuing controlled substance prescriptions to at least 61 unique patients in violation of NRS 453.164(7); NRS 639.210(4); and NAC 639.945(1)(i);

B. Respondent only conducted individual patient queries on seven (7) patients between January 1, 2018, to August 14, 2023, despite issuing controlled substance prescriptions to at least 61 unique patients in violation of NRS 639.23507; NRS 639.210(4); and NAC 639.945(1)(i);

7. These violations are pleaded with particularity in the Accusation and are grounds for action pursuant to NRS 639.210; NRS 639.255; NAC 639.945;

8. 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:

A. Respondent shall submit to random **quarterly PMP inspections** during regular business hours by a Board staff member, for a period of one (1) year from the date of this stipulation. The dates will be selected by Board staff. Respondent will bear any potential costs associated with the PMP inspections;

B. Respondent shall **show up to a Board office at an agreed upon date to review PMP laws and procedures** with the Board's PMP staff;

C. Respondent shall pay a fine of **Three Thousand Dollars and Zero Cents ($3,000.00)** for the alleged 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) of the effective date of this Order;

D. Respondent shall pay **One Thousand Dollars and Zero Cents ($1,000.00)** 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) of the effective date of this Order;

9. 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. The Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 639;

10. 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 May 29, 2024. Respondent and/or Counsel for 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;

11. 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;

12. 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 agreement herein may not be used or referred to in a full hearing on the merits of this matter;

13. This matter will be reported to the National Practitioner Data Bank as required by 45 C.F.R. §§ 60.3; 60.5; and 60.9;

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 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 10th day of May, 2024

JOSHUA HAMILTON, APRN,
Certificate of Registration No. CS17584

Signed this 13th day of May, 2024

GUSTAF A. VANDERDONCK, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 13th day of May, 2024

LYN E. BEGGS, ESQ.
Law Offices of Lyn E. Beggs PLLC

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Joshua Hamilton, A.P.R.N., Certificate of Registration No. CS17584, in Case No. 23-335-CS-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 May, 2024.

_____
Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NGAN TAN, RPH,** **Certificate of Registration No. 23478,** **and,** **RALEY'S DRUG CENTER #105,** **Pharmacy License No. PH01965,** **Respondents.**	**CASE NOS. 23-365-RPH-N** **23-365-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, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Ngan Tan ("Respondent Tan"), because Respondent Tan holds a certificate of registration issued by the Board pursuant to NRS 639.127, authorizing him to engage in the practice of pharmacy in the state of Nevada.

2. The Board has personal jurisdiction over Respondent Raley's Drug Center #105 ("Respondent Raley's"), because Respondent Raley's holds a license issued by the Board pursuant to NRS 639.230, authorizing Respondent Raley's to operate a pharmacy located at 1630 Robb Drive in Reno, Nevada.

3. The Board has jurisdiction over the subject matter of this accusation because, at the time of the violations alleged herein, Respondent Tan was a Nevada-registered pharmacist engaged in the practice of pharmacy at a business location operated by Respondent Raley's in Reno, Nevada.

FACTUAL ALLEGATIONS

4. In September 2023, Respondent Tan was a registered pharmacist employed by Respondent Raley's at its pharmacy on Robb Drive in Reno, Nevada.

5. On September 9, 2023, while on duty at the pharmacy location on Robb Drive, Respondent Tan filled a prescription for patient JN ("JN"), a 16-month-old toddler. The prescription was issued by JN's health care provider for amoxicillin, an antibiotic often administered as an oral solution to treat infections in small children. The prescription was assigned Rx# 6364412.

6. JN's provider prescribed oral solution amoxicillin for what she diagnosed to be an eye infection. However, she mistakenly wrote the prescription for an adult dose as opposed to a pediatric dose. The adult dose was large enough to treat a 290-pound adult. JN weighed just 29 pounds.

7. Respondent Tan, or a pharmacy technician acting under Respondent Tan's supervision, transferred the prescription information into Respondent Raley's drug utilization review (DUR) system. The DUR system signaled a "high dose" alert. Respondent Tan overrode the alert and filled RX# 6364412 as incorrectly written by JN's health care provider.

8. According to Respondent Tan, he attempted to contact JN's health care provider to inquire about the unusually large dose, but he was unable to reach her. Respondent Tan filled the prescription as written even though he knew or should have known that the dosing instruction was incorrect.

9. On September 9, 2023, JN's mother was out of the country and had left JN in the care of family members. According to Respondent Tan, one or more family members were in a hurry to leave with JN's prescription and pressured Respondent Tan to fill the prescription before he had an opportunity to speak with JN's health care provider. JN's family member(s) left the pharmacy with instructions to give JN 16.7 ml dose of amoxicillin once every 12 hours for 10 days. Based upon JN's weight, this was roughly ten times the correct dose.

10. When JN's mother returned home, she observed that JN was suffering from diaper rash and diarrhea. Earlier, JN's health care provider had re-diagnosed JN's eye condition as a stye, not an

infection. Consequently, JN's family members discontinued the amoxicillin after giving JN just one dose in accordance with the dosing instructions on the label. JN's mother attributes JN's diaper rash and diarrhea to this extra-large dose of amoxicillin.

APPLICABLE LAW

11. The Board may revoke or suspend the registration of any pharmacist who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4). In lieu of revoking or suspending a pharmacist's registration, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

12. A pharmacist's conduct is unprofessional if the pharmacist fails 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." NAC 639.945(1)(e). Additionally, a pharmacist's conduct is unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

13. Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), pharmacies, pharmacy managers, and/or pharmacists are responsible for the acts and omissions of the pharmacy workers under their supervision and/or in their employ.

COUNT ONE
Unprofessional Conduct by a Pharmacist

14. On or about September 9, 2023, Respondent Tan filled JN's prescription for amoxicillin oral solution even though he knew or should have known that the health care provider's dosing instructions were incorrect. Respondent's conduct was unprofessional because he failed to confer with JN's health care provider regarding the correct dose.

15. Respondent's unprofessional conduct caused harm to JN.

16. For this unprofessional conduct, the Board may discipline Respondent Tan pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

17. As the owner/operator of the pharmacy at which Respondent Tan worked, Respondent Raley's is liable for Respondent Tan's unprofessional conduct. Accordingly, the Board may discipline Respondent Raley's pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

COUNT TWO

Unprofessional Conduct by a Pharmacist

18. On or about September 9, 2023, Respondent Tan filled JN's prescription for amoxicillin oral solution even though he knew or should have known that the health care provider's dosing instructions were incorrect. Respondent Tan's conduct was unprofessional because he failed to exercise independent professional judgment regarding the correct dose. Having failed to exercise independent professional judgment, Respondent Tan performed his duties in an incompetent, unskillful or negligent manner.

19. Respondent Tan's unprofessional conduct caused harm to JN.

20. For the unprofessional conduct as described above, the Board may discipline Respondent Tan pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

21. As the owner/operator of the pharmacy at which Respondent Tan worked, Respondent Raley's is liable for Respondent Tan's unprofessional conduct as described above. Accordingly, the Board may discipline Respondent Raley's pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Tan and the pharmacy license of Respondent Raley's.

DATED this 25th day of January 2024.

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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RALEY'S DRUG CENTER #105,** **Pharmacy License No. PH01965,** **Respondent.**	**CASE NO. 23-365-PH-N** **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 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place Reno-Tahoe Airport
1790 E. Plumb Lane
Reno, NV 89502

3. At the 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 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 25th day of January, 2024.

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.** **RALEY'S DRUG CENTER #105,** **Pharmacy License No. PH01965,** **Respondent.**	**CASE NO. 23-365-PH-N** **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 _____, 2024.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR RALEY'S DRUG CENTER #105

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Ngan Tan, RPH
[redacted]The Avenue of The Oaks, Unit[redacted]
Sparks, NV 89431

Raley's Drug Center #105
1630 Robb Drive
Reno NV 89523-3516

Raj Bhanver
Raley's Pharmacy Supervisor-NV District
1277 West 7th Street
Reno, NV 89503

SHIRLEY HUNTING
BOARD COORDINATOR

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RALEY'S DRUG CENTER #105,** **Pharmacy License No. PH01965,** **Respondent.**	**Case No. 23-365-PH-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its Senior General Counsel, Gregory L. Zunino, and Respondent Raley's Drug Center #105 ("Respondent Raley's"), Pharmacy License No. PH01965, by and through counsel Kevin Lazar, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent Raley's and this matter.

2. The Board's staff properly served Respondent Raley's 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. The Board and Respondent Raley's agreed to delay the date for submitting a Notice of Answer and Defense as both parties pursued settlement negotiations.

4. Respondent Raley's acknowledges that after having consulted with counsel, its authorized representatives understand the terms of this Stipulation and Proposed Order ("Stipulation"), and they have executed it knowingly and voluntarily.

5. Respondent Raley's is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondent Raley's under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondent Raley's has failed to comply with the provisions of this Stipulation, Respondent Raley's hereby freely and voluntarily waives the rights to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent Raley's 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 Count One of the Accusation. The parties agree that as it pertains to Respondent Raley's, Count Two of the Accusation is duplicative of Count One. Therefore, upon approval of this Stipulation by the Board, Count Two of the Accusation shall be dismissed with prejudice as to Respondent Raley's.

8. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent Raley's agree to the imposition of the following penalties:

A. Respondent Raley's shall pay an administrative fine of One Thousand and 00/100 Dollars ($1000.00). This sum shall be payable by *cashier's check, certified check* or *money order* written to the **"State of Nevada, Office of the Treasurer."** Respondent Raley's shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 31, 2024.

B. Respondent Raley's shall pay the sum of Five Hundred and 00/100 Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check* or *money order* written to the **"Nevada State Board of Pharmacy."** Respondent Raley's shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 31, 2024

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 23-365-PH-N as to Respondent Raley's. However, any failure by Respondent Raley's to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause,

pursuant to NAC 639.965, directing Respondent Raley's 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 by Respondent Raley's, the Board may impose additional discipline upon Respondent Raley's not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Senior 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 April 17, 2024, in Reno, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent Raley's or its attorney fails to appear for the meeting.

11. The Board may 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.

12. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent Raley's agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

AGREED:

Signed this 8 **day of April 2024.**

RALEY'S DRUG CENTER #105

By: Monique Allen
Name: Monique Allen
Title: SR. Risk Manager

Signed this 12th **day of April 2024.**

NEVADA STATE BOARD OF PHARMACY

GREGORY L. ZUNINO
Senior General Counsel

Approved as to form and content:

Kevin Lazar, Esq.
Nevada Bar No. 9610

Attorney for Respondent Raley's Drug Center #105

DECISION AND ORDER

As to Respondent Raley's Drug Center #105, Pharmacy License No. PH01965, in Case No. 23-365-PH-N, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 29th day of May 2024.

Helen Park, President
Nevada State Board of Pharmacy

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Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Email: Pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

March 13, 2024

VIA CERTIFIED/REGULAR U.S. MAIL & EMAIL
Keiasha N. Johnson, D.V.M. (DV00607)
[redacted] S Rainbow Blvd
Las Vegas, NV 89145
Email: [redacted]

CITATION-AND-FINE: Case No. 23-003-DV-S – Unlicensed Prescribing Activity in Nevada

Dear Dr. Johnson:

The Nevada State Board of Pharmacy (Board) has determined that between January 9, 2020, and January 9, 2023, you issued 93 prescriptions for controlled substances, including prescriptions for Phenobarbital and Tramadol. During the above time frame, you had applied for, but had not yet received a Nevada certificate of registration to prescribe controlled substances. The processing of your application was delayed because you did not submit proof of a registration number issued to you by the federal Drug Enforcement Administration.

In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. NRS 453.321(1)(a). "Dispense" is defined to include the act of prescribing a controlled substance. NRS 453.056. Every practitioner who intends to prescribe controlled substances in Nevada must first apply for and obtain a certificate of registration from the Board. NRS 453.226(1)(a); NRS 453.231(3). A practitioner who prescribes controlled substances without having obtained a Nevada certificate of registration (or who prescribes on an expired certificate of registration) is potentially subject to criminal and/or civil penalties for prescribing controlled substances in Nevada without authorization. NRS 453.232; NRS 453.553; NRS 453.5531; NRS 639.100(1).

In light of the foregoing, this letter shall serve as a **CITATION** pursuant to NRS 639.2895(2) for prescribing controlled substances without having obtained the required certificate of registration issued by the Board. Based on the above evidentiary summary, the Board has assessed an **administrative fine** against you in the amount of **Five Thousand and 00/100 Dollars ($5000.00).**

If you do not intend to contest the above fine, please pay the fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an extension for good cause shown. Payment must be made by *certified check, cashier's check,* or *money order* payable to **"State of Nevada, Office of the Treasurer,"** and it must be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You may appeal this citation by submitting a notice of appeal requesting a public hearing before the Board. You must submit any such notice of appeal not later than 30 days after receipt of this citation. NRS 639.2895(2). Please mail or personally deliver any notice of appeal to the Reno address listed on the letterhead.

Pursuant to the Nevada Public Records Act, this citation constitutes a public record that must be released to anyone who makes a proper request for it. However, unless this citation is affirmed by the Board on appeal, this matter will not be reported to the National Practitioner Data Bank. If you have any questions, please contact the Board's Assistant General Counsel, Gustaf Vanderdonck, at 775-850-1440, ext. 132, or *via* email at gvanderdonck@pharmacy.nv.gov.

Sincerely,

Nevada State Board of Pharmacy

9171 9690 0935 0278 8413 71

April 3, 2024

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway Suite 206

Reno, NV 89521

This letter is serving as a notice of appeal of citation and fine, Case No 23-003-DV-S. I am requesting a public hearing before the Board.

Sincerely,

Dr. Keiasha Johnson

[redacted]

FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

KEIASHA N. JOHNSON, DVM,
Certificate Of Registration No. DV00607,

Respondent.

Case No. 23-003-DV-S

STATEMENT TO THE RESPONDENTS AND NOTICE OF HEARING

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

The Nevada State Board of Pharmacy ("Board"), pursuant to NRS 639.2895(3), has imposed upon Respondent Keiasha N. Johnson, D.V.M. (hereinafter "Respondent"), a fine of Five Thousand and No/100s Dollars ($5,000.00). Respondent has contested the above-described administrative action. Pursuant to NRS 639.070, NRS 639.2895, and NRS 233B.121-.126, inclusive, the Board has the authority and jurisdiction to adjudicate this contested case. For purposes of the forthcoming hearing in this matter, it is alleged that:

FACTUAL ALLEGATIONS

1. Respondent has never held a controlled substance certificate of registration with the Board.

2. Respondent has held a Dispensing Veterinarian certificate of registration since August 10, 2020.

3. Respondent applied for a controlled substance certificate of registration in November of 2020, but did not complete the process as she never provided the Board with a copy of her DEA registration.

4. Respondent has since completed the process and obtained a controlled substance certificate of registration.

5. During the time Respondent did not possess a Nevada controlled substance certificate of registration, between January 9, 2020, and January 9, 2023, she wrote 93 prescriptions for controlled substances.

6. In emails with Board Investigator Dena McClish, Respondent indicates that she had been writing prescriptions for controlled substances since she received her DEA registration.

APPLICABLE LAW

7. "Except as authorized by the provisions of NRS 453.011 to 453.552, inclusive, it is unlawful for a person to…[i]mport, transport, sell, exchange, barter, supply, prescribe, dispense, give away or administer a controlled or counterfeit substance." NRS 453.321(1)(a).

8. "'[D]ispense' means to deliver a controlled substance to an ultimate user, patient or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery." NRS 453.056(1).

9. Every practitioner who intends to prescribe controlled substances in Nevada must first apply for and obtain a certificate of registration from the Board. NRS 453.226(1)(a) and NRS 453.231(3).

10. A practitioner who prescribes controlled substances without having obtained a proper Nevada certificate of registration is subject to criminal, civil, and/or administrative penalties. NRS 453.232; NRS 453.553; NRS 453.5531; NRS 639.100(1); and NRS 639.210(4) and (12).

11. The Board may impose an administrative fine of not more than $5,000.00 upon any person who, without a license, registration, or permit, engages in any activity that requires a license, registration, or permit issued by the Board. NRS 639.100(1); NRS 639.2895(3).

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COUNT ONE
(Unlicensed Activity – Respondent Johnson)

12. Respondent unlawfully wrote 93 prescriptions for controlled substances without having first obtained a valid Nevada certificate of registration to prescribe controlled substances. NRS 453.321(1)(a); NRS 453.056(1); NRS 453.226(1)(a); NRS 453.231(3); NRS 453.232; NRS 453.553; NRS 453.5531; NRS 639.100(1); and NRS 639.210(4) and (12).

13. Pursuant to NRS 639.2895, the Board may impose on Respondent Johnson an administrative fine upon them of not more than $5,000.00.

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 639.2895(2); NRS 233B.127(3). 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.127(3); NRS 622A.300(1) and (3). 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

The Board has scheduled your hearing on this matter for May 29, 2024, 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 89123.

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. You may request and the Board may 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. NRS 241.030 and NRS 241.033.

DATED this 30th day of April 2024.

Yenh 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 30th day of April 2024, I personally served a true and correct copy of the foregoing **Statement to the Respondent and Notice of Hearing** by placing a copy in the United States Mail, postage prepaid, addressed to the following:

Keiasha Johnson, DVM
[redacted] Mycroft Court
Las Vegas, NV 89147

Keiasha Johnson, DVM
[redacted] S Rainbow Blvd
Las Vegas, NV 89145

And by sending an electronic copy via email addressed to: [redacted]

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

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FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SUSAN M. BELL, APRN,
Certificate of Registration No. CS23773,

Respondent.

Case No. 21-084-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 Susan M. Bell, APRN ("Bell"), held or later renewed a controlled substance registration, Certification of Registration No. CS23773, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Bell owns/operates a medical practice called Silver Bullet Anti-Aging and Wellness located at 1452 W. Horizon Ridge Parkway, #239, Henderson, Nevada 89012.

3. On or about June 1, 2021, the Board's Compliance Coordinator received a telephone call from Respondent Bell inquiring about the status of her controlled substance registration.

4. Upon investigation, it was discovered that Respondent Bell's controlled registration was expired or non-renewed as of October 31, 2020.

5. On June 1, 2021, Respondent Bell renewed her controlled substance registration. However, from November 1, 2020 through May 31, 2021, she did not have an active controlled substance registration.

6. The Nevada Prescription Monitoring Program ("PMP") was queried by Board staff from November 1, 2020 through May 31, 2021 which reported that Respondent Bell had prescribed 105 controlled substance prescriptions, including refills, for 30 unique patients.

7. A sampling of controlled substance prescriptions prescribed by Respondent Bell while she did not hold an active controlled substance registration were as follows:

a. On November 20, 2020, a prescription for patient T.G. was issued for testosterone cypionate (sesame) 200 mg/ml injection;

b. On November 23, 2020, a prescription for patient J.H. was issued for testosterone cypionate (sesame) 200 mg/ml injection;

c. On November 25, 2020, a prescription for patient M.L. was issued for depo-testosterone 200 mg/ml injection;

d. On May 3, 2021, a prescription for patient M.L was issued for Oxandrolone capsules 50 mg;

e. On May 3, 2021, a prescription for patient J.W. was issued for phentermine tablets 37.5 mg; and

f. On May 17, 2021, a prescription for patient T.H. was issued for testosterone cypionate (sesame) 200 mg/ml injection.

APPLICABLE LAW

8. An advanced practice registered nurse ("APRN") may prescribe controlled substances if the APRN is authorized to do so by the State Board of Nursing and applies for and pays a fee to obtain a certificate from the Board of Pharmacy. NRS 453.226; NRS 639.2351.

9. A person who dispenses controlled substances and fails to register is guilty of a felony. NRS 453.232.

10. As a holder of a controlled substance registration, it is unprofessional conduct or conduct contrary to the public interest to perform her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

11. As a holder of a controlled substance registration, it is unprofessional conduct or conduct contrary to the public interest to perform any act, task, or operation for which licensure, certification, or registration is required without the licensure, certification, or registration. NAC 639.945(1)(k).

12. Respondent is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

COUNT ONE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Conduct

13. By prescribing controlled substance prescriptions without the required controlled substance registration in violation of NRS 453.225 and NRS 639.2351, Respondent Bell performed her duties as a former and current holder of a controlled substance registration in an incompetent, unskillful, or negligent manner pursuant to NAC 639.945(1)(i) by negligently failing to obtain registration, or failing to confirm registration, prior to prescribing controlled substance medications, and are grounds for suspension or revocation of any license or registration issued by the Board pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

COUNT TWO

Unprofessional Conduct - Unlicensed/Unregistered Activity

14. By prescribing controlled substance prescriptions without the required controlled substance registration in violation of NRS 453.226 and NRS 639.2351, Respondent Bell engaged in unprofessional conduct or conduct contrary to the public interest in violation of NAC

639.945(1)(k) for the unlicensed/unregistered activity, and is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210(4), and (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 certificate of registration of this Respondent.

DATED this 2nd day of May, 2022.

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, **Petitioner,** **v.** **SUSAN M. BELL, APRN,** **Certificate of Registration No. CS23773,** **Respondent.**	**CASE NO. 21-084-CS-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 639.241 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 Board has scheduled your hearing on this matter for Wednesday, September 7, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

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 2nd day of May 2022.

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.** **SUSAN M. BELL, APRN,** **Certificate of Registration No. CS23773,** **Respondent.**	**Case NO. 21-084-CS-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 _____, 2022.

_____

SUSAN M. BELL, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of May, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Susan M. Bell
7455 W Washington Ave #160
Las Vegas, NV 89128

Susan M. Bell
1452 Horizon Ridge Pkwy Ste 239
Henderson, NV 89012

Darlene Nases
DARLENE NASES

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUSAN M. BELL, APRN,** **Certificate of Registration No. CS23773,** **Respondent.**	**Case No. 21-084-CS-S** **FINDINGS OF FACTS, CONCLUSIONS OF LAW, AND ORDER**

This matter came before the Nevada State Board of Pharmacy ("Board") at its regularly scheduled meeting on Wednesday, November 30, 2022, in Las Vegas, Nevada. Courtney K. Lee, Esq., appeared on behalf of Petitioner Board. Respondent Susan M. Bell, APRN ("Bell"), Certificate of Registration No. CS23773, did not appear. The Board found, upon an offer of proof of service, that Respondent Bell was properly served and legally noticed with the Notice and Intended Action and Accusation, but did not file an answer. Further, the Board found, upon an offer of proof of service, that Respondent Bell was properly served and legally noticed with the hearing. Therefore, the Board accepted the allegations against Respondent Bell in the Accusation as true pursuant to NRS 622A.350. Upon default hearing of the case, and also based upon the evidence presented, the Board determined the following Findings of Facts, Conclusions of Law, and Order ("Order").

FINDINGS OF FACTS

The allegations against Respondent, as stated in the Notice of Intended Action and Accusation ("Accusation") on file herein, and upon which the Board determined findings of facts, are as follows:

1. The Board has jurisdiction over Respondent because at the time of the events alleged herein, Respondent Bell held or later renewed a controlled substance registration, Certification of Registration No. CS23773, Certificate of Registration No. CS23773, with the Board.

2. Respondent Bell owns/operates a medical practice called Silver Bullet Anti-Aging and Wellness located 1452 W. Horizon Ridge Parkway, #239, Henderson, Nevada 89012.

3. On or about June 1, 2021, the Board's Compliance Coordinator received a telephone call from Respondent Bell inquiring about the status of her controlled substance registration.

4. Upon investigation, it was discovered that Respondent Bell's controlled registration was expired or non-renewed as of October 31, 2020.

5. On June 1, 2021, Respondent Bell renewed her controlled substance registration. However, from November 1, 2020 through May 31, 2021, she did not have an active controlled substance registration.

6. The Nevada Prescription Monitoring Program ("PMP") was queried by Board's staff from November 1, 2020 through May 31, 2021 which reported that Respondent Bell had prescribed 105 controlled substance prescriptions, including refills, for 30 unique patients.

7. A sampling of controlled substance prescriptions prescribed by Respondent Bell while she did not hold an active controlled substance registration were as follows:

a. On November 20, 2020, a prescription for patient T.G. was issued for testosterone cypionate (sesame) 200 mg/ml injection;

b. On November 23, 2020, a prescription for patient J.H. was issued for testosterone cypionate (sesame) 200 mg/ml injection;

c. On November 25, 2020, a prescription for patient M.L. was issued for depo-testosterone 200 mg/ml injection;

d. On May 3, 2021, a prescription for patient M.L was issued for Oxandrolone capsules 50 mg;

e. On May 3, 2021, a prescription for patient J.W. was issued for phentermine tablets 37.5 mg; and

f. On May 17, 2021, a prescription for patient T.H. was issued for testosterone cypionate (sesame) 200 mg/ml injection.

CONCLUSIONS OF LAW

Based upon the foregoing findings of facts, the Board concludes as a matter of law, that:

8. Respondent Bell, by prescribing controlled substance prescriptions without the required controlled substance registration in violation of NRS 453.225 and NRS 639.2351, Respondent Bell performed her duties as a former and current holder of a controlled substance registration in an incompetent, unskillful, or negligent manner pursuant to NAC 639.945(1)(i) by negligently failing to obtain registration, or failing to confirm registration, prior to prescribing controlled substance medications, and are grounds for suspension or revocation of any license or registration issued by the Board pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

9. Respondent Bell, by prescribing controlled substance prescriptions without the required controlled substance registration in violation of NRS 453.226 and NRS 639.2351, Respondent Bell engaged in unprofessional conduct or conduct contrary to the public interest in violation of NAC 639.945(1)(k) for the unlicensed/unregistered activity, and is subject to

discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210(4), and (12), and/or NRS 639.255.

ORDER

THEREFORE, BASED UPON THE FINDINGS OF FACTS, AND CONCLUSIONS OF LAW, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. Respondent Susan M. Bell, APRN, Certificate of Registration No. CS23773, shall pay fines of Five Thousand Dollars ($5,000) for the violations by *personal check, business check, 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 Order.

2. Respondent Susan M. Bell, APRN shall pay attorney's fees and investigative costs of Five Hundred and Forty-Two Dollars and Forty-Five Cents ($542.45) by *personal check, business check, 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 Order.

3. This Order 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.

4. 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 Respondent to appear before the Board at the next scheduled Board meeting for

hearing. If the show cause hearing results in a finding of a violation of this Order by Respondent, then the Board may impose additional discipline upon any Respondent consistent with NRS Chapter 639.

5. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 19th day of December, 2022.

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 7th day of December 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Susan Bell
7455 W. Washington Ave #160
Las Vegas, NV 89128

9171 9690 0935 0279 3113 61

KRISTOPHER MANGOSING

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FILED
OCT 04 2021
NEVADA STATE BOARD OF PHARMACY

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 Dexpanthenol 250 mg/mL 30 mL MDV prescribed to Kevin P. Expiration date 11/11/2018.
- One unopened 5-count box of Dexpanthenol Injection 250mg/ml 10mL SDV prescribed to Kim H. Expiration date 1/20/2019.
- One unopened 5-count box of Dexpanthenol 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, **Petitioner,** **v.** **JAMES FORSYTHE, MD, HMD,** **Certificate of Registration No. CS05385,** **Respondent.**	**CASE NOS. 19-144-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B 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

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** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First Amended 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 First Amended 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 First Amended 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.

_____

JAMES FORSYTHE, MD, HMD

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

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** **AMENDED FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, January 12, 2022. Brett Kandt, Esq., prosecuted the case before the Board. Respondent James Forsythe, MD, HMD, Certificate or Registration No. CS05385, appeared with counsel, Marie Mirch, Esq. The Board heard the case and, based on the evidence presented, the Board entered Findings of Fact, Conclusions of Law and Order dated January 12, 2022. Upon Respondent's petition for judicial review and subsequent appeal to the Nevada Supreme Court, the Board makes the following amended Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. At the time of the events set forth herein, Respondent James Forsythe, MD, HMD, held a Nevada controlled substance registration, Certificate of Registration No. CS05385, issued by the Board.

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. None of the drugs in question were controlled substances.

3. The following expired drugs were discovered in the infusion room cabinets:

A. One 25-count box of Potassium Chloride Concentrate for injection, 40mEq/20ml Expiration date 2 /1/18.

B. One unopened multi-dose vial of Magnesium Chloride Injection, 200 mg/ml Expiration date 12/18.

C. One partial multi-dose vial of Magnesium Chloride Injection, 200 mg/ml, no opening date. Expiration date 12/17.

D. Two unopened bottles of L-Lysine HCL Injection, 100 mg/ml, 30mL MDV in clear plastic bag, prescribed to Dorothy P. Expiration date 12/1 7/18. Compounded at McGliff Compounding Pharmacy, Santa Ana, California.

E. 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.

F. One unopened bottle of L-Lysine HCL Injection, 100 mg/ml, 30 mL MDV prescribed to Traci M. Expiration date 10/27/2018.

G. One unopened bottle of Dexpanthenol 250 mg/mL 30 mL MDV prescribed to Kevin P. Expiration date 11/11/2018.

H. One unopened 5-count box of Dexpanthenol Injection 250mg/ml 10mL SDV prescribed to Kim H. Expiration date 1/20/2019.

I. One unopened 5-count box of Dexpanthenol Injection 250mg/ml 10mL SDV prescribed to Dorothy P. Expiration date 01 /20/2019

J. One opened 30 ml multi-dose vial of Methylcobalamin Injection, 1000 mcg/mL. Expiration date 1/23/19.

K. One unopened 30 ml multi-dose vial of L-Lysine HCL Injection 100 mg/ml. Expiration date 12/17/18.

L. Two unopened 30 ml multidose vials of Pyridoxine HCL Injection 100 mg/ml Solution. Expiration date 5/29/2019.

M. One unopened 50 mL preservative-free multidose vial of Ascorbic Acid Injection 500 mg/mL. Expiration date 1/05/2018.

N. One unopened 50 mL multidose vial of Lysine HCL Injection 100 mg/ml Solution. Expiration date 12/13/2018.

O. One opened 50 mL multidose vial of Lysine HCL Injection 100 mg/ml Solution with no opening date. Expiration date 12/13/2018.

P. Three unopened 10 mL multidose vials of Folic Acid Injection 10 mg/ml Solution. Expiration date 6/25/2019.

Q. One opened 10 mL multidose vials of Folic Acid Injection 10 mg/ml Solution with no opening date. Expiration date 6/25/2019.

R. Three 30 mL multidose vials of L-Lysine HCL Injection 100 mg/ml Solution. Expiration date 12/17/2018.

S. Six unopened 10 mL preservative-free multidose vials of Pyridoxine Hydrochloride Injection 100 mg/ml. Expiration date 12/05/2018.

T. One opened 10 mL multidose vial of Mesna lgram/10 ml (100 mg/ml) with no opening date. Expiration date 11/18.

U. Anfinitor 5mg tablets, #7. Expiration date 2/19.

V. Creon Capsules #84. Expiration date 10/18 and 11/18.

W. Votrient 200 mg tablets. #60. Expiration date 1/18.

4. The following expired drugs were discovered on the storeroom shelves:

A. Four unopened 12 count boxes of 1000 mL Lactated Ringers (Braun). Expiration 6/18.

B. One opened 12 count box of 1000 mL 0.9% Sodium Chloride Injection with 4 IV bags missing (Braun). Expiration 9/16.

C. One unopened 24 count box 0 500 mL Lactated Ringers Injection (Baxter). Expiration 11/18.

D. One partially opened box of 36 count 250 mL Lactated Ringers Injection (Baxter). Expiration 10/18.

E. One open box of 36 count 250 mL Lactated Ringers Injection (Baxter). Expiration 3/19.

F. One unopened box of 36 count 250 mL Lactated Ringers Injection (Baxter). Expiration 4/18.

G. 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."

6. Board staff incurred at least $2384.08 in attorney's fees and recoverable costs investigating and prosecuting this administrative action. The attorney's fees are reasonable based upon legal counsel's professional qualities, the nature of this administrative enforcement action, the work performed, and the result as evidenced by this Order.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and Respondent pursuant to NRS 454.291.

2. The applicable law in this matter is as follows:

A. It is unlawful to administer, furnish and/or dispense a dangerous drug in Nevada that cannot be lawfully prescribed. NRS 454.221(1).

B. 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).

C. 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).

D. Federal law prohibits dispensing any veterinary medications that are intended for animals to human patients.

E. 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 discipline of any license or registration issued by the Board. NRS 639.210(4).

F. Violating any provision of the Federal Food, Drug and Cosmetic Act or any law or regulation relating to drugs is grounds for discipline of any license or registration issued by the Board. NRS 639.210(11) and (12).

G. The Board may discipline the holder of 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).

3. By failing to properly segregate and/or dispose of adulterated and/or expired dangerous drugs to ensure they could not be administered to patients, Respondent violated and/or attempted to violate NRS 639.282(1)(d) and/or NAC 639.601(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

4. By possessing in his drug inventory Veterinary 0.9% Sodium Chloride labeled "For Veterinary Use Only" that could not be lawfully prescribed or dispensed to human patients, Respondent violated and/or attempted to violate federal law and/or NRS 454.221(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12).

5. By his actions as set forth 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 639.255.

6. By his actions as set forth 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 639.255.

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. For the violations set forth above, Respondent James Forsythe, MD, HMD, Certificate of Registration No. CS05385, shall accept this Amended Order as a public reprimand regarding his duties and responsibilities as a practitioner when maintaining an inventory of dangerous drugs.

2. In compliance with the January 12, 2022, Order Respondent timely submitted to an inspection of Respondent's practice at Forsythe Cancer Care Center a/k/a Century Wellness Center.

3. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), in compliance with the January 12, 2022, Order Respondent timely paid a fine of Five Thousand Dollars ($5000.00) for

4. Pursuant to NRS 622.400, in compliance with the January 12 ,2022, Order Respondent timely paid Two Thousand Three Hundred Eighty-Four and 8/100 Dollars ($2384.08) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter.

5. Any failure by Respondent to comply with the terms of this Amended Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing 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 Amended Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

6. This Amended Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5) and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

7. This Amended Order is effective immediately.

IT IS SO ORDERED.

Entered this ___ day of May, 2024.

_____

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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9A

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 (05/12/2022)

Where is the facility located?	☑ Nevada	☐ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☑ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

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

Section 1: General Information

Facility Name: H-BLU MEDICAL SUPPLY LLC

MDEG Physical Address: 1101 W MOANA LANE SUITE 14

City: RENO State: NEVADA Zip: 89509

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775) 357-9557 Website: H-BLUMEDICALSUPPLY.COM

Email: HBLUDME@GMAIL.COM

Name of MDEG Administrator (NAC 639.694): Hasib Popal

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
☑ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☑ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☑ Others: Canes,Crutches,Walkers,CGM,UV Wand,Braces
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you 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):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: HASIBULLAH POPAL Telephone: (510)518-7032

Check the Days the Business will be Opened and provide the Hours of Operation

■ Mon	■ Tue	■ Wed	■ Thurs	Fri
Sat	Sun	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))

N/A

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: _____

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: HASIBULLAH POPAL

Business Name: H-BLU MEDICAL SUPPLY LLC

Business Address: 1101 W MOANA LN SUITE 14

City: RENO State: NEVADA Zip: 89509

Telephone: (510) 518-7032 Email: HBLUDME@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	Partner-ship	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/	✓	✓	✓	✓
• "Wholesaler Application must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application 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.

HASIBULLAH POPAL

Print Name of Authorized Person Submitting Application

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

12/02/2023

Date

Board Use Only	Date Received: 1/10/24	Amount:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/12/2023

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	CONTACT NAME: Jacoby Atako	
Jacoby Atako (6722336) 5325 S Fort Apache Rd. Ste F Las Vegas NV 89148	PHONE (A/C, NO, EXT): 702-476-8800	FAX (A/C, NO): 702-476-8802
	E-MAIL ADDRESS: jatako@farmersagent.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
H-Blu Medical Supply LLC 1101 W Moana Ln #14 Reno NV 89509	INSURER A: Evanston Insurance Company	35378
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PROJECT [ ] LOC [ ] OTHER:	Y		3AA18282	10/05/2023	10/05/2024	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ EXCLUDED
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ EXCLUDED
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						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 [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTHER	$
							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

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 Jacoby Atako

ACORD 25 (2016/03)

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SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **H-BLU MEDICAL SUPPLY LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 09/28/2023, 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 01/02/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202401024236097
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG H-Blu Medical Supply LLC MDEG License # (if applicable) _____

Physical Address 1101 W Moana Ln

City Reno State NV Zip 89509

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Hasib Popal Middle _____ Last Popal

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

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

Mailing Address [redacted] Begonia St

City Union City State Ca Zip 94587

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.)		✓

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		From - To (MM/YY – MM/YY)	
~~James~~ Ohlone College		2007	
Address	**City**	**State**	**Zip**
43600 Mission BLVD	Fremont	Ca	94539
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
James High School		2020 - 2024	
Address	**City**	**State**	**Zip**
1800 H St.	Union City	Ca	94587
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
2020 –	[redacted] Begonia St.	Union City	Ca	94587
From - To (MM/YY – MM/YY)	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 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: LHSS			From - To (MM/YY – MM/YY): 10/2017 – Present	
Business Address: 6955 Foothill BLVD Ste 300	City: Oakland		State: Ca	Zip: 94605
Phone	Title: Caregiver		Number of Employed Hours	
Description of Duties: Help with medication and medical 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.

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?		✓
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? 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:

Hasib Popal
Original Signature (electronic, copies or stamps not accepted)

1-29-24
Date

I, Hasibullah Popal, **certify that as the MDEG Administrator for**

H-Blu Medical supply LLC,

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

1. H.P. Have a high school diploma or its equivalent;
2. _____ Have
   a. At least 1,500 hours of verifiable 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. H.P 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. H.P. 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.

Hasib Popal
Print Name (First, Last)

Hasib Popal
Original Signature (electronic, copies or stamps not accepted)

1-29-24
Date

Board Use Only	Date Received: 2/5/24

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 Hi-Blu Medical Supply LLC

Physical Address 1107 W. Moana Ln #14

City Reno State Nv Zip 89509

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 510-516-7037 Website hi-blumedicalsupply.com

Licensing Company Email _____

Section 2: Personal Information

First Hasbulah Middle _____ Last Pugal

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Regoma St

City Union City State _____ Zip 94587

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 H P

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)	
James Logan High School		2000-2004	
Address	City	State	Zip
1800 H Street	Union City	Ca	94587
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)	Address	City	State	Zip
2008-present	[redacted] Begonia St	Union City	Ca	94587
From - To (MM/YY – MM/YY)	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 H C

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)	
VACO			2021-PRESENT	
Business Address	**City**	**State**	**Zip**	
2623 CAMINO RAMON	SAN RAMON	CA	94583	
Phone	**Title**			
	MODERATOR			
Description of Duties				
Trust and Safety Content moderator				

Business Name			From - To (MM/YY – MM/YY)	
REGISTRAR OF VOTERS			2018-2021	
Business Address	**City**	**State**	**Zip**	
	OAKLAND	CA	94607	
Phone	**Title**			
	Admin Support			
Description of Duties				
Data management, organizing election equipment, material. worked on logistics. ran county elections				

Business Name			From - To (MM/YY – MM/YY)	
TAYYIBAAT MEAT & GRILL				
Business Address	**City**	**State**	**Zip**	
10 S ABBOTT AVE	MILPITAS	CA	95037	
Phone	**Title**			
Description of Duties				
ASSISTANT MANAGER				

Business Name			From - To (MM/YY – MM/YY)	
REALIANCE BAY FUNDING			2004-2010	
Business Address	**City**	**State**	**Zip**	
N FIRST ST	SAN JOSE	CA	95134	
Phone	**Title**			
	REALTOR/LOAN OFFICER			
Description of Duties				
Helped clients purchase/sell and refinance				

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			

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

H P

Applicant's initials H P

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 _____

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.

HASIB POPAL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/04/2024

Date

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

State of California, ss. County of Alameda

I, Hasib Popal, 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

01-04-24

Date

Subscribed and Sworn to before me this 04 day of Jan 2024.

Notary Public Signature

VATSAL P. SHAH
Notary Public - California
Alameda County
Commission # 2466685
My Comm. Expires Oct 21, 2027

(Seal)

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 Alameda

Subscribed and sworn to (or affirmed) before me on this 4 day of Jan, 2024 by Hasibullah Popal

proved to me on the basis of satisfactory evidence

before me.

Applicant's initials HP

9B

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 (05/12/2022)

Where is the facility located?	☒ Nevada	☐ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☒ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

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

Section 1: General Information

Facility Name: Z-O Medical Supplies LLC

MDEG Physical Address: 550 E. Charleston Blvd. Suite F.

City: Las Vegas State: NV Zip: 89104

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-888-0807 Website: _____

Email: ZOMEDICALEQUIP@GMAIL.COM

Name of MDEG Administrator (NAC 639.694): _____

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
☒ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☒ Others: Canes, crutches, walkers, UV wand, braces
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you 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):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Melody Lao
	Telephone: 702-326-2529

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon: 9:00AM-4:00PM	☒ Tue: 9:00AM-4:00PM	☒ Wed: 9:00AM-4:00PM	☒ Thurs: 9:00AM-4:00PM	☒ Fri: 9:00AM-4:00PM
☐ Sat:	☐ Sun:	☐ 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))

N/A

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: N/A 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: _____

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: KATHERINE MAY JOHNSON

Business Name: Z-O MEDICAL SUPPLIES LLC

Business Address: 550 E CHARLESTON BLVD SUITE F

City: LAS VEGAS State: NEVADA Zip: 89104

Telephone: 702-888-0807 Email: Z0MEDICALEQUIP@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	Partner-ship	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/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application 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.

KATHERINE MAY JOHNSON

Print Name of Authorized Person Submitting Application

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

01/07/2024

Date

Board Use Only	Date Received: 1/11/24	Amount: $500-check 1322956904

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/05/2023

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

Jacoby Atako (6722336)
5325 S Fort Apache Rd Ste F
Las Vegas NV 89148-4666

CONTACT NAME:

PHONE (A/C, NO, EXT): 702-476-8800 **FAX (A/C, NO):** 702-476-8802

E-MAIL ADDRESS: jatako@farmersagent.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Evanston Insurance Company	35378
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

Z-O Medical Supplies
550 E Charleston Blvd #F
Las Vegas, NV 89104

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [X] PROJECT [ ] LOC [ ] OTHER:	X	X	3AA741669	01/03/2024	01/03/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea Occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ Excluded $ 2,000,000 $ Excluded
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						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 [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTHER 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

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 Jacoby Atako

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SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **Z-O MEDICAL SUPPLIES LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 11/28/2023, 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 01/02/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202401024236114
You may verify this certificate online at http://www.nvsos.gov

BUSINESS LICENSE

CITY OF LAS VEGAS | LAS VEGAS, NEVADA

IN ACCORDANCE WITH THE PROVISIONS OF THE LAS VEGAS MUNICIPAL CODE, AS AMENDED, LICENSE IS HEREBY GRANTED TO OPERATE THE BUSINESS REFERENCED BELOW. FAILURE TO MAINTAIN AN ACTIVE STATE LICENSE OR SNHD HEALTH PERMIT, IF REQUIRED, RENDERS THIS LICENSE INVALID.

LICENSE #: G71-07484

TYPE: G50-MEDICAL SUPPLY STORE

BUSINESS LOCATION: 550 E CHARLESTON BLVD F

ISSUED TO: **Z-O MEDICAL SUPPLIES LLC**
550 E CHARLESTON BLVD F
LAS VEGAS, NV 89104

DATE ISSUED: 12/26/2023

EXPIRATION DATE: 6/1/2024

Darcy Adelbai-Hurd
Business Licensing Manager

POST IN A CONSPICUOUS PLACE

FM-0152-08-22
Form 167

recycled paper

Please fold or cut along perforated line

This space intentionally left blank

BOND NUMBER: [redacted]

Effective Date: Jan 03, 2024

Surety Bond
Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies
Medicare Program

KNOW ALL PERSONS BY THESE PRESENTS, that subject to the terms, conditions and limitations of this bond, Z-O MEDICAL SUPPLIES LLC, as Principal, and Philadelphia Indemnity Insurance Company One Bala Plaza, Suite 100 BALA CYNWYD PA 19004, a corporation organized and existing under the laws of Pennsylvania, as Surety, are held and firmly bound unto the Centers for Medicare & Medicaid Services ("CMS"), an agency of the United States Department of Health and Human Services, as Obligee, in the Penal Sum of fifty thousand dollars Dollars ($ $50,000.00) for the payment of which Principal and Surety bind themselves, their heirs, executors, administrators and assigns, jointly and severally, by these presents.

WHEREAS, Principal is enrolled in or is seeking to be enrolled in the Medicare program as a supplier of durable medical equipment, prosthetics, orthotics and supplies ("DMEPOS"); and

WHEREAS, pursuant to Section 4312(a) of the Balanced Budget Act of 1997 (Pub. L. 105-33) and 42 CFR § 424.57, the Principal is required to provide a surety bond as a condition of participation in the Medicare program, and this bond is provided in compliance with the supplier's obligations as set forth in those authorities.

NOW THEREFORE, the condition of this Bond is that if the Principal shall pay the Obligee any unpaid claims, civil money penalties and assessments (as such terms are defined by 42 CFR § 424.57(a)) then this Bond shall be null and void, otherwise to remain in full force and effect, subject, however, to the following:

1. Principal and Surety are liable under this Bond for only the amount of any unpaid claim, civil money penalty or assessment imposed by CMS or the Office of Inspector General, plus accrued interest, for which the Principal is responsible and for which, subject to Paragraph 7, the Obligee first demands payment from the Surety during the term of this Bond; provided, however, that any claim under this Bond must be related to overpayments or other events that occurred on or after March 3, 2009.

2. Surety agrees to pay a claim within 30 days of receiving written notice of the claim and sufficient evidence (as such term is defined by 42 CFR § 424.57(a)) to establish Surety's liability under this Bond.

3. CMS is the sole Obligee of this Bond, and no action may be brought on it by, or for the use or benefit of, any person or entity other than CMS or its contractors.

4. Regardless of the number of years this Bond is in effect, the number of premiums paid, or the number of claims made, the Surety's aggregate liability shall not be more than the penal sum of this Bond.

5. Subject to Paragraph 7, the Surety's liability under this Bond shall terminate and the Surety shall have no further liability upon the effective date of cancellation or expiration of this Bond by the Surety or Principal in accordance with Paragraph 6 of this Bond.

6. The Surety or Principal may cancel this Bond by providing written notice of such cancellation to the Obligee. Cancellation or expiration shall be effective 30 days after notice of cancellation or expiration is sent to the Obligee's contractor, the National Supplier Clearinghouse, provided such notice is actually received.

7. In the event this Bond is cancelled or expires, and the Principal fails to submit a new bond to the Obligee, the Surety remains liable for unpaid claims, civil money penalties or assessments that were imposed or assessed by CMS or the Office of Inspector General during the 2 years following the effective date of cancellation or expiration of this Bond.

In witness whereof, the undersigned Principal and Surety have set their hands and seals on this 04th day of January, 2024.

Principal

Principal Legal Name: Z-O MEDICAL SUPPLIES LLC
Address of DMEPOS Supplier: 550 E. Charleston Blvd F, LAS VEGAS, NV, 89104
Principal Tax ID No. (TIN): 934599133
NPI (National Provider I.D.): 1629846498
NSC/PTAN No. (if the supplier has one): _____

Surety

Philadelphia Indemnity Insurance Company

John D. Weisbrot, Attorney-in-Fact

PHILADELPHIA INDEMNITY INSURANCE COMPANY * CORPORATE SEAL * 1927 PENNSYLVANIA

SECTION 5: COMPREHENSIVE LIABILITY INSURANCE INFORMATION

As required in 42 C.F.R. section 424.57(c)(10), all DMEPOS suppliers must have comprehensive liability insurance in the amount of at least $300,000 (for each incident) and the insurance must remain in force at all times. The NSC MAC, with full mailing address as shown on page 3, must be listed on the policy as a certificate holder. You must submit a copy of the liability insurance policy or evidence of self-insurance with this application. Failure to maintain the required insurance at all times will result in revocation of your Medicare supplier billing number retroactive to the date the insurance lapsed, and/or overpayment collection.

Malpractice insurance is not the same as comprehensive liability insurance and does not meet compliance for this requirement.

If you are changing your comprehensive liability insurance information, check the box below and furnish the effective date.

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

Name of Insurance Company			
Insurance Policy Number	Date Policy Issued *(mm/dd/yyyy)*		Expiration Date of Policy *(mm/dd/yyyy)*
Insurance Agent's First Name	Middle Initial	Last Name	Jr., Sr., M.D., etc.
Agent's Telephone Number	Agent's Fax Number *(if applicable)*		Agent's E-mail Address *(if applicable)*
Underwriter's Company Name			
Underwriter's Telephone Number	Underwriter's Fax Number *(if applicable)*		Underwriter's E-mail Address *(if applicable)*

SECTION 6: SURETY BOND INFORMATION

As required in 42 C.F.R. section 424.57(d), DMEPOS suppliers who are required to obtain a surety bond must complete this section. Furnish all requested information about the surety bond company and the surety bond. Submit a copy of the original surety bond, signed by a Delegated or Authorized Official, with this application.

☐ Check here if this supplier is not required to obtain a surety bond and skip to Section 7.

A. NAME AND ADDRESS OF SURETY BOND COMPANY

If you are changing your surety bond information, check the box below and furnish the effective date.

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

Legal Business Name of Surety Bond Company as Reported to the IRS	Tax Identification Number
Philadelphia Indemnity Insurance Company	23-1738402

Business Address Line 1 *(Street Name and Number)*: One Bala Plaza, Suite 100

Business Address Line 2 *(Suite, Room, Apt. #, etc.)*:

City/Town	State	ZIP Code + 4
BALA CYNWYD	PA	19004

Telephone Number	Fax Number *(if applicable)*	E-mail Address *(if applicable)*
(215) 766-1990	(215) 766-1225	info@jwsuretybonds.com

B. SURETY BOND INFORMATION

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

Amount of Surety Bond	Surety Bond Number
$ $50,000.00	PB11499810258
Effective Date of Surety Bond *(mm/dd/yyyy)*	If reporting a new bond, give cancellation date of the current bond *(mm/dd/yyyy)*
Jan 03, 2024	

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint JOHN D. WEISBROT, MELISSA L. MCDADE OR STEVEN M. VARGA its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **$50,000,000.**

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile 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 TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.

(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1366394
Member, Pennsylvania Association of Notaries

Notary Public: Vanessa McKenzie

residing at: Bala Cynwyd, PA

My commission expires: November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 04th day of January, 20 24

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

To verify the bond please visit https://www.suretybond.org/validate/?code=e1pV1WEl1kBVcHekNXQQ5UcA&transaction=XFkG0VQV16cwheQwRcVVdJCQ

DocuSign Envelope ID: DFC29E6F-0E8A-4E67-9D8B-09D89F383C70

PHILADELPHIA INDEMNITY INSURANCE COMPANY

Statutory Statements of Admitted Assets, Liabilities and Capital and Surplus
(in thousands, except par value and share amounts)

	As of December 31,	
Admitted Assets	2022	2021
Bonds (fair value $7,902,637 and $8,447,694)	$ 8,709,823	$ 8,102,442
Preferred stocks (fair value $14,560 and $19,262)	14,560	19,262
Common stocks (cost $24,136 and $44,923)	28,395	43,194
Mortgage loans	1,074,734	957,986
Real estate	21,779	29,408
Other invested assets (cost $212,500 and $194,229)	234,138	218,926
Receivables for securities sold	476	152
Cash, cash equivalents and short-term investments	95,212	128,587
Cash and invested assets	10,179,117	9,499,957
Premiums receivable, agents' balances and other receivables	955,218	914,676
Reinsurance recoverable on paid loss and loss adjustment expenses	64,607	45,200
Accrued investment income	88,001	74,000
Receivable from affiliates	4,406	5,171
Federal income taxes receivable	21,231	8,144
Net deferred tax assets	150,526	141,943
Other assets	11,196	9,953
Total admitted assets	$ 11,474,302	$ 10,699,044
Liabilities and Capital and Surplus		
Liabilities:		
Unpaid loss and loss adjustment expenses	$ 5,680,508	$ 5,436,808
Unearned premiums	1,766,050	1,658,339
Reinsurance payable on paid loss and loss adjustment expenses	39,160	35,820
Ceded reinsurance premiums payable	119,157	130,474
Commissions payable, contingent commissions and other similar charges	247,996	228,628
Funds held	82,555	77,317
Payable to affiliates	21,337	19,465
Provision for reinsurance	678	471
Payable for securities purchased	42,426	19,045
Accrued expenses and other liabilities	58,292	47,213
Total liabilities	8,058,159	7,653,580
Capital:		
Common stock, par value of $10 per share; 1,000,000 shares authorized, 450,000 shares issued and outstanding	4,500	4,500
Surplus:		
Gross paid-in and contributed surplus	386,071	386,071
Unassigned surplus	3,025,572	2,654,893
Total surplus	3,411,643	3,040,964
Total capital and surplus	3,416,143	3,045,464
Total liabilities and capital and surplus	$ 11,474,302	$ 10,699,044

The undersigned, being duly sworn, says: That she is the Executive Vice President and Chief Financial Officer of Philadelphia Indemnity Insurance Company; that said Company is a corporation duly organized in the state of Pennsylvania, and licensed and engaged in the State of Pennsylvania and has duly complied with all the requirements of the laws of the said State applicable of the said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under the Act of Congress. And that to the best of her knowledge and belief the above statement is a full, true and correct statement of

Attest:

Commonwealth of Pennsylvania - Notary Seal
Kimberly A. Kessleski, Notary Public
Montgomery County
My commission expires December 18, 2024
Commission number 1245769
Member, Pennsylvania Association of Notaries

DocuSigned by:
Karen Gilmer-Pauciello
Karen Gilmer-Pauciello, EVP & CFO

Sworn to before me this 6th day of June 2023.

Kimberly Kessleski, Notary

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Z-O Medical Supplies LLC MDEG License # (if applicable) _____

Physical Address 550 E Charleston Blvd. Suite F

City Las Vegas State NV Zip 89104

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email zomedicalequip@gmail.com

Section 2: Personal Information

First Melody Middle _____ Last Lao

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip 89141

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.)		✓

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			From - To (MM/YY – MM/YY)	
College of Southern Nevada			2004 - 2008	
Address: 6375 W. Charleston Blvd.	City: Las Vegas		State: NV	Zip: 89146
Diploma/Degree obtained, if any: Associate Degree Nursing				
School Name: Western Governors University			From - To (MM/YY – MM/YY): 2022 - 2024	
Address: 4001 S 700 East # 700	City: Salt Lake City		State: UT	Zip: 84107
Diploma/Degree obtained, if any: Bachelors Degree Nursing				
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
2018 - recent	[redacted] Molinos Dr	Las Vegas	NV	89141
2016 - 2018	[redacted] Brewster Bay St.	Las Vegas	NV	89179
2008 - 2016	[redacted] Sky Hollow Dr	Las Vegas	NV	89123
From - To (MM/YY – MM/YY)	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 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: Intermountain Health			From - To (MM/YY – MM/YY): 2023 – present	
Business Address: 6355 S. Buffalo Dr.	City: Las Vegas		State: NV	Zip: 89113
Phone: 702-852-9000	Title: CDI RN		Number of Employed Hours: 40 hrs / week	
Description of Duties: outpatient Clinical Documentation Integrity Specialist RN				
Business Name: Dignity Health - St. Rose Dominican Siena			From - To (MM/YY – MM/YY): 2015- present	
Business Address: 3001 St. Rose Pkwy	City: Henderson		State: NV	Zip: 89052
Phone: 702-616-5000	Title: NICU RN		Number of Employed Hours: 36 hrs / week	
Description of Duties: inpatient Neonatal Intensive Care Unit RN				
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?		✓
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? 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:

MLW

Original Signature (electronic, copies or stamps not accepted)

2-1-2024

Date

I, Melody Lao, **certify that as the MDEG Administrator for** Z-O Medical Supplies LLC,

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

1. ML Have a high school diploma or its equivalent;
2. ML Have
   a. At least 1,500 hours of verifiable 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. ML 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. ML 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.

Melody Lao
Print Name (First, Last)

MLao
Original Signature (electronic, copies or stamps not accepted)

2-1-2024
Date

Board Use Only	Date Received: 2/12/24

Nevada State Board of
NURSING
Primary Source License Verification

ViewReportHeaderTitle

Primary Source Board of Nursing Report Summary for

MELODY MARICON LAO

Thursday, February 01 2024 09:55:00 AM

The legend below provides details related to the statuses for advanced practice registered nurses (APRNs) only

Active– *ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements, or have not applied for, prescribing privileges.*

Active Prescribing– *ascribed to all APRNs who have been granted authority to prescribe all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and is not required to obtain a protocol with a collaborative physician.*

Active Prescribing-CII-COLL *– ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and have provided a copy of his/her current protocol with a collaborative physician.*

Active Prescribing -D– *ascribed to all APRNs who have been granted authority to prescribe and dispense all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and is not required to obtain a protocol with a collaborative physician.*

Active Prescribing-CII-COLL –D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and have provided a copy of his/her current protocol with a collaborative physician.*

APRNs must also apply with the Nevada State Board of Pharmacy and/or DEA before they can prescribe in Nevada.

If an APRN wishes to remove the protocol requirement they must submit a letter on letterhead from their employer to the Nevada State Board of Nursing verifying that they have worked a minimum of 2 years or 2,000 hours as an APRN.

Details related to License / Certificate Status can be found at the bottom of this page.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
LAO, MELODY MARICON	RN	RN61577	Active	03/10/2009	07/15/2024	NO

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
LAO, MELODY	RN	IP RN606308	Expired	01/07/2009	03/10/2009	NO

Primary Source Board of Nursing Messages & Notifications

- Upon request, the Board may grant an Interim Permit to a first-time examinee after the Board receives the application and documentation of graduation from an approved nursing education program. The Interim Permit allows the examinee to practice as a Graduate Nurse only in the state of Nevada and only for 90 days. -The Interim Permit expires upon notification of examination results, regardless of the time remaining on the Interim Permit. Authority to practice as a Graduate Nurse then ceases. -Interim Permits will not be extended beyond the original 90 days of issue.

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Z-O Medical Supplies LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable)

Physical Address 6614 Blue Diamond Rd. Apt. 1174

City Las Vegas State NV Zip 89139

Mailing Address (if different from physical address) 550 E. Charleston Blvd. Suite F

City Las Vegas State NV. Zip 89104

Telephone 702-888-0807 Website

Licensing Company Email z0medicalequip@gmail.com

Section 2: Personal Information

First Katherine Middle May Last Johnson

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

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

Mailing Address [redacted] Blue Diamond Rd. [redacted]

City Las Vegas State NV. Zip 89139

Telephone 702-888-0807 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.)		✓

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: Bukidnon State University			From - To (MM/YY – MM/YY): 2000 - 2005	
Address: Malaybalay Bukidnon Phil.	City: 8700		State	Zip
Diploma/Degree obtained, if any: Bachelor of Elementary Education (Graduate/Diploma)				
School Name: Republic Institute of Manila			From - To (MM/YY – MM/YY): 1996 - 2000	
Address: 2209 Crisolita St.	City: San Andres	State: Manila	Zip: 1017	
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
09-20 - Present	[redacted] Blue Diamond Rd.	Las Vegas	NV	89139
01-17 - 09-20	[redacted] Tropicana Ave.	Las Vegas	NV	89103
02-16 - 01-17	[redacted] Grand Ave. Elmhurst	Queens	NY	11373
N. 2011 - 02-16	[redacted]	Nonthaburi Thailand		11110
From - To (MM/YY – MM/YY)	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: South Point Hotel Casino and Spa			From - To (MM/YY – MM/YY): 07-2020 - Present
Business Address: 9777 S Las Vegas Blvd.	City: Las Vegas	State: NV	Zip: 89183
Phone: 702-796-7111	Title: Poker Dealer		
Description of Duties: Deal cards, deals all kinds of Poker card games			

Business Name: The Orleans Hotel & Casino			From - To (MM/YY – MM/YY): 02-2018 - 07-2020
Business Address: 4500 W. Tropicana Ave	City: Las Vegas	State: NV	Zip: 89103
Phone: 702-365-7111	Title: Poker Dealer / Poker Cage Cashier		
Description of Duties: - Deal cards, deal all kinds of Poker card games - cashing out players (chips to cash or cash to chips)			

Business Name: OYO Hotel and Casino (Former Hooters Casino)			From - To (MM/YY – MM/YY): 12-2018 - 06-2020
Business Address: 115 E. Tropicana Ave.	City: Las Vegas	State: NV	Zip: 89109
Phone: 702-739-9000	Title: Food and Beverage Supervisor		
Description of Duties: - look over the food and Beverage employees - do schedule and orders			

Business Name: Ramkhamhaeng University (Thailand)			From - To (MM/YY – MM/YY): 11-2011 - 02-2016
Business Address: 4th Flr. Room 405 Building Gerhard	City: Bangkok Thailand	State:	Zip: 10240
Phone: 02-3108903	Title: English teacher		
Description of Duties: Teach English to Thai students			

Business Name: Chulalongkorn University (Thailand)			From - To (MM/YY – MM/YY): 09-2009 - 10-2011
Business Address: Phayathai Rd.	City: Bangkok Thailand	State:	Zip: 10330
Phone: -	Title: English teacher		
Description of Duties: Teach English to Thai students.			

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				

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:

N/A

Original Signature (electronic, copies or stamps not accepted)

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.

Katherine May Johnson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02-14-2024

Date

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

State of Nevada, ss. County of Clark

I, Katherine May Johnson, 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

02-14-2024

Date

Subscribed and Sworn to before me this 14th day of February 2024

Notary Public Signature

Notary Public - State Of Nevada
COUNTY OF CLARK
Marianna Anaya
My Appointment Expires
January 26, 2027
No. 23-5118-01

(Seal)

10

10A

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 (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH 04060		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	■ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: SW Specialty Pharmacy, LLC dba Southwest Specialty Pharmacy

Physical Address: 8170 S. Eastern Ave. #10

City: Las Vegas State: NV Zip: 89123

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-929-2229 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-929-2951 Contact Email: enrique@swrxlv.com

Website: www.swrxlv.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Enrique Solis

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 16972

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board, NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Enrique Solis	, NV Pharmacist Registration #: 16972
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: N/A	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.

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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

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: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Enrique Solis

Business Name: SW Specialty Pharmacy, LLC dba Southwest Specialty Pharmacy

Business Address: 8170 S. Eastern Ave #10

City: Las Vegas State: NV Zip: 89123

Telephone: 702-929-2229 Email: enrique@swrxlv.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacy Manager (title) for SW Specialty Pharmacy, LLC dba Southwest Spe (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Enrique Solis

Print Name of Authorized Person

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

03/01/24

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Enrique Solis 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 Pharmacy Manager (title) for SW Specialty Pharmacy, LLC dba Southwest Spe (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.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 01 day of March, 2024

Jeremy Cannon - notary public
Notary Public

JEREMY CANNON
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-16-27
Certificate No: 23-0997-01

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: Enrique Solis Pharmacist Registration #: 16972

Pharmacy Name: SW Specialty Pharmacy, LLC dba Southwest Specialty Pharmacy

Initial each statement below to indicate you have read and agree with the following:

es — 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.

es — 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.

es — 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.

es — 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)).

es — 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 <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	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.

Original signature of Managing Pharmacist (copies or stamps not accepted)

03/01/24
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.

Enrique Solis

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

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

03/01/24

Date

Board Use Only	Date Received: 3/6/24	Amount: $500-cc

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler SW Specialty Pharmacy, LLC dba Southwest Specialty Pharmacy

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 8170 S. Eastern Ave Suite 10

City Las Vegas State NV Zip 89123

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-292-2229 Website www.swrxlv.com

Licensing Company Email _____

Section 2: Personal Information

First Enrique Middle _____ Last Solis

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

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

Mailing Addres[redacted]/edena Pl

City Las Vegas State NV Zip 89113

Telephon[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.)		✔

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		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences		08/03 - 06/06	
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	NV	89014
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of Texas at El Paso		09/00 - 05/03	
Address	**City**	**State**	**Zip**
500 West University Ave.	El Paso	TX	79968
Diploma/Degree obtained, if any			
I was accepted into PharmD program in Las Vegas before I could complete my Bachelor of Science degree			

School Name		From - To (MM/YY – MM/YY)	
El Paso Community College		09/98 - 06/01	
Address	**City**	**State**	**Zip**
6701 S Desert Blvd	El Paso	TX	79932
Diploma/Degree obtained, if any			
Stepping stone to fulfill my basic college credit to enter University of Texas at El Paso			

School Name		From - To (MM/YY – MM/YY)	
Anthony High School		08/04 - 05/ 98	
Address	**City**	**State**	**Zip**
825 Wildcat Dr.	Anthony	TX	79821
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
01/18 - Present	[redacted] Vedena Pl	Las Vegas	NV	89113
10/10 - 01/18	[redacted] Saffredi Ln	Las Vegas	NV	89141
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
Southwest Specialty Pharmacy			11/21 - Present
Business Address	**City**	**State**	**Zip**
8170 S Eastern Ave	Las Vegas	NV	89123
Phone	**Title**		
702-929-2229	Pharamcy Mgr.		

Description of Duties

Responsible for pharmacy operations such as inventory, staff training, drug dispensing, patient consultation, and security

Business Name			From - To (MM/YY – MM/YY)
CVS Pharmacy			05/16 - 10/21
Business Address	**City**	**State**	**Zip**
695 S Green Valley Pkwy	Henderson	NV	89052
Phone	**Title**		
702-216-7101	Pharmacy Mgr.		

Description of Duties

Responsible for pharmacy operations such as inventory, staff training, drug dispensing, patient consultation, and Immunization

Business Name			From - To (MM/YY – MM/YY)
Target Pharmacy			10/06 - 05/16
Business Address	**City**	**State**	**Zip**
3550 S Rainbow Blvd	Las Vegas	NV	89103
Phone	**Title**		
702-252-4600	Pharmacy Mgr.		

Description of Duties

Responsible for pharmacy operations such as inventory, staff training, drug dispensing, patient consultation, and customer service

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.

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?		✔

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.

Enrique Solis

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/01/24

Date

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

State of Nevada, ss. County of Clark

I, Enrique Solis, 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

03/01/24

Date

Subscribed and Sworn to before me this 01 day of March, 2024

Notary public

Notary Public Signature

JEREMY CANNON
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-16-27
Certificate No: 23-0997-01

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler SW Specialty Pharmacy, LLC dba Southwest Specialty Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 8170 S. Eastern Ave. #10

City Las Vegas State NV Zip 89123

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-929-2229 Website www.swrxlv.com

Licensing Company Email enrique@swrxlv.com

Section 2: Personal Information

First Enrique Middle _____ Last Solis

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

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

Mailing Address [redacted]Vedena Pl

City Las Vegas State NV Zip 89113

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.)		✔

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		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences		08/03 - 06/06	
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	NV	89014
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of Texas at El Paso		09/00 - 05/03	
Address	**City**	**State**	**Zip**
500 West University Ave.	El Paso	TX	79968
Diploma/Degree obtained, if any			
I was accepted into PharmD program in Las Vegas before I could complete my Bachelor of Science degree			

School Name		From - To (MM/YY – MM/YY)	
El Paso Community College		09/98 - 06/01	
Address	**City**	**State**	**Zip**
6701 S Desert Blvd	El Paso	TX	79932
Diploma/Degree obtained, if any			
Stepping stone to fulfill my basic college credit to enter University of Texas at El Paso			

School Name		From - To (MM/YY – MM/YY)	
Anthony High School		08/04 - 05/98	
Address	**City**	**State**	**Zip**
825 Wildcat Dr.	Anthony	TX	79821
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)	Address	City	State	Zip
01/18 - Present	[redacted]Vedena Pl	Las Vegas	NV	89141
10/10 - 01/18	[redacted] Saffredi Ln	Las Vegas	NV	89113
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
Southwest Specialty Pharmacy			11/21 - Present	
Business Address		City	State	Zip
8170 S. Eastern Ave. #10		Las Vegas	NV	89123
Phone	Title		Number of Employed Hours	
702-929-2229	RPh. Mgr.		4,800	
Description of Duties				
Responsible for pharmacy operations such as inventory, staff training, drug dispensing, patient consultation, regulatory compliance, and security				

Business Name			From - To (MM/YY – MM/YY)	
CVS Pharmacy			05/16 - 10/21	
Business Address		City	State	Zip
695 S Green Valley Pkwy		Henderson	NV	89052
Phone	Title		Number of Employed Hours	
702-216-7101	RPh. Mgr.		10,400	
Description of Duties				
Responsible for pharmacy operations such as inventory, staff training, drug dispensing, patient consultation, regulatory compliance, and Immunization				

Business Name			From - To (MM/YY – MM/YY)	
Target Pharmacy			10/06 - 05/16	
Business Address		City	State	Zip
3550 S Rainbow Blvd		Las Vegas	NV	89103
Phone	Title		Number of Employed Hours	
702-252-4600	RPh. Mgr.		20,800	
Description of Duties				
Responsible for pharmacy operations such as inventory, staff training, drug dispensing, patient consultation, regulatory compliance, and customer service				

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?		✔

I, Enrique Solis, **certify that as the designated representative for**

SW Specialty Pharmacy, LLC dba Southwest Specialty Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. es I am at least 21 years of age;
3. es 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. es I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. es I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. es 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. es I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Enrique Solis

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/01/24

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.

Enrique Solis

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/01/24

Date

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

State of Nevada, ss. County of Clark

I, Enrique Solis, 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 03/01/24

Subscribed and Sworn to before me this 01 day of March, 2024

Notary public

Notary Public Signature

JEREMY CANNON
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-16-27
Certificate No: 23-0997-01

(Seal)

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **SW Specialty Pharmacy, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 02/29/2024, 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 02/29/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202402294409353
You may verify this certificate online at http://www.nvsos.gov

10B

RECEIVED 3/7

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 (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH 03520		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☑ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: SW Pharmacy, LLC dba Southwest Pharmacy

Physical Address: 4550 E. Bonanza Rd, Unit C

City: Las Vegas State: NV Zip: 89110

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 702-929-2229 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-929-2951 Contact Email: _____

Website: www.swrxlv.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Lynna Ho

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 16983

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Lynna Ho	NV Pharmacist Registration #: 16983
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: N/A	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.

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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

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: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Lynna Ho

Business Name: SW Pharmacy, LLC dba Southwest Pharmacy

Business Address: 4550 E. Bonanza Rd, Unit C

City: Las Vegas State: NV Zip: 89110

Telephone: 702-929-2229 Email: lynnaho1978@yahoo.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the managing pharmacist (title) for SW Pharmacy, LLC dba Southwest Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Lynna Ho

Print Name of Authorized Person

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

3/1/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Lynna Ho 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 SW Pharmacy,LLC dba Southwest 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.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 01 day of March, 2024

Notary Public

JEREMY CANNON
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-16-27
Certificate No: 23-0997-01

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: Lynna Ho Pharmacist Registration #: 16983

Pharmacy Name: SW Pharmacy, LLC dba Southwest Pharmacy

Initial each statement below to indicate you have read and agree with the following:

LH 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.

LH 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.

LH 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.

LH 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)).

LH 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 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?		✓

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 #:

Criminal Action:	State:	Date:	Case #:	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.

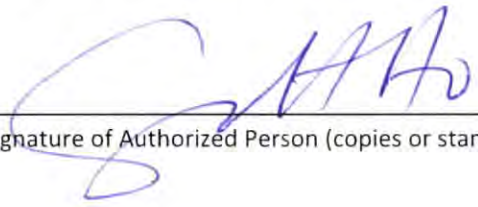
Original signature of Managing Pharmacist (copies or stamps not accepted)

3/1/2024
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.

Lynna Ho

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



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

03/01/2024

Date

Board Use Only	Date Received: 3/7/24	Amount: $500-cc

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler SW Pharmacy, LLC dba Southwest Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 4550 E Bonanza Rd, Unit C

City Las Vegas State NV Zip 89110

Mailing Address (if different from physical address) same as above

City _____ State _____ Zip _____

Telephone 702-929-2229 Website www.swrxlv.com

Licensing Company Email lynnaho1978@yahoo.com

Section 2: Personal Information

First Lynna Middle _____ Last Ho

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Frittata Ave

City Las Vegas State NV Zip 89113

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.)		✔

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		From - To (MM/YY – MM/YY)	
University of Toledo		08/96 - 05/02	
Address	City	State	Zip
2801 Bancroft St.	Toledo	OH	43606
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Libbey High School		08/93 - 06/97	
Address	City	State	Zip
1250 Western Ave.	Toledo	OH	43609
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Arlington/Westfield/Jones Elementary		04/89 - 06/93	
Address	City	State	Zip
	Toledo	OH	43609
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
12/13 - 03/24	[redacted] Frittata Ave.	Las Vegas	NV	89113
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
Southwest Pharmacy			03/19 to present
Business Address	**City**	**State**	**Zip**
4550 E. Bonanza Rd. #C	Las Vegas	NV	89110
Phone	**Title**		**Number of Employed Hours**
702-929-2229	Pharmacist		2500
Description of Duties			
Processing Prescriptions and over seeing technicians			

Business Name			From - To (MM/YY – MM/YY)
Kmart Pharmacy			06/11 to 03/19
Business Address	**City**	**State**	**Zip**
5050 E. Bonanza Rd.	Las Vegas	NV	89110
Phone	**Title**		**Number of Employed Hours**
702-459-1004	Pharmacy Manager		14,000
Description of Duties			
Processing Prescriptions and over seeing pharmacy operations			

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?		✔

I, Lynna Ho, **certify that as the designated representative for**

SW Pharmacy, LLC dba Southwest Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. LH I am at least 21 years of age;
3. LH 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. LH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. LH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. LH 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. LH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Lynna Ho

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/01/2024

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.

Lynna Ho

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/01/2024

Date

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

State of Nevada, ss. County of Clark

I, Lynna Ho, 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

3/1/2024

Date

Subscribed and Sworn to before me this 01 day of March, 2024

Notary Public Signature

JEREMY CANNON
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-16-27
Certificate No: 23-0997-01

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site SW Pharmacy, LLC dba Southwest Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 4550 E Bonanza Rd, Unit C

City Las Vegas State NV Zip 89110

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 702-929-2229 Website www.swrxlv.com

Licensing Company Email lynnaho1978@yahoo.com

Section 2: Personal Information

First Lynna Middle _____ Last Ho

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

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

Mailing Address [redacted] Frittata Ave.

City Las Vegas State NV Zip 89113

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.)		✔

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			From - To (MM/YY – MM/YY)
University of Toledo			08/96 - 05/02
Address	**City**	**State**	**Zip**
2801 Bancroft St.	Toledo	OH	43606
Diploma/Degree obtained, if any			
PharmD			

School Name			From - To (MM/YY – MM/YY)
Libbey High School			08/93 - 06/97
Address	**City**	**State**	**Zip**
1250 Western Ave.	Toledo	OH	43609
Diploma/Degree obtained, if any			
Diploma			

School Name			From - To (MM/YY – MM/YY)
Arlington/Westfield/Jones Elementary			04/89 - 06/93
Address	**City**	**State**	**Zip**
	Toledo	OH	43609
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
12/13 to present	[redacted] Frittata Ave.	Las Vegas	NV	89113
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
Southwest Pharmacy			03/19 to present
Business Address	**City**	**State**	**Zip**
4550 E Bonanza Rd, Unit C	Las Vegas	NV	89110
Phone	**Title**		
702-929-2229	Pharmacist		
Description of Duties			
Processing prescriptions and over seeing technicians			

Business Name			From - To (MM/YY – MM/YY)
Kmart Pharmacy			06/11 - 03/19
Business Address	**City**	**State**	**Zip**
5050 E Bonanza Rd	Las Vegas	NV	89110
Phone	**Title**		
702-459-1004	Pharmacy Manager		
Description of Duties			
Processing prescriptions and over seeing pharmacy operations			

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.

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?		✔

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.

Lynna Ho

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/01/2024

Date

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

State of Nevada, ss. County of Clark

I, Lynna Ho, 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

3/1/2024

Date

Subscribed and Sworn to before me this 01 day of March, 2024

Notary Public Signature

JEREMY CANNON
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-16-27
Certificate No: 23-0997-01

(Seal)

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **SW Pharmacy, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 02/29/2024, 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 02/29/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202402294409344
You may verify this certificate online at http://www.nvsos.gov

10C

RECEIVED
4/18/24

John Waldron, Ed.D
CEO, The Center
401 S. Maryland Parkway
Las Vegas, NV 89101
April 15, 2024

Board of Pharmacy
431 W Plumb Ln
Reno, NV 89509

Dear Members of the Nevada Board of Pharmacy,

I am writing to you today, on the deadline of the application, as the CEO of The Center, a vital institution dedicated to the LGBTQAI+ community in Southern Nevada. At The Center, we provide a nurturing space that promotes health, well-being, and community support. As we have expanded our services to meet growing needs, it has become increasingly evident that accessible, community-focused pharmacy services are not just beneficial but essential for the population we serve.

Our clients face unique health disparities and often encounter significant barriers in accessing necessary medical and pharmaceutical care. By integrating a pharmacy within The Center, we can directly improve healthcare accessibility and ensure that our services are delivered in an environment that is both inclusive and affirming. This pharmacy is urgently needed, as many of our clients cannot afford to wait longer for the care they deserve, care that respects their unique needs and dignities.

We are committed to ensuring this pharmacy upholds the highest standards of pharmaceutical care and sensitivity to the specific issues faced by our community. To this end, we are in the final stages of preparing our facility to meet all requirements. While our Nevada business license number is forthcoming, we have already scheduled the necessary fire inspection for this coming Thursday and will be sure to submit any needed updates to our application.

In light of these pressing needs, I respectfully urge the Nevada Board of Pharmacy to consider our application with both the urgency it warrants and the compassion our community deserves. We are ready to provide not only medications but also hope to those who have often been marginalized by the very systems meant to serve them.

Thank you for considering our application to establish a pharmacy at The Center. We are eager to discuss this proposal further and to demonstrate how this pharmacy will not only fill a critical gap in healthcare services but will also embody the spirit of community care that is at the heart of all we do.

Sincerely,
John Waldron

John Waldron, Ed.D
CEO, The Center

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 (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: The Center Community Pharmacy

Physical Address: 921 S. Las Vegas Blvd

City: Las Vegas State: NV Zip: 89101

Mailing Address (if different from physical address): 921 S. Las Vegas Blvd

City: Las Vegas State: NV Zip: 89101

Telephone: 702-992-3658 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-665-6825 Contact Email: lramirez@thecenterlv.org

Website: thecenterlv.org

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Leana Ramirez

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): NV 18036

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Leana Ramirez	NV Pharmacist Registration #: NV 18036
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: NA	Credentials:	%:
Name: NA	Credentials:	%:
Name: NA	Credentials:	%:
Name: NA	Credentials:	%:
Name: NA	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.

Section 5: 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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada 501c3 Nonprofit

Parent Company (if any): _____

Corporation/Organization Name: Gay and Lesbian Community Center of Southern Nevada, Inc.

Mailing Address: 401 S. Maryland Parkway

City: Las Vegas State: NV Zip: 89101

Telephone: 702-733-9800 Email: info@thecenterlv.org

Contact Person Name: Leana Ramirez

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: NA

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: NA

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Executive Officer (title) for The Center Community Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

John Waldron, Ed.D, CEO

Print Name of Authorized Person

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

04/15/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, John Waldron 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 Chief Executive Officer (title) for The Center Community 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.

John Waldron

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 15 day of April, 2024

Notary Public

MATTHEW DANG
Notary Public, State of Nevada
Appointment No. 23-2697-01
My Appt. Expires Aug 10, 2027

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: Leana Ramirez Pharmacist Registration #: NV18036

Pharmacy Name: The Center Community 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 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?		✓

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 #:

Criminal Action:	State:	Date:	Case #:	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.

Leana Ramirez

Original signature of Managing Pharmacist (copies or stamps not accepted)

04/15/2024

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.

John Waldron, Ed.D, CEO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

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

04/15/2024

Date

Board Use Only	Date Received: 4/15/24	Amount: $500-cc

	The Center Governing Board of Directors		
	Name	**Position**	**Affiliation**
1	Denise McCurry	Governing Board Member	Farmers Insurance
2	Ryn Bartel	Governing Board President	Alida (US) Inc.
3	Wayne Cassard	Governing Board Member	Valley Health System
4	Shalom Stephens	Governing Board Vice President	Independent Attorney
5	Osen Pogoson	Governing Board Member	Independent Business Consultant
6	Ivana Walborn	Governing Board Member	Community Member
7	Matt Cox	Governing Board Member	Nathan Adelson Hospice
8	Marc Bodman	Governing Board Member	Veterans Hsopital
9	Katy Jones	Governing Board Member	Fletcher Jones
10	Anne Mazzola	Governing Board Member	Artist/Philanthropist
11	Kangcheng Yin (Kang)	Governing Board Member	Kuma
12	April Thomas	Governing Board Member	Clark County

13	Travis Chance	Governing Board Member	Brownstein Hyatt Farber Schreck, LLP
14	Andrea Behrens	Governing Board Member	Community Supporter
15	Monica Brown	Governing Board Member	Community Supporter
16	Christopher J Melton	Governing Board Treasurer	Las Vegas Sands
17	Matthew Dempsey	Governing Board Member	Arizona State University
18	Open		
19	Open		

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: The Center Community Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 921 S. Las Vegas Blvd

City: Las Vegas State: NV Zip: 89101

Mailing Address (if different from physical address): 921 S. Las Vegas Blvd

City: Las Vegas State: NV Zip: 89101

Telephone: 702-992-3658 Website:

Licensing Company Email: info@thecenterlv.org

Section 2: Personal Information

First: John Middle: Michael Last: Waldron

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Maryland Parkway

City: Las Vega State: NV Zip: 89101

Telephone: [redacted] Email: jwaldron@thecenterlv.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		From - To (MM/YY – MM/YY)	
St Thomas University		01/2015 - 08/2017	
Address	**City**	**State**	**Zip**
16401 NW 37th Ave	Miami Gardens	FL	33054
Diploma/Degree obtained, if any			
Ed.D. Leadership & Management			

School Name		From - To (MM/YY – MM/YY)	
University of Arizona Global Campus		08/2009 - 12/2010	
Address	**City**	**State**	**Zip**
180 S Arizona Ave Suite #301	Chandler	AZ	85225
Diploma/Degree obtained, if any			
Masters			

School Name		From - To (MM/YY – MM/YY)	
University of Arizona Global Campus		01/2008 - 08/2009	
Address	**City**	**State**	**Zip**
180 S Arizona Ave Suite #301	Chandler	AZ	85225
Diploma/Degree obtained, if any			
Bachelor of Arts Social Sciences			

School Name		From - To (MM/YY – MM/YY)	
Chaparral High School		09/1979 - 05/1983	
Address	**City**	**State**	**Zip**
3850 Annie Oakley Dr	Las Vegas	NV	89121
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
09/2019 - Present	[redacted] Aqua Harbor Way	Las Vegas	NV	89178
01/2016 - 09/2019	[redacted] Glacier Pool St	Las Vegas	NV	89178
03/2014 - 01/2016	[redacted] Taliput Palm Place	Henderson	NV	89011
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
The Gay & Lesbian Community Center of Southern Nevada			01/2019 - Present
Business Address	**City**	**State**	**Zip**
401 S. Maryland Parkway	Las Vegas	NV	89178
Phone	**Title**		
702.802.5400	CEO		

Description of Duties

Chief Executive Officer leading all aspects of the organization.

Business Name			From - To (MM/YY – MM/YY)
Boyd Gaming			06/2016 - 12/2018
Business Address	**City**	**State**	**Zip**
6465 S. Rainbow Blvd	Las Vegas	NV	89118
Phone	**Title**		
702-792-7200	Learning & Development		

Description of Duties

Led and managed the learning development team to consist of Learning Managers and Learning Specialists

Business Name			From - To (MM/YY – MM/YY)
Opportunity Village			07/2014 - 01/2016
Business Address	**City**	**State**	**Zip**
6050 S Buffalo Dr	Las Vegas	NV	89113
Phone	**Title**		
702-262-1550	Director of Organizational Development		

Description of Duties

Member of human resources team leading organizational development, employee and leadership learning, and staff training in compliance with regulations by the State of Nevada.

Business Name			From - To (MM/YY – MM/YY)
Las Vegas Review-Journal			08/1989 - 01/2014
Business Address	**City**	**State**	**Zip**
1111 W. Bonanza Rd	Las Vegas	NV	89106
Phone	**Title**		
702-383-4000	Director of Advertising Operations		

Description of Duties

Division director for 70 employees in advertising operations supporting advertising and marketing.

Business Name			From - To (MM/YY – MM/YY)
College of Southern Nevada			01/2019 - 12/2021
Business Address	**City**	**State**	**Zip**
3200 E Cheyenne Ave	North Las Vegas	NV	89030
Phone	**Title**		
702-447-2588	Adjunct Management Professor		

Description of Duties

Taught undergraduate management classes.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Southern New Hampshire UNiversity			09/2018 - 01/2020
Business Address	**City**	**State**	**Zip**
2500 N River Rd,	Manchester	NH	03106
Phone	**Title**		
800-668-1249	Adjunct Management Professor		
Description of Duties			
Taught graduate management classes			

Business Name			From - To (MM/YY – MM/YY)
Leadership Development Independent Contractor			01/2012 - Present
Business Address	**City**	**State**	**Zip**
9632 Aqua Harbor Way	Las Vegas	NV	89178
Phone	**Title**		
702-569-9550	Speaker / Facilitator of Leadership Development Programs		
Description of Duties			
Present to groups on leadership 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			

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?		✓

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 WALDRON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04.15.24

Date

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

State of Nevada, ss. County of Clark

I, John Waldron, 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

04.15.24

Date

Subscribed and Sworn to before me this 15 day of April 2024.

Notary Public Signature

MATTHEW DANG
Notary Public, State of Nevada
Appointment No. 23-2697-01
My Appt. Expires Aug 10, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: The Center Community Pharmacy

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 921 S. Las Vegas Blvd

City: Las Vegas State: NV Zip: 89101

Mailing Address (if different from physical address): 921 S. Las Vegas Blvd

City: Las Vegas State: NV Zip: 89101

Telephone: 702-992-3658 Website:

Licensing Company Email: info@thecenterlv.org

Section 2: Personal Information

First: Leana Middle: Marie Last: Ramirez

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Boston Ivy Ct

City: Las Vegas State: NV Zip: 89130

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.)		✔

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			From - To (MM/YY – MM/YY)
Roseman University of Health Science			06/08 - 06/11
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	NV	
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name			From - To (MM/YY – MM/YY)
College of Southern Nevada			05/04 - 06/08
Address	**City**	**State**	**Zip**
6375 W. Charleston Blvd	Las Vegas	NV	89146
Diploma/Degree obtained, if any			
Associate Degree			

School Name			From - To (MM/YY – MM/YY)
Saint Leo University			03/01 - 05/04
Address	**City**	**State**	**Zip**
33701 Country Road 52	Saint Leo	FL	33574
Diploma/Degree obtained, if any			
General Studies			

School Name			From - To (MM/YY – MM/YY)
Sahuaro High School			06/90 - 05/94
Address	**City**	**State**	**Zip**
525 N Camino Seco	Tucson	AZ	895710
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)	Address	City	State	Zip
02/2019 - Present	[redacted] Boston Ivy Ct	Las Vegas	NV	89130
07/10 - 02/19	[redacted] Mallardwood Drive	Las Vegas	NV	89129

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			From - To (MM/YY – MM/YY)	
Optum Specialty Pharmacy			06/19 - 08/21	
Business Address		**City**	**State**	**Zip**
701 Shadow Lane Suite 110		Las Vegas	NV	89106
Phone	**Title**		**Number of Employed Hours**	
877-480-1755	Regional Account Manager - HIV		3840	
Description of Duties				
Train staff in properly defining the standard of care for patients and officers. Research new treatments and protocols to maintain a high level of knowledge Introduced a collaborative practice agreement for PrEP to expand pharmacy services. Trained operations and sales staff in HIV spanning epidemiology to insurance coverage. Dispensed medications				

Business Name			From - To (MM/YY – MM/YY)	
Avella Specialty Pharmacy			05/11 - 06/19	
Business Address		**City**	**State**	**Zip**
701 Shadow Lane Suite 110		Las Vegas	NV	89106
Phone	**Title**		**Number of Employed Hours**	
877-480-1755	Director of Pharmacy		15360	
Description of Duties				
Oversaw and guided a pharmacy with 15+ staff members (Including three pharmacists), aiding in their development via ongoing training and mentoring. Identified and responded to opportunities to boost pharmacy efficiency and cost control, while networking at local events to boost customer awareness				

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?		✔

I, Leana M. Ramirez, **certify that as the designated representative for**

The Center Community Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

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.

Leana Ramirez

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/15/2024

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.

Leana Ramirez

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/15/2024

Date

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

State of Nevad, ss. County of Clark

I, Leana Ramirez, 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

4/15/23

Date

Subscribed and Sworn to before me this 15 day of April 2024.

Notary Public Signature

MATTHEW DANG
Notary Public, State of Nevada
Appointment No. 23-2697-01
My Appt. Expires Aug 10, 2027

(Seal)

11

11A

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 (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☐ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☒ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	☐ Non-sterile Compounding
			☒ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH 04508		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Vital Care of Summerlin

Physical Address: 2625 S Rainbow Blvd

City: Las Vegas State: Nv Zip: 89146

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 725.525.9005 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 725.525.9006 Contact Email: wtamburo@vitalcare.com

Website: https://vitalcare.com/locations/vital-care-of-summerlin/

Nevada Business License # (if applicable) 2007740044101

Supervising/Managing Pharmacist Name (NRS 639.220): William Tamburo

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21963

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: William Tamburo	NV Pharmacist Registration #: 21963
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: NA	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.

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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: LV Infusion and Speciality, LLC DBA Vital Care of Summerlin

Mailing Address: 474 Venticello Dr

City: Las Vegas State: NV Zip: 89138

Telephone: 702-335-1846 Email: ritesh2961@yahoo.com

Contact Person Name: Ritesh Patel

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: NA

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Managing Pharmacist (title) for Vital Care of Summerlin (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

William Tamburo

Print Name of Authorized Person

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

1/29/2024

Date

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: William Tamburo Pharmacist Registration #: 21963

Pharmacy Name: Vital Care of Summerlin

Initial each statement below to indicate you have read and agree with the following:

WT — 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.

WT — 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.

WT — 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.

WT — 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)).

WT — 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 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?		✓

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 #:

Criminal Action:	State:	Date:	Case #:	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.

Original signature of Managing Pharmacist (copies or stamps not accepted)

1/29/2024
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.

William Tamburo

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

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

1/29/24

Date

Board Use Only	Date Received: 2/1/24	Amount: $500-cc

NEVADA STATE BOARD OF PHARMACY

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

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: LV Infusion and Specialty LLC DBA-Vital Care of Summerlin

NV Pharmacy or Outsourcing facility license # (if applicable): PH04508

Physical Address: 2625 S Rainbow Blvd Suite B 106

City: Las Vegas State: NV Zip: 89146

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 725.525.9005 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 725.525.9006 Contact Email: wtamburo@vitalcare.com

Website: https://vitalcare.com/locations/vital-care-of-summerlin/

Nevada Business License # (if applicable) 2007740-044-101

Supervising/Managing Pharmacist Name (NRS 639.220): William Tamburo

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21963

Name of Person with direct knowledge of compounding procedures: William Tamburo

Email of Person with direct knowledge of compounding procedures: wtamburo@vitalcare.com

Telephone of Person with direct knowledge of compounding procedures: 702-677-1623

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☒ Low ☒ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☒ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Primarily sterile antibiotic/anti-infective products: Azithromycin, Carbapenems, Cephalosporins, Clindamycin, Dalbavancin, Daptomycin,Ganciclovir, Foscarnet, Fluconazole,Linezolid, Micafungin, Metronidazole,Oritavancin Penicillins etc.

Cardiovascular Medications: Dobutamine and Milrinone

Fluid Replacement (Hydration): Normal Saline and Lactated Ringers

Parental Nutrition: TPN and pre-made Clinimix in change in volume is needed.

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☒ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

N/A

6. What laboratory performs this additional testing?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?

Inspect labels that contain the following: Pharmacy name;Prescriber;Patient name;Date dispensed;Identification of dispensing pharmacist;
Assigned internal identification number (e.g.,barcode, prescription, order, or lot number);
Drug name or active ingredient(s) and their amount(s), activity(ies), or concentration(s);
Drug dosage form, concentration, total volume, and rate

Product is inspected by pharmacist for particles or obvious visual issues with the product, verifying the above is on the label. Also will use a black and white board to look for coring when applicable.

8. How often do you perform glove fingertip and medial fill testing?

On initial employment or as hired then every 6 months as of the revised 797 updated polices.

9. What is your policy if an employee fails a glove fingertip or media-fill test?

Media Fill = any turbidity, change in color, particulates
Gloved Fingertip Sampling for initial competency purposes = 0 CFUs on both hands x3 samples.

If the above action levels are failed, the employee would need to be re-trained on any deficiencies and be reevaluated after they are re-trained.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

All personnel involved in the compounding of CSPs will be initially trained and qualified by demonstrating proficiency in compounding CSPs. Before beginning to prepare CSPs independently, all compounding personnel must complete training and be able to demonstrate knowledge of principles and proficiency of skills for performing sterile manipulations.
All compounding employees must complete hand hygiene and garbing (gloved fingertip/thumb sampling) assessment at least annually
All compounding personnel must complete a work surface culture to verify competence with surface cleaning procedures annually, at minimum
The results of all media fill kit specimen cultures will be documented on form.
All compounding personnel must complete written or electronic testing every 12 months.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

PEC: Cleaning and disinfecting equipment and all interior surfaces daily on daily when compounding occurs and when surface contamination is known. Additionally, in a PEC, sterile 70% IPA must be applied after cleaning and disinfecting. Applying sporicidal disinfectant monthly.
SEC: The floors of both the ante and buffer are cleaned daily on days that compounding occurs, and monthly with a sporicidal disinfectant. The walls, ceiling, doors, and storage shelving and outside surfaces of the PEC are to be cleaning monthly with disinfectant and sporicidal disinfectant.
Agents Used:
Non-sterile one-step Disinfectant Cleaner for SECs only: PREempt Disinfectant
Sterile one-step Disinfectant Cleaner for SECs and PEC: Sterile Healthcare TB1-3300 Disinfectant
Sterile one-step Sporicidal Disinfectant for SECs and PECs: Peridox RTU Sporicidal Disinfectant and Cleaner
Use of low lint materials with all of the above.

12. Who performs the sterile compounding process at your facility?

Pharmacist in Charge- William Tamburo.

13. Who is responsible and accountable for the sterile compounding process at your facility?

Pharmacist in Charge- William Tamburo.

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

When shipping or mailing products we use insulated Kodiak Coolers for all refrigerated products, these are packed with the appropriate amount of ice packs to ensure the product is both safe and efficacious when it reaches the patient. Twice yearly a temperature shipping validation study will be done with a temperature probe once during the winter months and once during the summer months to ensure the products are within the accepted standards.

If a courier service is being used they must also meet the standards for safe shipping, and we will require the signature/confirmation of identity prior to every delivery.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

2. What sterilization methods are utilized at your facility?

3. Does your facility utilize biological indicators? ☐ Yes ☐ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form 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 the form 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.

William Tamburo

Name of Person who Completed the Form

PICC

Title

Signature (copies or stamps not accepted)

1/2/2023

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

William Tamburo
Pharmacy Manager
Vital Care of Summerlin
2625 S Rainbow Blvd Suite B 106
Las Vegas, NV 89146
wtamburo@vitalcare.com
702-677-1623

12/30/23

Nevada State Board of Pharmacy
431 W. Plumb Lane

Reno, NV 89509

Subject: Request for Meeting Regarding Sterile Pharmacy License Application

Dear Members of the Nevada State Board of Pharmacy,

I hope this letter finds you well. My name is William Tamburo, and I am writing on behalf of Vital Care of Summerlin, located at 2625 S Rainbow Blvd. Currently, we hold a retail pharmacy license and have been serving the community with dedication and commitment to quality pharmaceutical care.

I am writing to request a meeting with the Board to discuss the process and requirements for obtaining a sterile pharmacy license. Understanding the importance of adhering to the highest standards in pharmaceutical compounding, we are keen on expanding our services to include sterile compounding to better meet the healthcare needs of our community.

We believe that obtaining a sterile pharmacy license aligns with our commitment to providing safe and effective medications to our patients. The meeting would provide us with the opportunity to seek guidance, address any questions or concerns, and ensure that we fully understand and comply with the regulatory requirements set forth by the Board.

We understand the importance of adhering to regulatory standards and are dedicated to ensuring that our pharmacy meets and exceeds all requirements for sterile compounding. We have also already filled out the attached sterile compounding questionnaire, and will provide additional information needed to complete this process.

Thank you for your time and consideration. We appreciate your commitment to maintaining the highest standards of pharmaceutical care in the state of Nevada.

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Vital Care of Summerlin

Pharmacy/Wholesaler License # (if applicable): PH04508

Physical Address: 2625 S Raibow Blvd

City: Las Vegas State: NV Zip: 89012

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 725.525.9005 Website: https://vitalcare.com/locations/vital-care-of-summerlin/

Licensing Company Email: vitalcarevegas@gmail.com

Section 2: Personal Information

First: William Middle: Douglas Last: Tamburo

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Hidden Hollow Ln

City: Henderson State: NV Zip: 89012

Telephone: [redacted] Email: wtamburo@vitalcare.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			From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences			8/2018 – 5/2021	
Address		**City**	**State**	**Zip**
11 Sunset Way		Henderson	NV	89012
Diploma/Degree obtained, if any				
PharmD				
School Name			**From - To (MM/YY – MM/YY)**	
University of Nevada - Reno			8/12 – 5/16	
Address		**City**	**State**	**Zip**
1664 N Virginia St.		Reno	NV	89557
Diploma/Degree obtained, if any				
BS Biology				
School Name			**From - To (MM/YY – MM/YY)**	
Coronado High School				
Address		**City**	**State**	**Zip**
831 Coronado Center.		Las Vegas	NV	89052
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
2000 – 2023	[redacted] Hidden Hollow Ln	Henderson	NV	89012
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
TOTAL INFUSION CARE			08/21 – 09/23
Business Address	**City**	**State**	**Zip**
3041 West Horizon Ridge	Henderson	NV	89052
Phone	**Title**	**Number of Employed Hours**	
702-778-8880	Clinical Pharmacist	40-50 hrs/week.	
Description of Duties			
Dispense/counsel and compound IV medications.			

Business Name			From - To (MM/YY – MM/YY)
Vita Care of Summerlin			9/23 – 2/24
Business Address	**City**	**State**	**Zip**
2526 S Rainbow Blvd	Las Vegas	NV	89146
Phone	**Title**	**Number of Employed Hours**	
725-525-9005	Pharmacy Manager	40-50 hrs/week.	
Description of Duties			
Manage pharmacy duties. In charge of daily operations.			

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?		✓

I, William Tamburo, **certify that as the designated representative for**

Vital Care of Summerlin.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

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.

William Tamburo
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/30/24
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.

William Tamburo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-30-24

Date

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

State of Nevada, ss. County of Clark

I, William Tamburo, 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

1-30-24

Date

Subscribed and Sworn to before me this 30th day of January 2024.

Notary Public Signature

RUGINA BELL
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 03-13-24
Certificate No: 21-6085-01

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: LV Infusion And Specialty LLC, DBA Vital Care Of Summerlin

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 2625 S Rainbow Blvd, Suit B106

City: Las Vegas State: Nevada Zip: 89146

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 725-525-9005 Website:

Licensing Company Email: vitalcarevegas@gmail.com

Section 2: Personal Information

First: Ritesh Middle: R Last: Patel

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]Venticello 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.)		✓

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			From - To (MM/YY – MM/YY)	
UNLV			09/2011 - 05/2013	
Address		City	State	Zip
4505 S Marylane Pkwy		LAs Vegas	NV	89154
Diploma/Degree obtained, if any				
Master Of Civil Engineering				
School Name			From - To (MM/YY – MM/YY)	
Faculty Of Technology And Engineering, MS University Baroda			09/1998 - 05/2003	
Address		City	State	Zip
		Baroda	GUjarat	
Diploma/Degree obtained, if any				
Bachelor Of 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)	Address	City	State	Zip
01/10 - 10/18	[redacted]Chambolle ct	Las Vegas	NV	89144
10/18 - Present	[redacted]enticello Dr	Las VEgas	NV	89138
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
Curry Leaf Flavors Of India			2015 - Present
Business Address	**City**	**State**	**Zip**
5025 s Fort Apache Rd Suit 100	LAs Vegas	NV	89148
Phone	**Title**		
702-527-7977			
Description of Duties			
Owner/Manager			

Business Name			From - To (MM/YY – MM/YY)
Turmeric Flavors of India			11/2016 - 01/2020
Business Address	**City**	**State**	**Zip**
700 e Fremont street	Las Vegas	NV	89101
Phone	**Title**		
Description of Duties			
Owner/Manager			

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.

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?		✓

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.

Ritesh Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/30/2024

Date

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

State of Nevada, ss. County of Clark

I, Ritesh Patel, 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

01-30-2024

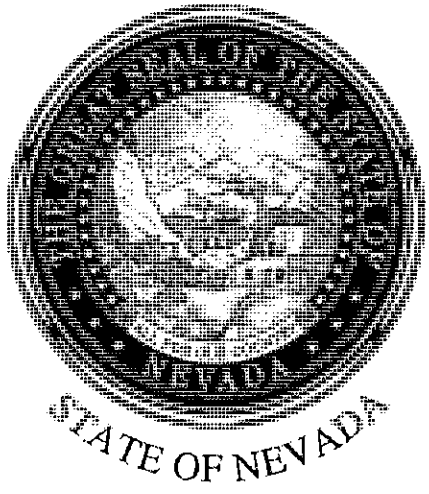
Date

Subscribed and Sworn to before me this 30th day of January 24'

Notary Public Signature

RUGINA BELL
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 03-13-24
Certificate No: 21-6085-01

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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

LV Infusion and Specialty, LLC

Organizational Documents on File	Filing Date
Amendment to Articles of Organization	03/30/2022

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, LV Infusion and Specialty, 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 03/23/2022, and is in good standing in this state.

SECRETARY OF STATE

STATE OF NEVADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/30/2024

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202401304308456
You may verify this certificate online at http://www.nvsos.gov

12

12A

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 (8/25/2023)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☒ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☒ Dangerous drugs
	☐ Location Change *	☒ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☒ Other: Mail Order	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☒ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: TelyRx LLC

Physical Address: 24761 US HWY 19 N Ste. 630

City: Clearwater, State: FL Zip: 33761

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 813-336-6619 Toll Free # (NAC 639.708, NRS 639.23286): 800-878-1660

Fax: _____ Contact Email: licensing@telyrx.com

Website: www.telyrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Adam Gardner

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21572

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Adam Gardner	NV Pharmacist Registration #: 21572
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)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
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?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

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: NA	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.

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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): See attached

Corporation/Organization Name: TelyRx LLC

Mailing Address: 24761 US HWY N 19 Ste 630

City: Clearwater State: FL Zip: 33761

Telephone: 813-336-6619 Email: licensing@telyrx.com

Contact Person Name: Thomas McKinney

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PIC (title) for TelyRx LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Adam Gardner

Print Name of Authorized Person

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

10/13/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Adam Gardner 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 (title) for TelyRx LLC (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.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 7 day of November, 20 23

Notary Public

MARY HALL
MY COMMISSION # HH 390862
EXPIRES: August 25, 2027

MARY HALL
MY COMMISSION # HH 390862
EXPIRES: August 25, 2027

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.

Adam Gardner

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

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

11/9/23

Date

Board Use Only	Date Received: 11/13/23	Amount: $500 - check 1178

State of Florida
Department of State

I certify from the records of this office that TELYRX, LLC is a limited liability company organized under the laws of the State of Florida, filed on October 26, 2022, effective October 26, 2022.

The document number of this limited liability company is L22000461786.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on May 1, 2023, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourteenth day of September, 2023

Secretary of State

Tracking Number: 4428398773CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

INV355 - Community Pharmacy (New Business / Change of Owner)

www.FloridaHealth.gov

File # 29038
Insp # 191679

NAME	PERMIT NUMBER	DATE OF INSPECTION
TelyRx, LLC		05/02/2023
DOING BUSINESS AS		
STREET ADDRESS 24761 US Hwy 19	**TELEPHONE #** 813-336-6619	**EXT**
CITY CLEARWATER	**COUNTY** PINELLAS	**STATE/ZIP** FL/33761

Additional Information

Business Operation Hours

M-T-W-TH-F N	Monday Y
Monday Hours 10a-2p	Tuesday Y
Tuesday Hours 10a-2p	Wednesday Y
Wednesday Hours 10a-2p	Thursday Y
Thursday Hours 10a-2p	Friday Y
Friday Hours 10a-2p	Saturday N
Sunday N	

Registered Pharmacist / Intern / Tech

License # PS38343	Licensee Name Regina Adams Mears
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # N/A	

License Relations

Pharmacy Affiliate

MCKINNEY, THOMAS	License #

RX DPT MGR/COR/POR

ALLEN, BRANDY GRACE	License # 47514

INV355 - Community Pharmacy (New Business / Change of Owner)

COMMUNITY REQUIREMENTS GENERAL SECTION

Rx Department is open for a minimum of 20 hours per week and signage stating the hours the pharmacy department is open. [64B16-28.1081, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-28.1035, F.A.C]	Yes
Private Consultation Area available. [64B16-28.1035, F.A.C]	Yes
Generic equivalent sign is posted. [465.025(7), F.S]	Yes
Prescription department is clean and safe, has a sink with running water convenient to the prescription department, and references and equipment necessary for the practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy has a designated Prescription Department manager with a current and active Florida license. [465.018, F.S.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16 -27.410(2)(a) F.A.C.]	Yes
Continuous Quality Improvement Program described in Policy and Procedure manual [64B16-27.300 F.A.C.] [766.101(1)(a)(l) F.S.] *CQI policy initiated. Not placed in use yet.*	Yes

Policy and Procedure to prevent the fraudulent dispensing or controlled substances. [465.022 (4) F.S]	Yes
Prescription Department is securable from unauthorized access. [64B16-28.109 F.A.C.]	Yes
All medications to be purchased from a Florida licensed wholesalar [499-F.S.] *Cardinal facilitates the process.*	Yes
The following rules have been reviewed with the applicant: 64B16-30.003, F.A.C. (Citations), 64B16-28.140(4) F.A.C. (Compounding Records), 64B16-28.1081, F.A.C. (Regulation of Daily Operating Hours; Commencement of Operation-s), 64B16-28.202, F.A.C (Closing of a Pharmacy)	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Remarks:

Regina Adams Mears Pharmacist present during the inspection.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

MILLER, GARY

Date:5/2/2023

Representative:

Regina Adams Mears

Date:5/2/2023

October 14, 2023

Adam Gardner
Telyrx
24761 Us Hwy 19 N Ste 630
Clearwater, FL 33761

RE: License Certification for Telyrx, Llc

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH34558
ORIGINAL CERTIFICATION:	05/03/2023
EXPIRATION DATE:	02/28/2025
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
LICENSE GRANTED BY:	N/A
OTHER CERTIFICATIONS:	Community Pharmacy

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Gwendolyn B. Freeman

Gwendolyn B. Freeman
Operations and Management Consultant Manager

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
[illegible]	PH [illegible]	[illegible]

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA

Expiration Date: FEBRUARY 28, 2025

TELYRX, LLC
24761 US HWY 19
CLEARWATER, FL - 33761

QUALIFICATION(S)
Licensed Pharmacy

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: FEBRUARY 28, 2025

Your license number is PH [illegible]. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

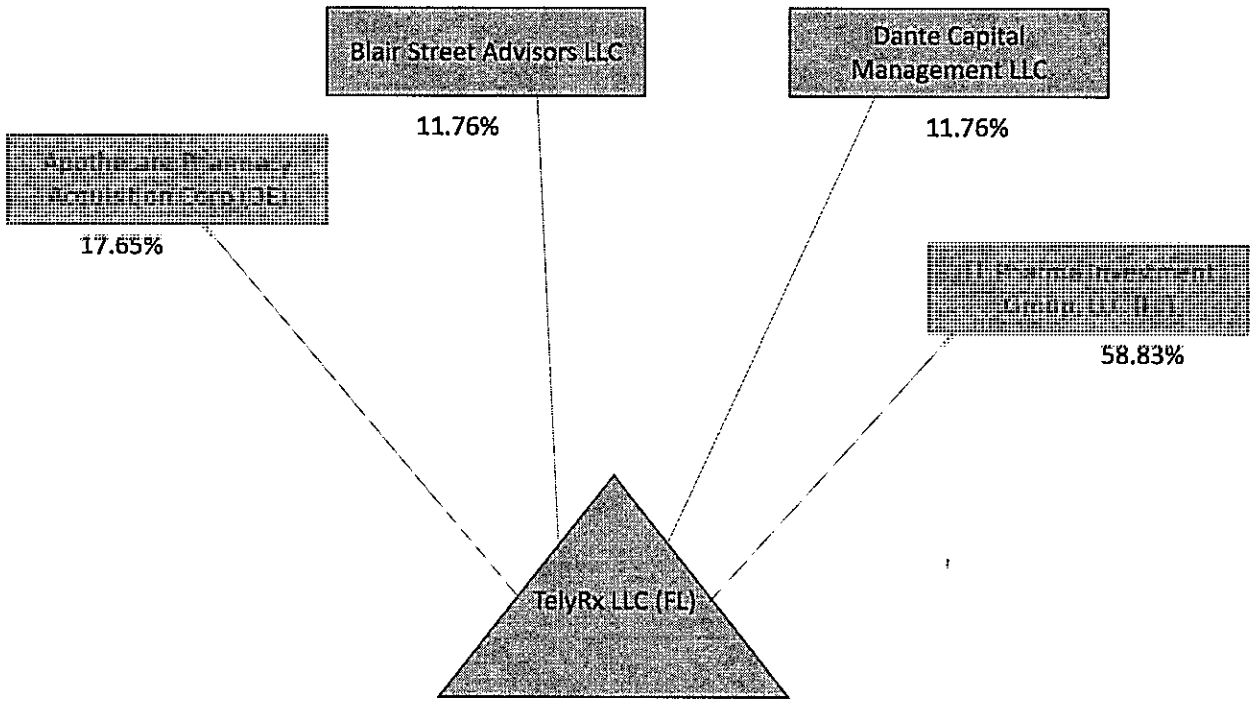
The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/KYRR

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.07(2), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

OWNERS, DIRECTORS, OFFICERS, & MANAGING EMPLOYEES			
Full Legal Name	**Title**	**Business Address**	**Resident Address**
Thomas McKinney	CEO	24761 US Hwy 19, Clearwater, FL, 33761	[redacted] Crescent Ridge Rd, Boonton, NJ 07005


Blair Street Advisors LLC
11.76%
Dante Capital Management LLC
11.76%
17.65%
58.83%
TelyRx LLC (FL)

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: TylyRx LLC

Nevada license number: _____

Websites in use or intended to be used: www.tylyrx.com

_____

_____

Affiliated wèbsites (websites that link to or otherwise direct users to your website):

_____

_____

_____

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be 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.

Thomas McKinney (Nov 9, 2023 07:31 MST)

Signature of Owner _____ Date _____

A) The pharmacy establishes the authenticity of each prescription by following a set of standard procedures. This typically includes:

1. Verification of Prescriber Information: Ensuring that the prescription includes accurate and complete information about the prescribing healthcare professional, such as their name, license number, and contact information.
2. Patient Identification: Verifying patient information on the prescription, including name, date of birth, and address.
3. Confirmation of Prescription Details: Reviewing the medication details, dosage, and quantity to confirm they match the prescriber's instructions.
4. Contacting the Prescriber: If there are any doubts about the prescription's authenticity, the pharmacy may contact the prescriber to confirm the order.

B) Confirm that the pharmacy will not fill any prescription which has been previously filled by another pharmacy. This is achieved through several procedures:

1. Prescription Database Checks: The pharmacy maintains a comprehensive prescription database to check each prescription. This allows us to identify duplicate or overlapping prescriptions and take appropriate action.
2. Communication with Patients: Pharmacists are trained to ask patients about their medication history and existing prescriptions to ensure they are not receiving duplicate medications.
3. Collaboration with Other Pharmacies: In the event of any uncertainty, the pharmacy communicates with other pharmacies involved in the patient's care to confirm the accuracy of the prescription and to avoid duplicate dispensing.
4. Documentation and Recordkeeping: Detailed records are maintained to track all prescriptions dispensed to patients, making it possible to identify and prevent the filling of duplicate prescriptions.

C) The pharmacy diligently ensures that for each prescription it fills, the medication cannot be concurrently filled by another pharmacy. This is accomplished through a combination of measures:

1. Real-Time Prescription Monitoring: The pharmacy employs advanced prescription monitoring software, which allows us to instantly check the status of prescriptions to verify that they are not being filled at other pharmacies simultaneously.
2. Prescription History Review: Pharmacists review each patient's prescription history to confirm that the medication requested is not being filled elsewhere. This review includes checking for overlapping prescriptions or attempts to obtain the same medication from multiple sources.
3. Communication with Prescribers: In cases where there may be concerns about a prescription's legitimacy or potential duplication, we proactively communicate with the prescriber to clarify and confirm the prescription.
4. Strict Recordkeeping: The pharmacy maintains comprehensive and accurate records of all dispensed prescriptions, which aids in identifying and preventing the filling of duplicate prescriptions.

D) The pharmacy places great emphasis on authenticating the identity of each patient and prescribing practitioner as a fundamental component of its operations. This is achieved through various methods and protocols:

1. Patient Authentication: Patients are required to provide valid identification, such as a government-issued photo ID, to confirm their identity when picking up prescription medications.
2. Prescriber Verification: The pharmacy verifies the identity of prescribing practitioners by cross-referencing their credentials with relevant licensing boards and confirming their contact information as deemed necessary by the pharmacist.
3. Secure Electronic Prescriptions: When receiving electronic prescriptions, the pharmacy utilizes secure electronic transmission methods.
4. Communication with Prescribers: In cases of uncertainty or suspicious activity, the pharmacy communicates directly with the prescribing practitioner to confirm the prescription's authenticity.

E) The prescriptions will be filled in compliance with all applicable federal and state laws.

1. Licensing and Registration: The pharmacy maintains the necessary licenses and registrations both in the state of Florida, where it operates, and in Nevada, where it serves nonresident patients. These licenses are regularly updated and renewed in accordance with state regulations.
2. Federal Regulations: The pharmacy adheres to all federal laws and regulations relevant to prescription medication dispensing, record keeping and the purchase/sale of prescription drugs.
3. State-Specific Requirements: In addition to federal laws, the pharmacy follows Nevada state-specific laws and regulations governing the dispensing of prescriptions to residents of the state, record keeping and the purchase/sale of prescription drugs.
4. Recordkeeping and Reporting: Records are maintained to document all prescription-related activities.

5. Regulatory Updates: The pharmacy actively stays informed about changes and updates in federal and state regulations and promptly adjusts its procedures to remain in compliance with any new requirements.
6. The pharmacy follows federal and state-specific laws regarding the sale of over-the-counter products.

F) G) H) The pharmacy has an established process that allows patients or their caregivers to make complaints or voice concerns regarding prescriptions.

1. Complaint Reporting: Patients and caregivers can file complaints through various channels, including in-person at the pharmacy, over the phone, via email, or by submitting a written complaint.
2. Timely Response: Patients can expect to receive acknowledgment of their complaint and a timeframe within which they can expect a resolution or further communication.
3. Investigation and Resolution: Each complaint is thoroughly investigated, and appropriate action is taken to resolve the issue. This may involve communicating with the patient, reviewing prescription records, and collaborating with the pharmacy team to address the concerns.
4. Documentation: Detailed records are maintained for each complaint, including the nature of the concern, actions taken, and any recommendations for process improvement.

I) The pharmacy promptly communicates any delay that may jeopardize or alter the drug therapy of a patient with respect to delivering the prescribed drug or device. This includes the following procedures:

1. Monitoring and Anticipation: The pharmacy actively monitors its inventory and prescription processing to foresee and prevent any potential delays. The pharmacy has multiple wholesalers to proactively prevent backorders and potential delays.
2. Timely Notification: If a delay is identified, the pharmacy will notify the patient or caregiver, or the prescribing practitioner. This notification will include the reason for the delay and an estimated timeframe for when the medication can be expected.
3. Alternative Solutions: The pharmacy may also work with the prescribing practitioner to identify alternative medications or therapies to minimize disruption to the patient's treatment plan.

J) The pharmacy checks recalls when informed from the wholesaler/distributor and promptly checks dispensing history. If a prescription has been dispensed with the affected recalled lot and could still be used by the patient, the pharmacy shall attempt to contact the patient and document such attempt. The pharmacy uses a reverse distributor to dispose of expired, damaged or unusable drugs or devices when applicable.

3 & 4. The pharmacy obtains and maintains all patient information required to facilitate the review of drug utilization and provide counseling to patients as mandated by applicable statutes. This includes but is not limited to the following practices:

1. Patient Profiles: The pharmacy maintains comprehensive patient profiles that include essential information such as medical history, allergies, current medications, and relevant contact details.
2. Medication Review: Pharmacists routinely review patient profiles to assess drug utilization, identify potential drug interactions, and ensure the safe and effective use of medications.
3. Counseling Services: The pharmacy offers counseling services to patients in compliance with applicable statutes, ensuring that patients receive necessary information about their medications, proper usage, potential side effects, and any other relevant guidance.

The pharmacy maintains controls of its computer system and information concerning patients to prevent unauthorized or unlawful access by utilizing a pharmacy software management system that requires employee specific login username and password to generate daily credentials that change daily.

The pharmacy ships prescriptions to a patient by packaging the product in discrete, private packaging and utilizing tracking information to track each shipment. The pharmacy ships prescriptions using packaging that ensures the prescription is maintained within appropriate standards. (Reference Cold Shipment SOP and Shipping & Delivery SOP).

Shipping & Delivery SOP
Version: 1.0

Normal Delivery Protocols & Times:
Delivery times are dependent upon the selection of shipping service and their estimated transit times from the carrier. We use three carriers: Fedex, UPS and USPS. We offer a range of shipping options ranging from overnight to ground transit. For refrigerated products, please refer to "Cold Shipping SOP".

Procedures if patient's medication is not available at the pharmacy, or if the delivery will be delayed beyond the normal delivery time
The pharmacist shall use professional judgment to determine if the delivery delay or unavailability will impact patient therapy. The pharmacist shall communicate with the patient as necessary to keep them informed and receive input from the patient. That judgment and input from the patient should then guide the next step.

The pharmacist shall contact the patient to determine if the patient has a preferred pharmacy to transfer the prescription to if needed. The pharmacist shall make reasonable effort and accommodation to source the medication, or resend the delivery of medication if delayed.

Acute illness medications
To ensure the patient in New Mexico receives an acute illness medication at the earliest possible time, TelyRx utilizes the shipping services that have an overnight estimated transit time. The pharmacist shall make reasonable effort and accommodation to contact the patient and consider the transfer of the prescription to a local pharmacy if warranted by the patient.

Interim dosage until mailed prescription drugs becomes available
If the patient requires interim dosage, the pharmacist shall make reasonable effort and accommodation to resend the medication or to contact the patient to agree on a local pharmacy to transfer the prescription to as warranted by the patient.

Ensuring proper medication storage conditions
Please refer to "Cold Shipping SOP".

Shipping Refrigerated Products SOP
Version: 1.0

1. Products that are required to be stored refrigerated are shipped with (2) - 8 ounce frozen ice packs, in an insulated mailer.
2. The insulated mailer and two frozen ice packs are then placed into a shipping container/box.
3. The shipment option that shall be selected is Fedex Standard Overnight.
4. In the event of any shipping delays or delays for the patient receiving their package, the pharmacist is expected to do their due diligence in researching and/or contacting the manufacturer to determine to what extent excursions are allowed that won't impact the effectiveness and safety of the medication.
5. The pharmacist shall use their professional judgment & research along with the manufacturer's guidance to determine if the product needs to be redirected back to the pharmacy and/or should not be used by the patient.

	TelyRx LLC State Licenses		
State	**License Number**	**Issue Date**	**Expiration Date**
Colorado	OSP 00007814	06/14/2023	10/31/2024
Florida	PH34558	05/03/2023	02/28/2025
Connecticut	PCN.0004245	09/28/2023	08/31/2024
Ohio	09/28/2023	06/23/2023	03/31/2025
Pennsylvania	NP002047	06/20/2023	08/31/2025
Delaware	A9-0012974	10/11/2023	09/30/2024
New Jersey	28RO00246300	10/23/2023	06/30/2024
New Hampshire	NR2161	10/24/2023	10/24/2025
North Dakota	Phar2079	10/25/2023	06/30/2024
Tennessee	00007674	10/23/2023	10/31/2025
Utah	13650440-1708	10/26/2023	09/30/2025
Wyoming	NR-52297	10/18/2023	06/30/2024
Vermont	36.0134783	11/01/2023	07/31/2025
New Mexico	PH00005703	11/01/2023	01/31/2024
Minnesota	266845	11/02/2023	06/30/2024
Rhode Island	PHN12461	11/03/2023	09/30/2024
South Dakota	400-2401	11/06/2023	06/30/2024

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 TelyRx LLC

Physical Address 24761 US Hwy 19 N Ste. 630

City Clearwater State FL Zip 33761

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 813 336 6619 Website www.telyrx.com

Licensing Company Email licensing@telyrx.com

Section 2: Personal Information

First Thomas Middle _____ Last McKinney

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

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

Mailing Address 24761 US Hwy 19 N Ste. 630

City Clearwater State FL Zip 33761

Telephone 813 336 6619 Email licensing@telyrx.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?		

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)	
University of Pennsylvania School of Law		1/01 – 12/03	
Address	**City**	**State**	**Zip**
3501 Sansom St.	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
Juris Doctor			

School Name		From - To (MM/YY – MM/YY)	
Cornell University		8/94 – 8/98	
Address	**City**	**State**	**Zip**
100 Day Hall	Ithaca	NY	14853
Diploma/Degree obtained, if any			
B.S.			

School Name		From - To (MM/YY – MM/YY)	
Longwood High School		9/90 – 6/94	
Address	**City**	**State**	**Zip**
100 Longwood Rd.	Middle Island	NY	11953
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
6/10 – current	[redacted] Crescent Ridge Rd.	Boonton	NJ	07005
From - To (MM/YY – MM/YY)	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 VB

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)
CARE ONE, LLC			2/12 – 6/22
Business Address	**City**	**State**	**Zip**
173 BRIDGE PLAZA NORTH	FORT LEE	NJ	07024
Phone	**Title**		
201-242-4000	SVP + DEPUTY GENERAL COUNSEL / EVP + General Counsel		
Description of Duties			
Oversee all legal affairs, HR, Risk Management for Care One and its related and affiliated companies.			

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.

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.

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

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
2017	2022	NJ		BERGEN

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
L-5015-17	Superior Court of NJ, Law Division, Bergen County

Reason/Charge
EMPLOYMENT - CEPA

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
BATHMAN	Lawsuit

Name of Business/Industry/Entity
CARE ONE MANAGEMENT, LLC

Provide explanation below:

Retaliation claim in which I, as the Company's lawyer, was named as an individual defendant. Original, dismissed, appeals court reinstated case which later settled out of court and all claims against me were dismissed with no payment or finding of liability.

Original Signature (electronic, copies or stamps not accepted)

11/8/23
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.

THOMAS McKinney

Print Name (First, Last)

Original signature (electronic, copies or stamps not accepted)

11/7/2023

Date

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

State of FLORIDA, ss. County of Pinellas

I, THOMAS McKinney, 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

11/7/23

Date

Subscribed and Sworn to before me this 7 day of November

Notary Public Signature

MY COMMISSION # HH 390862
EXPIRES: [illegible], 2027

(Seal)

Applicant's initials

NOT FOR PUBLICATION WITHOUT THE APPROVAL OF THE APPELLATE DIVISION

This opinion shall not "constitute precedent or be binding upon any court." Although it is posted on the internet, this opinion is binding only on the parties in the case and its use in other cases is limited. R. 1:36-3.

SUPERIOR COURT OF NEW JERSEY
APPELLATE DIVISION
DOCKET NO. A-2904-19

MARGARET GATHMAN,

Plaintiff-Appellant,

v.

CARE ONE MANAGEMENT, LLC,
ELIZABETH STRAUS, and
THOMAS MCKINNEY,

Defendants-Respondents.

Argued December 15, 2021 – Decided February 22, 2022

Before Judges Sumners and Firko.

On appeal from the Superior Court of New Jersey, Law Division, Bergen County, Docket No. L-5015-17.

R. Armen McOmber argued the cause for appellant (McOmber McOmber & Luber, PC, attorneys; Lauren M. Hill, of counsel and on the briefs; Peter D. Valenzano and R. Armen McOmber, on the briefs).

Michael J. Dee argued the cause for respondents (O'Toole Scrivo, LLC, attorneys; Thomas P. Scrivo and Michael J. Dee, of counsel; Nicole M. DeMuro, on the brief).

PER CURIAM

Plaintiff Margaret Gathman appeals the Law Division's summary judgment order dismissing with prejudice her first amended complaint alleging that defendants Care One Management, LLC (Care One), Thomas A. McKinney, and Elizabeth Straus terminated her employment in violation of the Conscientious Employee Protection Act (CEPA), N.J.S.A. 34:19-1 to -14, and common law under Pierce v. Ortho Pharm. Corp., 84 N.J. 58 (1980). We reverse and remand for trial because we agree with Gathman that there are genuine issues of material facts regarding the reasons for her termination, and that she can decide prior to trial whether she wants to pursue her CEPA or Pierce claim.

I

In this appeal, our recitation of the facts is derived from the evidence submitted by the parties in support of, and in opposition to, the summary judgment motion, viewed in the light most favorable to the non-moving party, Gathman, and giving her the benefit of all favorable inferences. Globe Motor Co. v. Igdalev, 225 N.J. 469, 479 (2016) (citing R. 4:46-2(c)).

Care One is a management company providing services to various post-acute nursing and assisted living facilities on the east coast, including approximately thirty facilities in New Jersey. Gathman was initially employed

by Care One in 2005, as a Regional Business Office Manager. After rising to the position of Assistant Regional Controller, she resigned for personal reasons in July 2012.

In the spring of 2015, Gathman was contacted by Care One's Chief Strategy Officer, Timothy Hodges, about meeting with Straus, Care One's Executive Vice President, to discuss returning to the company. According to her, Hodges sought her out because of her past "success[] turn[ing] facilities around and collect[ing] the monies that the company needed to operate, put[ting] systems in place[,] and [doing] training on a broad scale." After meeting with company executives, Straus, Michael Shea, Controller, Daniel Straus, Chairman and Chief Executive Officer, and Alberto Lugo, Executive Vice President and General Counsel, Gathman returned to Care One as Director of the Shared Business Office on August 19, 2015.

A month or so later, Gathman discovered the company was exposed to liability for violating the law by not returning overpayments. She discovered that overpayments and security deposits owed to Medicare, Medicaid, and other entities and individuals for residents who died were overdue. In one case, she determined that $50,000 in a resident's personal needs checking account in one of their facilities was illegally retained for over a year after the resident died.

Although funds needed to be returned, she believed it was not a "number one priority" at the time because she was more focused on the "tremendous amount of outstanding receivables."

A couple of months later, Gathman determined she had to give attention to refunding overpayment as well as improving the collection of money owed to Care One. The failure to return overpayments to the federal government posed a liability to the company under Section 1128J(d) of the Patient Protection and Affordable Care Act, 124 Stat. 119 (2010).[1] In January, February, and March of 2016, Gathman issued reports regarding the extent of the unreturned overpayments and liability to her supervisor, Shea. During a meeting, Shea stated that Care One's management team would not be pleased about this problem, and she should create a plan—without having to hire additional staff—to tackle the issue before presenting it to management. According to Gathman,

[1] Section 1128J(d) of the Affordable Care Act, which took effect on March 23, 2010, requires a person who "has received an overpayment" from the federal government to report and return the overpayment and to provide, in writing, a reason for the overpayment. 42 U.S.C. § 1320a-7k(d)(1). The overpayment must be reported and returned within sixty days after the date on which the overpayment is "identified" or, if applicable, the date any corresponding cost report is due, whichever is later. Id. § 1320a-7k(d)(2). The requirement to report and return an overpayment within this deadline is defined as "an obligation" within the meaning of the False Claims Act, 31 U.S.C. §§ 3729-3733. Id. § 1320a-7k(d)(3).

she kept senior management, including Straus and Lugo, abreast of her progress on the retained funds via monthly meetings and written progress reports, and expressed concern over the company's non-compliance in returning them, estimated to be as much as $13 million with further investigation needed to settle the actual amount.

In April 2016, Shea was terminated from Care One. Lugo, who informed Gathman that Shea's termination had "to do with th[e] whole credit mess[;]" stated she would now report to him and Straus.

On August 4, Straus advised Gathman that she was being considered for the position of Vice President of Finance. The day before, Gathman emailed McKinney, Lugo, Straus, Hodges, and others a report (August 3 report) providing that she had returned "large sums of money," identified as "true credits" owed to Medicare, Medicaid, individuals, and entities, which were unlawfully held by Care One. Credits totaling approximately $3 million had been returned in the first six months of 2016, roughly $500,000 a month. Because Care One's monthly revenue for New Jersey facilities was roughly $30 to $32 million a month, Gathman believed returning the owed funds at that rate would not "have a drastic impact on [the company's] cash flow [and] it would help [the company] to get compliant within a year, year and a half."

On August 12, 2016, McKinney, Senior Vice President and Deputy General Counsel, delivered a letter—signed only by him—to Gathman stating she was terminated that day because "of certain things that have come to light recently, the organization has lost confidence in [her] ability to effectively perform in [her] role" and her position was eliminated due to restructuring. In a meeting with McKinney and Christina Lopez from Human Resources, Gathman claimed she was told Straus made the decision to terminate her. Straus, however, deposed that she did not know Gathman and was not involved in terminations. McKinney deposed that it was Lugo who made the decision to terminate Gathman, but in speaking to Lugo about the action, he did not specify the performance issues "the organization" had with her or why her position was being eliminated.

Lugo deposed that while Gathman was providing him reports documenting the refunds she was authorizing, he was also receiving financial reports from the New Jersey facilities as well as outside facilities. He identified "trends . . . concerning [her role,]" which caused him to lose confidence in her ability. In addition, he stated he spoke with a former employee, Angela Bayarovich, one of Gathman's subordinates, who indicated she would not return to Care One because she was "uncomfortable with []Gathman's managerial

style." Lugo also testified that an August 11, 2016 report (August 11 report) by Steven Lancman, the company's then-Vice President of Finance, showed that the New Jersey facilities, which Gathman oversaw, were behind all other regions in reducing the credit balance or keeping them static; New Jersey's credit balances "increased by [twenty-three percent] from January to July 2016."

II

In Gathman's first amended two-count complaint,[2] she alleges defendants wrongfully terminated her in violation of CEPA and Pierce because she advised in her August 3 report that she returned $3 million dollars in overpayments to Medicare, Medicaid, and individuals. Care One asserts she was terminated because information contained in the August 11 report conflicted with prior Gathman-authored reports regarding the status of Care One's overall credit balance in New Jersey, causing the company to lose confidence in her ability to perform her job duties.

Following discovery, defendants moved for summary judgment dismissal of all claims with prejudice. The motion court granted summary judgment, setting forth its reasoning in a ten-page, single-spaced rider to its order.

[2] Linda Martin, Alberto Lugo, and Daniel Straus were named defendants in Gathman's initial complaint but were not named defendants in the first amended complaint.

The court determined that while Gathman had "asserted a prima facie cause of action under the first three elements of CEPA[,]" she failed to make a prima facie showing of the fourth and last element: a causal connection between her whistle-blowing activity through her August 3 report and her termination on August 12. The court explained:

> [it] does not accept that the whistle[-]blowing activity began with the August 3 [report], wherein Gathman allegedly informed Care One that she returned $3 million in overpaid credits to Care One's customers. Gathman began to inform Care One about the large amount of outstanding overpaid credits, which were not being paid back in a timely manner, starting in January 2016. In January 2016, Gathman notified Care One that Care One was in possession of $6.5 million credits that were either overpaid or not reconciled with a corresponding account. Gathman was not terminated until [eight] months later in August 2016. Every month, Gathman provided Care One with a report, which noted the amount of "overpaid credits." The [c]ourt also notes that all the parties agree that credit collection is a naturally occurring phenomenon in the health care industry and managing the credits is imperative to the financial health of any health care facility.
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> . . . .
>
> Gathman fails to present any evidence of a pattern of antagonism on behalf of Care One. Lugo's alleged failure to respond to an email that did not solicit a response is not a pattern of antagonism. . . . There is no evidence that []Lugo or any other officer of Care One objected to or refused to accept Gathman's Progress

> Reports and "Solutions" contained therein. . . . The record is devoid of any conduct or pattern of antagonism on behalf of Care One or []Straus that followed the [June 11, 2016] email to justify that retaliatory discrimination was more likely than not a determinative factor in the decision to terminate Gathman. The record is also devoid of any conduct or pattern of antagonism on behalf of Care One that followed the alleged [August 3 report], even if the court were to isolate that report from the earlier monthly Gathman[-]authored reports.

Assuming Gathman could make a prima facie showing of the causal connection between her whistle-blowing activity and her termination, the court found she could not establish "that Care One's non-discriminatory reason [for terminating her employment] was pretextual." The court reasoned that Gathman did not dispute the legitimacy of the August 11 report detailing the twenty-three percent increase in New Jersey's credit balance, and "Gathman's personal disagreement with Lugo's reliance on and interpretation of the [report] is insufficient to show pretext." The court rejected Gathman's assertion that management did not welcome reports of credits owed to federal and state entities, as well as individuals, based upon Shea's comments and her perception of McKinney's disinterest in her concerns about illegal retention of overpayments. The court also determined Gathman's assertion that Straus told her she was being considered for a promotion "does not tend to demonstrate

weaknesses in Care One's proffered business reason for Gathman's termination" because Straus knew nothing about the company's collections, and her comment about the promotion "ha[d] nothing to do with . . . Lugo's perception of [her] performance" given the credit balance issue.

Even though Gathman pointed to various encounters where Lugo ignored her or received a brush off from defendants as dispositive evidence, the court found that it did not discredit Care One's reason to terminate her.

> A factual dispute as to whether []McKinney is diligent, shrewd, or competent is not a material dispute to defeat the within motion.
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> . . . .
>
> Such actions would not allow a jury to reasonably find that []Lugo had animosity towards Gathman. The fact that Lugo could not recall specific one-on-one interactions or dealings he had with Gathman does not tend to show that Lugo or Care One harbored discriminatory animus towards [her].

The court rejected Gathman's attack on Lugo's credibility based on differences in his deposition testimony and his summary judgment affidavit—e.g., inability to recall Lancman's position and who wrote the August 16 report—as a reason summary judgment must be denied. The court ruled it:

> decline[d] to accept Gathman's argument that Lugo's affidavit materially contradicts [his] deposition. With respect to the issue of whether a question of fact can be

> created by an affidavit contradicting the affiant's deposition, New Jersey [c]ourts have adopted the "sham affidavit" doctrine and hold that an inconsistent affidavit will not be regarded as sham, submitted for the sole purpose of defeating summary judgment if the contradiction is plausibly explained. Shelcusky v. Garjulio, 172 N.J. 185, 200-202 (2002). Any perceived "inconsistences" in Lugo's affidavit are plausibly explained by Lugo's deposition or the manner in which it was or was not conducted.

The court also granted summary judgment on the specific claims of retaliation against McKinney and Straus, holding:

> As a preliminary matter, Gathman's assertion that Straus was somehow involved in [her] termination is based entirely on hearsay. A member of Care One's HR department "was told" that Straus decided to terminate Gathman. However, Gathman failed to elicit such testimony from any other employee of Care One, including []Straus. The record is void of any evidence to show that []Straus initiated the first discussion regarding termination and the dissolution of the subject department. In fact, []Straus testified that she was not involved in the collections department and had not been involved in the decision to terminate Gathman. Moreover, Lugo testified that he did not discuss his decision to terminate Gathman with []Straus. . . . []Straus testified she never had a conversation with anyone, including Lugo, to discuss any reason for Gathman's termination.
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> . . . .
>
> Gathman asserts that McKinney blew [her] off in June 2016[,] when [she] attempted to have a conversation about Care One's collectables, but a showing that McKinney may be, at most, cold, is not enough to establish that the proffered reason for Gathman's termination was pretextual. This [c]ourt

> also notes that Gathman's alleged dealing with McKinney occurred several months before Gathman's termination. A jury could not reasonably find a causal connection between McKinney's alleged actions and Gathman's termination. Furthermore, Gathman has not set forth any evidence to show that McKinney was actively involved or participated in [her] termination, other than him rubberstamping the termination letter containing Lugo's proffered reason for her termination.
>
> Here, Gathman presented no evidence that McKinney was aware of the August 3 [report] where Gathman allegedly reported that she returned $3 million in overstated credits.

Lastly, the court granted summary judgment dismissal of Gathman's Pierce wrongful discharge in violation of public policy claims because they were not factually distinct from the dismissed CEPA claims.

III

We review a grant of summary judgment de novo, applying the same standard as the motion court. Henry v. N.J. Dep't of Human Servs., 204 N.J. 320, 330 (2010). Summary judgment must be granted if "the pleadings, depositions, answers to interrogatories and admissions on file, together with the affidavits, if any, show that there is no genuine issue as to any material fact challenged and that the moving party is entitled to a judgment or order as a matter of law." R. 4:46-2(c). We consider whether "the competent evidential materials presented, when viewed in the light most favorable to the non-moving party, are sufficient to permit a rational factfinder to resolve the alleged disputed

issue in favor of the non-moving party." Brill v. Guardian Life Ins. Co. of Am., 142 N.J. 520, 540 (1995).

To establish a prima facie case under CEPA, a plaintiff must prove:

> (1) he or she reasonably believed that his or her employer's conduct was violating either a law, rule, or regulation promulgated pursuant to law, or a clear mandate of public policy;
>
> (2) he or she performed a "whistle-blowing" activity described in N.J.S.A. 34:19-3(c);
>
> (3) an adverse employment action was taken against him or her; and
>
> (4) a causal connection exists between the whistle-blowing activity and the adverse employment action.
>
> [Lippman v. Ethicon, Inc., 222 N.J. 362, 380 (2015) (quoting Dzwonar v. McDevitt, 177 N.J. 451, 462 (2003)).]

"The evidentiary burden at the prima facie stage is 'rather modest . . . .'" Zive v. Stanley Roberts, Inc., 182 N.J. 436, 447 (2005) (quoting Marzano v. Comput. Sci. Corp., 91 F.3d 497, 508 (3d Cir. 1996)). Moreover, "[t]hese requirements must be liberally construed to effectuate CEPA's important social goals." Maimone v. City of Atl. City, 188 N.J. 221, 230 (2006). CEPA prohibits employers from retaliating against an employee who:

a. Discloses, or threatens to disclose to a supervisor or to a public body an activity, policy or practice of the employer . . . that the employee reasonably believes:

(1) is in violation of a law, or a rule or regulation promulgated pursuant to law . . . ; or

(2) is fraudulent or criminal . . . ;

b. Provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any violation of law, or a rule or regulation promulgated pursuant to law by the employer . . . ; or

c. Objects to, or refuses to participate in any activity, policy or practice which the employee reasonably believes:

(1) is in violation of a law, or a rule or regulation promulgated pursuant to law . . . ;

(2) is fraudulent or criminal . . . ; or

(3) is incompatible with a clear mandate of public policy concerning the public health, safety or welfare or protection of the environment.

[N.J.S.A. 34:19-3.]

CEPA defines "retaliatory action" as "the discharge, suspension or demotion of an employee, or other adverse employment action taken against an employee in the terms and conditions of employment." N.J.S.A. 34:19-2(e). Once a plaintiff establishes the four elements outlined in Dzwonar, the burden shifts to the defendant to "advance a legitimate, nondiscriminatory reason for the adverse

conduct against the employee." Klein v. Univ. of Med. & Dentistry of N.J., 377 N.J. Super. 28, 38 (App. Div. 2005). "If such reasons are proffered, plaintiff must then raise a genuine issue of material fact that the employer's proffered explanation is pretextual." Id. at 39.

Here, the motion court ruled Gathman established the first three prongs of a prima facie CEPA claim but did not satisfy the fourth prong that a causal connection existed between her whistle-blowing activity and her termination. To meet this prong, Gathman was required to demonstrate "evidence of circumstances that justify an inference of retaliatory motive." Romano v. Brown & Williamson Tobacco Corp., 284 N.J. Super. 543, 550 (App. Div. 1995); see also Maimone, 188 N.J. at 237 (noting this prong "can be satisfied by inferences that the trier of fact may reasonably draw based on circumstances surrounding the employment action"). Evidence of such circumstances may include "[t]he temporal proximity of employee conduct protected by CEPA and an adverse employment action," Maimone, 188 N.J. at 237, but "[t]emporal proximity, standing alone, is insufficient to establish causation," Hancock v. Borough of Oaklyn, 347 N.J. Super. 350, 361 (App. Div. 2002).

To establish a causal connection between the protected activity and the retaliation, causation "may be demonstrated by evidence of circumstances that

justify an inference of retaliatory motive," and the evidence of pretext may serve that function. Romano, 284 N.J. Super. at 550-52. The temporal proximity of protected activity followed by an adverse employment action is usually insufficient by itself to establish the causal connection. Young v. Hobart W. Grp., 385 N.J. Super. 448, 467 (App. Div. 2005). New Jersey applies the burden-shifting approach developed under McDonnell Douglas Corp. v. Green, 411 U.S. 792 (1973), which applies to CEPA retaliation claims. Massarano v. N.J. Transit, 400 N.J. Super. 474, 492 (App. Div. 2008).

The McDonnell Douglas approach requires a plaintiff to establish a prima facie case of discrimination. 411 U.S. at 802. Once a prima facie case is established, the second prong of the McDonnell Douglas test requires the employer "to articulate some legitimate, nondiscriminatory reason for" its action. Texas Dep't of Cmty. Affs. v. Burdine, 450 U.S. 248, 253 (1981) (quoting McDonnell Douglas, 411 U.S. at 802). That is not a burden of persuasion, which "remains at all times with the plaintiff." Ibid. The employer only needs to "articulate" a nondiscriminatory reason for its action "with sufficient clarity so that the plaintiff will have a full and fair opportunity to demonstrate pretext." Id. at 253, 255-256.

Indeed, the employer never has the burden of proving that its proffered reason was the actual reason for its action, "because the burden of proving the actual discrimination lies at all times with the plaintiff." Bray v. Marriott Hotels, 110 F.3d 986, 990 (3d Cir. 1997). The employer's articulation must be "taken as true," and the court's evaluation of it during this second part of the McDonnell Douglas test "can involve no credibility assessment." St. Mary's Honor Ctr. v. Hicks, 509 U.S. 502, 509 (1993).

If the employer articulates a nondiscriminatory reason, the plaintiff loses the benefit of the presumption established by the prima facie case. Burdine, 450 U.S. at 255-56. To survive the employer's motion for summary judgment, the plaintiff must present "evidence which: 1) casts sufficient doubt upon each of the legitimate reasons proffered by the defendant so that a factfinder could reasonably conclude that each reason was a fabrication; or 2) allows the factfinder to infer that discrimination was more likely th[a]n not a motivating or determinative cause of" the action in question. Fuentes v. Perskie, 32 F.3d 759, 762 (3d Cir. 1994).

The plaintiff's evidence of pretext may be indirect, Burdine, 450 U.S. at 256, or circumstantial, Mandel v. UBS/PaineWebber, Inc., 373 N.J. Super. 55, 75 (App. Div. 2004). It may even be simply the incredibility of the employer's

proffered reason, which, in conjunction with the prima facie case, may be legally sufficient to support the inference that the alleged discriminatory reason was an actual one. St. Mary's, 509 U.S. at 511.

The plaintiff does not have to show that the prohibited reason was the employer's sole reason, but rather that it may have been one of the employer's "but[-]for" reasons. Fuentes, 32 F.3d at 764. However, while employers may not act for a prohibited purpose, they are free, when unlawful discrimination is not a factor, to make personnel decisions objectively or subjectively, and in a manner that is unpopular with the employees. Maiorino v. Schering-Plough Corp., 302 N.J. Super. 323, 345-46 (App. Div. 1997).

Gathman contends the motion court's summary judgment dismissal of her complaint was based on its erroneous finding that she failed to establish a prima facie case of CEPA fourth prong violation — causal connection between her whistle-blowing activity and her termination. She argues summary judgment was not proper given there is a genuine issue of fact regarding why she was terminated. She emphasizes the court usurped the jury's role by acting as a factfinder to make credibility determinations in defendants' favor, concluding she was terminated for the reasons defendants contended. For support, she relies upon In re Estate of DeFrank, 433 N.J. Super. 258, 266 (App. Div. 2013), where

we held "it is ordinarily improper to grant summary judgment when a party's state of mind, intent, motive or credibility is in issue."

Gathman specifically argues the temporal proximity between her termination on August 12 and her August 3 report to management that she had returned $3 million was enough to "give[] rise to an inference of retaliation[,]" from which a jury could "reasonably determine" that defendants' given reasons for her termination were a pretext. She contends there are numerous "issues of witness credibility directly relevant to" her termination. This includes the fact that Straus told her eight days before she was terminated that she was being considered for a promotion; Lugo deposed he did not know who she was or anything about her job performance despite signing her termination letter; the company's Director of Compliance, Linda Martin, deposed that Gathman was a hard worker and she was pleased with the progress Gathman was making in resolving certain compliance-related issues, including refunding overpayments; and Gathman had not been warned or informed of any problems concerning her job performance prior to her termination.

Viewing the evidence in the light most favorable to Gathman, we conclude the motion court erred in finding she did not establish a prima facie claim that her termination was in retaliation for returning $3 million to Medicare,

Medicaid, and other entities and individuals. There was a genuine issue of material fact regarding whether there was temporal proximity between her whistle-blowing and her termination. The court found that too much time had elapsed to establish a connection between whistle-blowing and termination when Gathman initially notified Care One in her January 2016 report that the company was illegally retaining overpayments and she began making refunds, and her termination on August 12, 2016. However, Gathman was terminated within days of her August 3 report quantifying, for the first time, that she had refunded some $3 million. Granted, Lugo received a report days later, on August 11, that the credit balances in Gathman's region were twenty-three percent higher than other regions. However, she correctly questions the legitimacy of that justification by pointing out she was recruited to return to Care One because of her demonstrated competence and was on the verge of a promotion due to her performance according to her supervisor, yet she was given no opportunity to discuss the August 11 report findings and her response to that report with Lugo or any other senior executive. While her progress reports detailing the extent of the unreturned overpayments and liability commenced in January 2016, there is an important distinction between identifying the overpayment liability and advising what needs to be done versus informing

senior management in the August 3 report that she returned $3 million. As for defendants' arguments to the contrary that they lost confidence in Gathman, there is a genuine dispute of material facts and, to Gathman's favor, an inference of causality for her termination eight days after she illuminated the amount of money she refunded. Due to genuine issues of material facts, the court should not have made credibility assessments of the proffered facts and applied those findings more favorably to defendants to find that Gathman did not establish a prima facie CEPA claim of retaliation. For example, there were conflicting facts regarding Lugo's knowledge of Gathman's role in the company: his deposition asserted he was unaware of her job duties, job performance, or who evaluated her, in contrast with his summary judgment certification detailing his expectation of her job duties and performance. Yet, the court accepted his representation that she was terminated because the company lost confidence in her ability to do her job.

As for defendants McKinney and Straus, the court should not have acted as a factfinder in dismissing the claims against them. Individual defendants can be held liable for terminating an employee for "personally participat[ing] in the tort of wrongful discharge." Ballinger v. Delaware River Port Auth., 172 N.J. 586, 608 (2002). It is contended that "neither []McKinney nor []Straus was

responsible for the decision to terminate her employment[,]" claiming Lugo made the decision. The finding that there was no evidence McKinney was "actively involved or participated in Gathman's termination, other than him rubberstamping the termination letter containing Lugo's proffered reason for her termination" is disputed, as it did not credit Gathman's allegations. The record indicates that McKinney was aware of Gathman's reporting of the illegally retained overpayments and her refunding of $3 million. His letter does not assert the decision to terminate Gathman was made by Lugo or any other Care One decision maker. There appears to be no basis in the record to conclude McKinney's action was merely an administrative formality lacking any input on his part. Giving Gathman's assertions the benefit of favorable inferences, a reasonable factfinder could conclude that McKinney's signature on the letter was indicative of his input in her termination.

While the claims against Straus may not be as strong as those against McKinney, Gathman alleged that McKinney and Lopez admitted that Straus made the decision to terminate her. Straus denied any input. Straus's credibility suffers a hit given her claim that despite being an executive vice president, she had no understanding of the company's account receivables or collections and what Medicare or Medicaid are. Gathman's contention that she reported to

Straus and Lugo, and that Straus was fully aware of the $3 million in refunds she made, would certainly allow a factfinder to reasonably conclude Straus had input in the termination decision. And, if Gathman was up for a promotion on August 4, as Straus allegedly told her, why would her position be eliminated, and she be terminated days later? Considering these disputed material facts, the motion court should not have favored Straus's position in granting summary judgment, and thus dismissing Gathman's contention that Straus was involved in the decision to terminate her.

As for Gathman's Pierce claim, it is based upon our Supreme Court's recognition "that an [at-will] employee has a cause of action for wrongful discharge when the discharge is contrary to a clear mandate of public policy." Pierce, 84 N.J. at 72. "The sources of public policy include legislation; administrative rules, regulations or decisions; and judicial decisions." Ibid. CEPA falls with Pierce's ambit because the law constitutes public policy, as "[t]he Legislature enacted [it] to 'protect and encourage employees to report illegal or unethical workplace activities and to discourage public and private sector employers from engaging in such conduct.'" Dzwonar, 177 N.J. at 461 (quoting Abbamont v. Piscataway Township Bd. of Educ., 138 N.J. 405, 431

(1994)). Because we conclude Gathman's CEPA claim should not have been dismissed, her Pierce claim remains viable for the same reasons.

Under CEPA's waiver provision, however, "the institution of an action in accordance with [CEPA] shall be deemed a waiver of the rights and remedies available under any other . . . State law." N.J.S.A. 34:19-8. The provision "applies only to those causes of action that require a finding of retaliatory conduct that is actionable under CEPA. The waiver exception does not apply to those causes of action that are substantially independent of the CEPA claim." Young v. Schering Corp., 141 N.J. 16, 29 (1995). "Parallel claims based on those rights, privileges and remedies are waived because they represent multiple or duplicative claims based on retaliatory discharge." Ibid.

Since Gathman's CEPA and Pierce claims are based upon the same facts, she must elect which claim to pursue at trial. Yet, she has a right to wait until a pretrial conference to pursue her claim. Ibid. at 32 ("The meaning of 'institution of an action' [under N.J.S.A. 34:19-8] could conceivably contemplate an election of remedies with restrictions in which the election is not considered to have been made until discovery is complete or the time of a pretrial conference contemplated by Rule 4:25-1.").

We express no opinion on whether Gathman can prove adverse employment by defendants in retaliation for her whistle-blowing activity. We merely conclude summary judgment should not have been granted to defendants because there were genuine issues of material facts regarding her claims that defendants' action violated CEPA and Pierce.

Reversed and remanded for trial for proceedings consistent with this opinion. We do not retain jurisdiction.

I hereby certify that the foregoing
is a true copy of the original on
file in my office.

CLERK OF THE APPELLATE DIVISION

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler TelyRx LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 24761 US Hwy 19 N Ste. 630

City Clearwater State FL Zip 33761

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 813 336 6619 Website www.telyrx.com

Licensing Company Email licensing@telyrx.com

Section 2: Personal Information

First Adam Middle Michael Last Gardner

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

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

Mailing Address [redacted] Islamorada Circle

City Seminole State FL Zip 33777

Telephone 8133366619 Email licensing@telyrx.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

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?	X	

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)	
Albany College of Pharmacy			8/2005 - 5/2011	
Address		City	State	Zip
106 New Scotland Ave		Albany	NY	12208
Diploma/Degree obtained, if any				
Pharm D				

School Name			From - To (MM/YY – MM/YY)	
Thomas Edison High School			08/2001 - 05/2005	
Address		City	State	Zip
2083 College Ave		Elmira Heights	NY	14903
Diploma/Degree obtained, if any				
High school degree				

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
06/21 – 11/23	[redacted] Islamorada Circle	Seminole	FL	33777
07/19 - 06/21	[redacted] Seminole Blvd Apt. 5306	Largo	FL	33778
06/18 - 07/19	[redacted] Milano Cir Apt. 101	Brandon	FL	33511
08/14 - 06/18	[redacted] Oakwood Brook St	Ruskin	FL	33570
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
TelyRx LLC			10/23 - Current
Business Address	**City**	**State**	**Zip**
24761 US Hwy 19 N Ste. 630	Clearwater	FL	33761
Phone	**Title**	**Number of Employed Hours**	
813-336-6619	PIC/Pharmacist	200	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
PharmaLabs LLC			7/19 - 9/23
Business Address	**City**	**State**	**Zip**
10901 Roosevelt Blvd N. Ste. 1200C	St. Petersburg	FL	33716
Phone	**Title**	**Number of Employed Hours**	
727-498-1228	PIC/Director/Pharmacist	~8000	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
iMed Pharmacy			06/18 - 7/19
Business Address	**City**	**State**	**Zip**
1812 S Parsons Ave	Seffner	FL	33584
Phone	**Title**	**Number of Employed Hours**	
813-685-4444	PIC/Pharmacist	~1,920	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
CVS Pharmacy			8/2014 - 06/18
Business Address	**City**	**State**	**Zip**
2100 66th St. N.	St. Petersburg	FL	33710
Phone	**Title**	**Number of Employed Hours**	
727-345-3599	PIC/Pharmacist	7,360	
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.)	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

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	Disposition Date	State	City	County
10/30/2013		FL		Hillsborough
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
13-CC-029089				
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below: Please see attached explanation letter and case information.

Original Signature (electronic, copies or stamps not accepted)

11/9/23
Date

CASE NUMBER: 13-CC-029089

JEAN-BAPTISTE, PATRICIA vs GARDNER, ADAM MICHAEL

Case Number: 13-CC-029089
Uniform Case Number: 292013SC029089A001HC
Filed On: 2013-10-30
Case Type: SC Debt Owed-Tier 3 $500.01-$2,500.00
Case Status: Closed

Judicial Officer: Allen, Lisa. A
Defendant: GARDNER, ADAM MICHAEL
Amount Due: $0.00

CASE PARTY INFORMATION

Party Type	Name	Attorney	Attorney Contact

CASE JUDGE INFORMATION

Judge Assigned	Division	Date	Reason
Allen, A. Lisa	Division M	01/03/2022	Rotation/Administrative Order
Valkenburg, V.. Miriam	Division M	08/25/2021	Rotation/Administrative Order
Berkowitz, Mattis. Herbert	Division M	10/30/2013	

CASE EVENT INFORMATION

Event Date	Doc Index	Charge Number	Title
05/16/2022	1		ORDER ADMINISTRATIVELY CLOSING CASE Instrument Number: 2022257917
09/02/2016			UNCLAIMED FUNDS SENT TO FINE & FORFEITURE ACCT PER FS 116.21
02/19/2015			ORDER SETTING ASIDE FINAL JUDGMENT Instrument Number: 2015067902
02/19/2015			SRS REOPEN EVENT
02/11/2015			COURT TICKET
02/03/2015			ORDER ON - TO - FOR RELIEF FROM JUDGMENT OR ORDER - MOTION IS TO BE SET FOR HEARING "Date Signed: 01/29/2015","Judicial Officer:: Berkowitz, Herbert Mattis"
02/03/2015			NOTICE OF HEARING MOTION FOR RELIEF FROM JUDGMENT OR ORDER 02/11/15 @ 2:30 PM COURTROOM # 305 "Defendant: GARDNER, ADAM MICHAEL","Plaintiff: JEAN-BAPTISTE, PATRICIA"
01/27/2015			MOTION FOR RELIEF FROM JUDGMENT OR ORDER FILED BY DEFT
05/29/2014			WRIT OF GARNISHMENT RETURNED SERVED "Garnishee: BUSCH PHARMACY","Date 2: 04/17/2014"
03/31/2014			WRIT OF CONTINUING GARNISHMENT ISSUED CC MADE P/U BROWN BOX "Defendant: GARDNER, ADAM MICHAEL","Garnishee: BUSCH PHARMACY","Date Signed: 03/28/2014","Judicial Officer:: Berkowitz, Herbert Mattis"
03/21/2014			MOTION FOR CONTINUING WRIT OF GARNISHMENT BUSCH PHARMACY GARN ADAM MICHAEL GARDNER DEFT "Plaintiff: JEAN-BAPTISTE, PATRICIA"
03/17/2014			LETTER FROM CLERK PMT TYP "Plaintiff: JEAN-BAPTISTE, PATRICIA"
03/07/2014			MOTION FOR CONTINUING WRIT OF GARNISHMENT BUSCH PHARMACY GARN ADAM MICHAEL GARDNER DEFT NO FEES APPLIED. "Plaintiff: JEAN-BAPTISTE, PATRICIA"
01/03/2014			DEFAULT JUDGMENT

CASE NUMBER: 13-CC-029089

JEAN-BAPTISTE, PATRICIA vs GARDNER, ADAM MICHAEL

	Instrument Number: 2014003685
12/12/2013	DEFAULT ENTERED BY CLERK
	AT PRETRIAL
	"Defendant: GARDNER, ADAM MICHAEL"
12/12/2013	COURT TICKET
	"Defendant: GARDNER, ADAM MICHAEL"
12/12/2013	PRETRIAL (Judicial Officer: Allen, Lisa A)
	(09:30 AM - COURTROOM 305 800 E TWIGGS ST. TAMPA FL 33602)
11/15/2013	NOTICE TO APPEAR RETURNED SERVED
	"Defendant: GARDNER, ADAM MICHAEL","Date 2: 11/06/2013"
10/30/2013	COMPLAINT
10/30/2013	PRE TRIAL SUMMONS ISSUED AND SET
	"Plaintiff: JEAN-BAPTISTE, PATRICIA"
10/30/2013	FILE HOME LOCATION IS TAMPA

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	Disposition Date	State	City	County
7/18/2009	8/20/2009	NY	Elmira Heights	Chemung
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
EH-00379-09		Elmira Heights Police Department		
Reason/Charge				
Suspected DWI				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below: Please see attached letter of explanation.

Original Signature (electronic, copies or stamps not accepted)

11/9/23
Date

1. Agency	2. Division/Precinct	3. ORI	4. Crip / Supp	5. Case No.	6. Incident No.
Village of Elmira Heights	HGTS	NY0072100	☒ Crip ☐ Supp	EH-00379-09	EH-002868-09

7. Report Day	8. Date	9. Report Time	Occurred On/From:	10. Day	11. Date	12. Time	Occurred On/To:	13. Day	14. Date	15. Time
Sat	Jul 18 2009	00:12		Sat	Jul 18 2009	00:22		Sat	Jul 18 2009	00:22

16. Incident Type: DWI
17. Business Name:
18. Weapon:
19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.): PARKWOOD AV
20. City, State, Zip (☐ C ☐ T ☐ V): ELMIRA HEIGHTS VILL
21. Location Code: 0821

22. OFF. NO.	LAW	SECTION	SUB	TOT	CAT	DIG	TALL	NAME OF OFFENSE	QTS	23. No. of Victims
1	VTL	1192	-3	U	M		O	OPERATING MOTOR VEHICLE UNDER THE	1	24. No. of Suspects
2										
3										

25. Person/Victim/Complainant/Officer/Reporting/Reporter/Reporting Witness/Notified/Interviewed/Not Interviewed/Not Notified/Sent
26. Victim also complainant ☐ Y ☒ N

Type/No.	NAME	Person/Victim/Officer	Person/Victim/Officer	STREET NO.	STREET NAME	CITY	STATE	ZIP	Telephone No.
									BUS / RES.
									BUS / RES.
									BUS / RES.
									BUS / RES.

27. Date of Birth | 28. Age | 29. Sex ☐ M ☐ F ☐ U | 30. Race ☐ White ☐ Black ☐ Other ☐ Indian ☐ Asian ☐ Unk. | 31. Ethnic ☐ Hispanic ☐ Unk. ☐ Non-Hispanic | 32. Handicap ☐ Yes ☐ No | 33. Residence Status ☐ Resident ☐ Tourist ☐ Commuter ☐ Military ☐ Homeless ☐ Unk/Not Indicated ☐ Ivrng.Res.-Foreign Nat. ☐ Student ☐ Other

34. Victim DID receive information on Victim's Rights and Services pursuant to New York State Law ☐ Yes ☐ No

35. Type/No: AR | 36. Name (Last, First, Middle): GARDNER, ADAM M | 37. Alias/Nicknames/Maiden Name (Last, First, Middle) | 38. Apparent Condition ☐ Impaired Drugs ☐ Impaired Alcn ☐ Mental Dis ☐ Inj/Ill ☐ Unk. ☐ App Norm.

39. Address (Street No., Street Name, Bldg. No., City, State, Zip): 100 UNION DR A 327 ALBANY NY 12203
40. Phone: Res: (607) 734-0520 Bus:
41. Social Security No.: --

42. Date of Birth: [illegible] | 43. Age: 22 | 44. Sex ☒ M ☐ F ☐ U | 45. Race ☒ White ☐ Black ☐ Other ☐ Indian ☐ Asian ☐ Unk. | 46. Ethnic ☐ Hispanic ☐ Unk. ☐ Non-Hispanic | 47. Skin ☐ Light ☐ Dark ☐ Unk. ☐ Medium ☐ Other | 48. Occupation

49. Height | 50. Weight: 0 | 51. Hair: OTH | 52. Eyes: XXX | 53. Glasses ☐ Yes ☐ Contacts ☒ No | 54. Build ☐ Small ☐ Large ☐ Medium | 55. Employer/School | 56. Address

57. Scars/Marks/Tattoos (Describe) | 58. Misc.

59. Vehicle Status	60. Vehicle Status	61. License Plate No.	62. State	63. Exp. Yr.	64. Plate Type	65. Vehic
		Full ☐ Partial ☐				

66. Veh. Yr. | 67. Make | 68. Model | 69. Style | 70. VIN

71. Color(s) | 72. Towed By: To: | 73. Vehicle Notes

This officer was on a complaint when I observed a vehicle on Parkwood Avenue. Said vehicle was travelling at a speed where the operator could not stop for the stop sign and when it made a right turn onto W 14th Street the tires were sliding. The vehicle pulled into a driveway of 282 W 14th Street.

I walked up to the house and spoke with the driver. I asked the driver for his driver's license, registration card, and proof of insurance. The driver did hand me a NYS driver's license that identified him as Adam Gardner. I could smell the odor of alcoholic beverages coming from inside the car and also noticed Gardner's eyes were red and bloodshot.

75. Inquiries (Check all that apply): ☒ DMV ☐ Want/Warrant ☐ Scofflaw ☒ Crim. History ☐ Stolen Property ☐ Other
76. NYSPIN Message No.
77. Complainant Signature

78. Reporting Officer Signature (Include Rank): 09SEH PO PICKERING
79. ID No.: 09SEH PO PICKERING
80. Supervisor's Signature (Include Rank)
81. ID No.: 06SEH CHF HAUPTMAN

82. Status: ☐ Open ☐ Vict. Refused to Coop. ☐ CBI ☐ Juv. - No Custody ☒ Closed (If Closed, check box below): ☒ Arrest ☐ Arrest-Juv. ☐ Pros. Declined ☐ Offender Dead. ☐ Unfounded ☐ Warrant Advised ☐ Extrad. Declin ☐ Unknown
83. Status Date: Jul 18 2009
84. Notified/TOT

85. 1 Page of 2 Pages

INCIDENT No.: EH-00379-09 BLOTTER/CC No.: EH-002868-09

ADDITIONAL NARRATIVE

I asked Gardner how much alcoholic beverages he had been drinking tonight. Gardner replied "none". I asked Gardner to exit the vehicle and directed him to stand at the rear of his vehicle. When Gardner opened his driver's door I noticed a Keystone Light beer can lying in between the seat and the door. While talking with Gardner I could still smell the odor of alcoholic beverages coming from his breath. Gardner finally admitted to drinking 4 beers and his last one 1 to 2 hours ago.

I asked Gardner if he would agree to perform some field sobriety tests to determine if he was ok to be driving. Gardner agreed to take said tests.

The first test Gardner performed was the Horizontal Gaze Nystagmus Test. Gardner failed said test when his eyes had all six clues of failure present. Gardner's eyes lacked smooth pursuit in both eyes, had distinct nystagmus at maximum deviation, and had nystagmus prior to 45- degrees of onset.

Because of the hilly conditions this officer did not have Gardner perform the WAT and OLS tests.

The next test Gardner performed was the Finger to Nose Test. Gardner failed said test when he failed to touch the tip of his nose with the tip of his finger any of the 6 six times he was instructed to do so. Gardner also failed to tilt his had and keep his eyes completely closed through out the test like he was instructed to do so.

Gardner refused to take the PBT. Gardner was placed under arrest for DWI. Gardner was handcuffed, searched, and placed in the rear of patrol car 301. Gardner's vehicle was ok to be parked in the driveway as it was.

Gardner was transported to EHPD where he was video taped. On video Gardner was read his refusal/miranda warnings. Gardner refused to take the chemical test and refused to perform SFST's and answer questions.

Gardner was issued 5 utt's and is to appear in EHVJC on July 22 at 1800hrs. Gardner called a friend for a ride home.

1. NYSID No.

2. OBTS No.

New York State
ARREST REPORT

3. Case No.
EH-00379-09

4. Ref No.

5. FBI No.

6. Arrest No.
BU-00105-09

7. Agency
Village of Elmira Heights Police Dept

8. Division/Precinct
PATRO

DEFENDANT INFORMATION

9. Name(Last,First,Middle)
GARDNER ADAM M

10. Alias/Maiden Name(Last,First,Middle)

11. Phone Number
([redacted])

12. Street Number and Name, Building No., Apt.Nr.
[redacted] UNION DR A 327

13. City,State,Zip (C ☐ T ☐ V ☒)
ALBANY NY 12208

14. Residence ☐ Resident ☐ Foreign National ☐ Non-Resident ☐ Unk

15. Place of Birth

16. Date of Birth

17. Age
22

18. Sex
☒M ☐F ☐U

19. Race ☒ White ☐ Black ☐ Asian ☐ Indian ☐ Other ☐ Unknown

20. Ethnic ☐ Non Hispanic ☐ Hispanic ☐ Unknown

21. Skin ☐ Light ☐ Medium ☐ Dark ☐ Other ☐ Unknown

22. Height

23. Weight
0

24. Hair
OTH

25. Eyes
XXX

26. Glasses ☐ Yes ☒ No ☐ Contacts

27. Build ☐ Small ☐ Med ☐ Large

28. Marital Status ☐ Common Law ☐ Married ☐ Separated ☐ Single ☐ Divorced ☐ Widowed ☐ Unk

29. U.S. Citizen ☒ Yes ☐ No ☐ Unknown

30. Citizen Of

31. Social Security No.
--

32. Education

33. Religion

34. Occupation

35. Employed ☐ Yes ☐ No

36. Scars/Marks/Tattoos(Describe)

ARREST INFORMATION

37. Arresting Officer
PICKERING

38. ID No.
099BH

39. Assisting Officer

40. ID No

41. Arrest Date
07/18/2009

42. Time
00:22

43. Location of Arrest (C ☐ T ☐ V ☐)
PARKWOOD AV ELMIRA HEIGHTS VILL

44. Juvenile ☐ Juv-No Fuller Process ☐ Yes ☒ No

45. Condition of Defendant At Arrest ☐ Impaired Drugs ☐ Impaired Alco ☐ Mental Ds ☐ Apparent Injury

46. Weapon(s) at Arrest

47. Co-defendants Arrest No.

48. Miranda ☐ Yes ☒ No

49. Miranda By

50. Miranda Date

51. Mir. Time

52. Statements ☐ Written ☐ None ☐ Verbal

53. Status ☐ Parole ☐ Bail/ROR ☐ Probation

54. Search Warrant ☐ Yes ☒ No

55. ID Procedure ☐ Line Up ☐ None ☐ Show Up ☐ Photo

56. Arraignment Court

57. Arraignment Judge

58. Date

59. Time

60. Property ☐ Yes ☒ No

61. Evidence ☐ Yes ☒ No

61a. Processed By

61b. Disposition

CHARGE INFORMATION

62. Incident No.
BU-002868-09

63. Arrested Status ☐ ROR ☐ Cash Bail ☐ Bail Bond ☐ Parole Bail ☐ App TA ☐ Hold ☐ Hold for 3rd Party

64. Bail Amount

65. Bondsman

66. Photo No.

67. Arrest Type ☐ PW ☐ IW ☐ SUM ☐ CIP ☐ COMP ☐ OP ☐ FC ☐ VOP ☐ BW ☐ AW ☐ OT

68. Warrant No.

69. Arrest FOA ☐ Yes ☒ No

70. Other Agency

71. Bail Taken ☐ Yes ☒ No

72. Location of Offense (C ☐ T ☐ V ☐)
PARKWOOD AV
ELMIRA HEIGHTS VILL NY CHEMUNG

73. Offense Date
07/18/2009

74. # Counts

75. # Viol.
0

76. Return Court

77. Return Judge

78. Return Date

79. Time

80. Defendant/Case TOT Agency

80a. Officer's Name

80b. ID No

81. Time

82. Date

LAW	ARTICLE	SECTION	CAT	UF	CODE	ATTEMPT/SOLICIT/CONSPIRE	DESCRIPTION	CS	NCIC CODE						SURCHARGE	APP TKT
VEL	1192	-3	U	M		N	UNDER INFLU ALCO		5	4	0	4			NO	X

84. Person Type OT = Other, BM = Employer, CH = Child, SP = Spouse, PA = Parent, CD = Co-Defendant, AS = Associate, SC = School, LA = Lawyer, PO = Parole Officer, PR = Probation Officer, VI = Victim, WI = Witness, RE = Relative, CO = Complainant, RP = Religious Person, DR = Doctor

ASSOCIATED PERSONS INFORMATION

UNIT	NAME	ADDRESS	PHONE

NARRATIVE

85.

86. Arresting Officer's Signature

87. ID No.
099BH PO PICKERING

88. Supervisor's Signature

89. ID No.

90. Arrest Made as a Result of A SAPIS Latent Print Identification?
☐ Yes ☐ No ☐ Unknown

91.

92.

93.

94. 1 Page of Pages

CERTIFICATE OF DISPOSITION

STATE OF NEW YORK
CHEMUNG COUNTY

ELMIRA HEIGHTS VILLAGE COURT
CRIMINAL PART

PEOPLE OF THE STATE OF NEW YORK

VS.

ADAM M. GARDNER, Defendant

CASE NO: 09070047

Date of Birth: redacted
Date of Arrest: 07/18/2009
Adjudication Date: 08/19/2009
Disposition Date: 08/20/2009

JC501 no: 31601438P
NYSID no: 5996273H

Original Section	Disposed Section	Ticket No & Description	Disposition	Fine	Civil Fee	Surchg
VTL 1172.0A	VTL 1110.0A	EH11001LJ3 DIS TRFC DEVICE	FINE/FEE	150.00	0.00	85.00
VTL 1192.03	VTL 1192.01	EH11001QJ3 DWAI ALCOHOL	CD FINE/FEE	500.00	0.00	260.00

Upon a proper request for an official statement of disposition, I certify that the above named defendant having appeared before this court was charged as shown above. Each of the charges was disposed of as indicated.

Sentencing: One year conditional discharge; obey all laws; attend Drinking Driving Program, license suspended for 90 days. All fines and surcharges have been paid and case was closed on 8/20/2009.

Issued: The Wednesday of March 2021

Samantha J. Jochem, Court Clerk

NOTE: A copy of the request will be filed with this certificate in the case records.

CAUTION: This information must not be divulged if the case is sealed or where the defendant has been adjudicated a youthful offender.

Nevada Board of Pharmacy
To Whom It May Concern,

This letter is to provide an explanation regarding my answers to Section 8: Arrests, Detenstions, Litigations, Arbitrations.

Question 1:
On 07/18/2009, at the age of 22, I was arrested for suspected DWI in the state of New York. My case was closed on 08/20/2009 and my final disposition indicated a DWAI which was considered a traffic infraction.

The pertinent statute under which I was sentenced is New York Vehicle & Traffic Law Section 1192 Section (1): Driving While Ability Impaired. No person shall operate a motor vehicle while a person's ability to operate such motor vehicle is impaired by the consumption of alcohol.

Driving While Ability Impaired (DWAI) is a distinct and lesser category than Driving While Intoxicated. Section 1193 of the New York Vehicle & Traffic Law states that a first-time DWAI violation is simply a traffic infraction. It is not a misdemeanor or felony.

I have attached the original arrest record along with the final disposition.

Question 4:
In 2013, a friend was parked in my driveway and upon pulling out of my driveway, I hit her vehicle causing approximately $1,000 in damages. I attempted to make an offer to pay for her damage to her car. This case was settled. I have attached the case information which is labeled as Case 13-CC-029089.

Question 6: I answered no, due to my uncertainty with the specifics of this question and if my situation applies, I am disclosing out of an abundance of caution the following below:
Disclosure of disciplinary action:
Oregon Board of Pharmacy Disciplinary Action - Adam Gardner - PIC
I had disciplinary action imposed by the Oregon Board of Pharmacy on 06/15/2022 associated with completing their state pharmacist application. When the Oregon Board of Pharmacy requested information in the pharmacist application on any "crime, offense, or violation of the law," the Board did not request information on any traffic infraction. I had no intention to deceive the Board or omit anything that the application requires. I misinterpreted the question as the final conviction was a traffic infraction in the state of New York from 2009.

The disciplinary action imposed required me to pay a $150 civil penalty, and earn and submit 3 continuing education credits for 3 hours in the area of pharmacy law or ethics. I completed both of those conditions 06/20/2022.

I have attached the Consent Order, Notice of Proposed Civil Penalty, Payment Receipt, Continuing Education Certificates, and an email from the Oregon Board of Pharmacy confirming that the case was closed and all conditions met.

The Oregon State Pharmacist License was granted to me on 04/25/2022 with license number as RPH-0018912 prior to the disciplinary action being imposed on 06/15/2022.

Michigan Pending Administrative Complaint

In relation to the Oregon Board of Pharmacy discipline, I currently have an administrative complaint pending from the Michigan Board of Pharmacy as a result for reporting my disciplinary action too late to the Michigan Board of Pharmacy.

I have attached the original communication from 08/28/2023 and my initial response. I had a compliance conference with a Michigan Board of Pharmacy representative on Tuesday 09/26/2023 at 11am. They informed me that they will provide their response and recommended action in approximately 10 business days. They did not indicate whether it would lead to additional disciplinary action or not and I have yet to hear back from them with a final decision as of today.

I appreciate your time and consideration in this matter,

11/9/23

Adam Gardner

Oregon

Kate Brown, Governor

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, OR 97232
Phone: 971-673-0001
Fax: 971-673-0002
pharmacy.compliance@bop.oregon.gov
www.oregon.gov/pharmacy

June 16, 2022

ADAM GARDNER
10901 ROOSEVELT BLVD N STE 1200C
Saint Petersburg FL 33716

RE: Case Number 2022-0182

Enclosed is a copy of the completed consent order for case number 2022-0182. Please retain this copy with your records.

In accordance with the consent order, your civil penalty is due in the Board office by 6/25/2022. Enclosed is a remittance form; please use this when submitting your payment. If you have already submitted your payment, please disregard this form. If you would like to pay online through your eGov account, please send an invoice request to pharmacy.compliance@bop.oregon.gov.

You are required to earn and submit three (3) hours of Continuing Education (CE) in the area of pharmacy law or ethics. These must be received in the Board office by 6/25/2022. Please include a copy of this letter or clearly write the case number on the documents submitted to the Board. Once you have completed a course, you will be provided a certificate. You need to submit certificate(s) to the Board that show your name, course name, date completed, and number of hours earned. You may submit these via email to pharmacy.compliance@bop.oregon.gov.

Sincerely,

Kim Oster
Compliance Coordinator

CC: Kevin Keaney, Attorney

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License of	Case No. 2022-0182
ADAM GARDNER	CONSENT ORDER
Licensee	

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

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

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon, and

WHEREAS, the licensee is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the licensee admits that he did not disclose an arrest on his 12/7/2021 application, and that legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the licensee consents to the disciplinary action as set forth herein;

The Board finds that Licensee failed to disclose an arrest on his 12/7/2021 application in violation of OAR 855-019-0205(1), and is grounds for discipline under ORS 689.405(1)(i), ORS 689.445(1)(d)(A) and ORS 689.832(1) and hereby:

1. Licensee shall pay a civil penalty in the amount of $1,000 with $850 stayed pending compliance with the terms of this Consent Order and no further violation for three (3) years. The $150 civil penalty not stayed shall be paid within ten days from the date this Consent Order becomes final. If Licensee violates any term or condition of this Consent Order, within three years of the effective date of this Consent Order, the Board may take action to lift the stayed portion of the civil penalty.

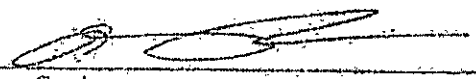
2. Licensee shall earn and submit continuing education (CE) certificates for three (3) hours of CE in the area of pharmacy law or ethics within 10 days from the date this Consent Order becomes final. The continuing education hours earned in regard to this case are in addition to the CE required for renewal and are not eligible for renewal purposes.

3. Failure of the licensee to comply with all the requirements of the final order in this

matter constitutes failure to cooperate with the Board and is grounds for revocation or any other form of discipline or sanction authorized by law.

CONSENT

I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.



Adam Gardner
Licensee (License No. RPH-0018912)

6/14/22
Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D., R.Ph.
Compliance Director

6/15/2022
Date

BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License of	)	Case No. 2022-0182
	)	NOTICE OF PROPOSED
ADAM GARDNER, R.Ph.	)	CIVIL PENALTY
	)	
Licensee	)	

The Oregon Board of Pharmacy proposes to impose a civil penalty pursuant to ORS 689.445, ORS 689.832, and ORS 689.405 because you violated the Oregon Pharmacy Act and the Board of Pharmacy rules as follows:

On or about 12/7/2021, you submitted an application to the Board of Pharmacy for licensure as a Pharmacist (which has been granted).

The Board of Pharmacy license application includes the question, "Have you ever been cited, arrested for, charged with or convicted of the commission of any crime, offense or violation of the law in any state or by the Federal Government even if those charges were dismissed?" You responded "No."

Moreover, as part of the application process, you wrote out by hand a statement that "I have never been arrested or cited for, charged with nor convicted of the commission of any crime, offense or violation of the law in any state or by the federal government. I have never been charged with nor disciplined for the violation of a pharmacy, liquor or drug law or regulation by a professional licensing board or agency. I have never surrendered or resigned a professional license."

Finally, you submitted the application swearing or affirming that and all information provided was true and correct and were aware to the best of your knowledge and were aware that providing false information, supplying misleading information, or withholding information is grounds for denial of a license.

Despite the language of the application, you failed to report that on or about 7/18/2009, you were arrested by the police for Driving while Intoxicated (misdemeanor).

By answering "No" to the questions regarding whether you had ever been cited for, arrested for, charged with, or convicted of any crime, offense, or violation of the law, you failed to answer all questions completely, accurately, and honestly on the application for licensure and this is grounds for discipline under OAR 855-019-0205(1) and (2), ORS 689.405(1)(i), ORS 689.445(1)(d)(A), and ORS 689.832(1).

Based on these alleged violations and pursuant to the authority outlined above, the Board proposes to impose a $1,000 civil penalty upon you.

HEARING RIGHTS

You are entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). If you wish to have a hearing, you must file a written request for hearing with the Board within 21 days from the date this notice was mailed. You may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax (971) 673-0002

If a request for hearing is not received within this 21-day period, your right to a hearing shall be considered waived.

If you request a hearing, you will be notified of the time and place of the hearing. Before the commencement of the hearing, you will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing. You may be represented by legal counsel.

If you do not request a hearing within 21 days, or if you withdraw a hearing request, notify the Board or Administrative Law Judge that you will not appear, or fail to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

NOTICE TO ACTIVE DUTY SERVICEMEMBERS: Active duty service members have a right to stay these proceedings under the federal Service members Civil Relief Act. For more information contact the Oregon State Bar at 800-452-8260, the Oregon Military Department at 503-584-3571 or the nearest United States Armed Forces Legal Assistance Office through http://legalassistance.law.af.mil. The Oregon Military Department does not have a toll-free phone number.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

5/5/2022
Date

DATE OF MAILING 5/6/2022

CIVIL PENALTY

$ 150.00

CASE # 2022-0182

PAYER: ADAM GARDNER
Saint Petersburg, FL
RPH-0018912

REMIT TO: OREGON BOARD OF PHARMACY
800 NE OREGON ST, SUITE 150
PORTLAND, OR 97232

Office use:	
Date	
Check/MO	
Receipt	
Entered by	
Allocated	

THIS FORM MUST ACCOMPANY PAYMENT TO ENSURE PROPER FILING

Oregon

Kate Brown, Governor

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, OR 97232
Phone 971-673-0001
Fax 971-673-0002
pharmacy.compliance@bop.oregon.gov
www.oregon.gov/pharmacy

June 16, 2022

ADAM GARDNER
10901 ROOSEVELT BLVD N STE 1200C
Saint Petersburg FL 33716

RE: Case Number 2022-0182

Enclosed is a copy of the completed consent order for case number 2022-0182. Please retain this copy with your records.

In accordance with the consent order, your civil penalty is due in the Board office by 6/25/2022. Enclosed is a remittance form; please use this when submitting your payment. If you have already submitted your payment, please disregard this form. If you would like to pay online through your eGov account, please send an invoice request to pharmacy.compliance@bop.oregon.gov.

You are required to earn and submit three (3) hours of Continuing Education (CE) in the area of pharmacy law or ethics. These must be received in the Board office by 6/25/2022. Please include a copy of this letter or clearly write the case number on the documents submitted to the Board. Once you have completed a course, you will be provided a certificate. You need to submit certificate(s) to the Board that show your name, course name, date completed, and number of hours earned. You may submit these via email to pharmacy.compliance@bop.oregon.gov

Sincerely,

Kim Oster
Compliance Coordinator

CC: Kevin Keaney, Attorney

Application Submitted

Your application has been submitted and all fees have been applied to your credit card. Please print this page as your proof of submission and receipt of payment.

Click the Home button to return to your account. Your expiration date will be updated once your renewal has been processed.

Application Information

Date Submitted:	20 June 2022
Applicant Name:	ADAM GARDNER
License Number:	
Agency:	Oregon Board of Pharmacy
Process:	Pay Invoice

Payment Information

Received Date:	6/20/2022 12:36:30 PM
Transaction #:	PHRMCY000162451
Fee Amount:	$150.00
Received Amount:	$150.00

Case Number: 2022-0182

freeCE

Certificate of Participation

ADam Michael Gardner

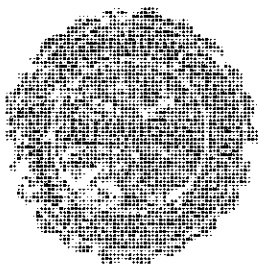
CPE Monitor ID: 279756

Beyond the Classroom: Pharmacy Case Law

UAN Number: 0798-0000-21-224-H03-P
Activity Type: Knowledge
Date Completed: Monday, June 20, 2022

This activity has been approved for 1 contact hour(s) of continuing education for Pharmacists.

Kevin Hope, RPh
Continuing Education Administrator
Signed and Issued on: **6/20/2022**



This Certificate of Participation is NOT valid proof of ACPE credits earned.
Official ACPE credit is only submitted through CPE Monitor.

PharmCon is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

freeCE is a division of PharmCon

PharmCon
341 Wellness Drive, Myrtle Beach, South Carolina 29579
Phone: (843) 488-5550 | Fax: (843) 488-5554

Case number: 2022-0182

freeCE

Certificate of Participation

ADam Michael Gardner

CPE Monitor ID: 279756

Legal Standards in Pharmacy

UAN Number: 0798-0000-21-122-H03-P
Activity Type: Knowledge
Date Completed: Monday, June 20, 2022

This activity has been approved for 1 contact hour(s) of continuing education for Pharmacists.

Kevin Hope, RPh
Continuing Education Administrator
Signed and Issued on: 6/20/2022

This Certificate of Participation is NOT valid proof of ACPE credits earned.
Official ACPE credit is only submitted through CPE Monitor.

PharmCon is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

freeCE is a division of PharmCon

PharmCon
341 Wellness Drive, Myrtle Beach, South Carolina 29579
Phone: (843) 488-5550 Fax: (843) 488-5554

Case Number: 2022-0182

freeCE

Certificate of Participation

ADam Michael Gardner

CPE Monitor ID: 279756

Pharmacy Malpractice Today

UAN Number: 0798-0000-20-316-H03-P
Activity Type: Knowledge
Date Completed: Monday, June 20, 2022

This activity has been approved for 1.25 contact hour(s) of continuing education for Pharmacists.

Kevin Hope, RPh
Continuing Education Administrator
Signed and Issued on: **6/20/2022**

This Certificate of Participation is NOT valid proof of ACPE credits earned.
Official ACPE credit is only submitted through CPE Monitor.

PharmCon is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

freeCE is a division of PharmCon

PharmCon
341 Wellness Drive, Myrtle Beach, South Carolina 29579
Phone: (843) 488-5550 Fax: (843) 488-5554

Case number: 2022-0182

Gmail

Adam Gadner <amgardner58@gmail.com>

Case # 2022-0182 - Adam Gardner - Updated/Completed

2 messages

Adam Gadner <amgardner58@gmail.com> Mon, Jun 20, 2022 at 2:17 PM
To: pharmacy.compliance@bop.oregon.gov
Cc: OSTER Kim * BOP <Kim.OSTER@bop.oregon.gov>, Kevin Keaney <kevin@keaneylaw.com>

Good afternoon,

I am providing notification that I have met all of the requirements pertaining to the consent order from Case Number 2022-0182.

Attached is the payment receipt for the fine, and the 3 certificates for (3) hours of continuing education credits in the area of pharmacy law or ethics.

Please provide confirmation that you have received my required documentation, and please provide confirmation that I have completed all of the requirements pertaining to the consent order for Case Number 2022-0182.

Thank you,

Adam Gardner

Oregon BOP Case Number 2022-0182 Complete.pdf
1579K

OSTER Kim * BOP <Kim.OSTER@bop.oregon.gov> Wed, Jun 22, 2022 at 11:08 AM
To: Adam Gadner <amgardner58@gmail.com>
Cc: KEANEY Kevin <kevin@keaneylaw.com>

Everything has been received and approved. Nothing else is required.

Thank you.

Kim Oster

Compliance Coordinator

Oregon Board of Pharmacy

800 NE Oregon St, Suite 150

Portland, OR 97232-2142

P: (971)-673-0001 | F: (971)-673-0002

Oregon.Gov/Pharmacy

Any and all statements provided herein shall not be construed as an official policy, position, opinion or statement of the Oregon Board of Pharmacy (OBOP). OBOP staff cannot and do not provide legal advice. OBOP staff provide assistance to the public by providing reference to the OBOP statutes and regulations; however, any such assistance provided by OBOP staff shall not be construed as legal advice for any particular situation, nor shall any such assistance be construed to communicate all applicable rules and regulations governing any particular situation or occupation. Please consult an attorney regarding any legal questions related to state or federal laws and regulations including the interpretation and application of the laws and regulations governing the OBOP.

CONFIDENTIALITY NOTICE

This e-mail may contain information that is privileged, confidential, or otherwise exempt from disclosure under applicable law. If you are not the addressee or it appears from the context or otherwise that you have received this e-mail in error, please advise me immediately by reply e-mail, keep the contents confidential, and immediately delete the message and any attachments from your system.

[Quoted text hidden]

Gmail

AC Service Packet - Gardner, Adam - 53-23-002879

LARA-BPL-RegulationSection <LARA-BPL-RegulationSection@michigan.gov> Mon, Aug 28, 2023 at 10:56 AM
To: "amgardner58@gmail.com" <amgardner58@gmail.com>
Cc: "Hooks, Marshall (LARA)" <HooksM3@michigan.gov>

Adam Gardner,

You are receiving this email because the attached correspondence has also been mailed to your address on record with the Department. Please review the attached correspondence and contact the Department in the manner instructed.

Marshall Hooks is the analyst assigned to your file. Please reply directly by email to: HooksM3@michigan.gov

Sincerely,

Regulation Section

Bureau of Professional Licensing

Enforcement Division

Phone: 517-241-0181

Fax: 517-241-9280

CONFIDENTIALITY NOTICE: The information contained in this email message from the Michigan Department of Licensing & Regulatory Affairs is intended solely for the use of the above named recipient(s) and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure, or distribution of any confidential and/or privileged information contained in this email is expressly prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy any and all copies of the original message

AC Service Packet - Gardner, Adam - 53-23-002879.pdf
231K

Adam Gadner <amgardner58@gmail.com> Mon, Aug 28, 2023 at 11:45 AM
To: LARA-BPL-RegulationSection <LARA-BPL-RegulationSection@michigan.gov>
Cc: "Hooks, Marshall (LARA)" <HooksM3@michigan.gov>

Good morning,

Please see the attached Compliance Conference Request completed form.

I was hoping there was a chance we could discuss this situation as soon as possible.

I am licensed as a pharmacist in 14 states, and I researched all of the states that required me to submit my disciplinary actions at the time of the action in 06/2022. I submitted the disciplinary action to other state board of pharmacies as required, such as Massachusetts, Maryland, Iowa, Kansas, Ohio and Nebraska.

Upon my research for Michigan, I was under the impression that I had to submit the disciplinary action as part of the renewal process. I submitted all of the disciplinary information with my pharmacist license renewal back in December 2022. I can clearly see now that I have made a mistake, and I did not intend to deceive the Board as I still reported the disciplinary action on my pharmacist license renewal.

I am hoping that we can come to a settlement that does not involve more disciplinary action being imposed on another one of my licenses. I understand the requirements after you sent this email, and I see the requirements being 30 days for Michigan Board of Pharmacy. I hope that there can be some understanding as far as a good faith effort by acknowledging the fact that I did submit the disciplinary action to other Boards of Pharmacies within their required time frame, and I submitted the disciplinary action information with my Michigan pharmacist license renewal in December 2022.

The original disciplinary action was a result of me misinterpreting the pharmacist application for the Oregon Board of Pharmacy. I still plan to provide a fully written response, but I wanted to get this email out to you ASAP to hopefully have a discussion as soon as you're available.

Please advise as to how we can proceed,

I appreciate your time and consideration,

Adam

[Quoted text hidden]

File Number 53-23-002879 Adam Gardner.pdf
400K

Hooks, Marshall (LARA) <HooksM3@michigan.gov> Mon, Aug 28, 2023 at 2:46 PM
To: Adam Gadner <amgardner58@gmail.com>

Good afternoon Mr. Gardner,

Thank you for the e-mail and response. Your request for a compliance conference was received. Someone from the Department will be reaching out to you within the next few weeks for scheduling.

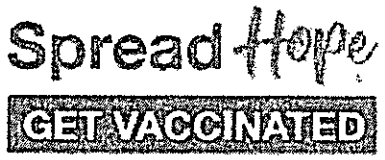
Thanks again,

Marshall Hooks
Departmental Analyst, Regulation Section I
Bureau of Professional Licensing

Department of Licensing and Regulatory Affairs

(517) 335-9500

https://www.michigan.gov/lara/



Save Michigan Lives.

From: Adam Gadner <amgardner58@gmail.com>
Sent: Monday, August 28, 2023 11:46 AM
To: LARA-BPL-RegulationSection <LARA-BPL-RegulationSection@michigan.gov>
Cc: Hooks, Marshall (LARA) <HooksM3@michigan.gov>
Subject: Re: AC Service Packet - Gardner, Adam - 53-23-002879

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

[Quoted text hidden]

Adam Gadner <amgardner58@gmail.com> Tue, Aug 29, 2023 at 8:02 AM
To: LARA-BPL-RegulationSection <LARA-BPL-RegulationSection@michigan.gov>
Cc: "Hooks, Marshall (LARA)" <HooksM3@michigan.gov>

I noticed the original letter was sent to the wrong address. The address should be 10901.

On Mon, Aug 28, 2023 at 10:56AM LARA-BPL-RegulationSection <LARA-BPL-RegulationSection@michigan.gov> wrote:
[Quoted text hidden]

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

In the Matter of

Adam Gardner, R.Ph.
License No. 53-02-413200,
Respondent.

File No. 53-23-002879

PROOF OF SERVICE

State of Michigan)
)
County of Ingham)

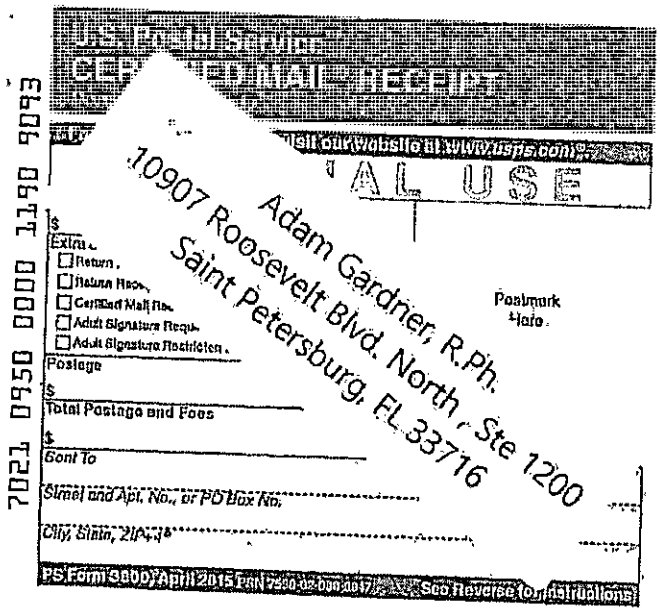
I, Mallory Leonard, of Lansing, County of Ingham, State of Michigan, do hereby state that on August 26, 2023, I sent the following documents to each of the parties listed below, enclosed in an envelope, plainly addressed to their last known address of record, as follows:

Administrative Complaint dated August 24, 2023.
Notice of Opportunity for Compliance Conference.

BY:
(X) **First Class Mail**
(X) **Certified Mail, Return receipt requested**
( ) Registered Mail
( ) Other, last known address
(X) **E-mail**

TO: Adam Gardner, R.Ph.
10907 Roosevelt Blvd. North , Ste 1200
Saint Petersburg, FL 33716

amgardner58@gmail.com



Mallory Leonard
Mallory Leonard

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 26, 2023

Adam Gardner, R.Ph.
10907 Roosevelt Blvd. North , Ste 1200
Saint Petersburg, FL 33716
Re: File Number: 53-23-002879

Dear Applicant/Licensee/Registrant:

Enclosed is an Administrative Complaint (Complaint) charging you with violation(s) of the Public Health Code. **You must respond to this Complaint IN WRITING WITHIN 30 DAYS from the date you received it.** If you fail to do so, the Complaint will be sent to your Board's Disciplinary Subcommittee (DSC) to impose a sanction.

In your written response, please provide information demonstrating your compliance with the Public Health Code or explaining your conduct. Also, please select ONE of the following three options:

- **Request a settlement**. Your written response and a copy of the Complaint will be sent to a Board member who will recommend a proposed settlement.

- **Request a compliance conference**. This is an optional, informal opportunity to meet with me to present evidence or information not contained in your written response for purposes of settlement. Use the enclosed form to request a compliance conference.

- **Request a formal administrative hearing**. At a formal administrative hearing, an administrative law judge will receive evidence, take testimony, and issue a Proposal for Decision as to whether a violation of the Public Health Code has occurred. The hearing record will then be sent to the DSC for consideration in making the final decision.
  - ALL communications should be sent via email to the assigned analyst, whose address is provided below, and LARA-BPL-RegulationSection@michigan.gov.
  - If you are unable to communicate via email, you may respond via mail to 611 W. Ottawa St., P.O. Box 30670, Lansing, MI 48909 or fax 517-241-9280. Communication through mail or fax may experience delay.

To exercise any of these options, you must respond IN WRITING WITHIN 30 DAYS.

You may obtain legal representation at your expense. If you have any questions, please contact me by email or during normal business hours at the direct line listed below.

Sincerely,
Marshall Hooks
Regulation Section
Enforcement Division
Email: HooksM3@michigan.gov
Fax: 517-241-9416
Main Line: 517-241-0181
Enclosure

Department of Licensing & Regulatory Affairs
Bureau of Professional Licensing
Regulation Section
P.O. Box 30670
Lansing, MI 48909-8170
LARA-BPL-RegulationSection@michigan.gov

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ADAM GARDNER, R.Ph.
License No. 53-02-413200,
Respondent.

File No. 53-23-002879

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, complains against Respondent as follows:

1. The Michigan Board of Pharmacy is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq*. Pursuant to MCL 333.16226, the Board's Disciplinary Subcommittee is empowered to discipline persons for violations of the Public Health Code.

2. Respondent is currently licensed to practice as a pharmacist in the state of Michigan and has a controlled substance license. Respondent's address of record with the Department is St. Petersburg, Florida.

3. On June 15, 2022, the Oregon Board of Pharmacy (Oregon Board) executed a Consent Order (Oregon Order) that ordered Respondent to complete continuing education and pay a fine of $1,000.00. The Oregon Order was based on Respondent failing to disclose a July 18, 2009 arrest for Driving While Intoxicated on his

December 7, 2021, application to the Oregon Board. A copy of the Oregon Order, marked Exhibit A, is attached and incorporated.

4. Respondent failed to notify the Department of the action taken by the Oregon Board within 30 days from the date of the action.

COUNT I

The action by the Oregon Board, as set forth above, constitutes a final adverse administrative action by a licensure, registration, disciplinary, or certification board involving the holder of, or an applicant for, a license or registration regulated by another state or a territory of the United States, in violation of MCL 333.16221(b)(x).

COUNT II

Respondent's conduct, as set forth above, evidences a failure to notify the Department of the disciplinary action by the Oregon Board within 30 days from the date of the action, as required by MCL 333.16222(4), in violation of MCL 333.16221(f).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained in it. Pursuant to MCL 333.16192(2) of the Code, Respondent is deemed to be in receipt of the complaint three (3) days after the date of mailing listed in the attached proof of service. The written response shall be submitted by email to the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing to LARA-BPL-RegulationSection@michigan.gov. If unable to submit a

response by email, Respondent may submit by regular mail to the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this Complaint. If Respondent fails to answer, the Department shall transmit this Complaint directly to the Board's Disciplinary Subcommittee to impose a sanction, pursuant to MCL 333.16231(9).

Dated: August 24, 2023

Marshall Hooks, Analyst
Regulation Section I
Enforcement Division

Attachment

mh/dem

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License of	)	Case No. 2022-0182
ADAM GARDNER	)	CONSENT ORDER
Licensee	)	

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

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

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the licensee is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the licensee admits that he did not disclose an arrest on his 12/7/2021 application, and that legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the licensee consents to the disciplinary action as set forth herein;

The Board finds that Licensee failed to disclose an arrest on his 12/7/2021 application in violation of OAR 855-019-0205(1), and is grounds for discipline under ORS 689.405(1)(i), ORS 689.445(1)(d)(A) and ORS 689.832(1) and hereby:

1. Licensee shall pay a civil penalty in the amount of $1,000 with $850 stayed pending compliance with the terms of this Consent Order and no further violation for three (3) years. The $150 civil penalty not stayed shall be paid within ten days from the date this Consent Order becomes final. If Licensee violates any term or condition of this Consent Order, within three years of the effective date of this Consent Order, the Board may take action to lift the stayed portion of the civil penalty.

2. Licensee shall earn and submit continuing education (CE) certificates for three (3) hours of CE in the area of pharmacy law or ethics within 10 days from the date this Consent Order becomes final. The continuing education hours earned in regard to this case are in addition to the CE required for renewal and are not eligible for renewal purposes.

3. Failure of the licensee to comply with all the requirements of the final order in this

matter constitutes failure to cooperate with the Board and is grounds for revocation or any other form of discipline or sanction authorized by law.

CONSENT

I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

Adam Gardner
Licensee (License No. RPH-0018912)

6/14/22
Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, PharmD, R.Ph.
Compliance Director

6/15/2022
Date

I, Adam Gardner, **certify that as the designated representative for**

Tidy Rp LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AG I am at least 21 years of age;
3. AG 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. AG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AG 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. AG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Adam Gardner

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/9/23

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.

Adam Gardner

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/9/23

Date

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

State of FLORIDA, ss. County of Pinellas

I, Adam Gardner, 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

11/9/23

Date

Subscribed and Sworn to before me this 9th day of November

Notary Public Signature

MARY HALL
MY COMMISSION # HH 390862
EXPIRES: August 25, 2027

(Seal)

13

13A

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

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 1-3 & 4
☒ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Fresenius Kabi Compounding, LLC dba Fagron Sterile Services

Physical Address: 20 Dan Road, Suite 1

City: Canton State: MA Zip Code: 02021

Telephone: 316-773-0405 Fax: NA

Toll Free Number: 877-254-5546 (Required per NAC 639.708)

E-mail: bostonlicensing@fagronsterile.com Website: www.fagronsterile.com

Supervising Pharmacist: Yeunhee Kim Nevada License #: 24003

SERVICES PROVIDED

Yes/No

☒ ☐ Parenteral
☒ ☐ Sterile Compounding
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: $500 - Check 500713160

FEI Number (From FDA application): 3013438665

Please provide the name of the facility as registered with the FDA and the registration number:
Fresenius Kabi Compounding, LLC dba Fagron Sterile Services

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
dba Fagron Sterile Services

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Yeunhee Kim Nevada License Number: ____

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: NA

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, cite 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.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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 OUTSOURCING FACILITY 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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☐

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

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

Jason McGuire, VP FSS Operations
Print Name of Authorized Person

14 Sept 2023
Date

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Fagron Holding USA, LLC.

Address: 201 W 5th St, Suite 1250

City: Austin State: TX Zip: 78701

Telephone: 512-474-7400 Fax: NA

Contact Person: Jay McEniry

For any corporation non publicly traded, disclose the following:

NA

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

a) _____
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

Include with the application for a non publicly traded corporation

✓Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. attached

✓List of officers and directors attached

Facility Name	Contact Name and Phone Number	Initial Date of Registration as an Outsourcing Facility[1]	Date of Most Recent Registration as an Outsourcing Facility[1]	End Date of Last FDA Inspection Related to Compounding[2]	Was a Form FDA-483 issued?[3]	Other Action, if Any, Based on Last Inspection[4,5]	Inte Com Ster Dru Bull Sub
Fresenius Kabi Compounding LLC dba Fagron Sterile Services, Canton, MA	Deborah McHugh 316-773-0405	4/21/2017	10/25/2023	03/06/2023	Yes (https://www.fda.gov/media/170140/download)	FMD-145 Letter Issued 08/11/2023	No
Genixus, Corp, Kannapolis, NC	Kendall Foster 877-436-4987	6/22/2022	11/15/2022	Not yet inspected	N/A	N/A	Yes
Hikma Injectables USA Inc., Dayton, NJ	J. Barton Kalis 856-489-2247	9/15/2021	10/27/2023	6/8/2022	Yes (/media/164594/download?attachment)	FMD-145 Letter Issued 2/10/2023	No
Hikma Pharmaceuticals USA Inc., Cherry Hill, NJ	J. Barton Kalis 856-489-2247	9/15/2021	10/27/2023	7/7/2022	No	FMD 145 Letter Issued 5/11/2023	Yes
Hybrid Pharma, LLC, Deerfield Beach, FL	Ponswamy Rajalingam 954-708-2771	1/14/2015	11/7/2022	9/3/2021	Yes (https://www.fda.gov/media/158758/download)	Warning Letter Issued 6/7/2022 (/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/hybrid-pharma-llc-629021-06072022)	Yes
Imprimis NJOF, LLC, Ledgewood, NJ	Jeffrey Palmer +1-973-804-1635	11/12/2016	11/2/2023	1/29/2021	Yes (https://www.fda.gov/media/151431/download)	Regulatory Meeting Held 8/29/22	Yes
IntegraDose Compounding Services, LLC, Minneapolis, MN	Craig Else 612-672-5216	5/8/2018	11/2/2022	8/2/2021	Yes (/about-fda/fda-commissioner/integradose-compounding-services-llc-minneapolis-mn-483-issued-08022021)	Recall Initiated 9/2021 (/safety/recalls-market-withdrawals-safety-alerts/integradose-compounding-services-llc-issues-voluntary-nationwide-recall-cefazolin-injection-products)	No
Leesar Inc., Fort Myers, FL	Maria Gautier 239-939-8925	4/30/2014	11/15/2022	10/29/2021	Yes (https://www.fda.gov/media/156685/download)	Untitled Letter Issued 6/17/2022 (https://www.fda.gov/media/163365/download)	No
Mark Cuban Cost Plus Manufacturing and Compounding LLC, Dallas, TX	Alexander Oshmyansky 303-907-8003	11/2/2022	2/8/2023	Not yet inspected	N/A	N/A	Yes
McGuff Outsourcing Solutions, Inc. Santa Ana, CA	Si Pham 1-800-603-4795; ext=314	1/11/2023	1/11/2023	Not yet inspected	N/A	N/A	Yes
Medi-Fare Drug, Blacksburg, SC	Anne-Marie Davis 864-839-6500	12/17/2013	12/27/2022	5/26/2023	No	Open[7]	Yes
MedisourceRx, Los Alamitos, CA	Amy Summers 714-455-1300	2/14/2017	11/15/2022	11/10/2022	No	FMD-145 Letter Issued 4/14/2023	Yes
Molecular PharmaGroup, New Providence, NJ	Amanda Lanze 908-588-3440	5/8/2018	12/19/2022	Not yet inspected	N/A	N/A	Yes
Nephron Sterile Compounding Center, LLC (NSCC), West Columbia, SC	Lou Wood Kennedy 803-569-3110	7/15/2014	10/24/2023	2/10/2023	Yes (https://www.fda.gov/media/171873/download)	Open[7]	Yes

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Registered Outsourcing Facilities

Facilities Registered As Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Updated as of 11/3/2023

- Information Concerning Outsourcing Facility Registration (/drugs/compounding/questions-and-answers-outsourcing-facility-registration)
- Outsourcing Facility Product Reporting Information (/drugs/compounding/information-outsourcing-facilities#reporting)

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

Facility Name	Contact Name and Phone Number	Initial Date of Registration as an Outsourcing Facility[1]	Date of Most Recent Registration as an Outsourcing Facility[1]	End Date of Last FDA Inspection Related to Compounding[2]	Was a Form FDA-483 Issued?[3]	Other Action, If Any, Based on Last Inspection[4,5]	Inte Con Ster Dru Buli Sub
AnazaoHealth Corporation, Las Vegas, NV	Jaclyn Wong 800-995-4363 Ext=3120	9/23/2014	11/29/2022	7/29/2022	Yes (https://www.fda.gov/media/163365/download)	Regulatory Meeting Held 5/2/2023	Yes
ANNOVEX PHARMA, INC, Lorton, VA	Kenneth Erickson 540-642-5104	10/14/2021	10/30/2022	Not yet inspected	N/A	N/A	Yes
Apocus, Inc., San Antonio, TX	Suryanarayana Raju Sagi 214-797-7172	10/17/2023	10/17/2023	Not yet inspected	N/A	N/A	N/A
Apollo Care, Columbia, MO	Jarred Dudding 573-441-8900	9/14/2017	1/3/2023	4/5/2023	Yes (https://www.fda.gov/media/170139/download)	Open[7]	Yes
Athenex Pharma Solutions, LLC, Clarence, NY	Lori Giles Aleshin 716-815-6478	4/10/2017	11/10/2022	8/28/2019	Yes (https://www.fda.gov/media/132333/download)	FMD-145 Letter Issued 8/10/2021	Yes
Atlas Pharmaceuticals, LLC, Phoenix, AZ	Michael Papenthien 480-349-2233	11/8/2017	12/21/2022	5/21/2021	Yes (/about-fda/fda-commissioner/atlas-pharmaceuticals-llc-phoenix-az-483-issued-05212021)	FMD-145 Letter Issued 5/3/2022	Yes
Atlas Pharmaceuticals, LLC (Grandview), Phoenix, AZ	Lee Martin 480-521-8047	8/5/2023	10/25/2023	Not yet inspected	N/A	N/A	Yes
BayCare Integrated Service Center, LLC dba BayCare Central Pharmacy, Temple Terrace, FL	Kenneth Jozefczyk 813-901-6339	6/4/2019	10/7/2023	6/2/2023	Yes (/media/170879/download?attachment)	Open[7]	No
Bennett Pharmaceuticals of America LLC, Hudson, WI	James Mulvahill 952-381-9027	4/19/2022	1/16/2023	Not yet inspected	N/A	N/A	Yes
BPI Labs LLC, Largo, FL	Chandra Kasireddy 727-471-0850	3/4/2019	10/13/2023	4/30/2021	Yes (https://www.fda.gov/media/158757/download)	FMD-145 Letter Issued 9/10/2021	Yes

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Licensee Information

Close Window

The Massachusetts Department of Public Health has implemented a deferral of expiration on all licenses, certifications, permits, and certificates of registration in good standing issued by the Board of Registration in Nursing, the Board of Registration of Physicians Assistants, the Board of Registration of Perfusionists and the Board of Respiratory Care in adherence to Order of the Commissioner of Public Health COVID-19 Public Health Emergency Order No. 2022-15 (issued June 14, 2022) and Order of the Commissioner of Public Health (COVID-19 Public Health Emergency Order No. 2022-18 (issued September 30, 2022).

PLEASE NOTE WHEN REVIEWING EXPIRATION DATE:

- If the license expiration date is prior to March 10, 2020, the license is expired.
- Licenses in the professions of Nursing, Physician Assistants, and Respiratory Care with an expiration date between March 10, 2020, and December 31, 2022, are current under the Commissioner's order, but will expire on December 31, 2022. If the expiration date is on or after December 31, 2022, for a license in one of these professions, the license is current and will expire on the stated date.
- MCSRs in these professions with a status of "Current COVID-19" will expire on December 31, 2022.

Please note, Emergency Medical Services certifications are not affected by the above guidance - their marked expiration date and status are accurate. See Emergency Medical Technicians (EMTs) and Paramedics for more information.

Name

Full Name:	Fresenius Kabi Compounding, LLC

License Information

License Number:	RO00002		
Profession:	PHARMACY	License Type:	Resident Outsourcing Facility
Issue Date:	1/19/2018	Date of Last Renewal:	11/22/2022
License Status:	Current	Expiration Date:	12/31/2023
Reciprocity State:		Today's Date:	11/30/2022

Address Information

City:	Canton
State:	MA
Zipcode:	02021
Country:	United States

Education Information

No Education Information

Prerequisite Information

Licensee:	Fresenius Kabi Compounding, LLC
Relationship:	Self Automatic
License No:	OSC00002

Disciplinary Information

Important: Disciplinary actions taken against a license will NOT display on any other license or associated permit or authorization. You must look up every license, permit, or authorization held by a licensee to see all disciplinary actions.

Case #	Date Closed	Discipline	Discipline Start	Discipline End
Currently there is no disciplinary information regarding this license.				

Disclaimer: The information contained in this website ("website content") is made available as a public service by the Massachusetts Department of Public Health (the Department). The Department considers this information to constitute primary source verification. Click here for full disclaimer.

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: Fresenius Kabi Compounding, LLC dba Fagron Sterile Services

Address: 20 Dan Road, Suite 1

City: Canton State: MA Zip: 02021

I hereby authorize the MA Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant Jason M

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
RO00082	ACTIVE	January 19, 2018	December 31, 2023

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☒ No	☐ 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	Sl
[signature]	DIRECTOR	MA	10/26/2023	

COMMONWEALTH OF MASSACHUSETTS BOARD OF REGISTRATION IN PHARMACY

Licensee Information

Close Window

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Please note, Emergency Medical Services certifications are not affected by the above guidance - their marked expiration date and status are accurate. See Emergency Medical Technicians (EMTs) and Paramedics for more information.

Name

Full Name:	Fresenius Kabi Compounding, LLC

License Information

License Number:	OSC00002		
Profession:	PHARMACY	License Type:	Outsourcing Controlled Substance
Issue Date:	6/13/2017	Date of Last Renewal:	11/22/2022
License Status:	Current	Expiration Date:	12/31/2023
Reciprocity State:		Today's Date:	11/30/2022

Address Information

No address Information

Education Information

No Education Information

Prerequisite Information

Licensee:	Fresenius Kabi Compounding, LLC
Relationship:	Self Automatic
License No:	RO00002

Disciplinary Information

Important: Disciplinary actions taken against a license will NOT display on any other license or associated permit or authorization. You must look up every license, permit, or authorization held by a licensee to see all disciplinary actions.

Case #	Date Closed	Discipline	Discipline Start	Discipline End
Currently there is no disciplinary information regarding this license.				

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Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

BOARD OF REGISTRATION IN PHARMACY

Outsourcing Controlled Substance

Fresenius Kabi Compounding, LLC
20 Dan Street, Suite 1
Canton MA 02021

Signature

LICENSE NO.	EXPIRATION DATE	SERIAL NO.
OSC00002	12/31/2023	1383003

Fold, Then Detach Along All Perforations

DPH CONTROL# 19224473

IMPORTANT

If you find this license, please return to: **The Bureau of Health Professions Licensure, 250 Washington St., Boston, MA 02108.**

If your name or address changes, you must notify the Bureau to ensure the proper mailing of your next renewal or recall reminder. Always refer to your License or MCSR number when corresponding with the Bureau. This license is subject to the provisions of the General Laws as amended. It is a privilege and cannot be loaned or assigned to another entity. Keep this license on your person, posted, or as required by law.

Please visit our web site at: http://mass.gov/dph/boards

Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

BOARD OF REGISTRATION IN PHARMACY

Resident Outsourcing Facility

Fresenius Kabi Compounding, LLC
20 Dan Street, Suite 1
ATTN: Andrew Basso
Canton MA 02021

Signature

LICENSE NO.	EXPIRATION DATE	SERIAL NO.
RO00002	12/31/2023	1383004

Fold, Then Detach Along All Perforations

DPH CONTROL# 19224474

IMPORTANT

If you find this license, please return to: **The Bureau of Health Professions Licensure, 250 Washington St., Boston, MA 02108.**

If your name or address changes, you must notify the Bureau to ensure the proper mailing of your next renewal or recall reminder. Always refer to your License or MCSR number when corresponding with the Bureau. This license is subject to the provisions of the General Laws as amended. It is a privilege and cannot be loaned or assigned to another entity. Keep this license on your person, posted, or as required by law.

Please visit our web site at: http://mass.gov/dph/boards

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Tel: 617-624-6000
www.mass.gov/dph

MAURA T. HEALEY
Governor
KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary
ROBERT GOLDSTEIN, MD, PhD
Commissioner

Verification of Licensure

11/07/2023

To Whom It May Concern:

The organization named below was issued the following in the Commonwealth of Massachusetts:

Resident Outsourcing Facility License

Name of Organization: Fresenius Kabi Compounding, LLC
Registration Number: RO00002
Registration Status: Current
Issue Date: 01/19/2018
Expiration Date: 12/31/2023
Disciplinary Actions: There are no disciplinary actions against this license.

Registration verification may be obtained at http://checkahealthlicense.mass.gov/. The information provided in this "Verification" is based on the records maintained by the Massachusetts Bureau of Health Professions Licensure and its licensing boards. Individuals are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the "Verification." Disciplinary status is defined as voluntary surrender, revocation, suspension or probation of a license. The "Verification" does not include information about the existence, absence, or status of complaints. To request such information, please submit a public record request to publicrecordsadmin@massmail.state.ma.us.

Dave Sencabaugh
Executive Director

c72872d0-6aee-4522-b845-6bc8c5a5bf32

NEVADA STATE BOARD OF PHARMACY

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

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Fresenius Kabi Compounding, LLC dba Fagron Sterile Services

NV Pharmacy or Outsourcing facility license # (if applicable): Application review in process, license # not yet issued.

Physical Address: 20 Dan Road, Suite 1

City: Canton State: MA Zip: 02021

Mailing Address (if different from physical address): 8710 E 34th St N

City: Wichita State: KS Zip: 67226

Telephone: 316-773-0405 Toll Free # (NAC 639.708, NRS 639.23286): 877-254-5546

Fax: NA Contact Email: bostonlicensing@fagronsterile.com

Website: www.fagronsterile.com

Nevada Business License # (if applicable) NA

Supervising/Managing Pharmacist Name (NRS 639.220): Yeunhee Kim

Supervising/Managing Pharmacist NV Pharmacist Registration #: NA

Name of Person with direct knowledge of compounding procedures: Yeunhee Kim

Email of Person with direct knowledge of compounding procedures: yeunhee.kim@fagronsterile.com

Telephone of Person with direct knowledge of compounding procedures: 316-773-0405

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☐ Low ■ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ■ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Please see attached. Note that Oxytocin IV bag is the only USP 800/NIOSH product compounded in this facility.

4. Will you be utilizing beyond use dates in excess of USP-797? ■ Yes ☐ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
Full expiry studies are performed per the cGMP Guidance for 503B Outsourcing facilities.

6. What laboratory performs this additional testing?

Name: Fagron Sterile Services (our sister 503B compounding site in KS does our testing)

Address: 8710 E 34th St N

City: Wichita State: KS Zip: 67226

Telephone: 877 - 405 - 8066

7. What is your procedure for visual inspection of compounded sterile products?
Qualified manufacturing personnel will perform 100% visual inspection of each compounded sterile products that will be labeled prior to the packaging operation. Personnel who compound a batch will not perform visual inspection of that batch. Line clearance is performed prior to beginning of the inspection of a batch as well as at the end of the inspection of a batch. Only one batch can be inspected at a time per inspection line. Using an inspection hood, operator inspects one unit of CSP at a time. CSP unit should be held, slightly wiggled and/or inverted, and inspected for defects for 5 seconds against white background and 5 seconds against black background under 8,000 lux of light using calibrated inspection hood timer. Operators will only perform continuous visual inspection for 45 minutes followed by non-inspection period of 15 minutes before the next period of visual inspection.

8. How often do you perform glove fingertip and medial fill testing?
Full gowning qualification is performed annually, which includes sampling of glove fingertips, forehead, shoulders, forearms, and chest. Additionally, glove fingertip testing is performed at the end of pooling and filling process for each batch compounded. Media fill testing is performed biannually.

9. What is your policy if an employee fails a glove fingertip or media-fill test?
After a glove fingertip test failure during gowning qualification, the employee will be disqualified, and an Event Record will be initiated to determine impact on previous work and determine appropriate retraining. The employee will have to perform a new initial qualification, which consists of 3 consecutive successful tests completed on at least 2 different days. After a personnel media fill test failure, the operator is not allowed to perform aseptic processing until an initial personnel media qualification is successful, which is performing a minimum of 18 media fill units in one shift. In addition, Operations and Quality Management will determine what qualification and/or training is required.

10. Describe your initial and annual training program for all personnel performing sterile compounding:
Initial training for sterile compounding includes reading SOPs, classroom trainings, 1:1 trainings, and passing initial glove fingertip and media fill tests. Classroom trainings are provided involving cGMP compliance and aseptic processing and contamination control. All personnel receive 1:1 training in a simulated environment on how to properly gown into ISO 7 cleanroom. Then, a qualified trainer instruct on how to perform aseptic manipulations in an ISO 5 Vertical Laminar Flow Hood. After testing, trainees undergo on-the-job training by qualified trainers. For the annual training, all personnel are responsible to maintain their qualifications for media fill and glove fingertip testing, and to complete training by reading SOPs.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Primary engineering controls: Pre-production cleaning is performed daily prior to start of working day, using sterile Vesta Syde SQ 64 (quaternary ammonium disinfectant) and sterile 70% IPA (isopropyl alcohol solution). If multiple batches are compounded in the same VLFH, between batch cleaning is performed using sterile 70% IPA. Post-production cleaning is performed daily at the end of the working day once all production has completed, using SWFI (Sterile Water for Injection) and sterile 70% IPA. Every Wednesday, weekly cleaning is performed with sterile Sporklenz (peracetic acid/hydrogen peroxide sporicidal agent) and sterile 70% IPA, which will replace post-production daily cleaning.
Secondary engineering controls: Areas of the room is cleaned in this order - ceiling (weekly), walls (weekly), VLFH or Fume Hood exterior (weekly), horizontal work surfaces (daily), and floors (daily). Monthly cleaning is also performed for the entire room. Sterile Vesta Syde SQ 64 is used for daily cleaning and SporKlenz is used for weekly and monthly cleaning.

12. Who performs the sterile compounding process at your facility?
Qualified cleanroom technicians perform the sterile compounding process under the direct supervision of room supervisors.

13. Who is responsible and accountable for the sterile compounding process at your facility?
All personnel who are authorized and trained to perform aseptic manipulations in an ISO 5 VLFH are responsible for the sterile compounding process. In addition, manufacturing management and pharmacists are responsible for creation and maintenance of the batch records and SOPs with Quality approval before implementation.

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Controlled Room Temperature and Refrigerated product studies have been completed to ensure efficacy of products during shipments. Product labeling also provides storage conditions. All products have tamper evident caps or devices. All products have primary and secondary containment to contain product. Packing of product is defined in Standard Operating Procedure and material specifications to safeguard/protect products during transport.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? ISO 5 Vertical Laminar Flow Hood inside an ISO 7 clean room. Our only USP800 product is Oxytocin and we manufacture using sterile to sterile vials in a virtually closed system and do not use powdered API.		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	■ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	■ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	■ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	■ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	■ No
7. If yes, list the name of the device: N/A		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? We do not dispense the compounded products directly to patients, all products are shipped to hospitals for administration. Secondary label of the hazarouds drug product indicates the statement "Warning: Hazardous Drug".		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs? Refer to Question 10 in Section 2. Employees are also trained for hazardous drugs by reading SOPs about the OSHA Hazard Communication Standard and hazardous drug spills.		

NA

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

2. What sterilization methods are utilized at your facility?

3. Does your facility utilize biological indicators? ☐ Yes ☐ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form 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 the form 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.

Yeunhee Kim

Name of Person who Completed the Form

Production Pharmacist - Pharmacist In Charge

Title

Signature (copies or stamps not accepted)

1/26/2024

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RF0584323	09-30-2024	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,3,3N, 4,L1	MANUFACTURER	08-11-2023

FRESENIUS KABI COMPOUNDING, LLC
D/B/A FAGRON STERILE SERVICES
20 DAN RD STE 1
CANTON, MA 02021

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
RF0584323	09-30-2024	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,3,3N, 4,L1	MANUFACTURER	08-11-2023

FRESENIUS KABI COMPOUNDING, LLC
D/B/A FAGRON STERILE SERVICES
20 DAN RD STE 1
CANTON, MA 02021

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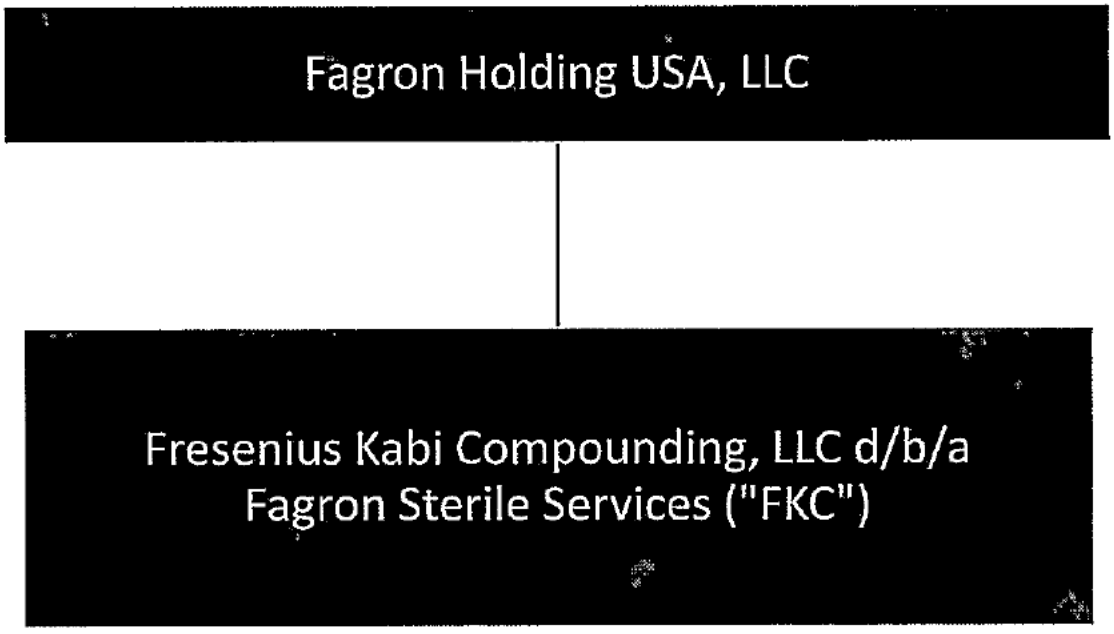
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

FKC Company & Ownership Information

Company Name:	Fresenius Kabi Compounding, LLC d/b/a Fagron Sterile Services
Address:	20 Dan Road, Suite 1, Canton, MA 02021; County: Norfolk
Phone:	316-773-0405
Ownership/LLC Member:	Solely owned by Fagron Holding USA, LLC
FKC LLC Managers:	Jason McGuire, VP FSS Operations DOB: [redacted] Personal Address: [redacted] E Ayesbury St, Wichita, KS 67228 Business Address: 8710 E 34th St N, Wichita, KS 67226 [redacted]
	Andrew Basso, Sr Director Plant Operations DOB: [redacted] Personal Address: [redacted] Dalehill Dr, East Greenwich, RI 02818 Business Address: 20 Dan Road, Suite 1, Canton, MA 02021 [redacted]



FKC LLC Member:
Fagron Holding USA, LLC is a holding company and the 100% sole member/owner of FKC.

Company Name:	Fagron Holding USA, LLC
Percentage Ownership:	100%
Address:	201 W 5th St, Suite 1250, Austin, TX 78701, County: Travis
Phone:	512-474-7400

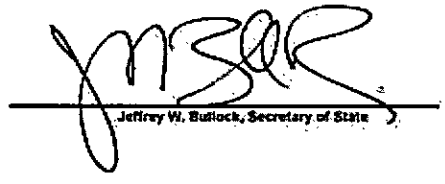
Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRESENIUS KABI COMPOUNDING, 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRESENIUS KABI COMPOUNDING, LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2015.

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



5898786 8300

SR# 20233486042

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

Authentication: 204157400

Date: 09-13-23

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

September 15, 2023

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of registration of a Foreign Limited Liability Company was filed in this office by

FRESENIUS KABI COMPOUNDING, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **November 11, 2016**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 72 for revocation of said Limited Liability Company's authority to transact business in the Commonwealth; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **ANDREW BASSO, JASON MCGUIRE**

I further certify that the name of persons authorized to act with respect to real property instruments listed in the most recent filings are: **STEVEN ADAMS, CATHERINE CAPPUZZELLO, SEAN MORIARTY**

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed By:BOD

FDA U.S. FOOD & DRUG ADMINISTRATION
OFFICE OF REGULATORY AFFAIRS
OFFICE OF PHARMACEUTICAL QUALITY OPERATIONS

U.S. Food and Drug Administration
Division of Pharmaceutical Quality Operations I
10 Waterview Blvd, 3rd FL
Parsippany, NJ 07054
Telephone: (973) 331-4900
Fax: (973) 331-4969
www.fda.gov

8/11/2023

VIA ELECTRONIC MAIL

Andrew Pulido
President North America
Fagron Sterile Services
201 W. 5th Street, Suite 1250
Austin, TX 78701

Ref: FEI 3013438665

Dear Mr. Pulido:

We are enclosing a copy of the Establishment Inspection Report (EIR) for the inspection conducted at your facility, Fresenius Kabi Compounding, LLC dba Fagron Sterile Services, located at 20 Dan Road, Canton, MA 02021-2809, from January 30, 2023, to March 6, 2023, by the U.S. Food and Drug Administration (FDA).

When the Agency concludes that an inspection is "closed" under 21 C.F.R. 20.64(d)(3), it will release a copy of the EIR to the inspected establishment.

The Agency continually works to make its regulatory process and activities more transparent for regulated industry. Releasing this EIR to you is part of this effort. The copy being provided to you comprises the narrative portion of the report; it may reflect redactions made by the Agency in accordance with the Freedom of Information Act (FOIA) and 21 C.F.R. Part 20. This, however, does not preclude you from requesting and possibly obtaining any additional information under FOIA.

If there is any question about the released information, please contact Compliance Officer, Juan Jimenez, at orapharm1_responses@fda.hhs.gov and juan.jimenez@fda.hhs.gov or at 973-832-9409. Please identify your communications with FEI: 3013438665.

We would appreciate your confirmation in receipt of this communication.

Sincerely,

Craig W. Swanson -S Digitally signed by Craig W. Swanson -S
Date: 2023.08.11 12:26:25 -04'00'

Craig Swanson
Deputy Program Division Director
U.S. Food and Drug Administration
Office of Pharmaceutical Quality Operations Division I

Enclosure: EIR

Cc: Deborah E. McHugh
Senior Director of Quality
Fagron Sterile Services US
20 Dan Road, Suite 1
Canton, MA 02021
Email: Deborah.McHugh@fagronsterile.com

(Cover letter only)
David Sencabaugh
Executive Director
Massachusetts Board of Registration in Pharmacy
250 Washington Street
Boston, Massachusetts 02108
Email: david.sencabaugh@mass.gov
Email: pharmacy.admin@mass.gov

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
One Montvale Avenue Stoneham, MA 02180 (781)587-7500 Fax:(781)587-7556 ORAPHARM1_RESPONSES@fda.hhs.gov	1/30/2023-3/6/2023* FEI NUMBER 3013438665

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Deborah E. McHugh, Senior Director of Quality

FIRM NAME	STREET ADDRESS
Fresenius Kabi Compounding, LLC	20 Dan Rd
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Canton, MA 02021-2809	Outsourcing Facility

This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

DURING AN INSPECTION OF YOUR FIRM I OBSERVED:

OBSERVATION 1

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established, written and followed.

Specifically, on 01/31/2023, production operators were observed performing preproduction cleaning of the interior of the ISO 5 VHLFs located in ISO 7 Room 139. During the cleaning operations, multiple operators were observed leaning their bodies inside the ISO 5 VLFHs in order to clean the interior of the VLFHs. By leaning inside the ISO 5 VLFHs, the operators blocked the path of the unidirectional airflow inside the VLFHs immediately prior to performing production operations. Operators then manufactured Rocuronium 50mg per 5mL Syringe, Lot # 654618 in VLFH # E00034.00; Phenylephrine HCl 20mg added to 250mL Bag, Lot # 654619 in VLFH E00033.00; Vancomycin HCl 2g added to 500mL Bag, Lot # 654620 in VLFH E00031.00; and Norepinephrine 4mg added to 250mL Bag, Lot # 654621 in VLFH E00035.00.

OBSERVATION 2

The accuracy, sensitivity, specificity and reproducibility of test methods have not been established.

Specifically, the USP <71> method suitability tests performed for your injectable Vancomycin drug products failed to recover *Bacillus subtilis* demonstrating that the Fluid washes were not adequately neutralizing the antibiotic in order to detect all potential microbial contamination.
Between June 11, 2021, and January 30, 2023, your firm used USP <71> to perform sterility testing on approximately 478 batches of your injectable Vancomycin drug products that were distributed for use in treating patients.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Jonathan G Matrisciano, Investigator	X [signature]	3/6/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
One Montvale Avenue Stoneham, MA 02180 (781)587-7500 Fax:(781)587-7556 ORAPHARM1_RESPONSES@fda.hhs.gov	1/30/2023-3/6/2023*
	FEI NUMBER 3013438665

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Deborah E. McHugh, Senior Director of Quality

FIRM NAME	STREET ADDRESS
Fresenius Kabi Compounding, LLC	20 Dan Rd
CITY, STATE, ZIP CODE, COUNTRY Canton, MA 02021-2809	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

***DATES OF INSPECTION**
1/30/2023(Mon), 1/31/2023(Tue), 2/01/2023(Wed), 2/02/2023(Thu), 2/06/2023(Mon), 2/07/2023(Tue), 2/08/2023(Wed), 2/09/2023(Thu), 2/13/2023(Mon), 2/14/2023(Tue), 2/15/2023(Wed), 2/16/2023(Thu), 2/27/2023(Mon), 3/06/2023(Mon)

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Jonathan G Matrisciano, Investigator	X	DATE ISSUED 3/6/2023

FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE **INSPECTIONAL OBSERVATIONS** PAGE 2 of 2 PAGES

The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."

Fagron
Sterile
Services US

March 24, 2023

U.S. Food and Drug Administration
Office of Pharmaceutical Quality Operations (OPQO), Division I
ORAPHARM1_RESPONSES@fda.hhs.gov

RE: Responses to Inspection Observations (Form FDA 483) dated March 6, 2023 following the January 31st, 2023 – March 6, 2023 inspection of Fresenius Kabi Compounding, LLC dba Fagron Sterile Services

To Whom It May Concern:

This letter and attachments are in response to the Form FDA 483, issued March 6, 2023, presented to Fresenius Kabi Compounding, LLC dba Fagron Sterile Services, following the inspection that occurred January 31st, 2023 to March 6th, 2023. Our firm's FEI number is 3013438665 as noted on Form FDA 483; updated FEI 0810821198 from 2023 registration as part of company ownership facility name change.

FSS appreciates the time and effort of Investigator John Matrisciano for his thorough inspection and constructive comments provided to the team in Canton, MA. We welcome the opportunity to continue to improve our Quality Systems and GMP Compliance programs and are committed to continuously improving the quality of our processes with the goal of consistently producing compounded pharmaceutical products that meet the highest levels of safety and quality.

If you have any questions relating to our response or need additional information, please feel free to contact me directly, Deborah McHugh at 508-353-9279 or by e-mail at Deborah.McHugh@fagronsterile.com (previous email Deborah.McHugh@fresenius-kabi.com).

Kind Regards,

Deborah McHugh
Senior Director of Quality
Fresenius Kabi Compounding, LLC dba Fagron Sterile Services

cc:
Manish Prakash, Global Quality Head, Fagron
Jason McGuire, U.S. Site Lead, Fagron Sterile Services
Andrew Basso, Senior Director of Operations, Fresenius Kabi Compounding, LLC dba FSS

Fagron Sterile Services US

FDA Inspectional Observation Responses

Facility name: Fresenius Kabi Compounding, LLC, dba Fagron Sterile Services

Facility location: Canton, MA

ID: 080570297

FEI: Previous: 3013438665; New: 0810821198

Inspection dates: 31Jan2023 – 06Mar2023

OBSERVATION 1

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established, written and followed.

Specifically, on 01/31/2023, production operators were observed performing preproduction cleaning of the interior of the ISO 5 VLFHs located in ISO 7 Room 139. During the cleaning operations, multiple operators were observed leaning their bodies inside the ISO 5 VLFHs in order to clean the interior of the VLFHs. By leaning inside the ISO VLFHs, the operators blocked the path of the unidirectional airflow inside the VLFHs immediately prior to performing production operations. Operators then manufactured Rocuronium 50mg per 5mL Syringe, Lot # 654618 in VLFH # E00034.00; Phenylephrine HCl 20mg added to 250mL Bag, Lot # 654619 in VLFH E00033.00; Vancomycin HCl 2g added to 500mL Bag, Lot # 654620 in VLFH E00031.00; and Norepinephrine 4mg added to 250mL Bag, Lot # 654621 in VLFH E00035.00.

Response

We acknowledge the observation and the importance of proper cleaning techniques to prevent microbial contamination to the aseptic processing environment to ensure sterility of product is maintained.

In addition to determining corrective actions for this process, as part of our investigation of the Observation, we assessed scope and impact and we do not consider this a risk to our product. Refer to the below information from our initial investigation.

Cleaning of the Manufacturing Vertical Laminar Flow Hoods (VLFH) is governed by SOP 14-01-00-0012 "Operation, Cleaning and Maintenance of the Walker Vertical Laminar Flow Hoods (VLFH)". Cleaning of the QC Microbiology Vertical Laminar Flow Hoods (VLFH) is governed by SOP 14-01-00-0105 "Operation, Cleaning, and Maintenance of the Baker Vertical Laminar Flow Hoods (VLFH)". Based on the identified procedural gap, the scope of this investigation is not limited to the four lots listed in FDA Observation 1. This impact assessment will consider impact to all production within the VLFH.

The QC microbiology VLFH cleaning procedure was reviewed to determine if the QC microbiology VLFHs are also within scope. Per procedure 14-01-00-0105 "Operation, Cleaning, and Maintenance of the Baker Vertical Laminar Flow Hoods (VLFH)", the VLFHs are cleaned before each day of use. Peracetic acid or Hydrogen Peroxide must be used at least one day per work week. All other days must use a Quaternary Ammonium disinfectant. A post-use cleaning is performed at the end of the working day using sterile 70% IPA. All QC hood cleanings are documented Attachment A of SOP 14-01-00-0105.

QC Micro personnel do not reach into the VLFH beyond sterile sleeves as a best practice. In addition, the design of the Microbiology Baker VLFH is different than the Manufacturing Walker VLFHs used in production. The Baker VLFH is smaller (~4 ft long vs ~6ft long) and less deep (~25in vs ~30in), allowing for easier reach of all interior sides. However, since SOP 14-01-00-0105 does not state this requirement to not reach, the QC VLFHs are also within scope and a CAPA will be opened to address the procedural gap.

There is expected to be no impact as the QC VLFHs are used for sterility testing. Any deficiency in the cleaning of the Microbiology VLFH would be detectable through routine EM, as well as the sterility testing being performed. Sterility testing is destructive, and all product used for sterility testing is disposed of upon completion of testing; therefore, there is no potential impact to patient safety.

Additionally, QC Analysts who clean VLFHs are gowning qualified per SOP 14-01-00-0018 "Gowning for Classified Areas at the Canton Compounding Facility" and SOP 14-01-00-0062 "Gowning Qualification at the US Compounding Sites." QC Analysts are fully gowned wearing sterile hoods, gowns, booties, masks, goggles, and gloves with no skin showing per SOP 14-01-00-0162, "Gowning for QC Classified Areas". Prior to entering the VLFH, sterile sleeves and gloves are additionally donned. To begin cleaning the hood, the analyst starts from the back ceiling of the VLFH (HEPA grid) and out toward the front of the VLFH, where the deck is the last section cleaned inside the VLFH prior to wiping the outer sash. Specifically, the VLFH is wiped in a sweeping motion from left to right and back to front following this order:

- Ceiling HEPA grid (taking care not to wet the filter)
- Back interior wall of the VLFH
- Interior sides of the VLFH
- Inside of the glass VLFH sash
- All external surfaces of any equipment that remained inside the VLFH using IPA
- Deck of the VLFH, ensuring area under equipment is wiped
- Outside of the glass VLFH sash
- Bottom edge of the glass VLFH sash

For the Manufacturing VLFH, per procedure 14-01-00-0012 "Operation, Cleaning and Maintenance of the Walker Vertical Laminar Flow Hoods (VLFH)", VLFH cleaning is performed prior to each day of use for production. A pre-production cleaning is performed with Sterile Vesta Syde SQ 64 and Sterile 70% IPA and a post-production cleaning is performed with Sterile Water for Injection and 70% IPA using Benchmark Sterile Suite Wipes. Once a week, all in service VLFHs are cleaned using Spor-Klenz (a sporicidal cleaning agent) and Sterile 70% IPA per SOP 14-01-00-0012. All hood cleanings are documented in SOP 14-01-00-0012-FRM-A "Vertical Laminar Flow Hood Cleaning Log." All operators who clean VLFHs are gowning qualified per SOP 14-01-00-0018 "Gowning for Classified Areas at the Canton Compounding Facility" and SOP 14-01-00-0062 "Gowning Qualification at the US Compounding Sites." All operators are fully gowned with no skin exposed while in the ISO 7 and ISO 5 areas.

To begin cleaning, the operator adjusts the height of the hood to ensure all areas of the VLFH can be reached to be cleaned. SOP 14-01-00-0012 does not have instruction regarding how far into the VLFH operators may reach. Operators ensure the VLFH is clear of equipment and materials, then turn off the particle counter and cap it to prevent damage to equipment due to exposure of cleaning agents. For pre-production cleaning, a 20-minute contact time for Vesta Syde SQ 64 is required per SOP 14-01-00-0012. For weekly cleanings, a 20-minute contact time for Spor-Klenz is required per SOP 14-01-00-0012. Surfaces are rewet as necessary to ensure a full 20-minute contact time is achieved.

After the appropriate contact time, the operator starts from the back ceiling of the VLFH (HEPA grid) and out toward the front of the VLFH, where the deck is the last section cleaned inside the VLFH prior to wiping the outer sash. Specifically, the VLFH is wiped in a sweeping motion from left to right and back to front following this order:

- Ceiling HEPA grid (taking care not to wet the filter)

- Back interior wall of the VLFH
- Interior sides of the VLFH
- Bar and hooks on the bar near the ceiling of the VLFH
- Inside of the glass VLFH sash
- Deck of the VLFH
- Outside of the glass VLFH sash
- Bottom edge of the glass VLFH sash

The VLFH is always running, supplying a steady stream of HEPA filtered air at a velocity of approximately 0.45m/s flowing. Per SOP 14-01-00-0012, if the fans supplying the HEPA filtered air are turned off, the fans must run continuously for a minimum of 30 minutes prior to using the VLFH. As the fans are running while cleaning is performed, there is a continuous flow of air downward and out through the opening of the VLFH. The deck being cleaned last minimizes the potential for contaminants from operators reaching into the VLFH as first air is exposed to all surfaces after they are cleaned. Routine environmental monitoring (EM) data collected on each day of production and during weekly monitoring support that the cleaning process for the VLFH render the VLFH in a state of control with little to no bioburden.

During the cleaning process, operators are fully gowned. Gowning requirements for ISO 7 classified clean rooms include sterile hoods, gowns, booties, goggles, and gloves. Prior to entering the ISO 5 classified VLFH for production, operators additionally don sterile sleeves and gloves. No skin is exposed in the ISO 7 classified clean rooms. Since all gowning donned in an ISO 7 is sterile and low shedding, and all personnel must pass gowning qualification prior to gaining access to the ISO 7 clean rooms, there is little to no contamination risk if operators' bodies entered the VLFH during cleaning. While performing VLFH cleaning, operators follow cleanroom behaviour requirements to ensure deliberate movements and ensure overlapping strokes are being performed to achieve total coverage of the VLFH. After each stroke, the sterile suite wipe is rotated and folded to ensure a fresh surface is used each time. This process is repeated for each cleaning agent used within the VLFH. While tools are available to aid in reaching the far sections of the VLFH, manual wiping is preferred because it allows for more control of the wipe and consistent pressure and strokes. The VLFH deck is always the last section of the VLFH to be cleaned to ensure first air is maintained to all areas of the VLFH after cleaning is completed. After the VLFH has been properly cleaned, personnel are allowed to begin production.

Production starts with the performance of pre-use line clearance, which includes documentation of the differential pressure of the VLFH from the Certificate of Performance and verification that the value is within limits. After the necessary equipment and materials have been staged into the VLFH and the particle counter is verified to be on and within limits, the settling plate is opened and aseptic processing begins. Per SOP 14-01-00-0020, any critical connections performed by the operator within the VLFH must be made at least six inches from the front opening and four inches from the back and side walls without interrupting first air. Operators must not position themselves or objects between first air and sterile components. If any components are potentially compromised, they are discarded. Any time an operator comes out of the VLFH, their gloves must be sanitized using IPA prior to re-entry. Additionally, operators periodically sanitized gloves and sleeves using IPA throughout processing. Assistants are not to reach further than 4 inches into the hood and are required stay approximately 2 feet back from the VLFH unless directly assisting the operator as detailed in SOP 14-01-00-0020 "Aseptic Technique for the VLFH at the Canton Compounding Facility". Therefore, the procedural gap is limited to the cleaning of the VLFH.

There is no concern of impact to product manufactured in the VLFH that were cleaned per SOP 14-01-00-0012. Routine environmental monitoring (EM) is performed within the VLFH,

as well as the ISO 7 background rooms, per SOP 14-01-00-0079 "Environmental Monitoring Program" and SOP 14-01-00-0056 "Viable Surface Monitoring with Contact Plates." EM includes viable and nonviable air samples, viable surface monitoring with contact plates, and passive viable air monitoring with settling plates. Additionally, personnel monitoring (PM) is performed on operators' fingertips and forearms. During production, continuous nonviable air monitoring is performed per SOP 14-01-00-0150 "Operational and Data Management Procedure for Environmental Monitoring System" using Climet particle counters connected to the Environmental Monitoring System (EMS) and continuous passive viable air sampling is performed per SOP 14-01-00-0055 "Passive Viable Air Monitoring with Settle Plates" using settling plates. There are active air samples and viable surface samples taken within the VLFH at the end of the day after personnel monitoring is completed and prior to post-production cleaning of the VLFH. The VLFH viable sampling locations are detailed in SOP 14-01-00-0079-FRM-C and include:

Sample Location	Description
A1	Center of hood deck
W1	Left wall
W2	Right wall
W3	Back left wall
W4	Back right wall
F1	Left deck
F2	Right deck

All samples are required to have 0 CFU per SOP 14-01-00-0079. If any growth is recovered from viable samples, a deviation (KabiTrack, KT) is required to investigate the occurrence and assess impact to all lots produced that day and within that VLFH. Therefore, there is high detectability of insufficient cleaning methods that may result in insufficient bioburden reduction.

A review of all VLFH EM data collected on 31Jan2023 was performed. All results were within specification, indicating the pre-production cleaning performed for Rocuronium 50mg per 5mL Syringe, Lot # 654618 in VLFH # E00034.00; Phenylephrine HCl 20mg added to 250mL Bag, Lot # 654619 in VLFH E00033.00; Vancomycin HCl 2g added to 500mL Bag, Lot # 654620 in VLFH E00031.00; and Norepinephrine 4mg added to 250mL Bag, Lot # 654621 in VLFH E00035.00 was sufficient to prevent microbial contamination of the VLFH.

A review of all 2021, 2022 and 2023 ISO 5 EM data collected to-date was performed to review minimally one year's worth of data. Data include viable air, viable contact, and settling plate data for all VLFH.

In 2021, within the ISO 5 VLFHs, there were:

- 1054 viable air samples taken with one action level recovery
  - KT 1043721 for 1(1) CFU from the A1 sample location (center of VLFH deck) on 24May21 in VLFH E00035.00 – The KT determined no expected impact to final product but as a conservative approach, the associated lot was rejected.
- 6314 contact samples taken with one action level recovery from a QC Micro VLFH .
  - KT 1186520 for 1 CFU from F1 sample location (left deck of VLFH) on 18Nov21 in VLFH E00052.00 (QC Micro VLFH) during Environmental Qualification – The KT determined no impact.
- 2122 settling plate samples with two action level recoveries
  - KT 962686 for 1 CFU during Sterility Testing in VLFH E00123.00 on 19Feb21 – The KT determined no impact but one lot of product (Calcium Gluconate 2g lot 652160) was rejected due to an associated Sterility OOS event.

- KT 1138792 for 3 CFU during filling in VLFH E00031.00 on 24Sep21 – The KT determined potential risk to product and the lot was rejected.

Out of approximately 9490 samples, 4 samples (1 viable air, 1 contact plates and 2 settle plates) exceeded the limit of 0 CFU/plate for an action level recovery rate of 0.04% ((4/9490)* 100) for 2021. The contamination recovery rate was calculated as # CFU recovered divided by total number of samples taken (plates) based on USP <1116>. The contamination recovery rate is 0.06% ((6/9490)*100) for 2021. Refer to Observation 1, Attachment 1 for 2021 EM data.

In 2022, within the ISO 5 VLFHs, there were:

- 1115 viable air samples taken with no action level recoveries
- 5697 contact samples taken with two action level recoveries
  - KT 1333843 for 3 CFU from F1 sample location (left deck of VLFH) on 25May22 in VLFH E00031.00 – The KT determined no impact to final product.
  - KT 1422486* for 1 CFU from F1 sample location (left deck of VLFH) on 28Sep22 in VLFH E00034.00 – The KT determined likely no impact to final product.
- 2009 settling plate samples with four action level recoveries of 1 CFU each
  - KT 1422482 for 1 CFU during filling in VLFH E00031.00 on 29Sep22 – The KT determined likely no impact to final product.
  - KT 1435236 for 1 CFU during pooling in VLFH E00035.00 on 18Oct22 – The KT determined no impact to final product.
  - KT 1483332* for 1 CFU during filling in VLFH E00034.00 on 19Dec22 – The KT determined no impact to final product.
  - KT 1483422* for 1 CFU during filling in VLFH E00034.00 on 20Dec22 – The KT determined likely no impact to final product.

**These KT events were provided during the 2023 audit.*

Out of approximately 8821 samples, 6 samples (2 contact plates and 4 settle plates) exceeded the limit of 0 CFU/plate for an action level recovery rate of 0.07% ((6/8821)*100) for 2022. The contamination recovery rate was calculated as # CFU recovered divided by total number of samples taken (plates) based on USP <1116>. The contamination recovery rate is 0.09% ((8/8821)*100) for 2022. Refer to Observation 1, Attachment 2 for 2022 EM data.

In 2023 to-date (Jan to Mar), within the ISO 5 VLFHs, there were:

- 250 viable air samples taken with no action level recoveries
- 1500 contact samples taken with one action level recovery
  - KT 1534807 for 1 CFU from F2 sample location (right deck of VLFH) on 01Mar2023 in VLFH E00035.00 – Investigation pending as of 13Mar2023.
- 390 settling plate samples with no action level recoveries

Data from Jan to Mar 2023 were reviewed to capture a time period from directly before, during, and directly after the observation made on 31Jan2023. Thus far in 2023, approximately 2140 samples have been taken. Out of approximately 2140 samples, there was one contact plate sample that exceeded the limit of 0 CFU/plate for an action level recovery rate of 0.05% ((1/2140)*100) for 2023 to date. The contamination recovery rate was calculated as # CFU recovered divided by total number of samples taken (plates) based on USP <1116>. The contamination recovery rate is 0.05% ((1/2140)*100) for 2022. Refer to Observation 1, Attachment 3 for 2023 EM data.

Per USP <1116> "Microbiological Control and Monitoring of the Aseptic Processing Environments", "Within the ISO 5 critical zone, airborne and surface contamination recovery rates of 1% or less should be attainable with current methods. Contamination recovery rates

for closed RABS and isolator systems should be significantly lower still and can be expected to be <0.1%, on the basis of published monitoring results." The VLFH is considered an ISO 5 critical processing area. The low frequency of contamination recovery rates within the VLFH (<0.1% contamination recovery rate from all VLFH samples, annually) demonstrate that the cleaning method used is sufficient to control microbiological contamination within the hood and provide an acceptable aseptic processing area for production of sterile product.

In addition, SOP 14-01-00-0012 "Operation, Cleaning and Maintenance of the Walker Vertical Laminar Flow Hoods (VLFH)" will be updated to address the procedural gap identified through Observation 1.

In summary, we will complete the following actions as a result of this Observation:

Corrective and Preventive Actions:

1. Complete investigation in Trackwise™ (KabiTrack).

   Due Date: 06Apr2023 – Closure of Trackwise™ (KabiTrack) Record 1533809

2. Complete corrective action to update SOP 14-01-00-0012 "Operation, Cleaning and Maintenance of the Walker Vertical Laminar Flow Hoods (VLFH)" with new cleaning process to ensure personnel do not reach into the VLFH and to utilize a reaching tool for areas of the VLFH that cannot be reached without leaning into the VLFH.

   Due Date: 27Apr2023 - Closure of Trackwise™ (KabiTrack) record 1546426

3. Complete corrective action to update Quality Control SOP 14-01-00-0105 to clearly state that personnel may not reach into the VLFH beyond sterile sleeve at any point during pre-testing cleaning or testing.

   Due Date: 27Apr2023 - Closure of Trackwise™ (KabiTrack) record 1546427

4. Complete Effectiveness check: ISO 5 VLFH (both QC and Manufacturing) EM will be trended for 3 months. All data will be reviewed to ensure there is a less than 1% recovery rate from all viable contact samples and less than 1% recovery rate from all viable air samples per USP <1116>. If the recovery rate is 1% or greater, an additional 3 months of EM sampling will be reviewed. If a recovery rate of less than 1% for viable contact and 1% for viable air cannot be met over the course of 6 months, this effectiveness check will fail and an assessment of the current cleaning methods will be conducted. No additional sample locations are required based on historical data and the initial assessment determining little to no potential contamination from operators cleaning the VLFH using the existing method.

   Due Date: 29Nov2023 - Closure of associated Effectiveness Check record for Trackwise™ (KabiTrack) record 1533809

OBSERVATION 2

The accuracy, sensitivity, specificity and reproducibility of test methods have not been established.

Specifically, the USP <71> method suitability tests performed for your injectable Vancomycin drug products failed to recover Bacillus subtilis demonstrating tat the Fluid washes were not adequately neutralizing the antibiotic in order to detect all potential microbial contamination.

Between June 11, 2021, and January 30, 2023, your firm used USP <71> to perform sterility testing on approximately 478 batches of your injectable Vancomycin drug products that were distributed for use in treating patients.

Response

We acknowledge the observation and the importance of obtaining acceptable results during sterility testing method suitability data for compounded sterile products for patient use.

To assess potential impact to product as well as determine corrective actions, a KabiTrack (KT) system investigation has been initiated. The results of the investigation and corrective actions determined to date has been outlined below.

Background:
During the FDA inspection, the request was to provide USP <71> Sterility Test method suitability data for our Vancomycin compounded sterile products (CSPs) from both internal and Contract laboratory.

The data from the final testing runs was provided, which showed failing results for *Bacillus Subtilis* with both laboratories. Some of the additional data was obtained and provided for the internal testing performed but not all testing or justifications were able to be gathered for both internal and contract laboratory in the inspection timeline.

Contract Laboratory (Element) testing review:
Additional test data was obtained from the Contract laboratory and all testing completed by the Contract testing laboratory is detailed in Attachment 4 - Sterility Testing Summary.

As outlined in Attachment 4, *Bacillus subtilis* failed repeatedly during the Element contract laboratory method suitability as no growth occurred in all four (4) testing scenarios for test sample (but positive control passed). *Staphylococcus aureus* also showed failures with the original two test scenarios but passed the final two tests after method modifications.

The two method changes made by the contract laboratory were: increase of fluid wash volume and change in fluid wash. Per USP <71>, if the product has antimicrobial properties, wash the membrane not less than three times but do not exceed a washing cycle of five times 100mL even if during method suitability it has been demonstrated that such a cycle does not fully eliminate the antimicrobial activity. In addition, per USP<71>, Fluid A is the fluid wash test solution used for most products for sterility testing and is the starting point for method suitability; Fluid D can be used for the fluid washes for antibiotic molecules as it includes a neutralizing substance.

Method suitability testing was initiated on the Vancomycin 750mg (equivalent to 0.75g) product as this was the first CSP available for testing. Vancomycin 1.25g CSP was available shortly after and provided to the contract laboratory. As Vancomycin 1.25g added to 250mL Bag is the most concentrated of the Vancomycin compounded sterile products manufactured, it represents a worst case for sterility testing. Due to the gram-positive antimicrobial activity of the Vancomycin molecule, the most concentrated product would lead to the highest chance growth inhibition during sterility test of Vancomycin. Therefore, method suitability is at minimum required to be performed on the Vancomycin 1.25g CSP; additional Vancomycin CSP concentration products can also be tested.

The FDA was also concerned that the laboratory had referenced USP <61> on their CoAs to support the method suitability as acceptable, despite the *Bacillus subtilis* failures. During the inspection, it was clarified that the listing of USP <61> was to provide supporting language for the absence of growth and was not how the testing was performed by the Contract Laboratory (CoA stated, "Under similar circumstances," as a preface to the USP <61> reference).

After examination of all the Element contract laboratory data, the process for resolving failures during USP <71> method suitability testing was reviewed. Per USP <71>, if growth is not obtained then the product possesses antimicrobial activity that has not been satisfactorily eliminated under the conditions of the test and to modify the conditions in order to eliminate the antimicrobial activity. The contract laboratory data showed two changes with wash fluids and wash volume as part of their method suitability testing for Vancomycin. Both changes are outlined in USP <71> as method modifications.

Although the Element contract laboratory completed multiple attempts (and changes) for method suitability with Vancomycin, as they were not able to obtain passing results for the *Bacillus subtilis* organism and the FSS-Boston internal laboratory was able to, FSS-Boston will only continue with sterility testing internally. The sterility testing of Vancomycin compounded sterile products at the Element contract laboratory will be further assessment and only used if acceptable results are obtained.

This only impacts Vancomycin as all other products qualified by Element acceptably passed all organism challenges.

Internal Laboratory (FSS-Boston in Canton, MA) testing review:

Method suitability was performed internally at the Canton facility per SOP 14-01-00-0193, Sterility Product and Method Suitability Using Steritest Symbio Pump. (USP <71> compendial sterility testing in general was not initiated internally until after the contract laboratory was established.)

The sample canister used for the method suitability and sterility testing is Steritest™ NEO Devices for Antibiotics Low Binding PVDF Membrane 0.45µm. Per the vendor (Millipore), this filter has a PVDF (polyvinylidene fluoride) membrane which has a broad range for chemical compatibility and has low binding properties. The membrane thickness (0.45µm) is suitable for rinsing and reduces the risk of false negatives. The design is also suitable for rinsing residual antimicrobial agents. (The sample canister CoA as well as the vendor information was supplied during the inspection.)

Attachment 4 also provides details for the Internal testing and failure investigations.

Bacillus subtilis passed on two of the seven testing attempts. The first passing results were invalidated due to the unclear documentation of volumes; the second passing result was invalidated due to other organisms failing. This invalidation was unnecessary and was due to a misinterpretation of the SOP that all organism results must be passing. After additional testing was completed, the error was recognized but the data had already been invalidated and therefore was not presented as the final testing data.

Although multiple tests, including method changes, were performed, a consistent result for *Bacillus subtilis* sample or control growth was not obtained. As discussed in USP Microbiology FAQs, if it's not possible to neutralize the antimicrobial properties of a product during method suitability, it can be assumed that the failure to isolate the inoculated organism/s is attributable to the antimicrobial activity of the product.

For the Vancomycin 1.25g CSP manufactured at the FSS-Boston (Canton, MA) facility, the concentration of Vancomycin active ingredient is 5 µg/mL (0.005 g/mL), producing a high residual load of Vancomycin on the canister filter.

The FDA was also concerned that the lab had referenced USP <61> in our SOP and used similar wording in our justifications for acceptance. As discussed during the Contract laboratory testing data review, it was also clarified during internal testing review that the listing of USP <61> was to provide supporting language for the absence of growth; USP <71> was how the testing was performed.

The USP also provides similar language to USP <61> in the FAQs section (http://www.usp.org/frequently-asked-questions/microbiology):

> 2. What are you supposed to do when it is not possible to neutralize the antimicrobial properties of a product during method suitability demonstration of Sterility Tests despite the use of all suitable methods (dilution, chemical / enzymatic neutralization, membrane filtration)?
>
> If no suitable neutralizing method can be found, it can be assumed that the failure to isolate the inoculated organism/s is attributable to the antimicrobial activity of the product. This information serves to indicate that the article is not likely to be contaminated with the given species of the non-recovered microorganism(s). However, it is possible that the product inhibits only some of the microorganisms specified, but does not inhibit others not included among the test. Then, perform the test under the conditions compatible with microbial growth or recovery of most of the challenge microorganisms.

Impact to product:

To assess potential impact of Vancomycin sterility test method suitability not passing for the organism *Bacillus subtilis*, a review of environmental monitoring data which ranged from Jan2019 to Mar2023 was performed. The review included searching for *Bacillus* genus.

The data from Jan2019 to Mar2023 shows a total of 1977 total recoveries for all ISO classifications, of which 16 (0.8%) were of the *Bacillus* genus. Only one was recovered from the ISO 5 environment, which was on 29Nov2021. The only recovery of the *Bacillus* genus in the ISO 5 environment, had occurred 29Nov2021 during Environmental Qualification and was located in the Sterility testing suite (Attachment 5 KT 1186520). Per USP <1116> Microbiological Control and Monitoring of Aseptic Processing Environments, the limits for the

ISO 5 environment are <1.0%. For the specific *Bacillus* genus, the recovery rate meets requirements as well as the data overall reflects that there is currently no concern for contamination for spore forming organisms.

Therefore, there is low risk to previous Vancomycin sterility testing performed both at the Contract laboratory as well as In-House due to the *Bacillus subtilis* issues based on the Environmental monitoring data.

Batch data collected for personnel monitoring, environmental monitoring – viable and nonviable particulates, as well as environmental controls such as temperature and humidity support that the product was aseptically manufactured. In addition, FSS-Boston manufactures the Vancomycin CSP by using sterile FDA approved finished drug products which are aseptically handled for reconstitution, pooling, and compounding for the final product.

Additionally, there has been one customer complaint (Attachment 6 – CO20-00035182) and no product recalls for the Vancomycin compounded sterile product.

Although the method suitability had some failures, a passing result was obtained for each organism. Per USP <71> there is known effects of the active ingredient from the compounded sterile product on microorganisms and method suitability failures may occur. Due to the high concentration of our Vancomycin product, these failures are more likely.

Therefore, there is low risk to continued Vancomycin sterility testing performed In-House as method suitability testing reflected passing testing with *Bacillus subtilis*.

As discussed in the investigation completed to date, we will complete the following activities as part of our corrective and preventive actions.

Corrective and Preventive Actions:

1. Immediately revise documents to only allow for all Vancomycin products to be tested internally. The Form FSSBOS-WI-0003 (14-01-00-0061-FRM-B) lists Element testing from contract laboratory options for sample sterility testing for all Vancomycin concentrations and will be removed. Additionally, all Vancomycin product specifications with language including the Element laboratory for sterility testing will be removed.

   Due Date: 05Apr2023 – Closure of Trackwise™ (KabiTrack) Record 1546409

2. Complete investigation (record 1533819) in Trackwise™ (KabiTrack) for Vancomycin Method Suitability per USP<71>.

   Due Date: 06Apr2023 – Closure of Trackwise™ (KabiTrack) Record 1533819

3. Complete a summary report for internal testing reflecting the incorrect invalidation of all data in acceptable runs due to individual organism failures.

   Due Date: 20Apr2023 – Closure of Trackwise™ (KabiTrack) Record 1546425

4. Update Internal SOP 14-01-00-0193 to remove reference to <USP 61> and provide additional information for repeat testing.

   Due Date: 04May2023 – Closure of Trackwise™ (KabiTrack) Record 1545487

5. Assess additional method modifications for contract laboratory Element. Add Element testing as a testing option if acceptable results are obtained.

   Due Date: 30Jun2023 – Closure of Trackwise™ (KabiTrack) Record 1545500

VERBAL DISCUSSION ITEM

DISCUSSION ITEM 1

The FDA requested that "Aseptically don" be defined. *Although no personnel were observed by the FDA to complete the action incorrectly, the SOP 14-01-00-0018, Gowning for Classified Areas at the Canton Compounding Center, and associated training did not provide a well-defined process/action.*

Response
We acknowledge the discussion item and understand that our SOPs should reflect and define our processes.

In addition to determining corrective actions for this discussion item, as part of our investigation, we assessed scope and impact as outlined below.

All personnel who enter the cleanroom or perform aseptic processing (both Manufacturing and QC) are gowning qualified per SOP 14-01-00-0018 "Gowning for Classified Areas at the Canton Compounding Center". All personnel who perform aseptic processing are personnel monitored (PMed), allowing high detectability of potential contamination events. Any growth recovered from PM samples results in an event record which assesses impact to any product or test results. Additional controls will be further explained below.

Procedure 14-01-00-0018 "Gowning for Classified Areas at the Canton Compounding Center" defines "aseptic technique" as "Methods used to protect against contamination by microorganisms." The SOP does not include a definition of "aseptic donning" nor provide additional instruction regarding the technique required to aseptically don gowning materials.

All personnel who will work in the ISO 7 areas of the cleanrooms are required to attend an instructor-led training 14-ASEPWRKSHP-001, "Intro to Aseptic Processing," which addresses the importance of proper gowning, the risk personnel pose as a source of contamination in the cleanroom due to improper gowning, and the severity of the consequences of those risks. This training also includes a written assessment, required to be passed by all learners.

After being assigned job-specific curricula, potential operators/analysts must read and understand all SOPs relevant to performing duties in cleanrooms, including the ISO 7 and ISO 5 environments. The SOPs include, but are not limited to, the following:

- 14-01-00-0020 "Aseptic Technique for the VLFH at the Canton Compounding Facility" (part of curriculum 14-MFG-100 – Manufacturing Core and 14-MICRO-100 – QC Microbiology Core)
- 14-01-00-0022 "Cleanroom Behavior Procedure at the Canton Compounding Facility" (part of curriculum 14-CMPD-100 –Gowning Qualification)
- 14-01-00-0062 "Gowning Qualification at US Compounding Sites" (part of curriculum 14-CMPD-100 –Gowning Qualification)
- 14-01-00-0018 "Gowning for Classified Areas at the Canton Compounding Center" (part of curriculum 14-CMPD-100 –Gowning Qualification)
- 14-01-00-0113 "Personnel and Process Media Fill Qualification of the Aseptic Filling Process" (part of curriculum 14-MEDIA-100 –Media Fill Qualification)

As a best practice and part of an informal pre-requisite training, senior level operators perform hands on training with trainees. In the training room, a Senior Operator or Supervisor instructs the trainee on proper aseptic gowning after first demonstrating the proper method to follow. The trainee practices these techniques in the training room under observation by a Senior Operator or Supervisor, who provide oversight and feedback. When trainees are deemed ready after training is observed by a Senior Operator or Supervisor, a gowning qualification is scheduled. The trainee must then demonstrate that they can independently perform aseptic gowning through the cleanrooms as it is performed for production. This is witnessed by a Manufacturing Pharmacist, Manufacturing Technician 4, Manufacturing/ Packaging Supervisor, or QC Senior Scientist per SOP 14-01-00-0062 "Aseptic Gowning Evaluation", during which time the trainee is independently evaluated for gowning technique throughout their performance. All observations are documented on SOP 14-01-00-0062 Attachment A, including that the trainee does not touch the outside of sterile gowning materials with gloves when donned, which ensures personnel are being assessed consistently. When fully gowned, the candidate is sampled at 8 sites on their gowning, including each glove and forearm, which could be impacted if aseptic donning technique was not used. This is performed 3 times over at least a 2-day period. Only after these samples have been incubated and read, shown to be passing, and the documentation verified by Quality Assurance, may the trainee proceed to the next step of the aseptic operator pre-requisites.

In addition to the general gowning qualification, aseptic operators have additional required training and qualification. Operators undergo personnel media fill qualifications and partake in routine semi-annual process media fill qualifications. In the training room, a Senior Operator or Supervisor instructs the candidate on how to properly execute a Personnel Media Fill. As part of this training, they are instructed on how to properly don sterile sleeves by a Senior Operator or Supervisor, who details the proper method including stepwise instructions and further explanation of aseptic technique. Thereafter, the candidate practices these techniques in the training room under observation by a Senior Operator or Supervisor. When this skill set is deemed acceptable by the Senior Operator or Supervisor, the candidate is scheduled for a personnel media fill under observation of a Senior Operator or Supervisor. Personnel media fills are conducted per SOP 14-01-00-0113. The personnel media fill is performed in an ISO 7 room inside an ISO 5 VLFH and requires three successful operator media fill executions. The three executions must occur on the same day per SOP 14-01-00-0113 (to simulate operator fatigue) and, as a best practice, require at least one full exit from the cleanroom and a full regown in between attempts. The candidate must don new sterile sleeves and secondary gloves before each attempt and are under constant observation by the Senior Operator or Supervisor. Media fill samples produced are incubated for 14 days and inspected for turbidity every 7 days. In order for the candidate to pass this qualification, none of the samples produced may exhibit turbidity.

Once successfully qualified, aseptic operators are required to perform routine gowning and personnel requalification through the execution of annual gowning requalification and semi-annual operator media fill qualifications per SOP 14-01-00-0062 and 14-01-00-0113, respectively.

Based on this information, we do not consider this discussion item a risk to our products.

We will complete the following corrective and preventive actions to ensure our procedures reflect our processes.

Corrective and Preventive Actions:

1. Revise SOP 14-01-00-0018, "Gowning for Classified Areas at the Canton Compounding Center', to include a definition for "aseptic donning" and to revise the definition of "aseptic technique".

   Due Date: 06Apr2023 - Closure of Trackwise™ (KabiTrack) record KT 1533939

2. Create an On the Job Training (OJT) for sterile gowning, with a specific section on donning sterile sleeves/gloves.

   Due Date: 27Apr2023 - Closure of Trackwise™ (KabiTrack) record 1546433

3. Effective check for proper training by completing a self-inspection 3 months after implementation of the SOP update and a second check 3 months after implementation of the new training program.

   Due Date: 29Nov2023 - Closure of Trackwise™ (KabiTrack) record 1546435

Attachments

(Observation 1) Attachment 1: 2021 Environmental monitoring data for VLFHs

(Observation 1) Attachment 2: 2022 Environmental monitoring data for VLFHs

(Observation 1) Attachment 3: 2023 Environmental monitoring data for VLFHs

(Observation 2) Attachment 4: Sterility Testing Summary

(Observation 2) Attachment 5: KabiTrack KT 1186520

(Observation 2) Attachment 6: Complaint CO20-00035182

13B

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 (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☑ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☑ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☑ Non-sterile Compounding
			☑ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Dolan Central Illinois Compounding Pharmacy DBA Precision Professional Pharmacy

Physical Address: 5832 N. Knoxville Ave Suite E

City: Peoria State: IL Zip: 61614

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 309 674 2047 Toll Free # (NAC 639.708, NRS 639.23286): 855 773 2574

Fax: 309 570 1118 Contact Email: info@precisionrx.com

Website: precisionpharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Andrew Roseboom

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24024

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Andrew Rosebaum	NV Pharmacist Registration #: 24024
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:	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.

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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Illinois

Parent Company (if any): Polar Central Illinois Compounding Pharmacy

Corporation/Organization Name: Prechshot Professional Pharmacy

Mailing Address: 5832 N. Monville Ave Suite E

City: Peoria State: IL Zip: 61614

Telephone: 309 629 2047 Email: info@prechshot.com

Contact Person Name: Andrea Rosebaum

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PIC / Owner (title) for Precision Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Andrew Rosebaum

Print Name of Authorized Person

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

1/22/24

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.

Andrew Rosebaum

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

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

1/22/24

Date

Board Use Only	Date Received: 1/25/24	Amount: $500 check 1442

NEVADA STATE BOARD OF PHARMACY

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

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Dolan Central IL Compounding Pharmacy DBA Preckshot Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 5832 N.Knoxville Ave Suite E

City: Peoria State: IL Zip: 61614

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 309-679-2047 Toll Free # (NAC 639.708, NRS 639.23286): 855-773-2574

Fax: 309-570-1118 Contact Email: info@preckshot.com

Website: preckshot.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Andrew Roseboom

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24024

Name of Person with direct knowledge of compounding procedures: Andrew Roseboom

Email of Person with direct knowledge of compounding procedures: aj@preckshot.com

Telephone of Person with direct knowledge of compounding procedures: 309-679-2047

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ■ Low ■ Medium ■ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ■ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Testosterone injection
Progesterone injecton
Papaverine injection
Phentolamine injection
Alprostadil injection
Atropine injection/opthalmic drops
Cyclosporin opthalmic drops

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ■ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

We submit samples from all anticipatory batches of CSPs that we produce to Eagle Analytical Services for sterility and endotoxin testing. However, we do not utilize beyond use dates for these batches in excess of USP-797 guidelines.

6. What laboratory performs this additional testing?

Name: Eagle Analytical Labs

Address: 11111 S. Wilcrest Drive, Suite 1000

City: Houston State: TX Zip: 77099

Telephone: 800-745-8916

7. What is your procedure for visual inspection of compounded sterile products?

Visual inspection first takes place at the time of filtration to ensure proper medicaton, amount, container, and filter are being used. Once this is complete the final product leaves the sterile area via the one way pass through window where the pharmacist initially recomfirms all the above information, then visually checks the product against the Black/White Light/Background box before it is released.

8. How often do you perform glove fingertip and medial fill testing?
We perform gloved fingertip testing and Media Fill tests every 3 months

9. What is your policy if an employee fails a glove fingertip or media-fill test?
A failure of GFT or Media fill would trigger an investigation into the cause of the failure. The employees' technique and procedure would be examined and remediated where necessary. Environmental conditions at the time of the failure would also be investigated. The employee would not be allowed to prepare any compounded sterile preparations until a media fill test has been passed and three consecutive gloved fingertip tests have been passed.

10. Describe your initial and annual training program for all personnel performing sterile compounding:
Initial training for personnel performing sterile compounding includes study of USP <797> and review of our Standard Operating Procedures relevant to sterile compounding, competency assessments for garbing procedure, gloved fingertip, and aseptic technique (Media Fill), and may include structured course work provided through various educational services (ex. PCCA, Critical Point). Ongoing assessments, after initial training, are performed every 3 months.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
All interior surfaces and equipment of the PEC(s) are cleaned and disinfected with a sterile EPA registered one-step cleaner/disinfectant on days when compounding occurs at the beginning of each shift, before each batch preparation, in 30 minute intervals during continuous compounding, when spills occur and when contamination is known or suspected. A sterile sporicidal agent is used to clean and disinfect the interior of the PEC(s) on a weekly basis. Secondary engineering controls are cleaned and disinfected with an EPA registered one-step disinfectant/cleaner daily on days when compounding occurs. Secondary engineering controls are cleaned and disinfected with a sporicidal agent on a weekly basis.
Cleaner/Disinfectant: TB1-3300 (Sterile), Area(s) of use: PEC(s), SEC(s), pass-thru's, sink
70% IPA: CiDehol ST (Sterile), Area(s) of use: PEC(s), SEC(s), Equipment inside/outside the PEC(s), pass-thru's, floors
Sporicidal Agent: Peridox RTU (Sterile), Area(s) of use: PEC(s), SEC(s), Equipment inside/outside the PEC(s), pass-thru's, floors, walls, sink

12. Who performs the sterile compounding process at your facility?
Andrew Roseboom
Clayton Moore

13. Who is responsible and accountable for the sterile compounding process at your facility?
Andrew Roseboom

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Shipped products are kept at their required temperature and shipped in a manner to timely deliver the product whiile maintaining required temperature. I.E. Frozen compounds are overnight shipped UPS in a cooler with dry ice.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Hazardous negative pressure ante room and Hazardous negative pressure Biological safety cabinet buffer room.		
2. Is your BSC or CACI vented 100% to the outside?	☒ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☒ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☒ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☒ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☒ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? Patients that will not be coming into the pharmacy are handed off to a pharmacist when ordering their medication for initial counseling. Usage, expectations, side effects, storage, handling, disposal, and any other questions are addressed with the patient at that time. Each compounded prescription comes with a general guide to compounded medications and refers them to us regarding any specific questions regarding their compound.		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs? Initial training for personnel performing HD sterile compounding includes study of USP <797> and review of our Standard Operating Procedures relevant to HD sterile compounding, competency assessments for garbing procedure, gloved fingertip, and aseptic technique (Media Fill), and may include structured course work provided through various educational services (ex. PCCA, Critical Point). Ongoing assessments, after initial training, are performed every 3 months.		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

**We do perform category 3 compounding.

Testosterone injection
Progesterone injecton
Papaverine injection
Phentolamine injection
Alprostadil injection
Atropine injection/opthalmic drops
Cyclosporin opthalmic drops

2. What sterilization methods are utilized at your facility?

Filter sterilization

3. Does your facility utilize biological indicators? ☐ Yes ■ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form 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 the form 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.

Andrew Roseboom

Name of Person who Completed the Form

PIC/Owner

Title

Signature (copies or stamps not accepted)

1/4/24

Date

Board Use Only	Date Received: 1/25/24	Date Approved:	Approved By:

File Number 0653248-9

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

DOLAN CENTRAL ILLINOIS COMPOUNDING PHARMACY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 04, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 3RD *day of* JANUARY *A.D.* 2024 .

Authentication #: 2400300572 verifiable until 01/03/2025
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION
Drug Compliance Unit
320 W Washington St, 2nd Floor Springfield, IL 62786
PHONE NUMBER (217) 524-7786
FAX NUMBER: (217) 557-1202

Routine Inspection

COMMUNITY PHARMACY – USP 797 & 795

BUSINESS NAME	HOURS		DEA LICENSE	EXPIRES	DATE OF INSPECTION
Dolan Central Illinois Compounding LLC dba Prackshot Professional Pharmacy	M T W	9am to	FD7319204	6/30/26	11-16-23
5832 N. Knoxville Ave, Suite E	T F	6pm	ICSA LICENSE	EXPIRES	LICENSE NUMBER
	SAT SUN	9am-3pm Closed	320.012548	3/31/24	054.020600
CITY Peoria IL ZIP CODE 61614	OTHER HOURS EXCEP		TELEPHONE 309-679-2047		

OWNERSHIP	OWNERS	TELEPHONE AFTER HOURS	E-MAIL ADDRESS
☐ Individual pharmacist ☐ Sole Proprietor/Municipal ☐ Partnership ☐ Corporation ☑ LLC		( )	Corey@prackshot.com
	PERSON IN CHARGE	FAX NUMBER	COUNTY Peoria

NAME OF LICENSEE OR REGISTRANTS	LICENSE/REGISTRATION NO.
R Ph IN CHARGE Andrew Roseboom	051-293628
(see attached list)	

PIC ALSO PHARMACIST-IN-CHARGE AT THE FOLLOWING PHARMACIES:

	NAME	ADDRESS	PHONE NUMBER
1.	N/A		( )
2.			( )

Current List of Pharmacists
Andrew Roseboom 051.293628
Corey Dolan 051.292231
Mark Probasco 051.040342
Wade Siefert 051.036934

Current List of Pharmacy Technicians

Amy Jo Closen 049.192838

Clayton Moore 049.169290

Jenny Lynn Rosenberger 049.189915
Samantha Nicole Probasco 049.250689
Kari Allen 049.900242
Andrea Hidalgo 049.300480
Mariann Broomfield 049.252234
Katrina Miller 049.209007
Carlene Henricks 049.286816
Nicole Mann 049.108019
Valerie McCoy 049.292246

Aundrea Stodgel 049.261025

Brooke Eddington 049.225947

Jamie Kawolwsky 049.147640

Karagen Knight 049.280910

Sterile Compounding Inspection Supplement

Business Name: Prackshot Professional Pharmacy	License Number: 054.020600
Inspection Date: 11-16-23	Type of Pharmacy: Retail/Community 797 & 795
Last Inspection: 3-31-21	Designated Person: Andrea Rosebloom

Compounding Overview

CSP Product Types:
- ☑ Category 1 (BUD 12hr RT/24hr Ref)
- ☑ Category 2 (BUD >12hr RT/> 24hr Ref)
- ☑ Category 3 (BUD > Default but <180 days)
- ☐ Immediate-Use (Admin begins within 4 hr)

- ☑ Hazardous (see USP 800)
- ☐ Compounding CSP for Office Use
- ☐ Bulk Compounding (RX Obtained)
- ☑ Mailing of CSP (packaging, carrier, temp control)
- ☑ States Licensed in: See attached list

Facility Design	C	NC	D
Temp monitored and documented at 20 C or 68 F or cooler, calibrated Q 12 Months	✓		
Humidity monitored and documented below 60 %, calibrated Q 12 Months	✓		
Clean Room Suite			
☐ Air Supply from HEPA filters in ceiling	✓		
☐ No sink or floor drain in Buffer/Clean room	✓		
☐ Incoming air ducts near ceiling and return ducts low on wall	✓		
☐ Pressure differential monitoring system	✓		
☐ Ante-Room with Line of Demarcation to separate clean and dirty sides	✓		
☐ Sink with hot/cold water is located on the clean side of the line of demarcation in the ante room	✓		
☐ Ante-Room is entered on Dirty side, clean side enters into buffer space	✓		
☐ Passthroughs have interlocking doors (can't open at same time)	✓		
☐ Access doors should be hands free			✓
☐ Surfaces, carts, shelves, stools, chairs, etc. are stainless steel, or non-permeable, non-carpeted, non-upholstered, low particles	✓		
☐ Walls are epoxy painted or impermeable and seamless, without cracks	✓		
☐ Floors of wide sheet vinyl or impermeable surface, seamless or heat sealed seems,	✓		
☐ Light fixtures smooth, flush mounted, sealed	✓		
☐ Ceiling tiles vinyl, impermeable with seams caulked and sealed	✓		
☐ Separate carts for dirty side and clean side	✓		
☐ Manipulations for non-sterile ingredients in ISO 8 or better environment	✓		
Segregated Compounding Area (SCA)			
PEC located in unclassified area (no ante-room or buffer room)			
Located away from unsealed windows, outside doors and traffic flow N/A			
Not located near sinks, drains, restrooms, food or drinks			
Sink not within 1 meter of PEC			
Must have a Visible perimeter for SCA			
Laminar airflow system			
(LAFS) LAFW & BSC (RABS) CAI, CACI & Isolator			
Placed out of traffic patterns	✓		
Certification of PEC & SEC	C	NC	D
All PECs and Clean rooms certified every 6 months or when moved	✓		
Total non-viable particle counts measured during dynamic conditions	✓		
Viable particle counts measured during dynamic conditions	✓		
Surface sampling-Monthly	✓		
Smoke pattern test initially and every 6 months	✓		
Outcome reported with clear indication as Pass or Fail	✓		

States Preckshot is licensed in:

IL: 054020600

AK: 187039

AZ: Y009131

CO: OSP 0007606

CT: PCN0004038

FL: PH33422 & NSC297

ID: 63948MS

IN: 64002545A

IA: 4394

MN: 266459

MO: 2018016691

OH: 0242000332

OK: 998944

PA: NP001858

RI: CPHN12197

SD: 4002254

WI: 209943

WY: NR52053

UT: 12677602-1708 & 1267762-8913

GA: PHNR002297

MA: MO40003137

NY: 39435

VT: 036.0134617

All HEPA filters in the secondary engineering controls are tested at each certification. Maximum allowable leakage is 0.01% of the upstream aerosol concentration.	✓		
Staff understands how to utilize unidirectional airflow to maintain first air at DCA	✓		
30 total HEPA-filtered ACPH must be supplied to ISO Class 7 (15 from HVAC)	✓		
20 total HEPA-filtered ACPH must be supplied to ISO Class 8	✓		
Total ACPH and source must be documented on certification report	✓		
0.02-inch pressure differential between unclassified space-ante-room and buffer room	✓		
Training	**C**	**NC**	**D**
Documentation of ability to perform calculations accurately (Initial and Annual)	✓		
Documentation of written competency evaluations (Initial and Annual)	✓		
Documentation of hand hygiene (Initial and Annual)	✓		
Documentation of gowning competency (Initial and Every 6 months)	✓		
Documentation of aseptic technique skills test (Initial and Annual)	✓		
Documentation of media fill under dynamic conditions (Initial and Annual)	✓		
Principals of high efficiency particulate air (HAPA) filtered unidirectionally	✓		
Principals of movement of materials and personnel within compounding area	✓		
Proper use of primary engineering control (PEC's)	✓		
Media fill vials must be incubated for 14 days. Pharmacy should have an incubator on-site.	✓		
Corrective action plans and re-evaluation for failure of any testing, glove fingertip validation or media fill	✓		
Documentation of glove fingertip validation (Initial is 3x then every 6 months)	✓		
Compounding personnel are appropriately trained in equipment, cleaning & disinfection	✓		
No makeup or cosmetics, hand, wrist, ear, facial jewelry, trimmed nails, artificial or polish	✓		
Single dose vials in class 5 air used within 6 hours of initial puncture	✓		
MDV assigned BUD of 28 days or manufacturer specified after initial puncture	✓		
Every admixture visually examined for clarity, particles, identity and ingredients.	✓		
SOP's reviewed every 12 months	✓		
Cleaning & Disinfection	**C**	**NC**	**D**
PEC-Each shift, before and after each batch, after spills Q 30 min during use, contamination	✓		
Floors, Counters and Work Surfaces- Daily	✓		
Walls, ceilings and storage shelves/compartments-Monthly	✓		
Cleaning tools are non-shedding, labeled and dedicated to buffer/clean room use	✓		
SEC-Cleaning agent, Disinfectant Agent, (or EPA one-step), sporicidal agent monthly	✓		
PEC- Sterile water, sterile cleaning agent, Sterile disinfectant i.e. sterile 70 % IPA, (or EPA one step), sporicidal monthly	✓		
All Items Entering ISO Class 5 area Wiped a second time with Sterile 70% IPA	✓		
Necessary Supplies	**C**	**NC**	**D**
Sterile Gloves, hair cover, shoe cover, beard cover,	✓		
Compounding references	✓		
USP-NF (USP 42 NF 37)	✓		
Record Keeping	**C**	**NC**	**D**
A pharmacy generated patient profile of medication record system shall be maintained	✓		
Master Formulation Record-prepared in a batch for more than 1 patient or non-sterile ingr.	✓		
Compounding record created for all CSP's with dates, times, lot#, Exp, DUB, personnel, etc.	✓		

Comments/Observations

SOP's have been a "living document" for the last year + a half per DR Planning for yearly reviews in January every year but will update as needed. DR will add a signature page to SOP manual noting when reviews or updates are made going forward.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

CONTROLLED SUBSTANCE INSPECTION

Date: 11-16-23 Inspector: J. Kirby

Name: DOCAN Central Illinois Compounding LLC dba Preckshot Professional Pharmacy

ILCS No.: 320.012548 Exp: 3-31-24

DEA No.: FD7319204 Exp: 6-30-26

3100.310	Applicants and licensees shall provide effective controls and procedures to guard against theft and diversion.	☑ Yes ☐ No
	Security System that detects unauthorized entry.	☑ Yes ☐ No
	Security System Used: Seico Alarm System	
	Security System includes any of the following:	
	☑ Separate key code access for each licensee ☑ Cameras	
	☑ Motion Sensors ☑ Glass Break Sensors	
	Personal bags in a designated area away from CS handling and storage.	☑ Yes ☐ No
3100.340	Controlled Substances shall be stored in a securely locked substantially constructed cabinet. Type of cabinet utilized by the licensee:	
	☑ Safe ☐ Substantially Constructed Cabinet	
	☑ Affixed to Floor and/or Wall ☐ Keys	
	☑ Electronic Pin Code ☐ Combination	
	CII medications are locked and secure unless actively dispensing.	☑ Yes ☐ No
	CII safe keys or combinations is limited to Pharmacist access only.	☑ Yes ☐ No
21 CFR 1304.04 (h)(1) (2)	CII Inventories and Prescriptions maintained in separate files.	☑ Yes ☐ No
21 CFR 1304.04 (h)(3) (4)	CIII – CV Inventories and Prescriptions maintained in separate files or readily retrievable from the ordinary business records of the pharmacy.	☑ Yes ☐ No

21 CFR 1304.21 (c) Return Records properly maintained in a separate file. ☑ Yes ☐ No

21 CFR 1305.04 & 05 CII orders completed with; DEA 222 Forms_____

CSOS Y

If CSOS is used, who orders CII medications? Andrew Roseboom & Corey Dolan

Is there a POA(s) on-site? (Corey) ☑ Yes ☐ No ☐ N/A

3100.360 Every licensee shall conduct an **annual** inventory that includes an inventory with an actual count of the inventory on hand for all Schedule II Controlled Substances and an approximate inventory for all Schedule III, IV and V Controlled Substances. The inventory shall be maintained for a period of not less than 5 years. Inventory requirements are listed in 21 CFR 1304.11.

Date of Last Annual Inventory: March 3, 2023 BOB

Signed by: Andrew Roseboom & Corey Dolan

In every instance that a licensee is required by 21 CFR 1301.76 (April 1, 2014) to file with the DEA a Report of Theft or Loss of Controlled Substances (Form 106), a copy shall be sent to the Division within one business day after submission to the DEA, along with the printed name of the person who signed the form.

How many DEA 106 Forms submitted in the last year: Loss 0

Theft 0

Was the loss due to employee diversion? ☐ Yes ☐ No ☑ N/A

For theft, was a police report filed with Local PD? ☐ Yes ☐ No ☑ N/A

720 ILCS 570/312 Controlled Substances are dispensed in Good Faith? ☑ Yes ☐ No

Does the Pharmacy regularly access PMP data? ☑ Yes ☐ No

Controlled Substance Prescriptions must contain the following:

1. Name and Address of the Patient ☑ Yes ☐ No ☐ N/A
2. Date of Issuance ☑ Yes ☐ No ☐ N/A
3. Practitioner's Name/Written Signature and DEA Number ☑ Yes ☐ No ☐ N/A
4. Dispensing Pharmacist's Written Signature or Initials ☑ Yes ☐ No ☐ N/A
5. Date of Filling ☑ Yes ☐ No ☐ N/A

	6.	A prescription for a Schedule II controlled substance must include both a written and numerical notation of quantity on the face of the prescription 720 ILCS 570/309	☑ Yes ☐ No ☐ N/A
	7.	No Schedule III, IV, V controlled substance filled or refilled more than 5 times more than 6 months after the date thereof or refilled more than 5 times unless renewed, in writing, by the prescriber.	☑ Yes ☐ No ☐ N/A
	8.	A prescription for a Schedule II controlled substance shall not be filled more than 90 days after the date of issuance	☑ Yes ☐ No ☐ N/A
	Schedule V Controlled Substances Dispensed in Good Faith		☐ Yes ☐ No ☑ N/A
	1.	Dispensed only by a pharmacist to a person over 21 with two sources of identification	☐ Yes ☐ No ☑ N/A
	2.	RPH shall record the name and address, name and quantity of the product, the date and time of the sale, and the dispenser's signature.	☐ Yes ☐ No ☑ N/A
	3.	No more than 120 milliliters dispensed in any 96 hour period	☐ Yes ☐ No ☑ N/A
	CV sales records are appropriately maintained		☐ Yes ☐ No ☑ N/A
3100.410	Each refilling of a prescription of a controlled substance listed in Schedules III, IV or V:		
	1.	Be entered on the back of the prescription or in the electronic prescription record;	☑ Yes ☐ No ☐ N/A
	2.	Indicate the date, quantity and name or initials of the dispensing pharmacist for each prescription;	☑ Yes ☐ No ☐ N/A
	3.	Be dated by the pharmacist as of the date of dispensing	☑ Yes ☐ No ☐ N/A
	4.	State the amount dispensed.	☑ Yes ☐ No ☐ N/A
21 CFR 1306.22	Maintains a daily printout verifying the accuracy of each days CS refills signed by the dispensing RPH(s) or a bound logbook or a separate file in which each pharmacist involved in the day's dispensing signs a statement, verifying that the refill information entered into the computer that day has been reviewed by him/her and is correct as shown.		☑ Yes ☐ No ☐ N/A

NARRATIVE

Note: This pharmacy was last inspected 3-31-21 by Janelle Kirby

Purpose for Inspection: Routine Compliance check

Present for inspection: AJ, Corey & Clayton

Pharmacy Software: PK Software, Self-Inspection Date: 1/1/23

Auxiliary Dispensing Equipment: see attached list

Wholesaler: PCCA, Medisca Fagron, ~~Secondary:~~ IPD Smartsource

Reverse Distributor: Stericycle + Pharmaceutical Return Sarl Script Volume Approx 150 to 160 daily

References: see attached list

Compounding references: see attached list

Refrigerator Monitoring: daily logs

Compounding: (Volume: ~~Low~~, Medium, High), Compounding Self Inspection Date 1/1/23

Pharmacy Balance: Ohaus Model: MAL 324 / MEL 324N Serial#: B744893164 / B551874834

Compounding logbook documents the following:

Item	Yes	No
Prescription number	✓	
Pharmacist ID (initials, etc.)	✓	
Ingredient name	✓	
Ingredient lot #	✓	
Ingredient expiration date	✓	
Compound beyond use date	✓	
Instructions for preparation	✓	

Expired medications found in active stock: no expired meds found in active stock

Unlabeled medications found in active stock: no unlabeled meds found in active stock

INVESTIGATOR'S SIGNATURE AND DATE		LICENSEE OR REPRESENTATIVE'S SIGNATURE AND DATE		ILDFPR SUPERVISOR REVIEW AND DATE	
	11/16/23		11/16/23		

Pharmacy Reference Materials:

1. American Hospital Formulary Service – Online
2. Illinois Pharmacy Practice Act, Illinois Controlled Substances Act, 77 Ill. Adm. Code 3100, 21 Code of Federal Regulation, Illinois Hypodermic Syringes and Needles Act – Online access bookmarked on computers located in dispensing and lab.
3. Trissel's Handbook on Injectable Drugs – Hardcopy 4th and 5th edition
4. PCCA Formula Plus Reference Library – Online (Formulations with extended BUD)
5. Remington The Science and Practice of Pharmacy – Hardcopy 21st edition
6. Compounding Sterile Preperations – Hardycopy 3rd edition
7. Textbook of Medical Physiology – Hardcopy 6th edition
8. Pocket Guide to Evaluations of Drug Interaction – Hardcopy 3rd edition
9. Exotic Animal Formulary – Hardcopy 3rd edition
10. PDR – Hardcopy 28th edition
11. Plumbs's Veterinary Drug Handbook – Hardcopy 9th edition
12. Ansel's Pharmaceutical Dosage Forms and Drug Delivery Systems – Hardcopy 8th edition
13. Pharmaceutical Calculations – Hardcopy 11th edition
14. Clinical Pharmcology - Online

Pharmacy Equipment List:

1. Balance (ohaus)
2. Capsule machine
3. Dishwasher
4. EMP
5. Heat gun
6. Hood (powders)
7. Hot Plate
8. Microwave
9. Mixer (RAM)
10. Mold (lollipop)
11. Mold (mini troche)
12. Mold (rectal rocket)
13. Mold (suppository)
14. Mold (tablet triturate)
15. Mold (troche)
16. Ointment Mill
17. Refrigerator/freezer
18. Ph Meter
19. Thermometors
20. Tube Sealer
21. Maz
22. Topi-click filling station

NARRATIVE

PPreckshot PROFESSIONAL PHARMACY
Corey Dolan, PharmD • AJ Roseboom, PharmD • www.preckshot.com 1-855-773-2574
Dolan Central Illinois Compounding Pharmacy LLC
5802 North Knoxville Ave., Ste. E
Peoria, IL 61614
309-679-2047

Rx 615893
BOB (DOG) ROSEBOOM
[redacted] FREEDOM TRAIL
EAST PEORIA, IL 61611
TAKE 1-2 CAPSULES BY MOUTH TWICE DAILY

37 CAPS Lot#: Exp: 8/10/2024
GABAPENTIN 100MG CAPSULES

AJR / AJC 12 Refills allowed by 11/3/2024

SUZANNE GILLES DVM
[redacted] 8/11/2023

RX: 615893 AJR / AJC 8/11/2023 N

BOB (DOG) ROSEBOOM
[redacted] FREEDOM TRAIL
EAST PEORIA, IL 61611
GABAPENTIN 100MG CAPSULES

37 CAPS 67877-0222-01
TAKE 1-2 CAPSULES BY MOUTH TWICE DAILY

12 Refills allowed by 11/3/2024

SUZANNE GILLES DVM
[redacted] W TOWNLINE ROAD
PEORIA IL 61615

309-453-2248
D/S: 30
[redacted]
FG0464557
Ins Pay $0
Pat Amt: $1.00

Last Certification June 1, 2023 by Northern Air Flow
Pass - Docs reviewed.
Northern Air Flow scheduled back November 28, 2023
Calibrations on Dec 21, 2022 → Scheduled back this December(23)
Shipping - UPS (coldchain) USPS
Delivery - Yes - Don
Questionnaire obtained for updated security info
Sterility testing done @ Eagle, Houston, TX
Training records reviewed and discussed Formula & Batch reviewed
New SOP discussed
Cleaning record sheets have been modified since last visit.
Changing some products to CONTEC

Discussion Items:
1. Update RPh break document
2. Verify DR has signed off on cleaning log sheets.

INVESTIGATOR'S SIGNATURE AND DATE		LICENSEE OR REPRESENTATIVE'S SIGNATURE AND DATE		ILDFPR SUPERVISOR REVIEW AND DATE	
[signature]	11/16/23	[signature]	11/10/23		

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Dolan Central IL Compounding Pharmacy DBA Prechshot Professional Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 5832 N. Knoxville Ave Suite E

City Peoria State IL Zip 61614

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 309 679 2047 Website prechshotpharmacy.com

Licensing Company Email info@prechshot.com

Section 2: Personal Information

First Andrew Middle Jordan Last Roseboom

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Freedom Trail

City East Peoria, IL 61614 State IL Zip 61614

Telephone [redacted] 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?		NA

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)	
SIUE School of Pharmacy		05 – 09	
Address	**City**	**State**	**Zip**
200 University Park	Edwardsville	IL	62025
Diploma/Degree obtained, if any			
Dr. of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
ICC		02 – 05	
Address	**City**	**State**	**Zip**
1 College Dr.	East Peoria	IL	61614
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Dunlap High School		99 – 02	
Address	**City**	**State**	**Zip**
5220 Legion Hall Rd	Dunlap	IL	61525
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
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
Preechstat Pharmacy			2017 – Present
Business Address	**City**	**State**	**Zip**
5832 N. Knoxville Ave Suite E	Peoria	IL	61614
Phone	**Title**	**Number of Employed Hours**	
309 678 2047	PIC / Owner	12,000 +	
Description of Duties	Pharmacist in charge, responsible for all dispensing, record keeping & licensing for store.		

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.

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?		✓

I, Andrew Roseboom, **certify that as the designated representative for**

Dolan Central IL Compounding Pharmacy DBA Prechshot Professional Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

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.

Andrew Roseboom

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/22/24

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.

Andrew Roseboom

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/22/24

Date

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

State of ILLINOIS, ss. County of PEORIA

I, Andrew Roseboom, 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

1/24/24

Date

Subscribed and Sworn to before me this 22nd day of JANUARY 2024.

Notary Public Signature

"OFFICIAL SEAL"
MICHAEL J. REINERT
Notary Public - State of Illinois
My Commission Expires July 14, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Dolan Central IL Community Pharmacy DBA Preckshot Professional Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5832 N. Knoxville Ave Suite E

City Peoria State IL Zip 61614

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 309 679 2047 Website preckshotpharmacy.com

Licensing Company Email info@preckshot.com

Section 2: Personal Information

First Andrew Middle Jordan Last Roseboom

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

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

Mailing Address [redacted] Freedom Trail

City East Peoria State IL Zip 61611

Telephone 309 679 2047 Email info@preckshot.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?		NA

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)	
SIUE School of Pharmacy		05-09	
Address	**City**	**State**	**Zip**
200 University Park	Edwardsville	IL	62025
Diploma/Degree obtained, if any			
Dr. of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
ICC		02-05	
Address	**City**	**State**	**Zip**
1 College Dr.	East Peoria	IL	61614
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Dunlap High School			
Address	**City**	**State**	**Zip**
5220 Legion Hall Rd	Dunlap	IL	61525
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
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
Dolan Central IL Community Pharmacy dba. Prestbury Professional Pharmacy			17 – present
Business Address	**City**	**State**	**Zip**
5832 N. Knoxville Ave Suite E	Peoria	IL	61611
Phone	**Title**		
309 453 2248	PIC / Owner		

Description of Duties

Pharmacist in charge, lab manager, & general partner.

Business Name			From - To (MM/YY – MM/YY)
HCR Manor Care			13 - 17
Business Address	**City**	**State**	**Zip**
333 N. Summit St	Toledo	OH	10086
Phone	**Title**		
800-366-1232	Consultant Pharmacist		

Description of Duties

Consultant pharmacist for IL & IA nursing home patients. Made medication recommendations in line with best practices.

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.

2562

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?		✓

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.

Andrew Roseboom

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/24/22

Date

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

State of ILLINOIS, ss. County of PEORIA.

I, Andrew Roseboom, 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

1/22/24

Date

Subscribed and Sworn to before me this 22nd day of JANUARY 2024.

Notary Public Signature

"OFFICIAL SEAL"
MICHAEL J. REINERT
Notary Public - State of Illinois
My Commission Expires July 14, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Dolan Central Illinois Compounding Pharmacy DBA: Preckshot Professional Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5832 N. Knoxville Ave. Suite E.

City Peoria State IL Zip 61614

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 309-679-2047 Website preckshotpharmacy.com

Licensing Company Email info@preckshot.com

Section 2: Personal Information

First Corey Middle Michael Last Dolan

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

Date of Birt [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] N. Talisman Terrace

City Peoria State IL Zip 61615

Telephone [redacted] Email Corey@preckshot.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? N/A		

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)	
Midwestern University		08/03 - 05/07	
Address	**City**	**State**	**Zip**
555 31st St.	Downers Grove	IL	60515
Diploma/Degree obtained, if any			
Pharm D.			

School Name		From - To (MM/YY – MM/YY)	
Bradley University		08/02 - 05/03	
Address	**City**	**State**	**Zip**
1501 W. Bradley Ave.	Peoria	IL	61625
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Illinois Central College		08/2000 - 05/02	
Address	**City**	**State**	**Zip**
1 College Dr.	East Peoria	IL	61635
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Peoria Notre Dame		08/1998 - 05/2000	
Address	**City**	**State**	**Zip**
5105 N. Sheridan Rd.	Peoria	IL	61614
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Richwoods High School		08/1996 - 05/1998	
Address	**City**	**State**	**Zip**
6301 N. University St.	Peoria	IL	61614
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
07/07 - Present	[redacted] N. Talisman Terrace	Peoria	IL	61615
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
Preckshot Professional Pharmacy			08/2017-present
Business Address	**City**	**State**	**Zip**
5832 N. Knoxville Ave. Suite E.	Peoria	IL	61614
Phone	**Title**		
309-679-2047	Pharmacist		
Description of Duties			
pharmacist duties			

Business Name			From - To (MM/YY – MM/YY)
LPD properties			06/2022-present
Business Address	**City**	**State**	**Zip**
349 Shaggybark Trail	Morton	IL	61550
Phone	**Title**		
309-253-5059	partner		
Description of Duties			
partner			

Business Name			From - To (MM/YY – MM/YY)
Walmart Pharmacy			05/09-08/17
Business Address	**City**	**State**	**Zip**
8915 N. Allen Rd.	Peoria	IL	61615
Phone	**Title**		
309-693-9854	Pharmacy technician then Pharmacist		
Description of Duties			
tech and pharmacist 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.

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?		✓

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.

Corey Dolan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-22-24

Date

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

State of IL, ss. County of Peoria

I, Corey Dolan, 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

1-22-24

Date

Subscribed and Sworn to before me this 22nd day of January.

Notary Public Signature

MICHAEL D HINNEN
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 29, 2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Dolan Central IL Compounding Pharmacy DBA Preckshot Professional Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5832 N. Knoxville Ave Suite E

City Peoria State IL Zip 61614

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 309-679-2047 Website preckshotpharmacy.com

Licensing Company Email info@preckshot.com

Section 2: Personal Information

First LAWRENCE Middle PATRICK Last DOLAN

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

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

Mailing Address [redacted] N. WEAVER RIDGE BLVD.

City PEORIA State IL Zip 61615

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.)		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? N/A		

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)	
NORTHERN ILLINOIS UNIVERSITY		09-71 TO 12-75	
Address	**City**	**State**	**Zip**
1425 W. LINCOLN HWY	DEKALB	IL	60115
Diploma/Degree obtained, if any			
ACCOUNTANCY B.S.			

School Name		From - To (MM/YY – MM/YY)	
MENDEL C. H. S.		09-67 TO 05-71	
Address	**City**	**State**	**Zip**
12900 S. 79TH AVE	PALOS HEIGHTS	IL	60463
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
09-99 TO PRESENT	[redacted] N. WEAVER RIDGE BLVD	PEORIA	IL	61615
From - To (MM/YY – MM/YY)	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		From - To (MM/YY – MM/YY)	
DOLAN LUDEMAN & CO		01-76 TO PRESENT	
Business Address	**City**	**State**	**Zip**
5029 N. WEAVER RIDGE BLVD	PEORIA	IL	61615
Phone	**Title**		
309-696-3702	PRESIDENT		
Description of Duties			
CATTLE BUYER			

Business Name		From - To (MM/YY – MM/YY)	
PRECKSHOT PROFESSIONAL PHARACY		12-17 TO PRESENT	
Business Address	**City**	**State**	**Zip**
5832 N. KNOXVILLE AVE SUITE E	PEORIA	IL	61614
Phone	**Title**		
309-679-2047	PARTNER		
Description of Duties			
ACCOUNTING			

Business Name		From - To (MM/YY – MM/YY)	
LPD PROPERTIES		06-22 TO PRESENT	
Business Address	**City**	**State**	**Zip**
349 SHAGGYBARK TRAIL	MORTON	IL	61550
Phone	**Title**		
309-253-5059	PARTNER		
Description of Duties			
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			

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.)		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

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.

LAWRENCE DOLAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-22-24

Date

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

State of IL, ss. County of Peoria

I, Lawrence Dolan, 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

1-22-24

Date

Subscribed and Sworn to before me this 22nd day of January.

Notary Public Signature

MICHAEL D HINNEN
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 29, 2024

(Seal)

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker
Governor

Mario Treto, Jr.
Secretary

Camile Lindsay
Acting Director
Division of
Professional
Regulation

CERTIFICATION OF LICENSURE

dba Preckshot Professional
Pharmacy
5832 N Knoxville Ave Ste E

Licensee:	DOLAN CENTRAL ILLINOIS COMPOUNDING LLC
Number:	320.012548
Profession:	LICENSED CONTROLLED SUBSTANCE
Date of Issuance:	01/24/2018
Expiration Date:	03/31/2024
License Status:	ACTIVE
License Method:	NON-EXAM
Disciplinary History:	Has not been disciplined

This document is a certified copy of the records maintained and kept by this department in the regular course of business as of 01/03/2024

Camile Lindsay

Camile Lindsay
Acting Director
Division of Professional Regulation

01/03/2024
Date

Refer to the Department's Web Site at IDFPR.Illinois.gov to verify professional licenses via License Look-Up.

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
054.020600
051.293628

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
03/31/2024

LICENSED PHARMACY

COMMUNITY, STERILE COMPOUNDING

DOLAN CENTRAL ILLINOIS COMPOUNDING LLC
DBA PRECKSHOT PROFESSIONAL PHARMACY
ANDREW ROSEBOOM
5832 N KNOXVILLE AVE STE E
PEORIA, IL 61614-4304

MARIO TRETO, JR.
ACTING SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

16505757

Cut on Dotted Line

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: 4123676

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
320.012548
054.020600

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
03/31/2024

LICENSED CONTROLLED SUBSTANCE

II III IV V

DOLAN CENTRAL ILLINOIS COMPOUNDING LLC
DBA PRECKSHOT PROFESSIONAL PHARMACY
5832 N KNOXVILLE AVE STE E
PEORIA, IL 61614-4304

MARIO TRETO, JR.
ACTING SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

16505808

Cut on Dotted Line

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: 4123676

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FD7319204	06-30-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY-COLLECTOR	06-01-2023

DOLAN CENTRAL ILLINOIS COMPOUNDING LLC
DBA PRECKSHOT PROFESSIONAL PHARMACY
5832 N KNOXVILLE AVE STE E
STE E
PEORIA, IL 616144304

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

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FD7319204	06-30-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY-COLLECTOR	06-01-2023

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Candy Nally

From: Info <info@preckshot.com>
Sent: Monday, February 12, 2024 11:35 AM
To: Candy Nally
Subject: Re: Out-of-State Pharmacy Application

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good day,

We do not have any assigned officers or directors, only the owners. Our company is fairly small so we do not have a structure like that.

Is there additional information you need?

Thanks!

From: Candy Nally <cnally@pharmacy.nv.gov>
Sent: Monday, February 12, 2024 10:32 AM
To: Info <info@preckshot.com>
Subject: RE: Out-of-State Pharmacy Application

Do you not have officers or directors? The attached list only show owners.

Thanks
Candy

From: Info <info@preckshot.com>
Sent: Friday, February 9, 2024 7:44 AM
To: Candy Nally <cnally@pharmacy.nv.gov>
Subject: Re: Out-of-State Pharmacy Application

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Mrs. Nally

I'm sorry for the license confusion. I attached two documents with each of us owners listed. I wasn't sure if there was a preferred document or not so I sent both of these but I'd be happy to fill out a different one if needed.

Each of the owners filled out the personal history application that was included with the application.

Thank you!

Preckshot Professional Pharmacy
5832 N Knoxville Rd

Suite E
Peoria, IL. 61614
Phone (309)-679-2047
Fax (309)-679-2051

PPrecksh
PROFESSIONAL PHARMA

From: Candy Nally <cnally@pharmacy.nv.gov>
Sent: Wednesday, February 7, 2024 5:43 PM
To: Info <info@preckshot.com>
Subject: Out-of-State Pharmacy Application

Preckshot Professional Pharmacy,

We are in receipt of your pharmacy application. The required following documents were not included.

List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)

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

13C

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 (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ 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		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Seven Hills Pharmacy, LLC

Physical Address: 2722 E. Kemper Rd

City: Sharonville State: OH Zip: 45241

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: 513-771-0367 Toll Free # (NAC 639.708, NRS 639.23286): 844-643-0169

Fax: 513-771-0369 Contact Email: compliance@truepill.com

Website: N/A

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Christopher Spitzer

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21780

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: Christopher Spitzer	NV Pharmacist Registration #: 21780
Name: Christopher Gibson	NV Pharmacist Registration #: 22645
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: N/A	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.

Section 5: 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:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Postmeds, Inc.

Corporation/Organization Name: Seven Hills Pharmacy LLC

Mailing Address: 2722 E. Kemper Rd

City: Sharonville State: OH Zip: 45241

Telephone: 650-353-5495 Email: compliance@truepill.com

Contact Person Name: Quynh Do

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Co-Manager (title) for Seven Hills Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Paul Greenall

Print Name of Authorized Person

DocuSigned by:
Paul Greenall
F716F9B604924A4...

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

4/4/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Paul Greenall 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 Co-Manager (title) for Seven Hills Pharmacy, LLC (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.

DocuSigned by:
Paul Greenall
F716F8B604924A4...
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

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.

Paul Greenall

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

DocuSigned by:
Paul Greenall
F716F9B604924A4...

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

4/4/2024

Date

Board Use Only	Date Received: _____ Amount: _____

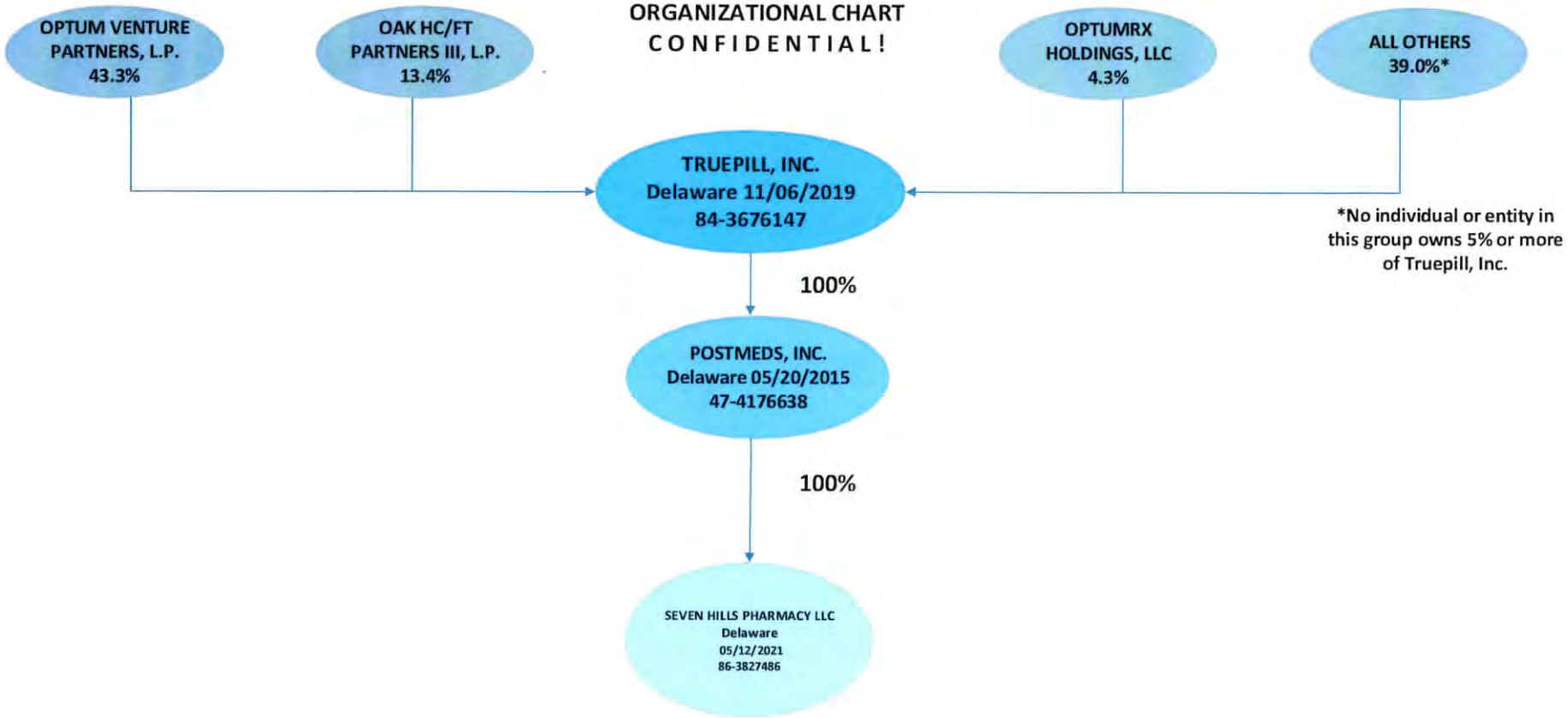
List of Managers

1) Paull Greenall – Manager – DOB: [redacted]

2) Aaron Wurst – Manager - DOB: [redacted]

03/13/2024

SEVEN HILLS PHARMACY LLC
ORGANIZATIONAL CHART
CONFIDENTIAL!



*No individual or entity in this group owns 5% or more of Truepill, Inc.

This organizational chart was prepared by Truepill, Inc.'s Legal Team and may not be distributed to third parties without prior approval. For futher information, please reach out to entities@truepill.com

Truepill, Inc.
3121 Diablo Ave.
Hayward, CA 94545

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 0232000312

Seven Hills Pharmacy Llc

2722 E Kemper Rd
Sharonville, OH 45241-1818
Hamilton County

Terminal - Pharmacy - Category 3

Outpatient Pharmacy Inspection

November 7, 2022

License 0232000312 - Seven Hills Pharmacy Llc

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 Sharon Shields
Start 11/7/2022 9:06 AM
End 11/7/2022 11:48 AM

Organization

Name
Seven Hills Pharmacy Llc

License Type
Terminal - Pharmacy - Category 3

Category

License Number
0232000312

Business Type
II - Independent Community Retail (1 Outlet)

DEA Number

Responsible Person
Christopher Spitzer, R.Ph.

Hours of Operation
M-F 9a-5p; Sat/Sun closed

Contact

Address
2722 E Kemper Rd
Sharonville, OH 45241-1818
Hamilton County

Primary Number [redacted]

Fax Number
(513) 771-0369

Website

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Christpoher Gibson, R.Ph.		Pharmacist	03236967		
Lisa Beth Klein		Certified Pharmacy Technician	09305487	[redacted]	[redacted]
Christopher Spitzer, R.Ph.		Responsible Person	03236754		

1) Initial Inspection Information

3) What is the name and current version of the dispensing software being used by the pharmacy?

Observation
Pharmacy uses both Pioneer and TruePill operating system. Operating systems are client specific in their use. Pharmacy is phasing out use of Pioneer.

5) Facility description

Observation
Facility is a retail pharmacy servicing the patients of various online prescriber entities. Pharmacy has the ability to serve the community (walk-in patient). Pharmacy does not accept insurance. Pharmacy has limited drug stock. Pharmacy processes approximately 150 prescriptions per day. Pharmacy employs two pharmacists and one certified pharmacy technician. Pharmacy ships prescriptions to patients in Ohio and in other states using USPS, UPS, and FedEx.

2) * Licensing, Responsible Person and DEA Registration

1) Have there been any changes in the facility's ownership, business name or trade name, category, or address without submitting a new application to the Board?

No

2) Does the responsible person match what is indicated in eLicense?

Yes

3) Does the pharmacy have a valid registration issued by the Drug Enforcement Administration?

Yes

Observation
FS1293884 expires 2/28/2025

3) * Minimum Standards

1) Does the pharmacy have internet access to current federal and state laws, regulations, and rules governing the legal distribution of drugs in Ohio?

Yes

2) Does the pharmacy have access to the telephone number of a poison control center?

Yes

3) Are the pharmacy's hours publicly posted?

Yes

4) Are all pharmacy staff wearing name tags/badges that include the employee's job title?

Yes

7) Are the library and equipment housed in a suitable, well-lit and well-ventilated room or department and maintained in a clean, sanitary and orderly condition?

Yes

8) Are areas where drugs and devices are stored and prepared dry, well-lit, well-ventilated, and maintained in a clean, sanitary and orderly condition?

Yes

9) Are storage areas maintained at temperatures and conditions which will ensure the integrity of the drug stock?

Yes

4) Personnel

1) Are staff working at the pharmacy properly licensed/registered with the Board?

Yes

5) Are certified pharmacy technicians working within their applicable scope of practice?

Yes

8) Are pharmacy support personnel working within their permitted scope?

Not Applicable - No support personnel working or employed during inspection.

Observation

List of support personnel responsibilities: www.pharmacy.ohio.gov/supportres

OAC 4729:3-1-01 (Z)

(1) An individual employed or performing contracted services at a location licensed as a terminal distributor of dangerous drugs, trained to perform clerical duties associated with the practice of pharmacy, including pricing, cashiering, drug purchasing, delivering, scheduling deliveries, answering non-professional telephone inquiries, transportation of dispensed medications within a hospital, documenting and processing third-party billing information for reimbursement, or any other activity as determined by the board.

(2) An individual contracted by a terminal distributor of dangerous drugs to perform drug inventories.

(3) Except for those responsible for the delivery of dangerous drugs, support personnel shall not have unsupervised access to dangerous drugs.

(4) Support personnel shall not perform the tasks of a pharmacist, pharmacy intern, certified pharmacy technician, registered pharmacy technician, or pharmacy technician trainee.

(5) Support personnel may have access to or retrieve information from patient records, including a database or patient profile to perform clerical duties associated with the practice of pharmacy. Support personnel shall not enter prescription information into a patient profile.

(6) Support personnel may perform the following:

(a) Transporting dangerous drugs from a loading dock, warehouse or other area that receives shipments from a licensed wholesaler or other person licensed in accordance with section 4729.52 of the Revised Code; and

(b) Stocking and retrieving from inventory non-controlled dangerous drugs that are not dispensed by the pharmacy.

(7) The terminal distributor of dangerous drugs shall be responsible for ensuring all support personnel comply with state and federal requirements to ensure the confidentiality of patient health records.

(8) Stocking of automated drug dispensing units and floor stock with intravenous fluids that are non-controlled dangerous drugs and are not dispensed by an institutional pharmacy.*

(9) Overwrapping/placing in plastic dangerous drugs that have been compounded or dispensed (i.e. appropriately labeled) by a terminal distributor of dangerous drugs.*

(10) Entering demographic and insurance information into a patient's profile.*

10) Drug Purchases

1) Does the licensee maintain complete and accurate records of drugs purchased?

Yes

Observation
Wholesalers:

- McKesson
- TopRx
- Keysource
- Anda

2) Has the licensee performed and documented an annual query of eLicense prior to purchasing drugs at wholesale?

Yes

11) * Security, Control, and Storage of Dangerous Drugs

1) Is a pharmacist providing supervision of the dangerous drugs, hypodermics, D.E.A. controlled substance order forms, and all records relating to the distribution of dangerous drugs in the pharmacy?

Yes

3) Are all dangerous drugs, controlled substances, and hypodermics that are delivered onto the premises of the store or business are immediately placed and secured in the pharmacy under the physical control?

Yes

4) Are there any unauthorized persons present in the pharmacy?

No

7) Can the pharmacy be secured by a physical barrier or alarm system?

Yes

Observation
The only change to the barricade since March 2022 inspection was the replacement of the garage-style door. Door was replaced with a metal roll down bay-style door. Door is secured by the alarm system. No other changes to the barricade have been made since inspection in March 2022. Barricade is adequate.

8) Is a licensed pharmacist the only person with access to keys or other methods for accessing the pharmacy?

Yes

10) Does the pharmacy have a secure area only accessible by pharmacists for customers to deposit new or refill prescription orders when the pharmacy is closed?

No - Not applicable

11) Does the pharmacy maintain dangerous drugs or hypodermics outside of the confines of the pharmacy?

No

12) Does the pharmacy provide services by means of a secured drive-through facility?

No

12) Temperature Controls

1) Are refrigerators and/or freezers used for the storage of drugs maintained at the proper temperature?

Yes

Observation
Pharmacy has one refrigerator for vaccine storage. Pharmacy uses TempAlert to monitor the temperature of the refrigerator. Observed refrigerator to be at appropriate temperature. Pharmacy does not have vaccine stock or any refrigerator/freezer drug stock on site at the time of inspection.

2) Does the pharmacy have a policy to respond to any out of range individual temperature readings or excursions to ensure the integrity of stored drugs?

Yes

3) Are refrigerators and freezers use for the storage of drugs free of food or beverage products?

No

13) *Theft or Significant Loss of Drugs and Drug Documents

1) Has the licensee experienced any theft or significant loss of any dangerous drugs in the past twenty-four months?

No

3) REMINDER: Theft or significant loss of dangerous drugs and drug documents.

Observation
REMINDER

A licensee is required to report to the the Board and law enforcement authorities of any theft or significant loss of dangerous drugs (controlled and non-controlled prescription drugs) immediately upon discovery of the theft or significant loss. This includes dangerous drugs in transit that were either shipped from or to a prescriber, terminal distributor, or drug distributor.

A licensee is required to report, immediately upon discovery, to the Board and law enforcement authorities any theft or loss of uncompleted prescription blank(s) used for writing a prescription, D.E.A. controlled substance order forms (Form 222), written prescription order(s) not yet dispensed, and original prescription order(s) that have been dispensed.

For more information on reporting, visit: www.pharmacy.ohio.gov/theft

14) * Controlled Substance Inventory

1) Does the licensee conduct an annual inventory of controlled substances?

Yes

Observation
Pharmacy does not have any controlled substance drug stock on site at the time of inspection.
OAC 4729:5-3-07
All Category III licensees must complete an annual inventory even if drugs are not on-site (zero balance). Records of inventories must be maintained for at least three years. Inventories must follow the process for conducting a DEA controlled substance inventory.

16) Drug Collection Receptacles

1) Does the pharmacy operate a drug take back program (i.e. collection receptacle)?

No

17) Drug Samples

1) Does the pharmacy have sample drugs as part its inventory?

No

23) Return to Stock

4) Does the pharmacy use delivery agents?

Yes - Compliant

Observation
Pharmacy uses USPS, UPS, and FedEx. Pharmacy does not return any delivered drugs back to stock for redispensing. All drug stock returned from delivery agents are sent to Inmar for destruction.

8) REMINDER: The contents of a prescription vial or container shall not be returned to the manufacturer's stock bottle.

Observation
REMINDER: The contents of a prescription vial or container shall not be returned to the manufacturer's stock bottle.
OAC 4729:5-5-22 (B)(4)

25) Customized Medication Packaging (Adherence Packaging)

1) Does the pharmacy dispense customized patient medication packages (sometimes referred to as adherence packaging)?

No

27) Charitable Pharmacies

1) Is this pharmacy a charitable pharmacy?

No

31) *Expired/Adulterated Drugs

2) Are there expired/adulterated drugs present in the licensee's active drug stock?

No

33) Prescription Pick-Up Station

1) Does the pharmacy accept prescriptions from pick-up stations or other intermediaries?

No

39) Drug Repository Program

1) Does this pharmacy operate a drug repository program?

No

40) Temporary Removal of Drugs

1) Does the licensee engage in the temporary off-site storage of dangerous drugs?

No

46) Substance Abuse and Mental Health Resources for Healthcare Professionals

1) Substance Abuse and Mental Health Resources for Healthcare Professionals

Observation

The healthcare profession is not immune to substance use disorder and mental health conditions. Such medical conditions impair a healthcare professional's competency, ability, and judgment. Substance use disorder and/or mental health conditions that are left untreated may not only cause a healthcare professional to risk their career, but may also endanger the life of a patient.
These medical conditions can be effectively treated, and it is possible for healthcare professionals that are in treatment or recovery to return to practice.

The State of Ohio Boar of Pharmacy encourages all healthcare professionals who may be struggling with substance use disorder or mental health condition to seek help. The following are resources that can assist healthcare professionals in getting help: (the resources listed here are for informational purposes only and do not constitute an endorsement by the State of Ohio Board of Pharmacy. They do not represent a complete list of the resources available)

Ohio Careline 1-800-720-9616, emotional support, with referral to other resources if needed.
Crisis text line, text "4hope" to 741 741 to speak with a crisis counselor.
Treatment Bridge 1-877-275-6364, for addiction and mental health srevices.
National Suicide prevention dial 988, or call 1-800-273-8255.
Ohio Domestic Violence Network 1-800-934-9840
Pharmacist Rehabilitation Organization (www.ohiopro.org) for pharmacists and pharmacy interns.
Ohio Physicians Health Program (www.ophp.org)

50) 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/Inspector, and understand its content.

If this inspection report requires a written response, I understand, per OAC 4729:5-3-03, that either of the following must be submitted to the State of Ohio Board of Pharmacy within 30 days of this inspection:

(1) The action(s) the licensee or applicant has taken to correct the violation(s) and the date of implementation of the corrective action(s); or

(2) An explanation disputing the observed violations.

I understand that if I am not the responsible person documented on this site's Ohio terminal distributor of dangerous drugs license, I will ensure the responsible person is provided a complete copy of this inspection report in a timely manner.

I further acknowledge that a written response does not release the licensee listed in this inspection report from potential disciplinary action.

Responses must be either emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

No Issue Found

Reviewed by Christopher Spitzer, R.Ph. _____

(signature)

Ohio | eLicense Ohio Professional Licensure

License Look Up

4/5/2024 11:27 AM

Seven Hills Pharmacy LLC

License Number	0232000312
Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Terminal - Pharmacy - Category 3
License Issue Date	03/22/2022
License Expiration Date	03/31/2025
License Effective Date	04/01/2023
Street Address	2722 E Kemper Rd
City	Sharonville
State	OH
Zipcode	45241-1818
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
CHRISTOPHER SPITZER	03236754	Active	Mon Jan 03 00:00:00 GMT 2022	

Current date & time: **4/5/2024 11:27 AM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

Truepill
CA old license PHY 56100
ME old license MO40002429
NC old license 13413
LA license PHY.007761-NR
KS license 22-117859
DEA license FP6189725
AL license 114861
PA license NP000931
AK license 166601

Alaska Board of Pharmacy

The Alaska Board issued the pharmacy a Consent Order of Discipline effective **February 15, 2024** resolving alleged violations of the Alaska Pharmacy Practice Act stemming from disciplinary actions by proper licensing authority of another state. As per the terms of the Consent Order, Pharmacy has agreed to pay a $5,000 administrative fine to the Alaska State Board of Pharmacy.

Pennsylvania Board of Pharmacy

The Pennsylvania Board issued the pharmacy a Consent Order of Discipline effective **November 7, 2023** resolving alleged violations of the Pennsylvania Pharmacy Practice Act stemming from disciplinary actions by proper licensing authority of another state. As per the terms of the Consent Order, Pharmacy has agreed to pay a $3,500 administrative fine to the Pennsylvania State Board of Pharmacy.

DEA Order to Show Cause
On December 15, 2022, the federal Drug Enforcement Agency ("DEA") issued Postmeds, Inc ("Truepill-Hayward") an administrative Order to Show Cause ("OSC") regarding revocation of its DEA registration FP6189725. **On September 28, 2023,** Truepill-Hayward and DEA reached a non-monetary resolution of the OSC proceedings through a Memorandum of Agreement ("MOA"). Under the MOA, Truepill-Hayward will maintain its active DEA registration without paying a fine and without suspension or revocation of its registration, while making certain agreed changes to its processes and procedures going forward. The MOA is specific to Truepill-Hayward and does not involve other Truepill pharmacies commonly owned by or affiliated with Truepill-Hayward.

Alabama Board of Pharmacy

The Alabama Board issued the pharmacy a Consent Order of Discipline dated **June 6, 2023.** The Pharmacy has resolved alleged violations of the Alabama Pharmacy Practice Act through entry of a Consent Order with the Alabama State Board of Pharmacy on June 8, 2023. As per the terms of the Consent Order, Pharmacy has agreed to pay a $3,000 administrative fine to the Alabama State Board of Pharmacy.

Kansas Board of Pharmacy
The Kansas Board of Pharmacy issued the pharmacy an amended Summary Order effective **February 8, 2023.** The pharmacy did not report the change of ownership in a timely manner, and paid a fine. The Kansas Board of Pharmacy approved the change of ownership application, and issued license 22-117859 on May 20, 2022.

Louisiana Board of Pharmacy

The Louisiana Board of Pharmacy issued the pharmacy a Consent Order of Discipline dated **May 11, 2022**. The pharmacy did not report the change of ownership in a timely manner. The Louisiana Board of Pharmacy approved the change of ownership application with a new permit number PHY.008479-NR as a successor to permit number PHY.007761-NR.

North Carolina Board of Pharmacy

The North Carolina Board of Pharmacy issued the pharmacy a Consent Order of Discipline dated **March 8, 2022**. The pharmacy made inaccurate statements about its ownership and officers on its initial application in November 2017 and did not correct this until November 2021. The North Carolina Board of Pharmacy approved the change of ownership application with a new permit number 14900 as a successor to permit number 13413.

Maine Board of Pharmacy

The Maine Board of Pharmacy notified the pharmacy on **March 30, 2022** that its non-resident license was terminated effective November 6, 2019 for reporting deficiencies related to its ownership. The pharmacy submitted a change of ownership application for licensure, and has been issued a new pharmacy license on November 2, 2022.

California Board of Pharmacy

The California Board of Pharmacy issued the pharmacy a letter of admonishment CI 2019 84877 dated **January 23, 2020**, concluding an investigation that found the pharmacy shipped a prescription to the wrong patient and shipped two prescriptions with the wrong return address.

The California Board of Pharmacy issued the pharmacy a modified citation and fine CI 2019 78633 dated **June 16, 2020**, with the fine amount of $0.00. In 2018, certain prescriptions were issued to the pharmacy by prescribers that were either not yet licensed to prescribe in California or who had not yet entered into an established standardized procedure or protocol developed by a supervising physician.

Also, The California Board of Pharmacy issued the pharmacy a citation and fine order of abatement CI 2020 89223 dated **August 25, 2021**, with the fine amount of $5,000. The pharmacy was in violation when dangerous drugs were stored in temperatures exceeding the recommended storage temperatures Truepill did not consider the manufacturer's stability data for drugs which may have been adulterated by heat.

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE BOARD OF PHARMACY

In the Matter of:)
)
Postmeds, Inc. doing business as (Dba) TRUEPILL)
Respondent)
Case No. 2022-000434

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
Telephone 907-269-8160 Fax 907-269-8195

CONSENT AGREEMENT

IT IS HEREBY AGREED by the Department of Commerce, Community and Economic Development, Division of Corporations, Business and Professional Licensing (Division) and TRUEPILL (Respondent) as follows:

1) **Licensure.** Respondent is currently registered as an Out-of-State Pharmacy in the State of Alaska and holds License number #166601. This license was first issued on 08/27/2020 and will lapse unless renewed by 06/30/2024.

2) **Admission/Jurisdiction**. Respondent admits and agrees that the Board of Pharmacy has jurisdiction over the subject matter of their license in Alaska and over this Consent Agreement.

3) **Admission/Facts.** Respondent admits to the following facts:

a) On September 25, 2017, Staff Pharmacist working for TRUEPILL, Curtis Ancar, received a disciplinary order from the California Board of Pharmacy for failure to exercise corresponding responsibility and excessive furnishing of controlled substances.

b) On January 24, 2019, the California Board of Pharmacy cited former Pharmacist-in-Charge and former owner of TRUEPILL, Mohammad Umar Afridi, for failure to provide documentation substantiating completion of continuing education and knowingly making or signing a document with false information.

c) On December 16, 2019, the California Board of Pharmacy cited former Pharmacist-in-Charge and former owner of TRUEPILL, Mohammad Umar Afridi, for furnishing and dispensing dangerous drugs without a prescription and dispensing on order of nurse practitioner (or person of similar status).

d) On January 23, 2020, the California Board of Pharmacy issued a letter of admonishment to Respondent for shipping a prescription to the wrong address and shipping two prescriptions with the wrong return address.

e) On June 16, 2020, the California Board of Pharmacy issued a modified citation and fine CI 2019 78633 with the fine amount of $0.00 for receiving prescriptions by prescribers that were not licensed or have not entered into procedures with supervising physicians.

f) On April 08, 2022, Respondent submitted an Out-of-State Pharmacy Registration Ownership Change Application from license no. 166601 to license no. 193858 (now withdrawn) to the Division. Professional Fitness Question #1 was marked "Yes" indicating disciplinary actions had been issued against their license as listed above in sections a) through e).

g) Subsequent background investigation revealed Respondent failed to disclose the abovementioned 2017, 2019, and 2020 licensing actions from the California Board of Pharmacy on previous State of Alaska applications for TRUEPILL (formerly DBA Postmeds, Inc.) for licenses 137655 and 166601 dated June 08, 2018, August 06, 2020, and August 27, 2020.

h) Respondent admits that as a result of the above facts, grounds exist for possible suspension, revocation, or other disciplinary sanctions of their license pursuant to AS 08.01.075, AS 08.80.261(a)(1), AS 08.80.261(a)(6), AS 08.80.261(a)(9), AS 08.80.261(a)(11)(12)(14), 12 AAC 52.920(a)(13), and 52.920(a)(14)(c).

4) **Formal Hearing Process.** It is the intent of the parties to this Consent Agreement to provide for the compromise and settlement of all issues addressed in Paragraph 3 (above) that could be raised by an Accusation to revoke, suspend, or impose disciplinary sanctions against Respondent's license through a formal hearing process.

5) **Waiver of Rights.** Respondent understands they have the right to consult with an attorney of their own choosing and has a right to an administrative hearing on the facts in this case. Respondent understands and agrees that by signing this Consent Agreement, Respondent is waiving their rights to counsel and to a hearing. Further, Respondent understands and agrees that they are relieving the Division of any burden it has of proving the facts admitted above. Respondent further understands and agrees that by signing this Consent Agreement they are voluntarily and knowingly giving up their right to present oral and documentary evidence, to present rebuttal evidence, to cross-examine witnesses against Respondent, and to appeal the Board's decision to Superior Court.

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
Telephone 907-269-8160 Fax 907-269-8195

6) **Effect of Non-Acceptance of Consent Agreement.** Respondent and the Division agree that this Consent Agreement is subject to the approval of the Board. They agree that, if the Board rejects this Consent Agreement, it will be void, and an Accusation may be filed. If this Consent Agreement is rejected by the Board, it will not constitute a waiver of Respondent's right to a hearing on the matters alleged in an Accusation and the admissions contained herein will have no effect. Respondent agrees that, if the Board rejects this Consent Agreement, the Board may decide the matter after a hearing, and its consideration of this Consent Agreement shall not alone be grounds for claiming that the Board is biased against Respondent, that it cannot fairly decide the case, or that it has received ex parte communication.

7) **Consent Agreement, Decision, and Order.** Respondent agrees that the Board has the authority to enter into this Consent Agreement and to issue the following Decision and Order.

PROPOSED DECISION AND ORDER

IT IS HEREBY ORDERED that any license issued to Respondent by the Board shall be subject to the following terms and conditions:

A. Violation of Agreement

If Respondent fails to comply with any term or condition of this Consent Agreement, the Division may enforce this agreement by immediately suspending Respondent's license, without an additional order from the Board or without a prior hearing, for a violation of this agreement. In addition, any suspended portion of the civil fine will be immediately due.

If Respondent's license is suspended under this paragraph, as provided above, they will be entitled to a hearing, on an expedited basis, regarding the issue of the suspension. If Respondent's license is suspended, they will continue to be responsible for all license requirements pursuant to AS 08.80.

Respondent shall maintain an active license for the entire duration of this Consent Agreement. If the Respondent lets their license lapse, and after receiving adequate notice from the Board fails to correct the problem, the failure to maintain active licensure will be considered a violation of this Consent Agreement.

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
Telephone 907-269-8160 Fax 907-269-8195

B. Respondent Address

It is the responsibility of the Respondent to keep the Board's agent advised, in writing, at all times of their current mailing address, physical address, telephone number, current employment and any change in employment.

Failure to provide notice of any changes within 10 calendar days will constitute grounds for suspension of his or her license in accordance with paragraph 'B' above.

C. Compliance with Laws

Respondent shall obey all federal, state and local laws governing their license.

D. Authorization

Within 10 calendar days of a request by the Board agent, Respondent will sign all authorizations necessary for the release of information required by this Consent Agreement.

E. Good Faith

All parties agree to act in good faith in carrying out the stated intentions of this Consent Agreement.

F. Address of the Board

All required reports or other communication concerning compliance with this Consent Agreement shall be addressed to:

Attn: Holly Handley, Investigator
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
(907) 269-8124 Fax (907) 269-8195

G. Civil Fine

Respondent shall pay a fine of five thousand dollars ($5,000.00). This civil fine is due within 180 days of the adoption of this agreement and is payable to the "State of Alaska" in cash, certified check, or money order or via credit card.

All payments required by this Consent Agreement shall be addressed to:

Erika Prieksat, Chief Investigator
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

//

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State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
Telephone 907-269-8160 Fax 907-269-8195

IT IS HEREBY FURTHER ORDERED that this Decision and Order shall take effect immediately upon its adoption by the Board of Pharmacy and is a public record of the Board of Pharmacy and the State of Alaska. The State may provide a copy of it to any person or entity, professional licensing board, federal, state, or local government, or other entity making a relevant inquiry.

The action taken by the Board of Pharmacy in this Consent Agreement will be reported to the National Association of Boards of Pharmacy (NABP) and the National Practitioner Data Bank (NPDB) other entities as required by law.

DATED this 5 day of October 2023, at Anchorage, Alaska.

JULIE SANDE, COMMISSIONER

DocuSigned by:
By: Erika Prieksat
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Erika Prieksat, Chief Investigator for
Sylvan Robb, Director
Division of Corporations, Business and
Professional Licensing

I, TRUEPILL, have read the Consent Agreement, understand it, and agree to be bound by its terms and conditions.

Joseph Alexander Cipriani

DATED: 20th November 2023

SUBSCRIBED AND SWORN TO before me this 20th day of November, 2023, at Newport News, Virginia.

(city) (state)

SEAL

Winston Ndow

REGISTRATION NUMBER
8040550
COMMISSION EXPIRES
February 28, 2027

Notary Public in and for Virginia.

(state)

Winston Ndow

Notary Printed Name

Notarized online using audio-video communication

My commission expires: 02/28/2027

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
Telephone 907-269-8160 Fax 907-269-8195

State of Alaska
Department of Commerce, Community and Economic Development
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STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE BOARD OF PHARMACY

In the Matter of:)
)
Postmeds, Inc. dba TRUEPILL)
)
Respondent)
Case No. 2022-000434

ORDER

The Board of Pharmacy for the State of Alaska, having examined the Consent Agreement and Proposed Decision and Order, Case No. 2022-000434, Respondent, license number #166601, adopts the Consent Agreement and Decision and Order in this matter.

This Consent Agreement takes effect immediately upon signature of this Order in accordance with the approval of the Board of Pharmacy.

The Division may enforce the Consent Agreement by immediately suspending Respondent's license, without an additional order from the Board or without a prior hearing, for a violation of the Consent Agreement.

DATED this 15th day of February, 2024, at Anchorage, Alaska.

Board of Pharmacy

By: Ashley Schaber
Chairperson

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania **Bureau of Professional and** **Occupational Affairs**	**Case Nos.**	**21-54-004050** **22-54-008273**
vs.		
PostMeds Inc **Respondent**		

ORDER

AND NOW, this 7th day of November 2023, the **STATE BOARD OF PHARMACY** ("Board") approves and adopts the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Arion R. Claggett

Arion R. Claggett
Acting Commissioner

BY ORDER:
STATE BOARD OF PHARMACY

Theresa Talbott, R.Ph.
Chairperson

For the Commonwealth:

Glenn P. Masser, Esquire
2601 North Third Street
P.O. Box 69521
Harrisburg, PA 17106-9521

For the Respondent:

PostMeds Inc
3121 Diablo Ave
Hayward, CA 94545

Date of mailing: November 8, 2023

DOS Prothonotary:
Nov 08 2023

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania **Bureau of Professional and** **Occupational Affairs**		
vs.	**Case Nos.**	**21-54-004050** **22-54-008273**
PostMeds Inc **Respondent**		

CONSENT AGREEMENT AND ORDER

PARTIES

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and **PostMeds Inc** ("Respondent") stipulate as follows in settlement of the above-captioned case.

APPLICABLE LAW

1. This matter is before the Pennsylvania State Board of Pharmacy ("Pennsylvania Board") pursuant to the Pharmacy Act, act of September 27, 1961, P.L. 1700, ("Act"), *as amended*, 63 P.S. §§ 390-1 to 390-13; and/or 63 Pa.C.S. Chapter 31 ("Chapter 31").

LICENSURE STATUS

2. At all relevant and material times, Respondent held the following registration to practice as a nonresident pharmacy in the Commonwealth of Pennsylvania: registration no. NP000931, which was originally issued on July 3, 2017, and which is currently set to expire on August 31, 2023.

STIPULATED FACTS

3. Respondent admits the following:

Prothonotary Filed On:
Nov 08 2023 12:04 PM
Department of State

a. Absent additional Pennsylvania Board action, Respondent's registration may be continually reactivated or reinstated upon the filing of the required documentation and payment of the applicable fees.

b. Respondent's address is: 3121 Diablo Ave, Hayward, CA 94545.

c. At all relevant and material times, Respondent was authorized to practice as a nonresident pharmacy in the State of North Carolina.

d. On or about March 8, 2022, the State of North Carlina Board of Pharmacy ("North Carolina Board"), by way of Consent Order of Discipline, found Respondent to be in violation of the laws, rules, code and/or regulations of the State of North Carolina because Respondent failed to report a restructuring of ownership to the North Carolina Board.

e. In the March 8, 2022 Consent Order of Discipline, the North Carolina Board voided Respondent's permit from the time it was issued until the time the restructuring began and approved Respondent's change of ownership application as a successor permit.

f. A true and correct copy of the North Carolina Board's March 8, 2022 Consent Order of Discipline is attached as **EXHIBIT A** and is incorporated by reference.

g. At all relevant and material times, Respondent was authorized to practice as a nonresident pharmacy in the State of Louisiana.

h. On or about May 11, 2022, the State of Louisiana Board of Pharmacy ("Louisiana Board"), by way of Consent Agreement at Louisiana Board Case Number 21-0456, found Respondent to be in violation of the laws, rules, code

DOS Prothonotary:
Nov 08 2023

and/or regulations of the State of Louisiana because Respondent failed to report a restructuring of ownership to the Louisiana Board.

i. In the May 11, 2022 Consent Agreement, the Louisiana Board imposed a ten thousand dollar ($10,000.00) fine, two hundred fifty dollars ($250.00) in administrative costs, and three hundred twenty-four dollars and forty-eight cents ($324.48) in investigative costs.

j. A true and correct copy of the Louisiana Board's May 11, 2022 Consent Agreement, Louisiana Board Case Number 21-0456, is attached as **EXHIBIT B** and is incorporated by reference.

k. At all relevant and material times, Respondent was authorized to practice as a nonresident pharmacy in the State of Kansas.

l. On or about January 20, 2023, the State of Kansas Board of Pharmacy ("Kansas Board"), by way of Amended Summary Order at Kansas Board Case Number 22-183, found Respondent to be in violation of the laws, rules, code and/or regulations of the State of Kansas because Respondent failed to report a restructuring of ownership to the Kansas Board and failed to report disciplinary actions from North Carolina, Alabama, and California which also pertained to a failure to report a restructuring of ownership to each respective Board.

m. In the January 20, 2023 Amended Summary Order, the Kansas Board imposed a three thousand five hundred dollar ($3,500.00) fine.

n. A true and correct copy of the Kansas Board's January 20, 2023 Amended Summary Order, Kansas Board Case Number 22-183, is attached as **EXHIBIT C** and is incorporated by reference.

DOS Prothonotary:
Nov 08 2023

AUTHORITY OF THE BOARD

4. The Pennsylvania Board is authorized to suspend or revoke, or otherwise restrict Respondent's registration under section 4.1(e) of the Act, 63 P.S. §§ 390-4.1(e); impose a civil penalty under 63 Pa.C.S. § 3108(b)(4); and/or impose the costs of investigation upon Respondent under section 63 Pa.C.S. § 3108(b)(5).

PROPOSED ORDER

5. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. **VIOLATIONS:** Respondent violated the Act at section 4.1(g), 63 P.S. § 390-4.1(g), in that Respondent had a permit to conduct a pharmacy suspended or revoked or the nonresident pharmacy was otherwise disciplined by the proper licensing authority of another state.

b. **CIVIL PENALTY:** Respondent shall pay a civil penalty of three thousand five hundred dollars ($3,500.00).

c. Payment of the civil penalty is subject to the following terms:

(1) The full civil penalty shall be tendered to the prosecution division of the Department of State with the executed consent agreement;

(2) The civil penalty shall be **paid by certified check, cashier's check, attorney's check, or money order** issued by a usual, customary, and reputable issuer (e.g. U.S. Postal Money Order, Western Union Money Order, etc.);

DOS Prothonotary:
Nov 08 2023

(3) Payment shall be valid for a period of at least 180 days and shall be **made payable to the "Commonwealth of Pennsylvania"**; and

(4) Respondent agrees that payment shall only be made by one of the methods indicated and shall not be made by uncertified personal or corporate check.

d. This Order constitutes disciplinary action by the Pennsylvania Board. This Order will be reported to other licensing authorities and any applicable national licensing databank as a disciplinary action by the Pennsylvania Board.

e. This case shall be deemed settled and discontinued upon the Pennsylvania Board issuing an order adopting this Consent Agreement.

ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS

6. Respondent agrees that this Consent Agreement and Order shall be admitted into evidence, without objection, in any proceeding before the Department of State.

ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING

7. Respondent acknowledges receipt of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter and the following rights related to that hearing: to be represented by counsel; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any adverse final decision.

ACKNOWLEDGMENT OF RIGHT TO ATTORNEY

8. Respondent acknowledges the right to consult with and be represented by private legal counsel of Respondent's choosing and at Respondent's expense when reviewing, considering, and

DOS Prothonotary
Nov 08 2023

accepting the terms of this Consent Agreement. To the extent that Respondent is not represented by legal counsel, Respondent has knowingly elected to proceed without the assistance of legal counsel.

WAIVER OF CLAIMS

9. Should the Pennsylvania Board vote not to adopt the Order proposed in this Consent Agreement, the presentation and consideration of this Consent Agreement shall not prejudice the Pennsylvania Board or any of its members from further participation in the adjudication of this matter. Respondent expressly waives the right to raise any claims or issues, including any and all constitutional claims or issues, which may arise or have arisen during the review, presentation and deliberation of this Consent Agreement. These claims or issues include, but are not limited to, bias, the commingling of prosecutorial and adjudicative functions by the Pennsylvania Board or its counsel, and the Pennsylvania Board, in its discretion, recommending a different sanction based upon the facts set forth in the Consent Agreement. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at a hearing unless otherwise separately stipulated.

LIMITS ON MODIFICATION OF ORDER

10. Respondent agrees not to seek modification of the Order adopting and implementing this Consent Agreement without first obtaining the express written permission from the prosecution division. Any modification is at the sole discretion of the Pennsylvania Board.

AGREEMENT NOT BINDING UNTIL APPROVED

11. This Consent Agreement is between the Commonwealth and Respondent. The Office of General Counsel has approved this Consent Agreement as to form and legality. The disciplinary

DOS Prothonotary:
Nov 08 2023

provisions of this Consent Agreement do not take effect unless and until the Pennsylvania Board issues an order adopting this Consent Agreement.

ENTIRE AGREEMENT

12. This Consent Agreement contains the entire agreement between the parties. There are no other terms, obligations, covenants, representations, statements, or conditions, oral or otherwise, of any kind whatsoever concerning this agreement.

AGREEMENT DOES NOT PREVENT FUTURE DISCIPLINE

13. Nothing in this Order shall preclude the prosecution division of the Department of State from filing charges, or the Pennsylvania Board from imposing disciplinary or corrective measures, for violations or facts not contained in this Consent Agreement.

VERIFICATION OF FACTS AND STATEMENTS

14. Respondent verifies that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondent's knowledge, information, and belief. Respondent understands that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

/s/Glenn P. Masser
Glenn P. Masser
Prosecuting Attorney
DATED:9/18/23

DocuSigned by:
Rick Hagan Myers
Richard J. Hagan Jr., PIC
PostMeds Inc
Respondent
DATED: 9/1/2023

DOS Prothonotary:
Nov 08 2023

DocuSign Envelope ID: 27161B0C-85A1-4BE8-866F-7EBF208AABE2

March 21, 2024

VIA EMAIL TRANSMISSION (P.KEEGAN@PHARMACY.NV.GOV)
Peter Keegan
General Counsel
Nevada Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

Re: [Truepill] Postmeds, Inc in Hayward, California (DEA COR No. FP6189725), Non-Resident License No. [PH03813]

Dear Mr. Keegan:

As requested, enclosed, as **Exhibit A**, is summary of the U.S. Drug Enforcement Administration ("DEA") Memorandum of Agreement ("MOA") entered into with Truepill-Hayward on September 28, 2023. The MOA is enclosed as **Exhibit B**.

Please let us know if you should require additional information.

Very truly yours,

DocuSigned by:
3/22/2024
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Quynh Nhu Do
Truepill Compliance Team

DocuSign Envelope ID: 27161B0C-85A1-4BE8-866F-7EBF208AABE2

EXHIBIT A

SUMMARY OF MEMORANDUM OF AGREEMENT

Relevant Background. The DEA issued an Order to Show Cause ("OSC") to Truepill's Hayward, California pharmacy (for purposes of this Exhibit, "Truepill-Hayward") on December 15, 2022. Truepill-Hayward is located at 3121 Diablo Avenue in Hayward, California and holds DEA Certificate of Registration Number FP6189725. The OSC was issued to Truepill-Hayward only. The OSC was not issued to and made no allegations about any other Truepill pharmacy.

The OSC concerned Truepill-Hayward's dispensing of controlled substances during the period September 2020 to September 2022. During that time, controlled substances accounted for only 1% of Truepill-Hayward's total dispensing volume; 99% of Truepill-Hayward's dispensing volume was for non-controlled substances. Consistent with its historical focus on non-controlled substances, even before the issuance of the OSC, Truepill-Hayward had made the decision to stop dispensing controlled substances. Truepill-Hayward voluntarily stopped dispensing Schedule II controlled substances in May 2022. And the last federally controlled substance Truepill-Hayward dispensed was on December 12, 2022. Truepill-Hayward has dispensed only federal non-controlled substances since then.

Effective September 28, 2023, Truepill-Hayward and DEA entered into a Memorandum of Agreement ("MOA") to resolve the OSC proceedings. Under the MOA, Truepill-Hayward will maintain its active DEA registration without paying a fine or monetary penalty and without suspension or revocation of its registration, while making certain agreed changes to its processes and procedures going forward. Below we discuss the issues addressed in the MOA, which were disclosed to DEA during the OSC proceedings.

Online Pharmacy Registration. The MOA states that Truepill-Hayward did not register with DEA as an "online pharmacy" under the Ryan Haight Act of 2008 ("RHA"). The RHA requires a pharmacy whose dispensing of controlled substances is caused or facilitated by means of the internet to register as an "online pharmacy." The RHA was passed in 2008, and DEA issued final regulations implementing the RHA in 2020. To our knowledge, DEA has never issued an online pharmacy registration under the RHA before.

Given the lack of DEA guidance and industry precedent, and out of a desire to comply with the RHA without DEA prompting, Truepill-Hayward applied in 2019 for an online pharmacy modification of its DEA registration. In response, DEA visited Truepill-Hayward's pharmacy twice in early 2019 and collected information about the pharmacy from employees. Following those visits and discussions with DEA, Truepill-Hayward understood that it operated as a mail-order pharmacy and did not need to obtain an online pharmacy modification. As a result, Truepill-Hayward withdrew its application for an online pharmacy modification in May 2019. DEA was aware of Truepill-Hayward's withdrawal of its modification application, and raised no issue with Truepill-Hayward's decision.

In the intervening years, the use of telemedicine in the prescribing of controlled substances increased because of the COVID-19 pandemic and regulatory flexibilities enacted by DEA and

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state regulators to increase patient access to healthcare. With the filing of the OSC, DEA signaled that now Truepill-Hayward should apply to register as an online pharmacy. Truepill-Hayward has no objection to that registration and has committed in the MOA to apply to register with DEA as an online pharmacy.

Additional information may be relevant to understanding Truepill's operations. Truepill's corporate website (https://truepill.com/) is for informational purposes only. No patient can order a medication, submit a prescription, or contact a prescriber through Truepill's corporate website. Truepill-Hayward has no involvement with patients until after they receive a prescription from an independent prescriber and choose to have the prescription filled by Truepill-Hayward. A patient must first see a prescriber of their choosing, who in the exercise of his or her medical judgment will decide whether to prescribe the patient a medication. If the prescriber issues the patient a prescription, the patient must choose to have the prescription filled by Truepill-Hayward. Only once the patient chooses to have Truepill-Hayward fill the prescription will the prescriber send an electronic prescription to Truepill-Hayward through industry recognized means (Surescripts). Upon receiving the prescription, Truepill-Hayward reviews and validates the prescription, and, if appropriate as determined by a licensed pharmacist, dispenses the medication and ships it to the patient in compliance with industry standards—Truepill-Hayward's operations are NABP, LegitScript, and URAC accredited. This same process existed when Truepill submitted its online pharmacy application to DEA in 2019.

90 Days' Supply. The MOA acknowledges that in certain historical instances, Truepill-Hayward dispensed Schedule II controlled substances pursuant to prescriptions written by an individual practitioner on a single date that together exceeded a 90-day supply. Truepill-Hayward and DEA investigated this issue and determined it occurred in a limited number of instances during a limited time. Specifically, this issue occurred in 36 instances for electronic prescriptions written by 6 prescribers between August 2020 and December 2021. The prescriptions were all written during the COVID-19 pandemic and none occurred after December 2021. None of these prescriptions were issued to patients in Nevada. Note: All these scripts were dispensed to patients only in California. In each instance, Truepill-Hayward dispensed the prescriptions only at therapeutically appropriate intervals and according to the prescriber's instructions (e.g., at 30-day intervals for multiple 30-day prescriptions). Truepill-Hayward never dispensed more than one prescription at a time and never filled a prescription early. Although Truepill-Hayward used a leading pharmacy software, PioneerRx, its controls did not consistently identify and reject such electronic prescriptions. As reflected in the MOA, Truepill-Hayward has revised its controls to ensure prescriptions like this will be consistently identified and rejected going forward.

Prescriber Licensure. The MOA reflects that during the COVID-19 pandemic, in more than 113 and up to 403 instances, Truepill-Hayward filled prescriptions for patients in California written by prescribers without sufficient licensure or emergency authorization to issue controlled substance prescriptions in California. Truepill-Hayward had attempted to address this issue by contractually requiring telehealth companies whose prescribers submitted prescriptions to Truepill-Hayward to ensure their prescribers held appropriate state licensure. The OSC proceedings revealed that Truepill-Hayward's controls did not consistently identify and reject such prescriptions. Through the MOA, Truepill-Hayward has committed to implementing controls that ensure prescribers possess the appropriate state authority.

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DEA Audit. In September 2022, DEA audited Truepill-Hayward's records relating to eight controlled substances. The MOA indicates that during the onsite visit, Truepill-Hayward could not locate certain records relating to dextroamphetamine-amphetamine ER 20 mg. Within about a week of DEA's onsite visit, Truepill-Hayward identified the unaccounted-for records – two DEA Form 222s – within its pharmacy. One was in the controlled substances document box, where it had been inadvertently overlooked; the other was in the controlled substances cage, where it was being kept because it related to an open order still awaiting shipment from the manufacturer. Truepill-Hayward regularly conducts controlled substances inventories under both DEA requirements and California law, and will continue doing so. The MOA also reflects Truepill-Hayward's agreement to go beyond that requirement by retaining a reputable third-party consultant to conduct regular audits of Truepill-Hayward's controlled substances and annual trainings on Truepill-Hayward's controlled substances policies.

Conclusion. DEA thoroughly investigated the issues in the OSC and determined it did not need to take action against Truepill-Hayward's registration. Although Truepill-Hayward is not currently dispensing controlled substances, the MOA confirms that Truepill has the processes and procedures to appropriately dispense controlled substances should it choose to resume doing so.

Truepill has always prided itself on its commitment to providing the highest quality pharmacy services and compliance with state and federal law. The resolution between Truepill-Hayward and DEA coincides with a redoubling of efforts at Truepill in that regard. Over the last year, Truepill has strategically restructured its corporate governance; overhauled leadership overseeing its compliance, pharmacy operations, and legal functions; and quadrupled its headcount and spend in compliance, quality, standards, and legal – all to ensure Truepill not only meets but exceeds its legal, regulatory, and contractual requirements. These changes will enable Truepill to continue performing to the high standards it has set for itself into the future.

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MEMORANDUM OF AGREEMENT

This Memorandum of Agreement ("Agreement") is entered into by and between the United States Department of Justice, Drug Enforcement Administration ("DEA"), and Postmeds, Inc. d/b/a Truepill, on behalf of its Hayward, California pharmacy operating under DEA Certificate of Registration FP6189725 (for purposes of this Agreement, "Hayward") (DEA and Hayward each a "Party" and together the "Parties"), through their authorized representatives.

FINDINGS OF FACT

Background

1. Postmeds, Inc. d/b/a Truepill is a Delaware corporation with a principal place of business in Hayward, California. Hayward is operated by Postmeds, Inc.

2. Hayward is registered with DEA as a retail pharmacy to handle controlled substances in Schedules II through V under DEA COR number FP6189725. For purposes of this Agreement, the term "controlled substances" means substances scheduled under 21 U.S.C. § 812. Hayward's registered location is 3121 Diablo Avenue, Hayward, California, 94545. Hayward's COR expires by its own terms on November 30, 2025.

3. Hayward is not registered with DEA as an online pharmacy.

4. Hayward is currently licensed by the California Department of Consumer Affairs as a Community Pharmacy operating under the name Truepill under license number PHY 58585. This license expires on March 1, 2024.

5. On December 15, 2022, DEA issued an Order to Show Cause to Hayward pursuant to Sections 303 and 304 of the Controlled Substances Act, 21 U.S.C. §§ 823 & 824, seeking to revoke Hayward's DEA COR number FP6189725.

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6. On January 13, 2023, Hayward requested a hearing on the Order to Show Cause pursuant to 21 U.S.C. § 824 and 21 C.F.R. § 1316.47. The matter was docketed as *In the Matter of Truepill*, Docket No. 23-18.

Dispensing Controlled Substances by Means of the Internet

7. Hayward dispensed controlled substances pursuant to prescriptions issued by practitioners affiliated with Hayward's corporate customers, including telehealth companies that delivered, distributed, or dispensed, or offered to deliver, distribute or dispense, controlled substances by means of the Internet. Hayward provided an application programming interface (API) to its corporate customers to assist in dispensing and delivering medications, including controlled substances.

8. As of the Effective Date of this Agreement, the last Schedule II controlled substance Hayward dispensed was on May 16, 2022. The last controlled substance of any kind Hayward dispensed was on December 12, 2022.

9. In 2019, Hayward submitted an application for an online pharmacy modification of its DEA registration. In response to the application being submitted, DEA visited Hayward's registered location and collected information from Hayward regarding its business model. Following these visits, on June 25, 2019, Hayward withdrew its application.

10. Hayward failed to put on its Internet site the following information:

a. A statement on its homepage that Hayward complies with the requirements of 21 U.S.C. § 831 with respect to the delivery or sale or offer for sale of controlled substances. 21 U.S.C. § 831(a) and 21 C.F.R. § 1304.45(a).

b. A visible and clear statement on its homepage, or a page clearly linked from its homepage, of the following information:

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i. the name, professional degree, and states of licensure of its pharmacist-in-charge;

ii. a telephone number at which its pharmacist-in-charge can be contacted;

iii. a list of states in which Hayward is licensed to dispense controlled substances;

iv. a certification that Hayward is licensed under the CSA to deliver, distribute, or dispense controlled substances by means of the Internet; and

v. the following statement: "This online pharmacy is obligated to comply fully with the Controlled Substances Act and DEA regulations. As part of this obligation, this online pharmacy has obtained a modified DEA registration authorizing it to operate as an online pharmacy. In addition, this online pharmacy will only dispense a controlled substance to a person who has a valid prescription issued for a legitimate medical purpose based upon a medical relationship with a prescribing practitioner. This includes at least one prior in-person medical evaluation in accordance with section 309 of the Controlled Substances Act (21 U.S.C. 829) or a medical evaluation via telemedicine in accordance with section 102(54) of the Controlled Substances Act (21 U.S.C. 802(54))."

21 U.S.C. § 831(c) and 21 C.F.R. § 1304.45.

11. Hayward did not notify the DEA Administrator of the information listed in ¶ 10.b., *supra*, through the submission of an application for a modified registration thirty days before offering a controlled substance for sale, delivery, distribution, or dispensing together with a certification that such information is true and accurate. 21 U.S.C. § 831(d) and 21 C.F.R

§ 1304.40(a)(1). Hayward also did not notify the DEA Administrator of each Internet site address it used, nor of the DEA registration numbers of every pharmacy that delivers, distributes or dispenses controlled substances pursuant to orders made through each of those identified websites. 21 U.S.C. § 831(d); 21 C.F.R. § 1304.40(b)(3) and (4).

12. Hayward failed to display on the homepage of its Internet site that it had made an appropriate notification to the DEA Administrator under 21 U.S.C. § 831(d) and 21 C.F.R. § 1304.40(b).

13. Hayward failed to the provide the DEA Administrator with any monthly reports under 21 C.F.R. § 1304.55.

Dispensing of Schedule II Controlled Substances Pursuant to Prescriptions for Greater Than a 90-Day Supply

14. Between September 14, 2020, and April 1, 2022, in 36 instances, Hayward dispensed Schedule II controlled substances pursuant to prescriptions where an individual practitioner had written multiple prescriptions on a single date to an individual patient that together exceeded a 90-day supply. An individual practitioner is not authorized to issue, on a single occasion, multiple prescriptions that together provide a patient with more than a 90-day supply of a Schedule II controlled substance. *See* 21 C.F.R. § 1306.12(b). In none of these instances did Hayward dispense more than one prescription at a time or fill a prescription early. During this time, Hayward did not have sufficient controls in place to consistently identify and reject such prescriptions. Through this Agreement, Hayward is committing to ensure such controls are in place.

Dispensing of Controlled Substances Pursuant to Prescriptions Issued by Practitioners Without State Authority

15. Between September 30, 2020, and April 25, 2022, in more than 113 instances and up to 403 instances, Hayward dispensed controlled substances to patients located in California pursuant to prescriptions written by practitioners who were neither sufficiently licensed in California to issue the controlled substance prescriptions they issued, nor holders of an Authorization for Out-of-State Health Care Practitioner issued by the California Emergency Medical Services Authority (Temporary Emergency Authorization). During this time, Hayward did not have sufficient controls in place to consistently identify and reject such prescriptions. Through this Agreement, Hayward is committing to ensure such controls are in place.

Records Related to Dextroamphetamine-Amphetamine ER 20 mg

16. In September and October of 2022, DEA investigators conducted an audit of, among other things, Hayward's dextroamphetamine-amphetamine ER 20 mg records. DEA investigators conducted this audit during its onsite inspection of Hayward's registered location from September 13 through September 15, 2022, by inventorying the dextroamphetamine-amphetamine ER 20 mg present at Hayward's registered location, and comparing that inventory to the records maintained and provided by Hayward during the onsite inspection. During DEA's onsite inspection Hayward was unable to demonstrate recordkeeping related to over 1,600 dosage units of dextroamphetamine-amphetamine extended release (ER) 20 mg.

STIPULATION, TERMS, AND CONDITIONS

17. In consideration of the mutual promises and obligations of this Agreement, the Parties agree and covenant as follows:

18. Hayward represents that it has had an opportunity to seek advice of counsel prior to entering into this Agreement and that it has knowledge of the events described herein.

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19. Hayward agrees that the above Findings of Fact are true and accurate, and fully accepts responsibility for the conduct described therein.

20. Hayward agrees to and will comply with the compliance measures set forth in Paragraphs 21 through 34 of this Agreement for a period of four years from the Effective Date of this Agreement.

21. Not later than 30 days after the Effective Date of this Agreement, Hayward will apply for a modified DEA registration authorizing it to operate as an online pharmacy and, when that modification is granted, will meet the requirements applicable to online pharmacies under 21 C.F.R. §§ 1304.40–1304.55. Hayward will implement policies and procedures to meet these requirements applicable to online pharmacies under 21 C.F.R. §§ 1304.40–1304.55 by no later than the date upon which a modified DEA registration authorizing it to operate as on online pharmacy is granted.

22. Within each report that Hayward submits to the Administrator under 21 C.F.R. § 1304.55, Hayward shall also identify, in a sortable format, the prescriber of the controlled substance, the corporate customer associated with each dispensed prescription, and the delivery address zip code.

23. Hayward shall report to DEA, on a monthly basis, identifying information (*e.g.*, prescriber name, prescriber DEA registration number, prescriber address, associated corporate customer, controlled substance form, controlled substance quantity, patient name, patient address, delivery address, date prescription issued, etc.) for all rejected controlled substance fills, together with documentation indicating why the fills were rejected, not later than the fifteenth day of the month succeeding the month for which the report is submitted. In addition, if based on a rolling 30-day period, Hayward rejects 10 such controlled substance fills for an individual

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prescriber, or rejects 50 such controlled substance fills for one or more prescribers associated with a single corporate customer, Hayward will report this information within 24 hours of the rejection of the tenth fill for an individual prescriber, or the fiftieth fill for a single corporate customer, together with documentation of why the fills were rejected.

24. Not later than 30 days after the Effective Date of this Agreement, Hayward will implement controls to identify and prevent the dispensing of Schedule II controlled substance prescription(s) issued to a patient on a single day by an individual prescriber where those prescription(s) together provide the patient in excess of a 90-day supply of a Schedule II controlled substance. Specifically, Hayward's controls will include the following:

a. Hayward's pharmacy system will direct prescriptions for controlled substances into a specific controlled substances workflow;

b. As part of the controlled substances workflow, Hayward's pharmacy system will apply a hold to prescriptions for Schedule II controlled substances, which will require a designated controlled substance pharmacist review and approval for the prescription to proceed to dispensing;

c. As part of the pharmacist's review, the pharmacy system will require the pharmacist to review the previous six-month dispensing history, confirm that the patient did not receive multiple Schedule II controlled substance prescriptions that were issued on a single day by an individual prescriber and that together provide the patient with more than a 90-day supply of a Schedule II controlled substance, and document this was completed;

d. To assist, but not substitute for, the pharmacist's review, Hayward's pharmacy system will also alert the pharmacist to all Schedule II controlled substance

prescriptions within the same Group Product Identifier ("GPI") 14 that were written on the same day by placing a hold that requires approval or cancellation prior to proceeding in the workflow;

e. In any instance where Hayward identifies that an individual prescriber issued a patient Schedule II controlled substance prescription(s) on a single day that provide the patient with a greater than 90-day supply, Hayward will reject the prescriptions and notify the patient, the prescriber, and, if Hayward has entered into a contractual relationship with a company affiliated with the prescriber, such company, of the basis for the rejection;

f. In addition, Hayward's pharmacy system will not allow any Schedule II controlled substance prescription to proceed to dispensing if, based on the GPI 14, the patient received greater than a 60-day supply of medications with the same GPI 14 written on the same day.

25. Not later than 30 days after the Effective Date of this Agreement, Hayward will revise its written policies and procedures to reflect the processes described above in Paragraph 24.

26. Hayward will retain a reputable third-party consultant ("DEA Compliance Consultant"), initially Susannah Herkert of Guidepost Solutions LLC, or her designee. Starting with the first full quarter after the Effective Date of this Agreement, each quarter the DEA Compliance Consultant will audit five percent of the total Schedule II controlled substances dispensed in the prior quarter (up to 500 prescriptions per audit) to ensure that Hayward did not fill prescriptions for Schedule II controlled substances issued to a patient on the same day by an individual prescriber where such prescriptions issued on the same day by an individual prescriber

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provided the patient with greater than a 90-day supply. Each audit set will be obtained using a commonly accepted randomization technique. Hayward will provide the results of these audits to DEA by notifying DEA whether it identified any Schedule II controlled substance prescriptions written on a single day providing a patient with greater than a 90-day supply that Hayward filled and, if such prescriptions are identified, of details related to the prescriptions. If the audit indicates that Hayward filled Schedule II controlled substance prescriptions written on a single day that, in total, provided a patient with greater than a 90-day supply, the DEA Compliance Consultant will conduct a root cause analysis to determine why such prescriptions were not rejected, and Hayward will take appropriate steps to remediate the identified cause.

27. Not later than 30 days after the Effective Date of this Agreement, Hayward will implement a control to identify and prevent the dispensing of controlled substance prescriptions where the prescriber is not licensed in the state to which the patient has specifically requested the medication be mailed (hereinafter, "patient delivery state") and is not otherwise authorized to write prescriptions to a patient located in that state. Specifically, Hayward will implement the following:

a. When Hayward enters into contractual relationships with companies affiliated with prescribers and the contractual formulary of drugs Hayward may dispense for such companies includes controlled substances, Hayward will contractually require those companies to identify all affiliated prescribers who may submit controlled substance prescriptions to Hayward and the state(s) in which each prescriber is licensed. Hayward will independently verify all state license information of the prescribers so identified, to confirm the accuracy of such information; will contractually require such companies to provide monthly

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updates on such prescriber state licensure information; and will independently verify all such prescriber state licensure information no less than every six months.

b. Hayward will create and maintain an internal database of the state licensure information provided by companies and verified by Hayward pursuant to Paragraph 27.a.;

c. As described above, Hayward's pharmacy system will direct prescriptions for all controlled substances to a controlled substance workflow and place such prescriptions on hold pending pharmacist review for the designated controlled substance pharmacist team;

d. As part of that review, the pharmacist will verify, based on reference to Hayward's internal database described above in Paragraph 27.b, that the prescriber has authority to write controlled substance prescriptions in the patient delivery state;

e. Before the prescription may be filled, Hayward's pharmacy system will require the pharmacist to input the prescriber's state license number into a designated field to approve. The designated controlled substance pharmacist will reject the prescription if the prescriber's state license number cannot be verified based on Hayward's internal database;

f. In any instance where Hayward's pharmacy system or pharmacist identifies a controlled substance prescription issued by a prescriber not authorized to write prescriptions in the patient delivery state, Hayward will reject the prescription and notify the patient, the prescriber, and, if Hayward has entered into a contractual

relationship with a company affiliated with the prescriber, such company, of the basis for the rejection.

28. Not later than 30 days after the Effective Date of this Agreement, Hayward will revise its written policies and procedures to reflect the processes described above in Paragraph 27.

29. Starting with the first full quarter after the Effective Date of this Agreement, the DEA Compliance Consultant will audit five percent of the total controlled substances dispensed (up to 500 prescriptions per audit) to verify that Hayward did not fill controlled substance prescriptions where the prescriber was not licensed in the patient delivery state. This may be the same set of prescriptions described above in Paragraph 26, and in any event, will be obtained using a commonly accepted randomization technique. Hayward will provide the results of these audits to DEA by notifying DEA whether it identified any controlled substance prescriptions written by prescribers who were not licensed in the patent delivery state and, if such prescriptions are identified, of details of the prescriptions. If the audit indicates that Hayward filled controlled substance prescriptions written by prescribers who were not licensed in the patent delivery state, the DEA Compliance Consultant will conduct a root cause analysis to determine why such prescriptions were not rejected, and Hayward will take appropriate steps to remediate the identified cause.

30. Hayward currently performs full Schedule II controlled substances inventory reconciliations each quarter, and the DEA Compliance Consultant will continue doing so. Each audit set will be obtained using a commonly accepted randomization technique. Starting with the first full quarter after the Effective Date of this Agreement, Hayward will provide the results of those audits to DEA within two weeks of the audit being completed.

31. Hayward's existing pharmacists and pharmacy technicians/clerks will undergo an annual training on the policies referenced in Paragraphs 21 through 30, and Hayward will train all newly hired pharmacists and pharmacy technicians/clerks on those policies.

32. Hayward's existing pharmacists and pharmacy technicians/clerks will undergo an annual training on Hayward's controlled substances inventory policies, and Hayward will train all newly hired pharmacists and pharmacy technicians/clerks on those policies.

33. The DEA Compliance Consultant will conduct an annual training for Hayward's pharmacists and pharmacy technicians/clerks on Hayward's controlled substances policies, including but not limited to those described above, and on the identification and resolution of red flags for diversion. Hayward will provide confirmation to DEA that this training has occurred within two weeks of the training being completed.

34. Hayward will provide the information required to be provided to DEA under Paragraphs 23, 26, 29, 30, and 33 to the Diversion Program Manager of the San Francisco Division. Such information will be provided on behalf of Hayward by the Senior Vice President of Pharmacy Operations, or, if such position is vacant, by another management-level employee, within two weeks of the quarter close or two weeks after the annual training, as applicable.

35. Within three business days of the Effective Date of this Agreement, DEA will move to discontinue the Order to Show Cause proceedings.

36. Within three business days of the Effective Date of this Agreement, Postmeds, Inc. will move to dismiss the proceedings in *Postmeds, Inc. v. Drug Enf't Admin.* No. 1:23-cv-648 (E.D.Va.).

37. DEA will not file any other Order to Show Cause based on the facts alleged in the December 15, 2022 Order to Show Cause unless Hayward does not fulfill its obligations under this Agreement.

38. Hayward acknowledges and agrees that breach or violation of any term of this Agreement may be grounds to immediately suspend any DEA registration associated with Hayward pursuant to 21 U.S.C. § 824(d) and may therefore result in administrative action in DEA's sole discretion. Furthermore, nothing in this Agreement shall be construed as a waiver on the part of DEA to utilize any other grounds for revocation or denial of any DEA registration associated with Hayward, nor shall it be construed as waiver of any defense or reservation of rights by Hayward.

39. DEA and Hayward will bear their own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

40. This Agreement constitutes the complete agreement between the Parties related to the subject matter herein. This Agreement may not be amended except by written consent of the Parties.

41. This Agreement is binding on Hayward's successors, transferees, and assigns.

42. DEA, Hayward, and each signatory to this Agreement represents that it freely and voluntarily enters into this Agreement without any degree of duress or compulsion.

43. The undersigned represent and warrant that they are fully authorized to execute this Agreement on behalf of the entities indicated below.

44. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

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45. This Agreement may be executed in counterparts, each of which constitutes an original and all of which constitute one and the same Agreement.

46. This Agreement will become final and binding only upon signing by all Parties.

47. This Agreement is effective on the date of signature of the last signatory to the Agreement ("Effective Date of this Agreement"). Facsimiles and electronic transmissions of signatures will constitute acceptable, binding signatures for purposes of this Agreement.

[*Signature Page Follows*]

ACCEPTED AND AGREED TO BY:

DRUG ENFORCEMENT ADMINISTRATION

DATED: September 28, 2023 BY: Digitally signed by BRIAN CLARK Date: 2023.09.28 14:03:47 -07'00'

Brian M. Clark
Special Agent in Charge
San Francisco Field Division

RESPONDENT

DATED: September 28, 2023 BY:

James M. Cole
SIDLEY AUSTIN LLP
Counsel for Postmeds, Inc. d/b/a Truepill

DATED: September 28, 2023 BY:

Lisa S. Rivera
BASS, BERRY & SIMS PLC
Counsel for Postmeds, Inc. d/b/a Truepill

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ADDENDUM TO MEMORANDUM OF AGREEMENT

Under the Memorandum of Agreement executed between the Drug Enforcement Administration and Hayward, Hayward may retain whomever it chooses to fill the role of DEA Compliance consultant as identified in Paragraph 26. The selection of that third party consultant is entirely within the discretion of Hayward, so long as the selected consultant can fulfill the obligations set forth in the MOA.

ACCEPTED AND AGREED TO BY:

DRUG ENFORCEMENT ADMINISTRATION

DATED: 10/11/2023 BY: Digitally signed by BRIAN CLARK Date: 2023.10.11 19:23:01 -07'00'

Brian M. Clark
Special Agent in Charge
San Francisco Field Division

RESPONDENT

DATED: 10/11/2023 BY:

James M. Cole
SIDLEY AUSTIN LLP
Counsel for Postmeds, Inc. d/b/a Truepill

DATED: 10/10/2023 BY:

Lisa S. Rivera
BASS, BERRY & SIMS PLC
Counsel for Postmeds, Inc. d/b/a Truepill

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ID: 57efd536-85a8-44b4-b82b-098cca5e7982

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/22/2024 8:13:10 AM
Certified Delivered	Security Checked	3/22/2024 8:18:05 AM
Signing Complete	Security Checked	3/22/2024 8:18:30 AM
Completed	Security Checked	3/22/2024 8:18:30 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Postmeds, Inc. (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Postmeds, Inc.:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: ari@truepill.com

To advise Postmeds, Inc. of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at ari@truepill.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Postmeds, Inc.

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to ari@truepill.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Postmeds, Inc.

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to ari@truepill.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Postmeds, Inc. as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Postmeds, Inc. during the course of your relationship with Postmeds, Inc..

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IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
POSTMEDS INC. dba TRUEPILL and/or TRUEPILL f/k/a POSTMEDS INC.	)	**BOARD OF PHARMACY**
	)	
Non-Resident Pharmacy Permit Number: 114861	)	**CASE NO: 22-L-0114**

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975), § 41-22-12(f), the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** has violated the provisions of law set out in the Statement.

2. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** shall pay an administrative fine in the amount of Three Thousand Dollars ($3,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** attempt to discharge the same. Payments shall be made payable to Alabama State Board of Pharmacy and mailed to 111 Village Street, Birmingham, Alabama 35242.

3. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama

Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), §20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** 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.

4. By execution of this Consent Order, **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** 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 Statement.

5. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.'s** permit, including, but not limited to revocation.

6. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** acknowledges and agrees that it has read this Consent Order and that it fully understands the terms, conditions, and contents of the same. **PostMeds Inc. dba Truepill and/or**

Truepill f/k/a PostMeds Inc. acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and agrees that it had the right to seek advice of counsel before executing this Consent Order.

DONE this the 6th of June, 2023.

PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.

BY: Donny Simkin
Donny Simkin

ITS: General Counsel, Truepill, Inc.

James Hoover
Counsel for **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.**

DONE this the 8th of JUNE, 2023.

ALABAMA STATE BOARD OF PHARMACY

By:
Robert M. Colburn, Jr., R. Ph., President

Jennifer Muro Neumann,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
Jennifer Muro Neumann, PC
Post Office Box 381082
Birmingham, AL 35238
(205) 451-3092

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BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of	)	
	)	Case No. 22-183
PostMeds, Inc dba Truepill	)	
	)	
Registration No. 22-117859	)	

AMENDED SUMMARY ORDER

NOW on this 20th day of January, 2023, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Director, the matter of PostMeds, Inc dba Truepill ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Amended Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 22-104228 which entitled Respondent to operate as a non-resident pharmacy in the State of Kansas.

2. On November 6, 2019, the ownership of Respondent's non-resident pharmacy changed.

3. On May 22, 2020, the Board received a renewal application for Respondent's Registration No. 22-104228, which was approved on June 3, 2020 with an expiration date of June 30, 2021. Respondent answered "No" to the question; "Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state of federal government?"

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Respondent certified the information submitted was true, correct, and complete to the best of Respondent's knowledge.

4. On June 1, 2021, the Board received a renewal application for Respondent's Registration No. 22-104228, which was approved on June 21, 2021 with an expiration date of June 30, 2022. Respondent answered "No" to the question: "Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state of federal government?" Respondent certified the information submitted was true, correct, and complete to the best of Respondent's knowledge.

5. Due to staffing challenges, personnel turnover and administrative oversight resulting from its early, rapid growth and restructuring and the corresponding COVID-19 pandemic, Respondent mistakenly failed to report the 2019 ownership change and related disclosures to the Board in its May 22, 2020 and June 1, 2021 renewal applications.

6. On April 18, 2022, the Board received notification from Respondent of an ownership change and several past disciplinary actions not previously reported to the Board including: North Carolina Board of Pharmacy Consent Order of Discipline dated March 8, 2022; California State Board of Pharmacy Letter of Admonishment dated January 23, 2020; California State Board of Pharmacy Citation and Fine dated June 16, 2020; California State Board of Pharmacy Citation and Fine Order of Abatement dated August 25, 2021; Alabama State Board of Pharmacy Final Order dated October 25, 2021; California State Board of Pharmacy Citation and Fine dated January 24, 2019; and California State Board of Pharmacy Citation dated December 16, 2019.

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7. On April 28, 2022, the Board received from Respondent a Form BA-22 Non-Resident Pharmacy Registration Application ("Respondent's Application"), notifying of the change in ownership effective November 6, 2019, and applying for a new non-resident pharmacy registration under the new ownership.

8. On May 20, 2022, the Board approved Respondent's Application and issued Respondent the new Non-Resident Pharmacy Registration No. of 22-117859 ("Respondent's Registration") under their new ownership.

9. Prior to receiving the ownership change application, registrant provided a letter notifying of the late ownership change, as well as unreported discipline. Ownership change application completed indicating discipline had occurred and providing details of discipline (5 occurrences).

10. In mitigation, Respondent states that it has invested in additional staff, engaged internal and external legal counsel and implemented training efforts to prevent any such reporting oversights in the future.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1627(f), the Board may take action against a registration on any ground that would authorize the board to take action against the registration of a pharmacy under K.S.A. 65-1627, and amendments thereto.

3. Pursuant to K.S.A. 65-1627(e)(1), the Board may take action against the registration of a pharmacy upon a finding that such pharmacy has been operated in such manner

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that violations of the provisions of the pharmacy act of the state of Kansas or of the rules and regulations of the board have occurred in connection therewith.

4. Pursuant to K.S.A. 65-1627(e)(4), the Board may take action against the registration of a pharmacy upon a finding that the registrant has had a registration revoked, suspended or limited, has been censured or has had other disciplinary action taken, or an application for registration denied, by the proper registering authority of another state, territory, District of Columbia or other country.

5. Pursuant to K.S.A. 65-1657, no nonresident pharmacy shall ship, mail, or deliver, in any manner, prescription drugs to a patient in this state unless registered with the Board as a nonresident pharmacy.

6. Pursuant to K.S.A. 65-1645(f), registrations shall not be transferable.

7. Pursuant to K.A.R. 68-2-9, each registrant shall notify the executive secretary of the Board in writing of any change in majority ownership of the operation for which the registration was issued within five days after the date the change in ownership becomes effective.

8. Pursuant to K.A.R. 68-2-23, each pharmacy owner shall notify the board in writing within 30 days of any denial, limitation, suspension, revocation, voluntary surrender, or other disciplinary action taken by the state of Kansas or another jurisdiction against the pharmacy or the pharmacy owner or any application, license, registration, or permit held by the pharmacy owner.

9. Respondent's registered facility changed ownership on November 6, 2019 but Respondent did not provide notification or file a new application with the Board until April 18 and 28, 2022, respectively.

10. Respondent's failure to submit the complete change of ownership to the Board until April 2022 is a violation pursuant to K.A.R. 68-2-9 and an unlawful transfer of the previous

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registration to the new ownership. Respondent's actions are a violation pursuant to K.S.A. 65-1657 and K.S.A. 65-1627(e)(1), and a basis to take action against Respondent's Registration.

11. Respondent failed to notify the Board of the six disciplinary actions by North Carolina, California, and Alabama until April 18, 2022, nearly one to two years after they were effective, is a violation of K.A.R. 68-2-23 and a basis to take action against Respondent's Registration pursuant to K.S.A. 65-1627(e)(1) and (e)(4).

ORDER

Taking into account the mitigating and corrective actions of Respondent, the Board finds and concludes that Respondent's conduct, as described above, violates the Act and such conduct warrants the imposition of a fine pursuant to K.S.A. 65-1658, in the amount of $3,500.00. Respondent has 30 days from the date of this order to pay the fine.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

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Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS. 66612

IT IS SO ORDERED.

1/20/2023
Date

Kansas Board of Pharmacy

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CERTIFICATE OF SERVICE

I hereby certify that I did, on the 24th day of January, 2023, deposit in business mail a copy of the foregoing Amended Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

PostMeds, Inc dba Truepill
3121 Diablo Ave.
Hayward, CA 94545

and via email to:

Christopher C. Tillery
Seigfreid Bingham, P.C.
ctillery@sb-kc.com
Attorney for Respondent

Brenda L. Head
Disciplinary Counsel for the Kansas Board of Pharmacy

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LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

POSTMEDS, INC.

LOUISIANA PHARMACY PERMIT NO. 7761 **Case No. 21-0456**

CONSENT AGREEMENT

WHEREAS, an informal conference was conducted by the Violations Committee of the Louisiana Board of Pharmacy (hereinafter referred to as the "Board") on March 16, 2022 at the Board office, 3388 Brentwood Drive, Baton Rouge, LA 70809, in the matter of POSTMEDS, INC. (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 7761, 3121 Diablo Ave., Hayward, CA 94545-2701, with attorney Skip Philips and Postmeds Corporate Counsel Donnie Simkin appearing on behalf of Respondent.

WHEREAS, WHEREAS, on August 27, 2018, the Louisiana Board of Pharmacy issued a non-resident pharmacy permit, PHY.007761-NR, to Postmeds Inc. At that time, Postmeds Inc. was 31.5% owned by Mohammad Umar Afridi, 31.5% owned by Siddharth Viswanathan, 16.5% owned by Initialized III L.P., and 20.5% owned by others with no individual owner holding more than 4%. On December 17, 2021 the Board received an "Application for New Louisiana Pharmacy Permit for Nonresident Pharmacy" from Postmeds, Inc. d/b/a Truepill. Accompanying correspondence and organization chart detailed a 100% change in the ownership structure of Postmeds Inc., effective November 6, 2019. Postmeds Inc. went from being owned 31.5% by Mohammad Umar Afridi, 31.5% by Siddharth Viswanathan, 16.5% by Initialized III L.P., and 20.5% by others with no individual owner holding more than 4%, to being owned 100% by Truepill, Inc.

WHEREAS, the Board alleges that such actions constitute violations of the following:

La. R.S. 37:1241 (A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1221(B). No out-of-state pharmacy providing pharmacy services to residents of this state shall open, establish, operate, or maintain a pharmacy, located out-of-state, unless the pharmacy is issued a permit by the board.

La. R.S. 37:1222(A). A person applying for a permit to open, establish, operate, or maintain a pharmacy, within or outside of this state, shall complete an application in such form and contain such data as the board may require, and complete such other requirements as deemed necessary by the board, including but not limited to designation and identification of a pharmacist-in-charge.

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La. R.S. 37:1222(E). A permit to operate a pharmacy shall not be transferable.

La. R.S. 37:1232(A). A pharmacy located outside this state which does business in this state within the meaning of this Chapter, shall hold a current pharmacy permit as provided in this Chapter. The pharmacy shall be designated a "nonresident pharmacy" and the permit shall be designated a "nonresident pharmacy permit."

LAC, Title 46: LIII §1101(A). Individuals, partnerships, corporations, limited liability companies, or associations desiring to operate a pharmacy in Louisiana, or outside the state where prescriptions drugs/devices are dispensed and delivered to Louisiana residents, shall execute an application for a pharmacy permit for their particular classification of pharmacy.

LAC, Title 46: LIII §1135(A)(1)(e). The holder of a pharmacy permit shall notify the board, in writing, prior to the transfer of ownership, in order for the board to complete an inspection of the pharmacy premises. A change of ownership of a pharmacy is evident under the following conditions: a 50 percent, or more, change in ownership of a corporation, limited liability company, or association since the issuance of the original permit or the last renewal application.

LAC, Title 46: LIII §1135(A)(2). The new owner(s) of the pharmacy shall submit a properly completed pharmacy permit application, with appropriate fee, to the board.

LAC, Title 46: LIII §1135(A)(4). Pharmacy permits are not transferable from the original holder(s) of the permit to the new owner(s).

LAC, Title 46: LIII §2305(A). The out-of-state pharmacy shall apply for a permit and annual permit renewals on forms provided by the board.

LAC, Title 46: LIII §2307(C). Authority and Accountability. The designated pharmacist-in-charge of the pharmacy and the pharmacy owner(s), or partners, or corporate officer(s) of the permit holder, where applicable, shall be responsible for the complete supervision, management, and compliance with all federal and state pharmacy laws and regulations pertaining to the practice of pharmacy of the entire prescription department. This responsibility necessarily includes accountability for any violation involving federal or state laws or regulations occurring within the prescription department supervised by a pharmacist-in-charge.

To facilitate the submission of this Consent Agreement, Respondent does not contest the allegations and agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

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Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

POSTMEDS, INC., holder of Louisiana Pharmacy Permit No. 7761, is ordered to pay a fine of $10,000.00 and to reimburse the Board $250.00 for administrative costs, and $324.48 for investigative costs with total payment due the Board of $10,574.80, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter, waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing and to judicial review of this Consent Agreement. Moreover, at no time shall Respondent request the expungement, rescission or removal of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to authorize the Board to report this action to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as required by law.

I, Matt Davis-Ratner, authorized to act on behalf of and acting on behalf of **POSTMEDS, INC.**, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

[*Remainder of page intentionally left blank; signature page to follow.*]

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SIGNED, AGREED TO AND ENTERED ON THIS 6th DAY OF April, 2022.

POSTMEDS, INC.
Louisiana Pharmacy Permit No. 7761

Matt Davis-Ratner

BY: Matt Davis-Ratner
Authorized Representative

HARRY J. "SKIP" PHILIPS
Taylor Porter
450 Laurel St, 8th Floor
Baton Rouge, LA 70801
Attorney for Respondent

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 11, 2022, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Marty R. McKay
Hearing Officer for the Board

DOS Prothonotary:
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STATE OF NORTH CAROLINA
NORTH CAROLINA BOARD OF PHARMACY

IN THE MATTER OF	)	
	)	
POSTMEDS, INC. d/b/a Truepill,	)	**CONSENT ORDER**
	)	**OF DISCIPLINE**
Permit No. 13413 and Its Successor Permit(s).	)	

THIS MATTER came to be considered before a member of the North Carolina Board of Pharmacy (hereinafter, the "Board") pursuant to 21 N.C.A.C. 46 .2008. The Conference was scheduled for Thursday, February 24, 2022, and, after appropriate notice, was heard on that day by Board member Wallace E. Nelson. Respondent PostMeds, Inc. was informed of its right to be present at the pre-hearing conference and declined. The Board's General Counsel, Clinton R. Pinyan, represented the Board.

Respondent has agreed to waive a formal hearing in the above-referenced matter. It stipulates and agrees to the findings of fact and conclusions of law recited herein and to the order of discipline imposed. By its consent, Respondent also stipulates that it waives its right to appeal this Consent Order or challenge in any way the sufficiency of the findings of this Order as a basis for the action taken. Based upon the consent of the parties, the Board hereby enters the following:

FINDINGS OF FACT

1. On November 20, 2017, the Board issued Permit No. 13413 to Respondent PostMeds, Inc. d/b/a Truepill (Permit No. 13413) ("PostMeds").

2. On PostMeds' initial permit application, its then-pharmacist manager, Mohammad Umar Afridi, submitted an inaccurate statement that he was the sole owner and officer of PostMeds. In fact, PostMeds now acknowledges that Afridi and Siddharth

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Viswanathan each owned 47 percent of PostMeds on November 20, 2017, with others owning six percent, and that Viswanathan was also an officer of PostMeds.

3. Viswanathan and the minority owners' interests would not have raised questions about the permit application in this particular case. If PostMeds had disclosed the true ownership and officers of PostMeds, the Board still would have granted PostMeds a permit. However, it was an inaccurate statement that Afridi, as the person who submitted the application, knew was inaccurate. That statement prevented the Board from vetting Viswanathan as the owner of the pharmacy. Because of the inaccuracy of the representations, the initial permit was void ab initio.

4. In November 2019, PostMeds went through a corporate restructuring. During that restructuring, Truepill, Inc. was created as a holding company for PostMeds. At that time, Truepill, Inc. became the sole owner of PostMeds. Afridi, Viswanathan and the other former direct owners of PostMeds became indirect owners with the same ownership interests in the holding company, Truepill, Inc., that they had before the transfer of ownership.

5. This restructuring required PostMeds to submit a transfer of ownership application and have that application granted before the restructuring closed. PostMeds failed to do this. Therefore, even if the initial permit had been valid (which it was not), it would have become invalid upon the corporate restructuring.

6. Insertion of a new holding company between the ultimate owners and PostMeds would not have raised questions about the permit application in this particular case. The ownership interests of the ultimate owners did not change. If PostMeds had disclosed the new holding company, the Board still would have granted the transfer of ownership. However,

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PostMeds failed to submit the transfer of ownership application or otherwise disclose the interests of Truepill, Inc.

7. In each of its subsequent renewals, PostMeds failed to correct the ownership information that it had inaccurately submitted on its initial application or to list Truepill, Inc., as the direct owner of the pharmacy.

8. On November 4, 2021, counsel for PostMeds informed the Board that its "current ownership information on file with the North Carolina Board of Pharmacy is out of date." Upon follow-up questioning, the next day, PostMeds disclosed that it should have submitted a transfer of ownership application in November 2019. It further was apparent from the ownership information that PostMeds provided that Afridi made inaccurate representations about ownership and officers on PostMed's initial application that had never been corrected.

9. PostMeds agreed to stop shipping any drugs, devices or medical equipment into the State of North Carolina until the matter was resolved. It further agreed to stop shipping or dispensing any drugs, devices or medical equipment from six other pharmacies under its ownership until the matter was resolved (even though those pharmacies did not receive permits until after the transfer of ownership had occurred, and so did not suffer from the same problem).

10. PostMeds submitted a transfer of ownership application promptly.

11. Although PostMed's disclosure of its inaccuracies was tardy, its remedial actions are a mitigating factor in this matter.

CONCLUSIONS OF LAW

1. Reporting of correct and complete ownership information on an initial pharmacy permit application or a renewal application is material, indeed essential, to the Board's ability to ensure that a pharmacy will provide services safely and competently to the public.

DOI Prothonotary
Nov 08 2023

2. PostMeds made inaccurate statements about its ownership and officers on its initial application, which it failed to correct at any point through its 2022 renewal. That initial permit was therefore void ab initio and violated G.S. § 90-85.38(b).

3. The creation of Truepill, Inc. as a holding company further triggered a requirement to report the ownership change and obtain a successor permit, and to do so before the closing of the transaction that created Truepill, Inc. The transaction "result[ed] in a different person . . . owning more than 50 percent interest in the permit holder . . . ." 21 NCAC 46.1603. Failure to apply for and obtain a successor permit prior to the transaction, and a continuing failure to disclose the ownership interest of Truepill, Inc., violated G.S. § 90-85.38(b).

IT IS THEREFORE ORDERED:

PostMeds was in violation of G.S. § 90-85.38(b) in North Carolina from November 20, 2017 until at least November 4, 2021. Respondent PostMed's Permit No. 13413 was **VOID** from the time that it was granted on November 20, 2017. G.S. § 90-85.38(c).

Respondent PostMed's change of ownership application is **APPROVED** as a successor permits to Permit No. 13413 (the "Successor Permit") with the following **CONDITIONS**:

1. PostMeds shall provide timely advance notice of any contemplated change in ownership to the current pharmacist-manager and any future pharmacist-manager(s) of the Successor Permit. PostMeds shall consult with the Successor Permit's pharmacist-manager(s) to determine whether any contemplated transaction triggers the need to obtain new permits. PostMeds shall authorize the Successor Permit's pharmacist-manager(s) to take any necessary action to update that ownership information with the Board or to apply for new permits. If a contemplated transaction triggers the need for new permits, PostMeds shall not complete that

DOS Prothonotary:
Nov 08 2023

2657

transaction unless and until either the Board issues new permits or PostMeds ceases all practice of pharmacy at the permitted location.

2. The Successor Permit shall violate no laws governing the practice of pharmacy or the distribution of drugs.

3. The Successor Permit shall violate no rules or regulations of the Board.

4. If the Successor Permit fail to comply with any term or condition of this Order, it may be subject to additional disciplinary action by the Board.

This is the 8th day of March, 2022

NORTH CAROLINA BOARD OF PHARMACY

By: /s/ William A. Mixon
William A. Mixon
President

DOS Prothonotary:
Nov 08 2023

Respondent PostMeds, Inc. has full knowledge that it has the right to a formal hearing, at which it would have the right to be represented at its expense by counsel, in this matter. Respondent freely, knowingly and voluntarily waives its right to such a hearing by entering into this Consent Order.

Respondent understands and agrees that by entering into this Consent Order, it certifies that it has read the foregoing Consent Order and that it voluntarily consents to the terms and conditions set forth therein and relinquishes any right to judicial review of Board actions that may be taken concerning this matter.

Respondent further understands that should it violate the terms and conditions of this Consent Order, the Board may take additional action.

Respondent understands and agrees that this Consent Order will not become effective unless and until approved by the Board.

Respondent understands that it has the right to have counsel of its choice review and advise them with respect to their rights and this Consent Order, and represents that it enters this Consent Order after consultation with counsel or after knowingly and voluntarily choosing not to consult with counsel. Respondent further agrees that the person who is executing this Consent Order has been duly authorized by any required corporation action to execute on behalf of Respondent.

CONSENTED TO BY:

M-1 Date 3/7/22

Printed Name: Matt Davis-Ratner

Title: General Counsel

DOS Prothonotary
Nov 08 2023

STATE OF _____

_____ COUNTY

I, the undersigned Notary Public of the County and State aforesaid, do hereby certify that the above-named representative of PostMeds, Inc. personally appeared before me this day, and acknowledged the due execution of the foregoing document.

Date:_____

_____
Notary Public

_____

My commission expires:_____

DOS Prothonotary:
Nov 08 2023

2660

DocuSign Envelope ID: 7A09DD9B-58F8-40F8-A3B1-420613335C37

EXHIBIT C

DOS Prothonotary:
Nov 08 2023

STATE OF NORTH CAROLINA
NORTH CAROLINA BOARD OF PHARMACY

IN THE MATTER OF	)	
	)	
POSTMEDS, INC. d/b/a Truepill,	)	**CONSENT ORDER**
	)	**OF DISCIPLINE**
Permit No. 13413 and Its Successor Permit(s).	)	

THIS MATTER came to be considered before a member of the North Carolina Board of Pharmacy (hereinafter, the "Board") pursuant to 21 N.C.A.C. 46 .2008. The Conference was scheduled for Thursday, February 24, 2022, and, after appropriate notice, was heard on that day by Board member Wallace E. Nelson. Respondent PostMeds, Inc. was informed of its right to be present at the pre-hearing conference and declined. The Board's General Counsel, Clinton R. Pinyan, represented the Board.

Respondent has agreed to waive a formal hearing in the above-referenced matter. It stipulates and agrees to the findings of fact and conclusions of law recited herein and to the order of discipline imposed. By its consent, Respondent also stipulates that it waives its right to appeal this Consent Order or challenge in any way the sufficiency of the findings of this Order as a basis for the action taken. Based upon the consent of the parties, the Board hereby enters the following:

FINDINGS OF FACT

1. On November 20, 2017, the Board issued Permit No. 13413 to Respondent PostMeds, Inc. d/b/a Truepill (Permit No. 13413) ("PostMeds").

2. On PostMeds' initial permit application, its then-pharmacist manager, Mohammad Umar Afridi, submitted an inaccurate statement that he was the sole owner and officer of PostMeds. In fact, PostMeds now acknowledges that Afridi and Siddharth

Viswanathan each owned 47 percent of PostMeds on November 20, 2017, with others owning six percent, and that Viswanathan was also an officer of PostMeds.

3. Viswanathan and the minority owners' interests would not have raised questions about the permit application in this particular case. If PostMeds had disclosed the true ownership and officers of PostMeds, the Board still would have granted PostMeds a permit. However, it was an inaccurate statement that Afridi, as the person who submitted the application, knew was inaccurate. That statement prevented the Board from vetting Viswanathan as the owner of the pharmacy. Because of the inaccuracy of the representations, the initial permit was void ab initio.

4. In November 2019, PostMeds went through a corporate restructuring. During that restructuring, Truepill, Inc. was created as a holding company for PostMeds. At that time, Truepill, Inc. became the sole owner of PostMeds. Afridi, Viswanathan and the other former direct owners of PostMeds became indirect owners with the same ownership interests in the holding company, Truepill, Inc., that they had before the transfer of ownership.

5. This restructuring required PostMeds to submit a transfer of ownership application and have that application granted before the restructuring closed. PostMeds failed to do this. Therefore, even if the initial permit had been valid (which it was not), it would have become invalid upon the corporate restructuring.

6. Insertion of a new holding company between the ultimate owners and PostMeds would not have raised questions about the permit application in this particular case. The ownership interests of the ultimate owners did not change. If PostMeds had disclosed the new holding company, the Board still would have granted the transfer of ownership. However,

PostMeds failed to submit the transfer of ownership application or otherwise disclose the interests of Truepill, Inc.

7. In each of its subsequent renewals, PostMeds failed to correct the ownership information that it had inaccurately submitted on its initial application or to list Truepill, Inc., as the direct owner of the pharmacy.

8. On November 4, 2021, counsel for PostMeds informed the Board that its "current ownership information on file with the North Carolina Board of Pharmacy is out of date." Upon follow-up questioning, the next day, PostMeds disclosed that it should have submitted a transfer of ownership application in November 2019. It further was apparent from the ownership information that PostMeds provided that Afridi made inaccurate representations about ownership and officers on PostMed's initial application that had never been corrected.

9. PostMeds agreed to stop shipping any drugs, devices or medical equipment into the State of North Carolina until the matter was resolved. It further agreed to stop shipping or dispensing any drugs, devices or medical equipment from six other pharmacies under its ownership until the matter was resolved (even though those pharmacies did not receive permits until after the transfer of ownership had occurred, and so did not suffer from the same problem).

10. PostMeds submitted a transfer of ownership application promptly.

11. Although PostMed's disclosure of its inaccuracies was tardy, its remedial actions are a mitigating factor in this matter.

CONCLUSIONS OF LAW

1. Reporting of correct and complete ownership information on an initial pharmacy permit application or a renewal application is material, indeed essential, to the Board's ability to ensure that a pharmacy will provide services safely and competently to the public.

2. PostMeds made inaccurate statements about its ownership and officers on its initial application, which it failed to correct at any point through its 2022 renewal. That initial permit was therefore void ab initio and violated G.S. § 90-85.38(b).

3. The creation of Truepill, Inc. as a holding company further triggered a requirement to report the ownership change and obtain a successor permit, and to do so before the closing of the transaction that created Truepill, Inc. The transaction "result[ed] in a different person . . . owning more than 50 percent interest in the permit holder . . . ." 21 NCAC 46.1603. Failure to apply for and obtain a successor permit prior to the transaction, and a continuing failure to disclose the ownership interest of Truepill, Inc., violated G.S. § 90-85.38(b).

IT IS THEREFORE ORDERED:

PostMeds was in violation of G.S. § 90-85.38(b) in North Carolina from November 20, 2017 until at least November 4, 2021. Respondent PostMed's Permit No. 13413 was **VOID** from the time that it was granted on November 20, 2017. G.S. § 90-85.38(c).

Respondent PostMed's change of ownership application is **APPROVED** as a successor permits to Permit No. 13413 (the "Successor Permit") with the following **CONDITIONS**:

1. PostMeds shall provide timely advance notice of any contemplated change in ownership to the current pharmacist-manager and any future pharmacist-manager(s) of the Successor Permit. PostMeds shall consult with the Successor Permit's pharmacist-manager(s) to determine whether any contemplated transaction triggers the need to obtain new permits. PostMeds shall authorize the Successor Permit's pharmacist-manager(s) to take any necessary action to update that ownership information with the Board or to apply for new permits. If a contemplated transaction triggers the need for new permits, PostMeds shall not complete that

transaction unless and until either the Board issues new permits or PostMeds ceases all practice of pharmacy at the permitted location.

2. The Successor Permit shall violate no laws governing the practice of pharmacy or the distribution of drugs.

3. The Successor Permit shall violate no rules or regulations of the Board.

4. If the Successor Permit fail to comply with any term or condition of this Order, it may be subject to additional disciplinary action by the Board.

This is the 8th day of March, 2022

NORTH CAROLINA BOARD OF PHARMACY

By: /s/ William A. Mixon
William A. Mixon
President

Respondent PostMeds, Inc. has full knowledge that it has the right to a formal hearing, at which it would have the right to be represented at its expense by counsel, in this matter. Respondent freely, knowingly and voluntarily waives its right to such a hearing by entering into this Consent Order.

Respondent understands and agrees that by entering into this Consent Order, it certifies that it has read the foregoing Consent Order and that it voluntarily consents to the terms and conditions set forth therein and relinquishes any right to judicial review of Board actions that may be taken concerning this matter.

Respondent further understands that should it violate the terms and conditions of this Consent Order, the Board may take additional action.

Respondent understands and agrees that this Consent Order will not become effective unless and until approved by the Board.

Respondent understands that it has the right to have counsel of its choice review and advise them with respect to their rights and this Consent Order, and represents that it enters this Consent Order after consultation with counsel or after knowingly and voluntarily choosing not to consult with counsel. Respondent further agrees that the person who is executing this Consent Order has been duly authorized by any required corporation action to execute on behalf of Respondent.

CONSENTED TO BY:

M-1 Date 3/7/22

Printed Name: Matt Davis-Ratner

Title: General Counsel

STATE OF _____

_____ COUNTY

I, the undersigned Notary Public of the County and State aforesaid, do hereby certify that the above-named representative of PostMeds, Inc. personally appeared before me this day, and acknowledged the due execution of the foregoing document.

Date: _____

_____
Notary Public

_____

My commission expires: _____

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

POSTMEDS, INC.

LOUISIANA PHARMACY PERMIT NO. 7761 **Case No. 21-0456**

****

CONSENT AGREEMENT

WHEREAS, an informal conference was conducted by the Violations Committee of the Louisiana Board of Pharmacy (hereinafter referred to as the "Board") on March 16, 2022 at the Board office, 3388 Brentwood Drive, Baton Rouge, LA 70809, in the matter of POSTMEDS, INC. (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 7761, 3121 Diablo Ave., Hayward, CA 94545-2701, with attorney Skip Philips and Postmeds Corporate Counsel Donnie Simkin appearing on behalf of Respondent.

WHEREAS, WHEREAS, on August 27, 2018, the Louisiana Board of Pharmacy issued a non-resident pharmacy permit, PHY.007761-NR, to Postmeds Inc. At that time, Postmeds Inc. was 31.5% owned by Mohammad Umar Afridi, 31.5% owned by Siddharth Viswanathan, 16.5% owned by Initialized III L.P., and 20.5% owned by others with no individual owner holding more than 4%. On December 17, 2021 the Board received an "Application for New Louisiana Pharmacy Permit for Nonresident Pharmacy" from Postmeds, Inc. d/b/a Truepill. Accompanying correspondence and organization chart detailed a 100% change in the ownership structure of Postmeds Inc., effective November 6, 2019. Postmeds Inc. went from being owned 31.5% by Mohammad Umar Afridi, 31.5% by Siddharth Viswanathan, 16.5% by Initialized III L.P., and 20.5% by others with no individual owner holding more than 4%, to being owned 100% by Truepill, Inc.

WHEREAS, the Board alleges that such actions constitute violations of the following:

La. R.S. 37:1241 (A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1221(B). No out-of-state pharmacy providing pharmacy services to residents of this state shall open, establish, operate, or maintain a pharmacy, located out-of-state, unless the pharmacy is issued a permit by the board.

La. R.S. 37:1222(A). A person applying for a permit to open, establish, operate, or maintain a pharmacy, within or outside of this state, shall complete an application in such form and contain such data as the board may require, and complete such other requirements as deemed necessary by the board, including but not limited to designation and identification of a pharmacist-in-charge.

La. R.S. 37:1222(E). A permit to operate a pharmacy shall not be transferable.

La. R.S. 37:1232(A). A pharmacy located outside this state which does business in this state within the meaning of this Chapter, shall hold a current pharmacy permit as provided in this Chapter. The pharmacy shall be designated a "nonresident pharmacy" and the permit shall be designated a "nonresident pharmacy permit."

LAC, Title 46: LIII §1101(A). Individuals, partnerships, corporations, limited liability companies, or associations desiring to operate a pharmacy in Louisiana, or outside the state where prescriptions drugs/devices are dispensed and delivered to Louisiana residents, shall execute an application for a pharmacy permit for their particular classification of pharmacy.

LAC, Title 46: LIII §1135(A)(1)(e). The holder of a pharmacy permit shall notify the board, in writing, prior to the transfer of ownership, in order for the board to complete an inspection of the pharmacy premises. A change of ownership of a pharmacy is evident under the following conditions: a 50 percent, or more, change in ownership of a corporation, limited liability company, or association since the issuance of the original permit or the last renewal application.

LAC, Title 46: LIII §1135(A)(2). The new owner(s) of the pharmacy shall submit a properly completed pharmacy permit application, with appropriate fee, to the board.

LAC, Title 46: LIII §1135(A)(4). Pharmacy permits are not transferable from the original holder(s) of the permit to the new owner(s).

LAC, Title 46: LIII §2305(A). The out-of-state pharmacy shall apply for a permit and annual permit renewals on forms provided by the board.

LAC, Title 46: LIII §2307(C). Authority and Accountability. The designated pharmacist-in-charge of the pharmacy and the pharmacy owner(s), or partners, or corporate officer(s) of the permit holder, where applicable, shall be responsible for the complete supervision, management, and compliance with all federal and state pharmacy laws and regulations pertaining to the practice of pharmacy of the entire prescription department. This responsibility necessarily includes accountability for any violation involving federal or state laws or regulations occurring within the prescription department supervised by a pharmacist-in-charge.

To facilitate the submission of this Consent Agreement, Respondent does not contest the allegations and agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

POSTMEDS, INC., holder of Louisiana Pharmacy Permit No. 7761, is ordered to pay a fine of $10,000.00 and to reimburse the Board $250.00 for administrative costs, and $324.48 for investigative costs with total payment due the Board of $10,574.80, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter, waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing and to judicial review of this Consent Agreement. Moreover, at no time shall Respondent request the expungement, rescission or removal of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to authorize the Board to report this action to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as required by law.

I, Matt Davis-Ratner, authorized to act on behalf of and acting on behalf of **POSTMEDS, INC.**, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

[*Remainder of page intentionally left blank; signature page to follow.*]

SIGNED, AGREED TO AND ENTERED ON THIS 6th DAY OF April, 2022.

POSTMEDS, INC.
Louisiana Pharmacy Permit No. 7761

Matt Davis-Ratner

BY: Matt Davis-Ratner
Authorized Representative

HARRY J. "SKIP" PHILIPS
Taylor Porter
450 Laurel St, 8th Floor
Baton Rouge, LA 70801
Attorney for Respondent

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 11, **2022**, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Marty R. McKay
Hearing Officer for the Board

svb

Silicon Valley Bank

3003 Tasman
Santa Clara, California 95054
408-654-7400

90-4039
1211

CASHIER'S CHECK No. 208457

Date	Check No.	Amount
Apr 13,2022	208457	$10,574.80

Remitter: **Postmeds, Inc.**
Permit No. 7761

PAY EXACTLY
*** **Ten Thousand Five Hundred Seventy-Four and 80/100** **Dollars**

TWO SIGNATURES REQUIRED OVER $50,000.00

Pay to the order of: **Louisiana Board of Pharmacy**

⑈208457⑈ [redacted] [redacted]

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.

January 23, 2020

VIA CERTIFIED MAIL

LETTER OF ADMONISHMENT

TRUEPILL
ATTN: MOHAMMAD UMAR AFRIDI, CEO
3121 DIABLO AVE
HAYWARD, CA 94545

RE: CI 2019 84877
TRUEPILL
PHY 56100

This LETTER OF ADMONISHMENT is being issued pursuant to Business and Professions Code section 4315 for failure to comply with 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 website at www.pharmacy.ca.gov, under Forms and Publications.)

The Board of Pharmacy has completed its investigation in the above referenced matter. All documentation and/or statements relating to the investigation have been accepted and included in an Investigation Report on file in this office. Facts contained in this report lead to the conclusion that the following violations of pharmacy laws or regulations have occurred:

JURISDICTION: Bus. & Prof. Code § 4315; 1764/56.10(a) - Unauthorized disclosure of prescription and medical information

Unauthorized disclosure of prescriptions: California Code of Regulations section 1764 states in pertinent part that no pharmacist shall exhibit, discuss, or reveal the contents of any prescription or any medical information furnished by the prescriber with any person other than the patient or his or her authorized representative and Civil Code section 56.10 subdivision (a) states, in pertinent part, no provider of health care shall disclose medical information regarding a patient of the provider of health care without first obtaining an authorization. Truepill Pharmacy was not in compliance with these regulations. Specifically, on 4/17/2019, Truepill Pharmacy (PHY56100) located at 3121 Diablo Avenue in Hayward, CA shipped prescription RX#1186395 to the wrong person. The prescription was intended for AR but was shipped to the address of MS in error. Also, Truepill Pharmacy shipped prescriptions to patients with a shipping label showing the return address of NuRx located at 6838 Ellicott Drive in East Syracuse, NY and from Apostrophe located at 330 2nd Street in Oakland, CA. NuRx and Apostrophe are not licensed pharmacies and prescription packages returned as undeliverable to these locations would cause the disclosure of medical information without authorization.

Shipping prescriptions to an unauthorized person violates California Code of Regulations section 1764 and Civil Code 56.10.

If you wish to contest this Letter of Admonishment, you may do so by submitting, within 30 days of the date of service of this Letter of Admonishment, namely February 22, 2020, the attached "Request for an Office Conference" form. If an office conference is not requested, compliance with the Letter of Admonishment shall not constitute an admission of the violations described in the Letter of Admonishment.

Unless it is dismissed following an office conference or you receive other instructions from the Board in writing, Pharmacy Law requires that you maintain and have readily available for inspection a copy of this Letter of Admonishment and any written corrective action plan, if any, for at least three years from the date of issuance at the top of this letter. The Letter of Admonishment will be considered a public record for purposes of disclosure for three years from issuance. The issuance of this Letter of Admonishment does not limit the board's ability to pursue other disciplinary or administrative action under Business and Professions Code section 4315, subdivision (f).

If you have any questions regarding this Letter of Admonishment, please contact Barbera Schleicher, Public Inquiry Analyst at (916) 518-3081.

Sincerely

Virginia Herold

Virginia Herold
Executive Officer
Board of Pharmacy

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

MODIFIED CITATION AND FINE

Citation Number	Name, License No
CI 2017 78633	TRUEPILL (FORMERLY POSTMEDS INC.), PHY 56100

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4059 subd. (a)/Bus. & Prof. Code § 4067 subd. (a)	**Furnishing dangerous drugs without a prescription/Internet; Dispensing Dangerous Drugs or Devices without Prescription; No person shall dispense or furnish, or cause to be furnished dangerous drugs...on the internet...without a prescription issued pursuant to a good faith examination**	**Citation without a fine**
Bus. & Prof. Code § 4174	**Dispensing on order of nurse practitioner or person of similar status.**	**Citation without a fine**

CONDUCT:

Furnishing Dangerous Drugs or Devices Prohibited Without Prescription: Business and Professions Code 4059 (a) states in pertinent part 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. In conjunction with Business and Professions Code 4067 (a) which states no person or entity shall dispense or furnish, or cause to be dispensed or furnished, dangerous drugs or dangerous devices, as defined in Section 4022, on the Internet for delivery to any person in this state without a prescription issued pursuant to a good faith prior examination of a human or animal for whom the prescription is meant if the person or entity either knew or reasonably should have known that the prescription was not issued pursuant to a good faith prior examination of a human or animal, or if the person or entity did not act in accordance with Section 1761 of Title 16 of the California Code of Regulations and (f) for the purposes of this section, "good faith prior examination" includes the requirements for a physician and surgeon in Section 2242. In conjunction with Business and Professions Code 2290.5 (a) For purposes of this division, the following definitions shall apply: (3) "Health care provider" means either of the following: (A) a person who is licensed under this division. Between 4/1/2018 to 10/31/2018, Postmeds Inc. (PHY56100) located at 3121 Diablo Ave. Hayward, CA dispensed prescriptions issued by prescribers who were not licensed in California. Specifically, 2 prescriptions were issued by Nurse Practitioner Jenny Ingle; 9 prescriptions were issued by Dr. Brook Randal; 6 prescriptions were issued by Dr. Jessica Rubino and 4 prescriptions were issued by Dr. Sudhi Trye. These prescribers were not licensed in California at the time the prescriptions were initiated and shipped to a California resident. Postmeds pharmacy dispensed the prescriptions issued by unlicensed prescribers to

California residents in violation of Business and Professions Code 4059 (a) and Business and Professions Code 4067 (a).

Dispensing by Pharmacist Upon Order of Nurse Practitioner: Business and Professions Code 4174 states in pertinent part notwithstanding any other law, a pharmacist may dispense drugs or devices upon the drug order of a nurse practitioner functioning pursuant to Section 2836.1 or a certified nurse-midwife functioning pursuant to Section 2746.51, a drug order of a physician assistant functioning pursuant to Section 3502.1 or a naturopathic doctor functioning pursuant to Section 3640.5, or the order of a pharmacist acting under Section 4052.1, 4052.2, 4052.3, or 4052.6. Postmeds Inc. (PHY56100) located at 3121 Diablo Ave. Hayward, CA dispensed prescriptions issued by Nurse Practitioners and Physicians Assistants who had not yet entered into an established standardized procedure or protocol developed by a supervising physician. Between 4/1/2018 and 10/31/2018, the following prescribers issued prescriptions to Postmeds without an established protocol in place: Physician's Assistant Leanne Mays issued 8 prescriptions and Physician's Assistant Susan Owen issued 6 prescriptions. Between 4/1/2018 and 10/31/2018, the following prescribers issued prescriptions to Postmeds entering into a protocol after the prescriptions were issued: Nurse Practitioner Joni Gunzburger issued 4,782 prescriptions; Nurse Practitioner Cristin Hackel issued 10,819 prescriptions and Nurse Practitioner Jessica Horwitz issued 4,711 prescriptions. Postmeds Pharmacy dispensed the prescriptions issued by Nurse Practitioners and Physicians Assistants who had not yet entered into standardized procedures or protocols as required by Business and Professions Code 4174.

CITATION ISSUED ON: June 16, 2020	**TOTAL AMOUNT OF FINE(S): $0.00**
PAYMENT OF FINE(S) DUE BY: July 16, 2020	

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

August 25, 2021

TRUEPILL
ATTN: FRANCESCO CONSOLE, PIC
3121 DIABLO AVE
HAYWARD, CA 94545

RE: CI 2020 89223
TRUEPILL
PHY 56100

The attached Citation CI 2020 89223, has been issued to TRUEPILL, PHY 56100. A copy has been sent to the pharmacy, and a copy is being sent to the pharmacist-in-charge for informational purposes only. As pharmacist in charge it is your responsibility to insure the pharmacy's compliance with the term(s) and condition(s) of the citation by the date(s) ordered, and to ensure the pharmacy's compliance with all pharmacy laws.

The Citation references the specific statutes and regulations violated, and defines each violation charged. The Citation details the conduct that resulted in the issuance of the citation. In addition the citation may also include information regarding fine(s) assessed. If fine(s) have been assessed, the citation specifies the amount and the specific violation for which the fine was levied.

If you have any questions please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

Sincerely

Joshua Monforte
Citation and Fine Analyst

Attachments

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE
ORDER OF ABATEMENT

COPY

Citation Number	Name, License No
CI 2020 89223	TRUEPILL, PHY 56100

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
CCR, Title 16, § 1714 subd. (b)	Operational Standards and Security; pharmacy responsible for pharmacy security	$5,000.00
Bus. & Prof. Code § 4169 subd. (a)(2)/Health & Safety Code § 111295	Prohibited Acts; Purchase, trade, sell, or transfer dangerous drugs to that the person knew or reasonably should have known were adulterated.../It is unlawful for any person to manufacture, sell, deliver, hold, or offer for sale any drug or device that is adulterated	Citation without a fine

CONDUCT:

California Code of Regulations 1714, section b states, (b) Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy. Specifically, Truepill Pharmacy, PHY56100, located at 3121 Diablo Ave, Hayward, CA 94545 was in violation when they failed to keep dangerous drugs stored according to policy and procedure 2001.4, Oversight of Pharmacy Safety, which states: "The Pharmacy will make all attempts at maintaining a room temperature below 85F and ideally between 68-77F". Between 7/1/2020 and 9/14/2020, on numerous occasions, dangerous drug storage temperatures, summarized in Table 2, exceeded the recommended storage temperatures. The most egregious of these temperature spikes were:

a)On 8/13/2020, in the cage area of the warehouse, dangerous drugs were stored approximately 161 hours over 77 F and 47 hours over 85F.
b)On 9/6/2020, in the cage area of the warehouse, dangerous drugs were stored approximately 59 hours over 77 F and 17 hours above 85F.
c)On 8/13/2020, in the Parata Automated dispensing machine located in the warehouse, dangerous drugs were stored for approximately 163 hours above 77 F and 44 hours above 85 F.

Business and Professions Code 4169 section (a), subdivision (2) states, A person or entity shall not do any of the following: (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 as it relates to Health and Safety Code 111295 which states, It is unlawful for any person to manufacture, sell, deliver, hold or offer for sale any drug or device that is adulterated. Specifically, Truepill Pharmacy, PHY56100, located at3121 Diablo Ave, Hayward, CA 94545 was in violation when they used the MKT calculation alone instead of in conjunction with manufactures stability data as stated in USP <1079>, which provides guidance for assessing possible adulteration to dangerous drugs stored at the pharmacy due to excessive heat. In particular, USP<1079> states, "Knowing the MKT for an excursion is useful for evaluating the potential impact on product quality. However, it is also essential to know the upper and lower temperature limits of any excursion. If these extreme temperatures are outside available stability data, it may not be possible to predict the quality impact of the excursion with any confidence regardless of the MKT. At higher temperatures the kinetics of degradation may change or new degradation reactions may occur. Truepill Pharmacy did not consider the manufacture's stability data for at least 72 dangerous drugs stored in the cage area of the warehouse which were held and offered for sale when determining if a dangerous drug was adulterated by the extreme heat, summarized in Table 3. For each one of the 72 dangerous drugs, the maximum temperature for storage was listed by the manufacturer as 77F or storage information was not listed. As there was no stability temperature for at least the 72 drugs in question and per USP<1079>, the MKT cannot be without the stability data, these drugs which were held and offered for sale were adulterated.

ORDER OF ABATEMENT

By the Abatement date/payment date submit to the Board the following:

- Either (1) full payment of the assessed fine(s) in the amount of $5,000.00; or payment in the amount of $1,000.00 and (2) provide proof of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations within ninety (90) days.

COPY

If you choose option (2), within 90 days of this citation, you shall submit proof of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations. Any failure to do so shall be deemed a failure to meet the abatement requirements of this citation.

If you timely submit proof of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations within 90 days from the date the citation was issued, this citation shall be reduced to $1,000.00 and proof of compliance of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations shall be considered satisfactory abatement of the citation.

If you fail to submit proof of compliance of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations within 90 days from the date the citation was issued, the stay shall be lifted and the fine(s) in the amount of $5,000.00 shall be due and owing from you within thirty (30) days of any such failure.

CITATION ISSUED ON: August 25, 2021 | **TOTAL AMOUNT OF FINE(S): $5,000.00**

PROOF OF ABATEMENT AND PAYMENT OF FINE(S) DUE BY: September 24, 2021

COPY

www.dea.gov

Springfield, Virginia 22152

IN THE MATTER OF

Truepill
3121 Diablo Ave
Hayward, CA 94545

DEA Certificate of Registration FP6189725

ORDER TO SHOW CAUSE

Telemedicine is an important tool for providing increased access to medical treatment that has been relied upon by hundreds of millions of Americans since the onset of the COVID-19 pandemic in 2020. Unfortunately, this access is being exploited by a subset of medical practitioners and businesses seeking opportunities to profit by wrongfully providing controlled substances without a legitimate medical purpose.

DEA has an obligation to protect the public by ensuring that pharmacists only fill prescriptions for controlled substances which are prescribed for legitimate medical purposes by practitioners acting in the usual course of professional practice. It is critical that entities engaged in the practice of online pharmacy are appropriately registered and subject to reporting, disclosure, and other requirements imposed under law. These requirements allow entities engaged in the legitimate practice of telemedicine to continue safely providing critical services and protect the safety and health of the American public.

The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 (Ryan Haight Act) and its implementing regulations prohibit actors from operating as an "online pharmacy" without the appropriate DEA registration. Truepill does not have the requisite registration to act as an online pharmacy. But since September 2020, it has acted as an online pharmacy, and in a two-year period filled 72,000 controlled substance prescriptions, of which 60% were for stimulants, such as amphetamines used in the treatment of Attention Deficit/Hyperactivity Disorder (ADHD).

Truepill was the pharmacy for telehealth companies, including Cerebral, that marketed ADHD treatments, including Adderall ® and its generic forms, directly to consumers using Internet advertisements and social media. Cerebral arranged for patients to receive prescriptions for ADHD treatments through a telehealth visit, and for Truepill to fill those prescriptions. In numerous instances, Truepill dispensed controlled substances pursuant to prescriptions that were not issued for a legitimate medical purpose in the usual course of professional practice. Many of these prescriptions were written by providers that lacked the requisite state certifications to prescribe and who issued multiple prescriptions for a patient to receive more than a 90-day supply of a

Schedule II controlled substance, including prescriptions for the treatment of ADHD, in violation of federal regulations.

Accordingly,

PURSUANT to Sections 303 and 304 of the Controlled Substances Act, Title 21, United States Code, Sections 823 and 824,

NOTICE is hereby given to afford Truepill an opportunity to Show Cause before the Drug Enforcement Administration (DEA), at the DEA Hearing Facility, 700 Army Navy Drive, 2nd Floor, Arlington, Virginia 22202, or a location designated by the Administrative Law Judge, on March 21, 2023, or on such a subsequent date designated by the Administrative Law Judge (if Truepill requests such a hearing), as to why DEA should not revoke Truepill's DEA Certificate of Registration (COR or registration), Number FP6189725, pursuant to 21 U.S.C. § 824(a)(4), and deny any applications for any other DEA registrations, because Truepill's registration would be inconsistent with the public interest, as that term is defined in 21 U.S.C. § 823(f).

As detailed below, this Order states DEA's basis to revoke the above-referenced DEA registration, including a ***non-exhaustive summary*** of the matters of fact and law at issue, as well as citations to laws and regulations that Truepill has violated (*see* 21 C.F.R. §§ 1301.36(e) and 1301.37(c), which DEA construes *in pari materia*). In order to preserve Truepill's rights in this proceeding, Truepill may appear in these revocation proceedings by filing a notice of appearance or request for hearing in the manner prescribed by regulations within 30 days from the receipt of this Order. On or before the date of Truepill's appearance, Truepill may submit a corrective action plan that will be considered by DEA in accordance with 21 U.S.C. § 824(c).

LEGAL REQUIREMENTS

Entities That Must Register as Online Pharmacies

Federal law proscribes any person from distributing or dispensing a controlled substance except as authorized by the Controlled Substances Act (CSA). *See* 21 U.S.C. §§ 841(a)(1); 842(a)(1). Federal law further explicitly provides that it is unlawful for "any person" to "deliver, distribute, or dispense a controlled substance by means of the Internet, except as authorized" by the CSA. 21 U.S.C. § 841(h)(1).

An "online pharmacy" is "a person, entity, or Internet site . . . that knowingly or intentionally delivers, distributes, or dispenses, or offers or attempts to deliver, distribute, or dispense, a controlled substance by means of the Internet." 21 U.S.C. § 802(52)(A); *see also* 21 C.F.R. § 1300.04(h) (same). Further, the term "'deliver, distribute, or dispense by means of the Internet' refers, respectively, to any delivery, distribution, or dispensing of a controlled substance that is caused or facilitated by means of the Internet." 21 U.S.C. § 802(51). To act as an online pharmacy, a pharmacy must "request that the Administrator modify its registration to authorize the pharmacy to dispense controlled substances by means of the Internet as an online pharmacy." 21 C.F.R. § 1301.19(a); *see* 21 C.F.R. § 1301.11(b).

The CSA instructs that "it is unlawful for any person who falls within the [CSA's] definition of 'online pharmacy' . . . to deliver, distribute, or dispense a controlled substance by means of the

Internet" unless that person is "validly registered with a modification of such registration authorizing such activity." 21 C.F.R. § 1301.11(b). "Accordingly, any pharmacy registered" with DEA "that falls within the definition of an online pharmacy and proposes to dispense controlled substances by means of the Internet must obtain a modification of its registration authorizing such activity." *Id.*; *see also* 21 C.F.R. § 1301.19(f) ("No person . . . required to obtain a modification of a registration . . . authorizing it to operate as an online pharmacy may engage in any activity for which such modification of registration is required until the application for such modified registration is granted and an active Certificate of Registration indicating the modification of the registration has been issued by the Administrator to such person."). The CSA explicitly provides that "delivering, distributing, or dispensing a controlled substance by means of the Internet by an online pharmacy that is not validly registered with a modification authorizing such activity" is a violation of section 841(h)(1). 21 U.S.C. § 841(h)(2)(A).

Requirements Applicable to Online Pharmacies

An online pharmacy is subject to a number of requirements under the CSA. Among other things, an online pharmacy must:

- "[D]isplay in a visible and clear manner on its homepage a statement that it complies with the requirements of this section with respect to the delivery or sale or offer for sale of controlled substances." 21 U.S.C. § 831(a); 21 C.F.R. § 1304.45(a); *see also* 21 U.S.C. § 802(53) ("The term 'homepage' means the opening or main page or screen of the website of an online pharmacy that is viewable on the Internet.").

- Post "in a visible and clear manner" on its homepage or a page clearly linked from its homepage, the following information:

    - "The name, professional degree, and States of licensure of the pharmacist-in-charge, and a telephone number at which the pharmacist-in-charge can be contacted."

    - "A list of the States in which the pharmacy is licensed to dispense controlled substances."

    - "A certification that the pharmacy is registered under" the CSA "to deliver, distribute, or dispense" controlled substances "by means of the Internet."

    - The following statement: "This online pharmacy is obligated to comply fully with the Controlled Substances Act and DEA regulations. As part of this obligation, this online pharmacy has obtained a modified DEA registration authorizing it to operate as an online pharmacy. In addition, this online pharmacy will only dispense a controlled substance to a person who has a valid prescription issued for a legitimate medical purpose based upon a medical relationship with a prescribing practitioner. This includes at least one prior in-person medical evaluation in accordance with section 309 of the Controlled Substances Act (21 U.S.C. 829) or a medical evaluation via telemedicine in

accordance with section 102(54) of the Controlled Substances Act (21 U.S.C. 802(54))."

See 21 U.S.C. § 831(c); 21 C.F.R. § 1304.45.

- Notify the DEA Administrator, thirty days before offering a controlled substance for sale, delivery, distribution, or dispensing, of, among other things: the information the online pharmacy is required to post on its Internet site under 21 U.S.C. § 831(c), and 21 C.F.R. § 1304.45; each Internet site address used by the online pharmacy; the DEA registration numbers of every pharmacy that delivers, distributes or dispenses controlled substances pursuant to orders made through each of those identified websites; and a certification that the information provided on its Internet site under 21 U.S.C. § 831(c), and 21 C.F.R. § 1304.45 is true and accurate. *See* 21 U.S.C. § 831(d); 21 C.F.R. § 1304.40(b).

- Display on its homepage a declaration that it has made an appropriate notification to the DEA Administrator. *See* 21 U.S.C. § 831(e); 21 C.F.R. § 1304.40(d).

- Monthly report to the DEA Administrator of the total quantity of controlled substances the online pharmacy has dispensed for each calendar month in which it dispenses either 100 or more controlled substance prescriptions, or 5,000 or more dosage units of controlled substances. If the pharmacy's dispensing does not meet either threshold in a given month, it must report a negative response for that month. *See* 21 C.F.R. § 1304.55.

Requirements Applicable to All Pharmacies

A "prescription for a controlled substance may only be filled by a pharmacist, acting in the usual course of his professional practice." 21 C.F.R. § 1306.06. A pharmacist is only permitted to fill prescriptions "issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." 21 C.F.R. § 1306.04(a). Although "[t]he responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, . . . a corresponding responsibility rests with the pharmacist who fills the prescription." *Id.*

"DEA has consistently interpreted this provision as prohibiting a pharmacist from filling a prescription for a controlled substance when [s]he either knows or has reason to know that the prescription was not written for a legitimate medical purpose." *Wheatland Pharmacy*, 78 Fed. Reg. 69,441, 69,445 (2013) (internal quotation marks and citation omitted, alternation in original). Section 1306.04(a) "expressly requires pharmacists to identify and resolve suspicions that a prescription is illegitimate." *Trinity Pharmacy II*, 83 Fed. Reg. 7304, 7331 (2018).

A violation of these regulations is a violation of federal law. *See* 21 U.S.C. § 842(a)(1) (making it unlawful to dispense controlled substances in violation of 21 U.S.C. § 829, whose scope is defined in part by 21 C.F.R. §§ 1306.04, 1306.06). Any attempt to violate these regulations is also a violation of federal law. *See* 21 U.S.C. § 846.

Additionally, DEA may find that a registrant's DEA COR is inconsistent with the public interest if the registrant acted carelessly or negligently in handling controlled substances, even if the registrant did not intend to violate the Controlled Substances Act. *See, e.g.*, *Med. Shoppe*, 79 Fed. Reg. 59,504, 59,506 (2014) ("Careless or negligent handling of controlled substances creates the opportunity for diversion and [can] justify revocation or denial." (quoting *Paul J. Caragine, Jr.*, 63 Fed. Reg. 51,592, 51,601 (1998))).

Pharmacies are also required to keep appropriate records as set forth in the CSA. "Recordkeeping is one of the CSA's principal tools for preventing the diversion of controlled substances." *Wayne Pharmacy*, 85 Fed. Reg. 63,579, 63,582 (2020). Such recordkeeping is one of the central features of the CSA's regulatory regime because "a registrant's accurate and diligent adherence to this obligation is absolutely essential to protect against the diversion of controlled substances." *Superior Pharmacy I & Superior Pharmacy II*, 81 Fed. Reg. 31,310, 31,337 (2016). Thus, a finding that a registrant "failed to maintain complete and accurate records . . . supports the conclusion that [the registrant] has committed such acts as to render its continued registration 'inconsistent with the public interest.'" *Id.* at 31,338 (quoting 21 U.S.C. § 824(a)(4)).

Pharmacies are also required to, among other things, "maintain, on a current basis, a complete and accurate record of each [controlled] substance . . . received, sold, delivered, or otherwise disposed of." 21 U.S.C. § 827(a)(3); 21 C.F.R. § 1304.21(a); *see also* 21 C.F.R. § 1304.22(c) (specific recordkeeping requirements for dispensers).

An individual practitioner is not authorized, on a single occasion, to issue multiple prescriptions for a patient to receive more than a 90-day supply of a Schedule II controlled substance. *See* 21 C.F.R. § 1306.12(b).

State of California Authority to Dispense Controlled Substances

As noted above, a pharmacy may only fill valid prescriptions. *See* 21 U.S.C. § 829; 21 C.F.R. § 1306.06.

California law provides that to practice as a nurse practitioner in California, a nurse practitioner must hold, among other things, a valid and active registered nursing license issued by the Board of Registered Nursing (Nursing Board). Cal. Bus. & Prof. Code § 2835.5. Additionally, for a nurse practitioner licensed in California to prescribe a controlled substance, the Nursing Board must certify that the nurse practitioner satisfactorily completed a course in pharmacology covering the controlled substances to be prescribed and must issue a Furnishing Number to the nurse practitioner. *See id.* §§ 2836.1(g)(1), 2836.2, 2836.3.

To practice as a doctor of naturopathic medicine in California, one must hold a valid and active naturopathic medicine license issued by the California Naturopathic Medicine Committee. *See* Cal. Bus. & Prof. Code §§ 3630, 3633, 3644(d)(2). Schedule III through V controlled substances may only be dispensed by a naturopathic doctor under supervision by a physician or surgeon and pursuant to standardized procedures or protocols established between them. *See* Cal. Bus. & Prof. Code § 3640.5(f).

To practice as a physician assistant in California, one must hold a valid physician assistant license issued by the California Physician Assistant Board. *See* Cal. Bus. & Prof. Code § 3519;

see also Cal. Bus. & Prof. Code §§ 3501, 3503, 3516. Schedule II through V controlled substances may only be prescribed by a physician assistant under supervision by a physician or surgeon and pursuant to a practice agreement. *See* Cal. Bus. & Prof. Code §§ 3502.1 and 3516.

Additionally, practitioners licensed outside California may only be authorized to practice within California by the California Director of Emergency Medical Services Authority during a gubernatorially declared state of emergency. *See* Cal. Bus. and Prof. Code § 900.

BACKGROUND

1. Truepill is registered as a retail pharmacy under DEA COR Number FP6189725 in Schedules II through V with a registered address of 3121 Diablo Avenue, Hayward, California 94545. Truepill's registration expires by its own terms on November 30, 2025.

2. Truepill is not registered as an online pharmacy with DEA.

3. Truepill is licensed by the State of California as a community pharmacy with license number PHY58585. Truepill's pharmacy license expires by its own terms on March 1, 2023.

4. Between on or about September 14, 2020, and September 13, 2022, of the more than 72,000 controlled substances Truepill filled, nearly 46,000 were stimulants, accounting for more than 60% of the controlled substances Truepill dispensed.

5. Truepill's DEA COR should be revoked, and any applications for registration should be denied, because Truepill has committed such acts as would render its registration inconsistent with the public interest. *See* 21 U.S.C. §§ 823(f), 824(a)(4). Specifically, Truepill has acted as an online pharmacy without obtaining an appropriate DEA registration and without meeting a number of legal requirements applicable to online pharmacies. Truepill has, on numerous occasions, unlawfully filled controlled stimulant prescriptions issued by prescribers with no state authority to issue such prescriptions. Truepill has also repeatedly filled controlled stimulant prescriptions there were for more than a 90-day supply, in violation of 21 C.F.R. § 1306.12(b).

6. Dextroamphetamine-amphetamine, which is often sold under the brand names Adderall® and Adderall XR®, is a Schedule II stimulant.

7. Methylphenidate, which is often sold under the brand name Ritalin®, is a Schedule II stimulant.

OPERATING AS AN ONLINE PHARMACY WITHOUT DEA REGISTRATION

8. Truepill provides both pharmacy and technical services to corporate customers, including telehealth companies such as Cerebral. Moreover, Truepill employs a number of customer service representatives to assist its corporate customers.

9. On its Internet site, Truepill describes itself as a "virtual pharmacy," providing "[a]n end-to-end virtual pharmacy experience." Furthermore, Truepill claims that "Truepill's virtual pharmacy enables you to create the convenient experience your customers want."

10. Truepill provides its corporate customers with a software platform containing, among other things, patient information, prescriber information, and prescription information to facilitate the delivery of prescriptions by means of the Internet.

11. Truepill's Internet site also extensively describes how its software programs assist its corporate customers in providing patients with prescriptions. Among other things, the Truepill's Internet site includes the following statements:

    a. Truepill states that it can help companies "[d]eliver medications to your patients using powerful programmatic APIs [Application Programing Interfaces] that give you full control." It further states that these companies can "[p]air our pharmacy fulfillment services with our telehealth solutions to make your programs more accessible to patients who may find it difficult to commute to a doctor's office."

    b. Truepill informs that it provides other software that uses the Internet to facilitate the filling of prescriptions, including, among others, telehealth APIs to help practitioners create and update patient records, and to provide the practitioners' patients with patient health questionnaires, all in "the Truepill ecosystem." Truepill makes clear that its telehealth API customers are "third-party provider networks and physician groups that that can diagnose, treat and prescribe for your patient population. These providers are all part of licensed professional medical corporations who are independently owned and operated."

    c. Truepill explains that it uses a "fulfillment API" to assist providers to "efficiently get medications to your patient's door across all 50 states." Truepill goes on to explain how its software platform uses the Internet to electronically create patient records, obtain prescriptions, and allow practitioners to create fill requests that they submit to Truepill electronically.

    d. Truepill states that it offers a "team of marketers, merchandisers, and fulfillment experts" to help telehealth companies "maximize the value of your e-commerce program."

12. Through these services, Truepill "deliver[ed], distribute[ed], or dispense[ed]" "a controlled substance by means of the Internet," despite not being registered as an online pharmacy, in violation of 21 U.S.C. § 841(h)(1) and 21 C.F.R. §§ 1301.11(b) & 1301.19(f).

FAILURE TO MAKE AND DISPLAY REQUIRED REPORTS AND NOTIFICATIONS

13. Despite operating as an online pharmacy, Truepill failed to put on its Internet site information required by the CSA, including:

a. A statement on its homepage that Truepill complies with the requirements of 21 U.S.C. § 831 with respect to the delivery or sale or offer for sale of controlled substances, in violation of 21 U.S.C. § 831(a) and 21 C.F.R. § 1304.45(a).

b. A visible and clear statement on its homepage, or a page clearly linked from its homepage including:

   i. the name, professional degree, and states of licensure of its pharmacist-in-charge;

   ii. a telephone number at which its pharmacist-in-charge can be contacted;

   iii. a list of states in which Truepill is licensed to dispense controlled substances;

   iv. a certification that Truepill is licensed under the CSA to deliver, distribute, or dispense controlled substances by means of the Internet; and

   v. the following statement: "This online pharmacy is obligated to comply fully with the Controlled Substances Act and DEA regulations. As part of this obligation, this online pharmacy has obtained a modified DEA registration authorizing it to operate as an online pharmacy. In addition, this online pharmacy will only dispense a controlled substance to a person who has a valid prescription issued for a legitimate medical purpose based upon a medical relationship with a prescribing practitioner. This includes at least one prior in-person medical evaluation in accordance with section 309 of the Controlled Substances Act (21 U.S.C. 829) or a medical evaluation via telemedicine in accordance with section 102(54) of the Controlled Substances Act (21 U.S.C. 802(54)).";

all in violation of 21 U.S.C. § 831(c) and 21 C.F.R. § 1304.45.

14. Truepill failed to notify the DEA Administrator of the information listed in 13.b., *supra*, through the submission of an application for a modified registration thirty days before offering a controlled substance for sale, delivery, distribution, or dispensing together with a certification that such information is true and accurate, in violation of 21 U.S.C. § 831(d) and 21 C.F.R § 1304.40(a)(1). Truepill also did not notify the DEA Administrator of each Internet site address it used, nor of the DEA registration numbers of every pharmacy that delivers, distributes or dispenses controlled substances pursuant to orders made through each of those identified websites, in violation of 21 U.S.C. § 831(d) and 21 C.F.R. § 1304.40(b)(3) and (4).

15. Truepill failed to display on the homepage of its Internet site that it had made an appropriate notification to the DEA Administrator under 21 U.S.C. § 831(d) and 21 C.F.R. § 1304.40(b), in violation of 21 U.S.C. § 831(e) and 21 C.F.R. § 1304.40(d).

16. Truepill failed to the provide the DEA Administrator with any of the monthly reports required by 21 C.F.R. § 1304.55.

UNLAWFUL DISPENSING OF SCHEDULE II CONTROLLED SUBSTANCES PURSUANT TO PRESCRIPTIONS FOR GREATER THAN 90-DAY SUPPLY

17. Between on or about September 13, 2020, and September 13, 2022, in dozens of instances, Truepill dispensed Schedule II controlled substances for prescriptions written on a single date by an individual practitioner to an individual patient for a greater than 90-day supply. A non-exhaustive set of examples is provided below.

18. On August 24, 2020, a practitioner issued **Patient N.S.** five prescriptions amounting to a 150-day supply of dextroamphetamine-amphetamine extended release (ER) 10 mg capsules, which are often sold under the brand name Adderall XR®, a total of 300 capsules, which Truepill dispensed.

19. On January 12, 2021, a practitioner issued **Patient L.H.** four prescriptions amounting to a 120-day supply of methylphenidate 20 mg tablets, which are often sold under the brand name Ritalin®, a total of 120 tablets, which Truepill dispensed.

20. On January 12, 2021, a practitioner issued **Patient L.H.** four prescriptions amounting to a 120-day supply of methylphenidate ER 54 mg tablets, which are often sold under the brand name Ritalin®, a total of 120 tablets, which Truepill dispensed.

21. On February 11, 2021, a practitioner issued **Patient D.K.** two prescriptions amounting to a 120-day supply of dextroamphetamine-amphetamine 20 mg tablets, which are often sold under the brand name Adderall®, a total of 120 tablets, which Truepill dispensed.

22. On February 11, 2021, a practitioner issued **Patient D.K.** two prescriptions amounting to a 180-day supply of dextroamphetamine-amphetamine ER 30 mg capsules, which are often sold under the brand name Adderall XR®, a total of 180 capsules, which Truepill dispensed.

23. On March 9, 2021, a practitioner issued **Patient H.M.** three prescriptions amounting to a 210-day supply of dextroamphetamine-amphetamine 10 mg tablets, which are often sold under the brand name Adderall®, a total of 315 tablets, which Truepill dispensed.

24. On November 8, 2021, a practitioner issued **Patient N.B.** four prescriptions amounting to a 120-day supply of dextroamphetamine-amphetamine ER 15 mg capsules, which are often sold under the brand name Adderall XR®, a total of 120 capsules, which Truepill dispensed.

25. On November 8, 2021, a practitioner issued **Patient N.B.** four prescriptions amounting to a 120-day supply of dextroamphetamine-amphetamine 5 mg tablets, which are often sold under the brand name Adderall®, a total of 120 tablets, which Truepill dispensed.

UNLAWFUL DISPENSING OF CONTROLLED SUBSTANCES PURSUANT TO PRESCRIPTIONS ISSUED BY PRACTITIONERS WITHOUT STATE AUTHORITY

26. Between on or about September 13, 2020, and September 13, 2022, Truepill dispensed controlled substances to patients located in California pursuant to prescriptions written by numerous practitioners who were neither sufficiently licensed in California to do so nor holders of an Authorization for Out-of-State Health Care Practitioner issued by the California Emergency Medical Services Authority (Temporary Emergency Authorization). These practitioners included nurse practitioners, physician assistants, and doctors of naturopathic medicine.

27. A non-exhaustive set of insufficiently licensed practitioners who also did not hold a Temporary Emergency Authorization include: **Nurse Practitioner N.B.**; **Nurse Practitioner T.C.**; **Nurse Practitioner D.S.**; **Nurse Practitioner H.M.**; **Nurse Practitioner J.M.**; **Nurse Practitioner A.N.**; **Nurse Practitioner S.O.**; **Nurse Practitioner A.S.**; and **Nurse Practitioner N.S.**

RECORDKEEPING AND AUDIT FINDINGS

28. In September and October of 2022, DEA investigators conducted an audit of Truepill's controlled substance records by conducting an inventory of certain controlled substances present at Truepill's registered location and comparing that inventory to the records maintained and provided by Truepill. DEA's audit identified 1,674 missing dosage units of dextroamphetamine-amphetamine ER 20 mg, often sold under the brand name Adderall XR®, for which Truepill was unable to account, in violation of 21 C.F.R. §§ 1304.21(a) and 1304.22(c). *See Bill Lloyd Drug*, 64 Fed. Reg. 1,823, 1,824 (1999) ("The shortages and overages revealed by the accountability audit show that Respondent does not keep complete and accurate records of its controlled substance handling as required by 21 U.S.C. 827 and 21 CFR 1304.21.").

29. This shortage of 1,674 units constituted over two percent of the dextroamphetamine-amphetamine ER 20 mg, often sold under the brand name Adderall XR®, for which Truepill was accountable during the audit period. Truepill's failure to account for a significant number of dosage units of controlled substances not only violated its obligation to maintain accurate records, but also constituted a failure to comply with its obligation to maintain effective controls against the diversion of controlled substances into illicit channels. *See, e.g.*, *Superior Pharmacy*, 81 Fed. Reg. at 31,337.

THE following procedures are available to Truepill in this matter:

1. Within 30 days after the date of receipt of this Order to Show Cause, Truepill may file with DEA a written request for a hearing in the form set forth in 21 C.F.R. § 1316.47. *See* 21 C.F.R. § 1301.43(a). If Truepill fails to file such a request, the hearing shall be cancelled in accordance with paragraph 3, below.

2. Within 30 days after the date of receipt of this Order to Show Cause, Truepill may file with DEA a waiver of hearing together with a written statement regarding its position on the matters of fact and law involved. *See* 21 C.F.R. § 1301.43(c).

3. Should Truepill decline to file a request for a hearing, or should Truepill request a hearing and then fail to appear at the designated hearing, Truepill shall be deemed to

have waived the right to a hearing, and DEA may cancel such hearing and may enter a final order in this matter without a hearing based upon the evidence presented. *See* 21 C.F.R. §§ 1301.43(d), 1301.43(e).

Requests for hearing should be filed by email with the Office of Administrative Law Judges at the following address: ECF-DEA@dea.gov, with a copy simultaneously provided to the Government at the following address: DEA.Registration.Litigation@dea.gov. Except as provided below with respect to a corrective action plan, correspondence concerning this matter, including requests referenced in paragraphs 1 and 2 above, should be addressed to the Hearing Clerk, Office of Administrative Law Judges, Drug Enforcement Administration, 8701 Morrissette Drive, Springfield, VA 22152. A copy of the same shall also be served on Government counsel, Edward O. Siclari, and be addressed to the Office of Chief Counsel, Diversion and Regulatory Litigation Section, 8701 Morrissette Drive, Springfield, VA 22152. Matters are deemed filed upon receipt by the Hearing Clerk. *See* 21 C.F.R. § 1316.45.

OPPORTUNITY TO SUBMIT CORRECTIVE ACTION PLAN

In addition to the procedural options set forth in paragraphs 1 and 2 above, in accordance with 21 U.S.C. § 824(c)(2)(C), Truepill has the opportunity to submit a corrective action plan, which must be received by the Acting Assistant Administrator, Diversion Control Division, on or before the date of its appearance. Truepill is not required to submit a corrective action plan, nor will any adverse inference be drawn if Truepill chooses not to do so. If Truepill wishes to submit a corrective action plan, it must be submitted directly to the Acting Assistant Administrator, Diversion Control Division, who will decide whether, in view of the plan and the allegations set forth in this Order to Show Cause, the proceedings to revoke Truepill's registration should be discontinued, or deferred for the purposes of modification, amendment, or clarification of such plan. Any corrective action plan should be clearly labeled "Corrective Action Plan" and submitted by email to Thomas W. Prevoznik, Acting Assistant Administrator, Diversion Control Division, at the following address: CAPresponse@usdoj.gov.

A copy of the corrective action plan shall also be served on Government counsel, Edward O. Siclari, and be addressed to the Office of Chief Counsel, Diversion and Regulatory Litigation Section, 8701 Morrissette Drive, Springfield, VA 22152.

In the event Truepill submits a corrective action plan and the Acting Assistant Administrator decides not to discontinue or postpone the proceedings, please note that such a decision is not a final determination by the agency regarding Truepill's corrective action plan or registration. In such circumstances, the Administrator may nonetheless consider the corrective action plan in issuing the final order at the conclusion of the proceedings.

Finally, please be advised that the submission of a corrective action plan shall not constitute a request for a hearing under paragraph 1 above or a written statement regarding Truepill's position on the matters of fact and law involved under paragraph 2 above. As indicated, if Truepill chooses to submit a corrective action plan and also wishes to proceed under paragraph 1 or 2 above, it must separately submit its request for a hearing (paragraph 1) or written statement (paragraph 2) in accordance with the instructions above.

THOMAS PREVOZNIK

Digitally signed by THOMAS PREVOZNIK
Date: 2022.12.15 17:15:08 -05'00'

Thomas W. Prevoznik
Acting Assistant Administrator
Diversion Control Division
Drug Enforcement Administration

cc: Hearing Clerk, Office of Administrative Law Judges
Edward O. Siclari, Counsel for the Government

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of	)	
	)	Case No. 22-183
PostMeds, Inc dba Truepill	)	
	)	
Registration No. 22-117859	)	

AMENDED SUMMARY ORDER

NOW on this 20th day of January, 2023, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Director, the matter of PostMeds, Inc dba Truepill ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Amended Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 22-104228 which entitled Respondent to operate as a non-resident pharmacy in the State of Kansas.

2. On November 6, 2019, the ownership of Respondent's non-resident pharmacy changed.

3. On May 22, 2020, the Board received a renewal application for Respondent's Registration No. 22-104228, which was approved on June 3, 2020 with an expiration date of June 30, 2021. Respondent answered "No" to the question: "Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state of federal government?"

Respondent certified the information submitted was true, correct, and complete to the best of Respondent's knowledge.

4. On June 1, 2021, the Board received a renewal application for Respondent's Registration No. 22-104228, which was approved on June 21, 2021 with an expiration date of June 30, 2022. Respondent answered "No" to the question: "Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state of federal government?" Respondent certified the information submitted was true, correct, and complete to the best of Respondent's knowledge.

5. Due to staffing challenges, personnel turnover and administrative oversight resulting from its early, rapid growth and restructuring and the corresponding COVID-19 pandemic, Respondent mistakenly failed to report the 2019 ownership change and related disclosures to the Board in its May 22, 2020 and June 1, 2021 renewal applications.

6. On April 18, 2022, the Board received notification from Respondent of an ownership change and several past disciplinary actions not previously reported to the Board including: North Carolina Board of Pharmacy Consent Order of Discipline dated March 8, 2022; California State Board of Pharmacy Letter of Admonishment dated January 23, 2020; California State Board of Pharmacy Citation and Fine dated June 16, 2020; California State Board of Pharmacy Citation and Fine Order of Abatement dated August 25, 2021; Alabama State Board of Pharmacy Final Order dated October 25, 2021; California State Board of Pharmacy Citation and Fine dated January 24, 2019; and California State Board of Pharmacy Citation dated December 16, 2019.

7. On April 28, 2022, the Board received from Respondent a Form BA-22 Non-Resident Pharmacy Registration Application ("Respondent's Application"), notifying of the change in ownership effective November 6, 2019, and applying for a new non-resident pharmacy registration under the new ownership.

8. On May 20, 2022, the Board approved Respondent's Application and issued Respondent the new Non-Resident Pharmacy Registration No. of 22-117859 ("Respondent's Registration") under their new ownership.

9. Prior to receiving the ownership change application, registrant provided a letter notifying of the late ownership change, as well as unreported discipline. Ownership change application completed indicating discipline had occurred and providing details of discipline (5 occurrences).

10. In mitigation, Respondent states that it has invested in additional staff, engaged internal and external legal counsel and implemented training efforts to prevent any such reporting oversights in the future.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1627(f), the Board may take action against a registration on any ground that would authorize the board to take action against the registration of a pharmacy under K.S.A. 65-1627, and amendments thereto.

3. Pursuant to K.S.A. 65-1627(e)(1), the Board may take action against the registration of a pharmacy upon a finding that such pharmacy has been operated in such manner

that violations of the provisions of the pharmacy act of the state of Kansas or of the rules and regulations of the board have occurred in connection therewith.

4. Pursuant to K.S.A. 65-1627(e)(4), the Board may take action against the registration of a pharmacy upon a finding that the registrant has had a registration revoked, suspended or limited, has been censured or has had other disciplinary action taken, or an application for registration denied, by the proper registering authority of another state, territory, District of Columbia or other country.

5. Pursuant to K.S.A. 65-1657, no nonresident pharmacy shall ship, mail, or deliver, in any manner, prescription drugs to a patient in this state unless registered with the Board as a nonresident pharmacy.

6. Pursuant to K.S.A. 65-1645(f), registrations shall not be transferable.

7. Pursuant to K.A.R. 68-2-9, each registrant shall notify the executive secretary of the Board in writing of any change in majority ownership of the operation for which the registration was issued within five days after the date the change in ownership becomes effective.

8. Pursuant to K.A.R. 68-2-23, each pharmacy owner shall notify the board in writing within 30 days of any denial, limitation, suspension, revocation, voluntary surrender, or other disciplinary action taken by the state of Kansas or another jurisdiction against the pharmacy or the pharmacy owner or any application, license, registration, or permit held by the pharmacy owner.

9. Respondent's registered facility changed ownership on November 6, 2019 but Respondent did not provide notification or file a new application with the Board until April 18 and 28, 2022, respectively.

10. Respondent's failure to submit the complete change of ownership to the Board until April 2022 is a violation pursuant to K.A.R. 68-2-9 and an unlawful transfer of the previous

registration to the new ownership. Respondent's actions are a violation pursuant to K.S.A. 65-1657 and K.S.A. 65-1627(e)(1), and a basis to take action against Respondent's Registration.

11. Respondent failed to notify the Board of the six disciplinary actions by North Carolina, California, and Alabama until April 18, 2022, nearly one to two years after they were effective, is a violation of K.A.R. 68-2-23 and a basis to take action against Respondent's Registration pursuant to K.S.A. 65-1627(e)(1) and (e)(4).

ORDER

Taking into account the mitigating and corrective actions of Respondent, the Board finds and concludes that Respondent's conduct, as described above, violates the Act and such conduct warrants the imposition of a fine pursuant to K.S.A. 65-1658, in the amount of $3,500.00. Respondent has 30 days from the date of this order to pay the fine.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

1/20/2023
Date

Alex Blasi
Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 24th day of January, 2023, deposit in business mail a copy of the foregoing Amended Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

PostMeds, Inc dba Truepill
3121 Diablo Ave
Hayward, CA 94545

and via email to:

Christopher C. Tillery
Seigfreid Bingham, P.C.
ctillery@sb-kc.com
Attorney for Respondent

/s/ Brenda L. Head
Brenda L. Head
Disciplinary Counsel for the Kansas Board of Pharmacy

Regulatory Licensing & Permitting

Search Result

3 records found.

Download a spreadsheet or PDF file

Sort by: Name Sort

Number of records per page: 25 **Active Only** Refresh

Page: 1

Name	Number	Location	Profession	Status
POSTMEDS INC	MO40002303	SAN MATEO, CA 94402	MAIL ORDER PHARMACY	CANCELED
POSTMEDS INC	MO40002429	HAYWARD, CA 94545	MAIL ORDER PHARMACY	WITHDRAWN/TERMINATED BY LICENSEE
POSTMEDS INC	MO40003167	HAYWARD, CA 94545	MAIL ORDER PHARMACY	ACTIVE

Page: 1

Date: 04/08/2024 02:45:06 PM

Regulatory Licensing & Permitting

DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY

POSTMEDS INC

MAIL ORDER PHARMACY

License Number: MO40003167
Status: Active
Expiration Date: 12/31/2024

Street Location: 3121 DIABLO AVE
HAYWARD, CA 94545-2701
Mailing: 3121 DIABLO AVE
HAYWARD, CA 94545-2701
Phone: +1 (650) 353-5495
Fax: +1 (650) 435-5932

History

License Type	Start Date	End Date
MAIL ORDER PHARMACY	11/02/2022	12/31/2024

Alias, DBA or Trade Name (1 record) hide

Name
TRUEPILL

Employee

None.

Authority (1 record) hide

Description	Issue Date	Termination Date	Expiration Date	Status
INDEPENDENT PHARMACY	03/29/2022		None	Active

Responsible Individual (1 record) hide

Name	License Number
RICHARD JAMES HAGAN JR	OPR71023

Contacts (4 records) hide

Type	Contact
Designated Corporate Officer	CEO PAUL GREENALL

	3121 DIABLO AVE HAYWARD, CA 94545-2701 Phone: +1 (650) 353-5495
Corporate Officer	CEO PAUL GREENALL 3121 DIABLO AVE HAYWARD, CA 94545-2701 Phone: +1 (650) 353-5495
Registered Agent	CORPORATION SERVICE COMPANY 45 MEMORIAL CIR AUGUSTA, ME 04330-6400 Phone: +1 (800) 927-9800
Shareholder	TRUEPILL INC 3121 DIABLO AVE HAYWARD, CA 94545-2701 Phone: +1 (650) 353-5495

License/Disciplinary Action

None.

GENERAL INFORMATION

Other Phone Numbers (1 record) hide

Phone Number	Type
+1 (855) 910-8606	Toll-Free

The Office of Professional and Occupational Regulation is providing information about this licensee as a public service. The information on this page is a secure, primary source for license verification. The information on this page is maintained by Office staff and is updated immediately upon a change to our licensing database. The information may not show a complete history. Licensing history prior to January 1, 2000 is unavailable online.

If you need further information, contact us directly.

Date: 04/08/2024 02:42:49 PM

Regulatory Licensing & Permitting

DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY

POSTMEDS INC

MAIL ORDER PHARMACY

License Number: MO40002429
Status: Withdrawn/Terminated by Licensee
Expiration Date: 11/09/2019

Street Location: 3121 DIABLO AVE
HAYWARD, CA 94545-2701
Mailing: 3121 DIABLO AVE
HAYWARD, CA 94545-2701
Phone: +1 (650) 353-5495
Fax: +1 (650) 435-5932

History

License Type	Start Date	End Date
MAIL ORDER PHARMACY	07/30/2018	11/08/2019

Employee

None.

Authority (1 record) hide

Description	Issue Date	Termination Date	Expiration Date	Status
INDEPENDENT PHARMACY	07/30/2018	11/09/2019	None	Terminated

Contacts (4 records) hide

Type	Contact
Registered Agent	CORPORATION SERVICE COMPANY 45 MEMORIAL CIR AUGUSTA, ME 04330-6400 Phone: +1 (800) 927-9800
Designated Corporate Officer	CEO MOHAMMAD UMAR AFRIDI [redacted] BEE CAVE, TX 78738-6190 Phone: +1[redacted]
Shareholder	CEO MOHAMMAD UMAR AFRIDI [redacted] BEE CAVE, TX 78738-6190

	Phone: +1 [redacted]
Corporate Officer	CEO MOHAMMAD UMAR AFRIDI [redacted] BEE CAVE, TX 78738-6190 Phone: +1 [redacted]

License/Disciplinary Action

None.

The Office of Professional and Occupational Regulation is providing information about this licensee as a public service. The information on this page is a secure, primary source for license verification. The information on this page is maintained by Office staff and is updated immediately upon a change to our licensing database. The information may not show a complete history. Licensing history prior to January 1, 2000 is unavailable online.

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Date: 04/08/2024 02:44:12 PM

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Seven Hills Pharmacy, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) OH 0232000312

Physical Address 2722 E. Kemper Rd

City Sharonville State OH Zip 45241

Mailing Address (if different from physical address) same

City State Zip

Telephone 5137710367 Website n/a

Licensing Company Email compliance@truepill.com

Section 2: Personal Information

First Aaron Middle Michael Last Wurst

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

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

Mailing Address [redacted] Woodbury Street

City Providence State RI Zip 02906

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.)		✓

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			From - To (MM/YY – MM/YY)	
Harvard Business School			08/13 - 05/15	
Address		City	State	Zip
Harvard Business School		Boston	MA	02163
Diploma/Degree obtained, if any				
MBA				
School Name			From - To (MM/YY – MM/YY)	
Cornell University			09/05 - 05/07	
Address		City	State	Zip
Cornell University		Ithaca	NY	14850
Diploma/Degree obtained, if any				
Bachelor of Science				
School Name			From - To (MM/YY – MM/YY)	
United States Military Academy			06/03 - 06/05	
Address		City	State	Zip
606 Thayer Rd		West Point	NY	10996
Diploma/Degree obtained, if any				
no degree				
School Name			From - To (MM/YY – MM/YY)	
University of Toledo			08/02 - 05/03	
Address		City	State	Zip
2801 Bancroft St		Toledo	OH	43606
Diploma/Degree obtained, if any				
no degree				
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
09/16 - current	[redacted]Woodbury Street	Providence	RI	02906
From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/15 - 08/16	[redacted]Park Row West, APT 512	Providence	RI	02903
From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/13 - 07/15	[redacted]kron Street APT 418	Cambridge	MA	02138
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
Truepill			11/23 - current	
Business Address		**City**	**State**	**Zip**
3121 Diablo Ave		Hayward	CA	94545
Phone	**Title**			
	President			

Description of Duties

Oversee P&L and the development and execution of our business strategy, and commercial growth.

Business Name			From - To (MM/YY – MM/YY)	
The Carlyle Group			01/21 - 11/23	
Business Address		**City**	**State**	**Zip**
1001 Pennsylvania Ave NW		Washington	DC	20004
Phone	**Title**			
	Principal			

Description of Duties

Lead the Healthcare team for Carlyle's Global Portfolio Solutions (GPS) group

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			08/11 - 01/23	
Business Address		**City**	**State**	**Zip**
1 CVS Drive		Woonsocket	RI	02895
Phone	**Title**			
	Vice President			

Description of Duties

Managed and sat on the Retail Leadership Team

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.

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?		✓

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 Wurst

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

27 March 2024

Date

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

State of RI, ss. County of Providence

I, Aaron Wurst, 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

27 March 2024

Date

Subscribed and Sworn to before me this 27th day of March, 2024.

Notary Public Signature

Jason Williams
Notary Public State of Rhode Island
My Commission Expires August 5, 2027
Notary # 764388

(Seal)

DocuSign Envelope ID: 565A062D-DB95-4A03-8ECD-B324903AC13D

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Seven Hills Pharmacy, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): OH 0232000312

Physical Address: 2722 EE. Kemper Rd

City: Sharonville State: OH Zip: 45241

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 513-771-0367 Website: n/a

Licensing Company Email: compliance@truepill.com

Section 2: Personal Information

First: Paul Middle: James Last: Greenall

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Benjamin Way

City: Healdsburg State: CA Zip: 95448

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.)		✓

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		From - To (MM/YY – MM/YY)	
Bayes Business School, University of London		10/98-07/02	
Address	City	State	Zip
106 Bunhill Row	London	UK	EC1Y 8TZ
Diploma/Degree obtained, if any			
BSc Business Management			

School Name		From - To (MM/YY – MM/YY)	
Abbotsfield School		09/91-07/98	
Address	City	State	Zip
Clifton Gardens	Hillingdon	UK	UB10 0EX
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
07/20 - Date	[redacted] Benjamin Way	Healdsburg	CA	95448
09/11 - 07/20	[redacted] Church St Apt H	San Francisco	CA	94114
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
Postmeds Inc D/B/A Truepill			07/22 - Date
Business Address	**City**	**State**	**Zip**
3121 Diablo Ave	Hayward	CA	94545
Phone	**Title**		
855-910-8606	CEO		
Description of Duties			
Managing the overall resources and operations of company, making major corporate decisions, and acting as the main point of contact between the board of directors, employees, and the public.			

Business Name			From - To (MM/YY – MM/YY)
Prophet Brand Strategy LLC			04/19 - 06/22
Business Address	**City**	**State**	**Zip**
150 Spear St Ste 1300	San Francisco	CA	94105
Phone	**Title**		
(415) 518-5692	Senior Partner, Chief Strategy Officer		
Description of Duties			
Primary responsibility for strategy formulation and management, including developing the corporate vision and strategy, overseeing strategic planning, and leading strategic initiatives, including M&A, transformation, partnerships, and costs			

Business Name			From - To (MM/YY – MM/YY)
McKesson Corporation			07/09-12/18
Business Address	**City**	**State**	**Zip**
1 Post Street	San Francisco	CA	94104
Phone	**Title**		
415-983-8300	Sr Vice President, Enterprise Strategy		
Description of Duties			
Primary responsibility for strategy formulation and management, including developing the corporate vision and strategy, overseeing strategic planning, and leading strategic initiatives, including M&A, transformation, partnerships, and costs			

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.

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 & 3 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/01/2007	06/01/2007	MN	Metropolitan Airport	Hennepin
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
225001		Metropolitan Airport		
Reason/Charge				
Petty Misdemeanor - Airport Ordinance Violation				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Self		N/A		
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

Petty Misdemeanor Airport Ordinance Violation with $300 fine, expunged 9/27/2021 by State Statute. Original documentation unavailable due to fire loss.

MN Statute 609.2 - "Petty misdemeanor" a petty offense which is prohibited by ordinance or statute, which does not constitute a crime and for which a sentence of a fine of not more than $300 may be imposed.

DocuSigned by:
Paul Grenall
F716F9B804924A4...
Original Signature (electronic, copies or stamps not accepted)

03/31/2024 4/5/2024
Date

DS
PG
Personal History Application (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.

Paul Greenall

Print Name (First, Last)

DocuSigned by:
Paul Greenall
F716F9B604924A4...

Original Signature (electronic, copies or stamps not accepted)

3/31/2024 4/5/2024

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.

_____ _____

Original Signature **Date**

Subscribed and Sworn to before me this _____ day of _____.

_____

Notary Public Signature

(Seal)

14

14A

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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 N/A	☐ 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)

Section 1: General Information

Facility Name: Noble Supply & Logistics, LLC

Physical Address: 6565 Nascar Street, Suite 160

City: Las Vegas State: NV Zip: 89115

Mailing Address (if different from physical address): N/A

City: N/a State: N/A Zip: N/A

Telephone: 702-482-4592 Website: www.noble.com

Name of Designated Representative (DR): Natalie Nunez

Licensing Company Email: N/A DR Email: nnunez@noble.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	■ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ 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)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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
N/A	N/A	N/A	N/A	N/A
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
N/A		N/A		
Reason/Charge				
N/A				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
N/A			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

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: North American Rescue, LLC
Address: 35 Tedwall Court City: Greer State: SC Zip: 29650
Name: Bound Tree Medical
Address: 5000 Tuttle Crossing Blvd City: Dublin State: OH Zip: 43016
Name: Henry Schein Inc
Address: 135 Duryea Road City: Melville State: NY Zip: 11747
Name: MedPlus Services, USA
Address: 402 BNA Drive, Suite 500 City: Nashville State: TN Zip: 37217

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any): N/A
Corporation Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A
Contact Person Name: N/A
Date of SEC Registration: N/A SEC Registration Number: N/A Stock Exchange Symbol: N/A

Section 5: Non-Publicly Traded Corporation or Company

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

Section 6: Partnership

Partnership Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A
Contact Person Name: N/A

Section 7: Sole Owner

Owner's Name: Thomas Noble
Business Name: Noble Supply & Logistics
Business Address: 1 Marina Park Drive, Suite 220
City: Boston State: MA Zip: 02210
Telephone: 877-999-1911 Email: 781-987-8781

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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Noble Supply & Logistics, LLC

Facility Name

Thomas W. Noble

Print Name of Authorized Person Submitting Application

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

Date 4/6/24

Board Use Only	Date Received: 4/9/24	Amount: $1000-cc

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
NOBLE SUPPLY AND LOGISTICS LLC
6565 Nascar Street
Suite 500
Las Vegas, NV 89115
Registration Number: 3000307122
FEI Number*: 3000307122
Status: Active
Date Of Registration Status: 2024

ok per Matic

Owner/Operator:
Noble Supply & Logistics, LLC[6]
6565 Nascar Street, Suite 500
Las Vegas, NV US 89115
Owner/Operator Number: 10087092[7]

Official Correspondent:
Carla Powell
6565 Nascar Street, Suite 500
Las Vegas, NV 89115
Phone: 877-9991911

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

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Page Last Updated: 04/08/2024

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOBLE SUPPLY & LOGISTICS, 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 FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOBLE SUPPLY & LOGISTICS, LLC" WAS FORMED ON THE NINTH DAY OF SEPTEMBER, A.D. 2021.

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

Jeffrey W. Bullock, Secretary of State

6224372 8300

SR# 20240382704

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

Authentication: 202751029

Date: 02-06-24

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

1/1/2025

DATE (MM/DD/YYYY) 4/1/2024

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 Lockton Companies 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Federal Insurance Company — 20281
INSURED 1536759 Noble Supply & Logistics, LLC ONE Marina Park Drive Boston, MA 02210	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 20458946 **REVISION NUMBER:** XXXXXXX

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:	N	N	36080690	12/1/2023	1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ $1,000,000 $ $1,000,000 $ $10,000 $ $1,000,000 $ $2,000,000 $ $1,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			NOT APPLICABLE			EACH OCCURRENCE AGGREGATE $	$ XXXXXXX $ XXXXXXX $ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		NOT APPLICABLE			PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ XXXXXXX $ XXXXXXX $ XXXXXXX

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

CERTIFICATE HOLDER

20458946
NV State Board of Pharmacy
985 Damonte Ranch Pkwy #206
Reno, NV 89521

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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BUSINESS LICENSE

City of North Las Vegas
2250 Las Vegas Blvd. North, Suite 110
North Las Vegas, NV 89030

Mailing Address:

NOBLE SALES CO., INC.
177 HUNTINGTON AVE 1703 PMB 86096
BOSTON, MA 02115-3153

In conformity with and subject to the provisions of the Ordinances of the City of North Las Vegas and the laws of the State of Nevada, license is hereby granted to operate the business described hereon:

License Number: **GS-000795-2020** Expiration Date: **07/31/2024**

License Type: **GROSS SALES**

Classification: **FULFILLMENT CENTER**

Business Location: **NOBLE SALES CO., INC.**
6565 NASCAR ST STE 400
NORTH LAS VEGAS, NV 89115

Owner/Principal(s): **NOBLE SALES CO., INC.**

CITY OF
NORTH LAS VEGAS

Alfredo Melesio
Director of Land Development &
Community Services

This license is not transferable
POST IN A CONSPICUOUS PLACE

FIRST AMENDMENT TO LEASE

This FIRST AMENDMENT TO LEASE (the "**Agreement**") is entered into and made effective as of the 22 day of February, 2023, between **USCLP NV SPEEDWAY, LLC**, a Delaware limited liability company, successor in interest to DPIF2 NV5 SPEEDWAY, LLC, a Delaware limited liability company ("**Landlord**"), and **NOBLE SUPPLY & LOGISTICS, LLC**, a Delaware corporation ("**Tenant**").

RECITALS:

WHEREAS, by that certain Lease dated June 25, 2020 (the "**Lease**"), Landlord leased to Tenant certain premises containing approximately 64,400 square feet located in the building commonly known as 6565 Nascar Street, North Las Vegas, Nevada 89115 (the "**Premises**"); and

WHEREAS, Landlord and Tenant desire to acknowledge Tenant's successor in interest and subsidiary operating in the Premises, amend the address of the Building, amend the suite number of the Premises, replace the Site Plan, and otherwise amend the terms of the Lease; and

WHEREAS, Landlord and Tenant have agreed to amend the Lease as follows:

WITNESETH:

NOW, THEREFORE, for valuable consideration, the receipt and adequacy of which are expressly acknowledged, Landlord and Tenant agree, effective as of the date hereof, the Lease is hereby amended as follows:

1. Landlord acknowledges and agrees that Noble Supply & Logistics, LLC, a Delaware limited liability company, has succeeded in interest to Noble Sales Co., Inc, a Massachusetts corporation, as Tenant under the Lease.

2. Landlord hereby acknowledges that Tenant's subsidiary Tactical & Survival Specialties, LLC, a Delaware limited liability company, will also be operating from the Premises.

3. In the definition of Premises set forth on page 1 of the Lease, "Suite 500/600" is hereby deleted and "Suite 160" is hereby inserted in lieu thereof.

4. In the definition of Building set forth on page 1 of the Lease, "6565 Nascar Street, North Las Vegas, Nevada" is hereby deleted and "6565 Nascar Street, Las Vegas, Nevada 89115" is hereby inserted in lieu thereof.

5. Paragraph 7. In the last sentence of Paragraph 7 of the Lease, "Suite 500" is hereby deleted and "Suite 160" is hereby inserted in lieu thereof and "Suite 600" is hereby deleted and "Suite 160" is hereby inserted in lieu thereof.

6. Exhibit A - Site Plan. Exhibit A - Site Plan attached to the Lease is hereby deleted in its entirety and Exhibit A - Site Plan attached hereto is hereby inserted in lieu thereof.

7. Landlord and Tenant hereby agree that the U.S. Postal Service address for the Premises is 6565 Nascar Street, Suite 160, Las Vegas, NV 89115.

8. This Agreement may be executed in any number of counterparts, each of which when so executed

and delivered shall be deemed to be an original and all of which taken together shall constitute one and the same instrument, respectively. Executed copies of the signature pages of this Agreement sent by facsimile or transmitted electronically in Portable Document Format ("PDF") or via DocuSign shall be treated as originals, fully binding and with full legal force and effect, and the parties waive any rights they may have to object to such treatment. Any party delivering an executed counterpart of this Agreement by facsimile or PDF also shall deliver a manually executed counterpart of this Agreement, but the failure to deliver a manually executed counterpart shall not affect the validity, enforceability, and binding effect of this Agreement.

9. Capitalized terms used but not defined in this Agreement shall have the meanings given to such terms in the Lease. All other terms and conditions of the Lease between Landlord and Tenant shall remain unchanged and in full force and effect throughout the term of the Lease.

IN WITNESS WHEREOF, Landlord and Tenant have executed this First Amendment to Lease as of the day and year first above written.

LANDLORD:

USCLP NV SPEEDWAY, LLC,
a Delaware limited liability company

By: _____

Name: C. Douglas Lanning
Chief Financial Officer

Title: _____

TENANT:

NOBLE SUPPLY & LOGISTICS, LLC,
a Delaware limited liability company

By: Jayme Selinger
9BE22764ACA4210A867801DB7FA76ADD

Name: Jayme Selinger

Title: Director of Compliance

02/22/2023

EXHIBIT A

Site Plan

LogistiCenter at Speedway

6565 Nascar Street

Las Vegas, Nevada 89115-1987

PHILADELPHIA
INSURANCE COMPANIES

RIDER TO BOND

Rider # 1

To be attached to and form a part of Bond# PA11526600005 issued by the undersigned company as Surety on behalf of Noble Supply and Logistics, LLC as Principal, in favor of Nevada State Board of Pharmacy as Obligee,

Effective 04/04/2024, the Principal and the Surety hereby agree to amend the attached bond as follows:

The principal's address has been changed to read: 6565 Nascar St Ste 160, Las Vegas, NV 89115

All else remains the same.

Provided that the liability under this rider shall be part of, and not in addition to, the liability under the attached Bond, and in no event shall be cumulative.

Nothing herein contained shall vary, alter or extend any of the provisions, conditions, or other terms of this bond except as above stated.

SIGNED, SEALED, DATED: 04/25/2024

Noble Supply and Logistics, LLC	Philadelphia Indemnity Insurance Company
(Principal)	(Surety)
By: ROBERT MASSON, CFO	By: Michael E Cundiff
(Print Name and Title)	Michael E. Cundiff, Attorney-in-Fact

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

PA11526600005

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Michael E. Cundiff its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed $100,000.00.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile 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 TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.

(Seal)

John W. Glomb Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1366394
Member, Pennsylvania Association of Notaries

Notary Public:

residing at: Bala Cynwyd, PA

My commission expires. November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John W. Glomb Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 25 day of April , 2024.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

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. PA11526600005

Application/License No. _____

Noble Supply & Logistics, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is One Marina Park Drive, Suite 220, Boston, MA 02210 (Address of Applicant/Principal), as PRINCIPAL, and Philadelphia Indemnity Insurance Company (Surety Company), a corporation organized under the laws of the state of PA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004-0950 (Address of Surety) as 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 4, 2024 (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.

Posted February 20, 2020

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 4th day of April, 2024.

APPLICANT/PRINCIPAL

Noble Supply & Logistics, LLC
COMPANY

By: _____
Authorized Representative

SURETY

Philadelphia Indemnity Insurance Company

By: _____
Surety Company's Representative

Jessica Hedrick, Attorney-in-fact
print name

Surety Phone No. 610-206-7836

SIGNED and SEALED in the presence of:

Witness Cassia Proude

Witness

SIGNED and SEALED in the presence of:

Witness Holly Tallone

Witness Julia Zalesky

Countersigned by:

Nevada Resident Agent
Kathleen M. Coen Nevada Non-Resident Agent
License Number: 3187910

Posted February 20, 2020

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

Surety Bond Number: PA11526600005
Principal: Noble Supply & Logistics, LLC
Obligee: Nevada State Board of Pharmacy

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Jessica Hedrick its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **$75,000,000.**

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile 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 TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021

(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1356394
Member, Pennsylvania Association of Notaries

Notary Public: Vanessa McKenzie

residing at: Bala Cynwyd, PA

My commission expires: November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 4th day of April 2024

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

PHILADELPHIA INDEMNITY INSURANCE COMPANY

Statutory Statements of Admitted Assets, Liabilities and Capital and Surplus
(in thousands, except par value and share amounts)

Admitted Assets	As of June 30, 2023	As of December 31, 2022
Bonds	$ 8,969,012	$ 8,709,823
Preferred stocks	10,418	14,560
Common stocks	31,683	28,395
Mortgage loans	1,037,855	1,074,734
Real estate	21,780	21,779
Derivatives	719	-
Other invested assets	234,007	234,138
Receivables for securities sold	26,921	476
Cash, cash equivalents and short-term investments	89,172	95,212
Cash and invested assets	10,421,567	10,179,117
Premiums receivable, agents' balances and other receivables	1,088,814	955,218
Reinsurance recoverable on paid loss and loss adjustment expenses	59,135	64,607
Accrued investment income	88,619	88,001
Receivable from affiliates	10,377	4,406
Federal income taxes receivable	14,341	21,231
Net deferred tax assets	152,297	150,526
Other assets	4,329	11,196
Total admitted assets	$ 11,839,479	$ 11,474,302

Liabilities and Capital and Surplus		
Liabilities:		
Unpaid loss and loss adjustment expenses	$ 5,775,640	$ 5,680,508
Unearned premiums	1,776,818	1,766,050
Reinsurance payable on paid loss and loss adjustment expenses	31,474	39,160
Ceded reinsurance premiums payable	122,178	119,157
Commissions payable, contingent commissions and other similar charges	254,408	247,996
Funds held	94,382	82,555
Payable to affiliates	18,807	21,337
Provision for reinsurance	678	678
Payable for securities purchased	37,714	42,426
Accrued expenses and other liabilities	54,599	58,292
Total liabilities	8,166,698	8,058,159
Capital:		
Common stock, par value of $10 per share; 1,000,000 shares authorized, 450,000 shares issued and outstanding	4,500	4,500
Surplus:		
Gross paid-in and contributed surplus	386,071	386,071
Unassigned surplus	3,282,210	3,025,572
Total surplus	3,668,281	3,411,643
Total capital and surplus	3,672,781	3,416,143
Total liabilities and capital and surplus	$ 11,839,479	$ 11,474,302

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Noble Supply & Logistics, LLC MDEG License # (if applicable) _____

Physical Address 10505 Nascar St. Suite 160

City Las Vegas State NV Zip 89115 - 1990

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-482-4592 Website www.noble.com

Licensing Company Email N/A

Section 2: Personal Information

First Natalie Middle _____ Last Nuñez

Alias(es, nicknames, name changes, etc.) Natalie Nuñez-Gonzalez

Date of Birth La Mirada, CA SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Addres [redacted]

City Las Vegas State NV Zip 89130

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.)		✓

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		From - To (MM/YY – MM/YY)	
Western High School		09/03 - 06/06	
Address	**City**	**State**	**Zip**
4601 N. Bonanza Rd.	Las Vegas	NV	89107
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)	Address	City	State	Zip
01/19 – Present	[redacted]	Las Vegas	NV	89120
03/10 – 01/19		Las Vegas	NV	89120
From - To (MM/YY – MM/YY)		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 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			From - To (MM/YY – MM/YY)
Noble Supply & Logistics, LLC			05/22 - Present
Business Address	**City**	**State**	**Zip**
6565 Nascar St Suite 1160	Las Vegas	NV	89115
Phone	**Title**		**Number of Employed Hours**
702-482-4592	Receiving Supervisor		1,400 +

Description of Duties: Supervise all aspects of warehouse operations to include receiving, storage, inventory picking, packing, packaging for shipment and shipment of products. Have spent past year familiarizing myself with medical equipment items that will be packed into emergency medical kits.

Business Name			From - To (MM/YY – MM/YY)
DHL Supply Chain (3PL for Bayer Healthcare Pharmaceuticals)			12/17 – 12/20
Business Address	**City**	**State**	**Zip**
3950 Alto Ave	Las Vegas	NV	89115
Phone	**Title**		**Number of Employed Hours**
800-225-5345	Tasker		6,000 +

Description of Duties: Supervise all aspects of warehouse operations to include receiving, storage, inventory, picking, packing, packaging for shipment and chipping of pharmaceutical 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

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?		✓
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. <u>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.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

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)

3/8/24
Date

I, Natalie Nuñez, **certify that as the MDEG Administrator for**

Noble Supply & Logistics, LLC,

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

1. NN Have a high school diploma or its equivalent;
2. NN Have
   a. At least 1,500 hours of verifiable 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. NN 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. NN 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.

Natalie Nuñez
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/08/24
Date

Board Use Only	Date Received: 4/9/24

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Noble Supply & Logistics, LLC

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 6565 Nascar St. Suite 160

City Las Vegas State NV Zip 89115-1990

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-482-4592 Website www.Noble.com

Licensing Company Email N/A

Section 2: Personal Information

First Natalie Middle _____ Last Nuñez

Alias(es, nicknames, name changes, etc.) Natalie Nuñez-Gonzalez

Date of Birt[redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Addres[redacted]

City Las Vegas State NV Zip 89120

Telephon[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.)		✓

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			From - To (MM/YY – MM/YY)	
Western High School			09/03 – 06/06	
Address		City	State	Zip
4601 W. Bonanza Rd		Las Vegas	NV	89107
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)	Address	City	State	Zip
01/19 - Present	[redacted]	Las Vegas	NV	89120
03/10 – 01/19		Las Vegas	NV	89108
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
Noble Supply & Logistics, LLC			05/22 - Present
Business Address	**City**	**State**	**Zip**
65165 Nascar St. Suite 160	Las Vegas	NV	89115
Phone	**Title**	**Number of Employed Hours**	
702-482-4592	Receiving Supervisor	1400 +	

Description of Duties: Supervise all aspects of warehouse operations to include receiving, storage, inventory, picking, packing, packaging for shipment and shipment of products. Have spent past year familiarizing myself with medical equipment items that will be packed into emergency medical kits.

Business Name			From - To (MM/YY – MM/YY)
DHL Supply Chain (SPL for Bayer Healthcare Pharmaceuticals)			12/17 - 12/20
Business Address	**City**	**State**	**Zip**
3950 Alto Ave	Las Vegas	NV	89115
Phone	**Title**	**Number of Employed Hours**	
800-225-5345	Tasker	6,000 +	

Description of Duties: Supervise all aspects of warehouse operations to include receiving, storage, inventory, picking, packing, packaging for shipment and shipment of pharmaceutical 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

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)

3/08/24
Date

I, Natalie Nuñez, **certify that as the designated representative for**

Noble Supply & Logistics, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. NN I am at least 21 years of age;
3. NN 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. NN I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NN I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NN 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. NN I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Natalie Nuñez

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/08/24

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.

Natalie Nuñez

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/8/24

Date

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

State of Nevada, ss. County of Clark

I, Natalie Nuñez, 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

3/8/24

Date

Subscribed and Sworn to before me this 8 day of March.

Notary Public Signature

Notary Public - State Of Nevada
COUNTY OF CLARK
Veronica Torres
My Appointment Expires
June 23, 2027
No. 23-4159-01

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Noble Supply & Logistics LLC - Las Vegas, Nevada Warehouse

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 6565 Nascar Street, Ste. 160

City: Las Vegas State: NV Zip: 89115

Mailing Address (if different from physical address): Same as Physical Address

City: State: Zip:

Telephone: 877-999-1911 Website: www.noble.com

Licensing Company Email: support@noble.com

Section 2: Personal Information

First: Thomas Middle: William Last: Noble

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

Date of Birt[redacted] SSN or ITIN[redacted] Sex ☑ M ☐ F ☐ X

Mailing Address[redacted]

City: Hingham State: MA Zip: 02043-4878

Telephone[redacted] Email: tnoble@noble.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		From - To (MM/YY – MM/YY)	
Catholic Memorial		9/90	6/1994
Address	**City**	**State**	**Zip**
235 Baker St.	West Roxbury	MA	02132
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Boston University		9/94	5/98
Address	**City**	**State**	**Zip**
233 Bay State Rd	Boston	MA	02215
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Massachusetts Institute of Technology		05/15	05/17
Address	**City**	**State**	**Zip**
1 Main St (MIT Sloan Mgt)	Cambridge	MA	02142
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]	Hingham	MA	02043-4878
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
Noble Supply & Logistics, LLC			11/2021 – PRES	
Business Address		**City**	**State**	**Zip**
1 Marina Park Drive, Suite 220		Boston	MA	02210-1873
Phone	**Title**			
877-999-1911	CEO & Co-Founder			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Noble Sales Co., Inc			06/02 – 11/2021	
Business Address		**City**	**State**	**Zip**
302 Weymouth St.		Rockland	MA	02370
Phone	**Title**			
877-999-1911	CEO & Co-Founder			
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.

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.

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)

4/10/24
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.

Thomas W. Noble III

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/16/24

Date

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

State of Massachusetts, ss. County of Suffolk

I, Thomas W. Noble III, 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

4/16/24

Date

Subscribed and Sworn to before me this 16 day of April 2024

Notary Public Signature

CASSIA PROUDE NOTARY PUBLIC MY COMMISSION EXPIRES 2-24-2028 COMMONWEALTH OF MASSACHUSETTS

(Seal)

NOBLE

March 07, 2024

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Subject: Las Vegas Warehouse Staff

Noble Supply & Logistics, Inc. employs the following full-time staff at our Las Vegas Distribution Center:

Chris Mott	General Manager, Logistics
Donald Menifee	Supervisor, Day Shift
Natalie Nunez	Supervisor, Quality Assurance and Inventory Control
Joshua Gauthier	Supervisor, Night Shift
Ronaldo Torres	Distribution Center Lead
Tulugia Faagata	Distribution Center Associate
Darion Williams	Distribution Center Associate
De'Zire Manning	Distribution Center Associate
Cachet Moore	Distribution Center Associate
Kumya Sherrell	Distribution Center Associate
Tamera Wiliam	Distribution Center Associate
Jose Garcia	Distribution Center Associate
Samantha Rebolledo	Distribution Center Associate
Nathaniel Van Dette	Distribution Center Associate
Peter Albinio	Distribution Center Lead
Ronna Valdez	Distribution Center Associate
Jovanny Valles	Distribution Center Associate
David Fletcher	Distribution Center Associate

If the Board has questions regarding this letter, please contact me a[redacted] by email at cmott@noble.com

Sincerely,
Chris Mott
General Manager

15

15A

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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)

Section 1: General Information

Facility Name: Boswell Pharmacy Services, LLC DBA BPS Wholesale

Physical Address: 131 Schoolhouse Rd; Suite 107

City: Jennerstown State: PA Zip: 15547

Mailing Address (if different from physical address): 131 Schoolhouse Rd; Suite 107; PO Box 88

City: Jennerstown State: PA Zip: 15547

Telephone: (814) 629-1397 Website: _____

Name of Designated Representative (DR): Jacqueline Martella

Licensing Company Email: _____ DR Email: jmartella@boswellpharmacy.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☒ Controlled Substances	☒ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☒ Others: Non-Controlled substances	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Correctional Facilities		☒ Others: wholesale distributor (non-retail)

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

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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)

11/28/23
Date

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: McKesson Corporation
Address: 6555 State Highway City: Irving State: TX Zip: 75039
Name: Value Drug Company
Address: 195 Theater Dr City: Duncansville State: PA Zip: 16635
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 or Company

State of Incorporation/Organization: Pennsylvania
Parent Company (if any):
Corporation/Organization Name: Boswell Pharmacy Services, LLC DBA BPS Wholesale
Mailing Address: 131 Schoolhouse Rd; Suite 107; PO Box 88
City: Jennerstown State: PA Zip: 15547
Telephone: (814) 629-1397 Email: jmartella@boswellpharmacy.com
Contact Person Name: Jacqueline Martella

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:	✓	
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 the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	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 **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Boswell Pharmacy Services, LLC DBA BPS Wholesale
Facility Name

Jacqueline M. Martella
Print Name of Authorized Person Submitting Application

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

11/28/23
Date

Board Use Only	Date Received: 11/6/24	Amount: $1000 - Check 18075

Drug Establishments Current Registration Site

Share Tweet LinkedIn Email Print

New Search

Search Results for **BPS Wholesale**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Boswell Pharmacy Services LLC d/b/a BPS Wholesale	3026102824	129218355	RELABEL; REPACK;	131 Schoolhouse Road, Suite 107, PO Box 88, Jennerstown, Pennsylvania (PA) 15547, United States (USA)	12/31/2024

Showing 1 to 1 of 1 entries

Previous 1 Next

Data Current through: Thursday, Feb 1, 2024

Return to Drug Firm Annual Registration Status Home Page

WHOLESALE
DEA# RB0656720

131 Schoolhouse Rd; Suite 107; PO Box 88 Jennerstown, PA 15547

PHONE: 814-273-4252 FAX: 814-283-4244 EMAIL: orders@bpswholesale.com

LIST OF OFFICERS AND DIRECTORS

Owner/President/CEO: Jacqueline M. Martella, RPh
Address: Boswell Pharmacy Services, LLC DBA BPS Wholesale
131 Schoolhouse Rd; Suite 107; PO Box 88
Jennerstown, PA 15547
Phone: (814) 273-4252
Fax: (814) 283-4244

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

Regarding:	BOSWELL PHARMACY SERVICES, LLC
Request Type:	Subsistence Certificate
Request No.:	026411728
Receipt No.:	000790541
Filing Type:	Domestic Limited Liability Company
Filing Subtype:	Limited Liability Company
Initial Filing Date:	March 19, 2008
Status:	Active

Issuance Date: December 02, 2023

File No.: 0003797470

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

BOSWELL PHARMACY SERVICES, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

Certificate of Registration

Certificate No. 3000007553
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Distributor (Prescription)

Drug & Device Registration
2525 North 7th Street
SUITE 210D
HARRISBURG, PA 17110
(717) 787-4779

BOSWELL PHARMACY SERVICES, LLC
DBA BPS WHOLESALE
131 SCHOOL HOUSE ROAD
SUITE 107, P.O. BOX 88
JENNERSTOWN, PA 15547

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: August 28, 2003
Expiration Date: The Last Day of October, 2024

Jeanne Parisi
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Certificate of Licensure

Certificate No. 8000001305
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
2525 North 7th Street
SUITE 210D
HARRISBURG, PA 17110
(717) 787-4779

Category:

Wholesaler/Distributor

BOSWELL PHARMACY SERVICES, LLC
DBA BPS WHOLESALE
131 SCHOOL HOUSE ROAD
SUITE 107, P.O. BOX 88
JENNERSTOWN, PA 15547

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: August 28, 2003
Expiration Date: The Last Day of September, 2024

Jeanne Parisi
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Certificate of Registration

Certificate No. 1000004376
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
2525 North 7th Street
SUITE 210D
HARRISBURG, PA 17110
(717) 787-4779

Category:

Manufacturer (Prescription)

BOSWELL PHARMACY SERVICES, LLC DBA BPS WHOLESALE
131 SCHOOLHOUSE ROAD, SUITE 107, PO BOX 88
JENNERSTOWN, PA 15547

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: January 12, 2023
Expiration Date: The Last Day of January, 2024

Susan Coble
Acting Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Denise A. Johnson, MD, FACOG, FACHE
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

12/01/2023

License Information

BOSWELL PHARMACY SERVICES, LLC

131 SCHOOLHOUSE ROAD
Jennerstown, Pennsylvania 15547

Board/Commission:	State Board of Pharmacy	Status Effective Date:	11/17/2006
LicenseType:	Pharmacy	Issue Date:	04/15/1998
Specialty Type:	Inspected by Board	Expiration Date:	08/31/2025
License Number:	PP415379L	Last Renewal:	07/06/2023
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
JACQUELINE MARIE MARTELLA	Business Relationship	Pharmacist	RP035400L	Active		09/30/2024

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

Melissa Mostoller

From: RA-STPALSNOTIFY@pa.gov
Sent: Friday, December 1, 2023 3:41 PM
To: Melissa Mostoller
Subject: EXTERNAL: PALS Payment Receipt - JACQUELINE MARTELLA

CAUTION: This email originated from outside of the organization. Do not click links, open attachments, or reply with sensitive information unless you recognize the sender's email address and know the content is safe.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Dear JACQUELINE MARTELLA :

This letter acknowledges receipt of your request. You can access www.pals.pa.gov website and check the status of your request using the UserID and Password you have created when you submit your request.

Payment Receipt

RECEIPT NUMBER: PAID0004564482
RECEIVED DATE: Dec 1 2023 3:35PM
RECEIVED FROM: JACQUELINE MARTELLA
RECEIVED AMOUNT: $ 15.00
PAYMENT TYPE: Credit Card
APPLICANT NAME: JACQUELINE MARTELLA

Application No / Transaction No	Fee Type	Fee Amount	Full Name
TN0017337159 (Pharmacy-PP415379L)	Verification/Certification of License	15.00	JACQUELINE MARTELLA

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0656720	07-31-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	07-28-2023

BOSWELL PHARMACY SERVICES, LLC DBA BPS WHOLESALE
131 SCHOOLHOUSE RD.
SUITE 107
JENNERSTOWN, PA 15547

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
RB0656720	07-31-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	07-28-2023

BOSWELL PHARMACY SERVICES, LLC DBA BPS WHOLESALE
131 SCHOOLHOUSE RD.
SUITE 107
JENNERSTOWN, PA 15547

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)

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. CBE1036254

Application/License No. _____

Boswell Pharmacy Services, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 131 Schoolhouse Rd, Jennerstown PA 15547-9155 (Address of Applicant/Principal), as PRINCIPAL, and The Cincinnati Insurance Company (Surety Company), a corporation organized under the laws of the state of Ohio (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6200 S. Gilmore Road, Fairfield OH 45014-5141 (Address of Surety) as 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 29, 2023 (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 1st day of December, 20 23.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Shaun Styer, 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

Posted February 20, 2020

THE CINCINNATI CASUALTY COMPANY

Fairfield, Ohio CBE1036254

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY and THE CINCINNATI CASUALTY COMPANY, corporations organized under the laws of the State of Ohio, and having their principal offices in the City of Fairfield, Ohio (herein collectively called the "Companies"), do hereby constitute and appoint

Shaun Styer

of BEDFORD PA

their true and legal Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and deliver on behalf of the Companies as Surety, any and all bonds, policies, undertakings or other like instruments, as follows:

One Hundred Thousand Dollars $ 100,000.00

This appointment is made under and by authority of the following resolutions adopted by the Boards of Directors of The Cincinnati Insurance Company and The Cincinnati Casualty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the President or any Senior Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

RESOLVED, that the signature of the President or any Senior Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Vice-President and the Seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, the Companies have caused these presents to be sealed with their corporate seals, duly attested by their President or any Senior Vice President this 16th day of March, 2021.

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Stephen A. Ventre

STATE OF OHIO)SS:
COUNTY OF BUTLER)

On this 16th day of March, 2021 before me came the above-named President or Senior Vice President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, to me personally known to be the officer described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of said Companies and the corporate seals and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporations.

Keith Collett, Attorney at Law
Notary Public – State of Ohio
My commission has no expiration date.
Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Vice-President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, hereby certify that the above is the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Power of Attorney is still in full force and effect.

Given under my hand and seal of said Companies at Fairfield, Ohio, this 1st day of December, 2023

2778

BN-1457 (3/21)

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Bosrell Pharmacy Services, LLC DBA BPS Wholesale

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 131 Schoolhouse Rd; Suite 107

City Jennerstown State PA Zip 15547

Mailing Address (if different from physical address) 131 Schoolhouse Rd; Suite 107; PO Box 88

City Jennerstown State PA Zip 15547

Telephone (814) 629-1397 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Jacqueline Middle Marie Last Martella

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

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

Mailing Address [redacted]

City Johnstown State PA Zip 15904

Telephone (814) 629-1397 Email jmartella@bosrellpharmacy.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

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		From - To (MM/YY – MM/YY)	
Duquesne University		08/82 – 05/87	
Address	City	State	Zip
1000 Forbes Ave	Pittsburgh	PA	15282
Diploma/Degree obtained, if any			
RPh			

School Name		From - To (MM/YY – MM/YY)	
Bishop McCort Catholic High School		08/78 – 05/82	
Address	City	State	Zip
25 Osborne St	Johnstown	PA	15905
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
	[redacted]	Johnstown	PA	15904
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)
Boswell Pharmacy Services, LLC			07/95 - Present
Business Address	**City**	**State**	**Zip**
131 Schoolhouse Rd; PO Box 246	Jennerstown	PA	15547
Phone	**Title**	**Number of Employed Hours**	
(814) 629-1397	Owner/CEO/PIC	24/WK	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Boswell Prescription Center, LLC			09/90 - Present
Business Address	**City**	**State**	**Zip**
210 Ohio St; Suite A	Boswell	PA	15531
Phone	**Title**	**Number of Employed Hours**	
(814) 629-6624	Owner/CEO	16/WK	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Martella's Pharmacy of Ligonier DBA Ligonier Pharmacy			01/2019 - Present
Business Address	**City**	**State**	**Zip**
113 S. Fairfield St; Ste 1	Ligonier	PA	15658
Phone	**Title**	**Number of Employed Hours**	
(724) 238-6988	Owner/CEO	1/WK	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Martella's Pharmacy, LLC			02/2001 - Present
Business Address	**City**	**State**	**Zip**
1079 Franklin St	Johnstown	PA	15905
Phone	**Title**	**Number of Employed Hours**	
(814) 535-1833	Owner/CEO	1/WK	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Martella's Pharmacy of Park Hill, LLC			11/12 - Present
Business Address	**City**	**State**	**Zip**
1932 William Penn Ave	Johnstown	PA	15909
Phone	**Title**	**Number of Employed Hours**	
(814) 322-1011	Owner/CEO	1/WK	

Description of Duties

*Jacqueline Martella is on call 24/7 to all pharmacies listed

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Penn Laurel Pharmacy, LLC			06/97 - Present
Business Address	**City**	**State**	**Zip**
112 Sunshine Ave	Central City	PA	15926
Phone	**Title**	**Number of Employed Hours**	
(814) 754-5717	Owner/CEO	1/WK	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Martella's Pharmacy of Windber, LLC			01/13 - Present
Business Address	**City**	**State**	**Zip**
901 Graham Ave	Windber	PA	15963
Phone	**Title**	**Number of Employed Hours**	
(814) 467-9700	Owner/CEO	1/WK	
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.

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)

11/28/23
Date

I, Jacqueline Martella, **certify that as the designated representative for** Boswell Pharmacy Services, LLC DBA BPS Wholesale, **that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. JM I am at least 21 years of age;
3. JM 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. JM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JM 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. JM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jacqueline Martella
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/28/23
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.

Jacqueline Martella

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/28/23

Date

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

State of Pennsylvania, ss. County of Somerset

I, Jacqueline Martella, 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

11-28-23

Date

Subscribed and Sworn to before me this 28 day of Nov, 2023

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Constance Axmacher, Notary Public
Somerset County
My commission expires October 26, 2026
Commission number 1004797
Member, Pennsylvania Association of Notaries

(Seal)

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? this question is N/A because question 1 is answed "No"	N/A	
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

BPS WHOLESALE
DEA# RB0656720

131 Schoolhouse Rd; Suite 107; PO Box 88 Jennerstown, PA 15547

PHONE: 814-273-4252 FAX: 814-283-4244 EMAIL: orders@bpswholesale.com

Nevada State Board of Pharmacy

Statement of Explanation for
Section 8: Arrests, Detentions, Litigations, Arbitrations.

Question 4:

Jacqueline Martella was named as a defendant in a civil lawsuit completely unrelated to any pharmacy or wholesale distribution business. Specifically, defendants were sued for personal injuries allegedly sustained on residential real estate owned by Ms. Martella and her brother. The plaintiff is a former tenant on that property. The case is captioned *Moench v. Jacqueline Martella et al.*, No. 2022-4406, Court of Common Pleas of Cambria County, Pennsylvania. The lawsuit is ongoing, so there is no final order, agreement or other disposition for this matter.

Question 5:

Jacqueline Martella is a member and part owner of Martella's Pharmacy of Parkhill, LLC ("Martella's Pharmacy"), a retail pharmacy in Johnstown, Pennsylvania. In August 2022, it was discovered that controlled substances were missing at Martella's Pharmacy, likely due to employee theft. Martella's Pharmacy promptly complied with DEA regulations and reported the theft to local law enforcement, who arrested and prosecuted pharmacy tech Matthew Miller. In late 2022, the Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs ("BPOA") issued an Order to Show Cause against Martella's Pharmacy of Parkhill, LLC, t/d/b/a Martella's Pharmacy, and Irvin A. Meredith, R.Ph., Case Nos. 22-54-014900 and 22-54-014901, before the Commonwealth of Pennsylvania, State Board of Pharmacy. Mr. Meredith was at all relevant times the Pharmacist-in-Charge at the pharmacy. This proceeding resulted from the Mr. Miller's theft of controlled substances. The proceeding was settled by Consent Agreement approved by Order of the State Board of Pharmacy on June 30, 2023, a copy of which is attached hereto. Respondents did not admit to the factual assertions of BPOA in the Order to Show Cause, but entered into the Consent Agreement "to resolve disputed claims and avoid the uncertainty and cost associated with litigation." See Consent Agreement, ¶6(j). On December 13, 2023, Mr. Miller pled guilty to felony charges and, on January 2, 2024, he was sentenced to 18-36 months in prison and ordered to pay restitution to Martella's Pharmacy.

Question 6:

See response to Question 5.

Jacqueline M. Martella, R.Ph.

Date:

RECEIVED JUL 0 6 2023

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania **Bureau of Professional and** **Occupational Affairs**	
vs.	**Case Nos.** **22-54-014900** **22-54-014901**
Martella's Pharmacy of Parkhill, LLC **t/d/b/a Martella's Pharmacy and Irvin A.** **Meredith, R.Ph.** **Respondents**	

ORDER

AND NOW, this 30th day of June 2023, the **STATE BOARD OF PHARMACY** ("Board") approves and adopts the foregoing Consent Agreement and incorporates the terms of paragraph 8, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Arion R Claggett

Arion R. Claggett
Acting Commissioner

BY ORDER:
STATE BOARD OF PHARMACY

Theresa M. Talbott, R.Ph.
Chairperson

For the Commonwealth:

Glenn P. Masser, Esquire
2601 North Third Street
P.O. Box 69521
Harrisburg, PA 17106-9521

For the Respondents:

Jayson Wolfgang, Esquire
409 North 2nd Street, Ste 500
Harrisburg, PA 17101

Cristopher Capozzi, Esquire
100 Ross Street, Ste 340
Pittsburgh, PA 15219

Date of mailing: June 30, 2023

DHS Development
June 30 2023

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania **Bureau of Professional and** **Occupational Affairs**		
vs.	**Case Nos.**	**22-54-014900** **22-54-014901**
Martella's Pharmacy of Parkhill, LLC t/d/b/a Martella's Pharmacy and Irvin A. Meredith, R.Ph. **Respondents**		

CONSENT AGREEMENT AND ORDER

PARTIES

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and **Martella's Pharmacy of Parkhill, LLC t/d/b/a Martella's Pharmacy and Irvin A. Meredith, R.Ph.** ("Respondents") stipulate as follows in settlement of the above-captioned case.

APPLICABLE LAW

1. This matter is before the State Board of Pharmacy ("Board") pursuant to the Pharmacy Act, act of September 27, 1961, P.L. 1700, ("Act"), *as amended*, 63 P.S. §§ 390-1 to 390-13; and/or 63 Pa.C.S. Chapter 31 ("Chapter 31").

LICENSURE STATUS

2. At all relevant and material times, Respondent Irvin A. Meredith (hereinafter "Mr. Meredith") held the following license to practice as a pharmacist in the Commonwealth of Pennsylvania: license no. RP031265L, which was originally issued on August 15, 1980, and which is currently set to expire on September 30, 2024.

Commonwealth Docket
on 30 2023 02:07 PM
Department of State

3. At all relevant and material times, Respondent Martella's Pharmacy held the following permit to operate as a pharmacy in the Commonwealth of Pennsylvania: permit no. PP411767L, which was originally issued on July 12, 1977, and which is currently set to expire on August 31, 2023.

4. At all relevant and material times, Mr. Meredith was the pharmacist manager of Martella's Pharmacy.

FACTUAL ASSERTIONS

5. The Respondents neither admit nor deny the following factual assertions, and the Commonwealth avers that it could prove the following factual assertions if the matters were taken to a hearing:

a. Absent additional Board action, Respondents' licenses and permits may be continually reactivated or reinstated upon the filing of the required documentation and payment of the applicable fees.

b. Mr. Meredith's address is: [redacted]

c. Martella's Pharmacy's address is: 1932 William Penn Avenue, Johnstown, PA 15909.

d. On or about August 23, 2022, Respondents filed a DEA-106 form indicating Martella's Pharmacy experienced a theft or loss of approximately 20,000 tablets/capsules/patches/films/vials, in total, of the following controlled substances: Amphetamine/Dextroamphetamine, Amphetamine, Dexmethylphenidate, Endocet, Hydrocodone, Morphine Sulfate, Oxycodone, Oxycodone/Acetaminophen, Oxycodone/Apap, Oxycontin, Alprazolam, Buprenorphine, Buprenorphine/Naloxone, Carisoprodol, Diazepam, Lorazepam, Phentermine, Temazepam, Tramadol, Zolpidem, and Testosterone.

e. These lost substances had a collective acquisition value of approximately $6,800.00.

f. The lost substances are a result of theft by a pharmacy technician.

g. The pharmacy technician stole the substances between February 2021 and August 2022.

RESPONDENTS' ASSERTIONS

6. Respondents assert that the following assertions are true, and the Commonwealth neither admits nor denies the following assertions offered by the Respondents:

a. The pharmacy technician who stole the above-referenced substances was terminated upon discovery of the theft.

b. The theft was promptly reported to law enforcement.

c. Following questioning by law enforcement, the pharmacy technician confessed to the theft.

d. The pharmacy technician, following his arrest, waived any preliminary hearing, thus, conceding probable cause to be held over for trial.

e. The pharmacy technician is currently being prosecuted for multiple crimes including felony theft and other violations of the Crimes Code, 18 Pa. C.S. § 101, *et seq.*, and violations of the Controlled Substance Drug Device and Cosmetic Act, 35 P.S. § 780-101, *et seq.*, including, but not limited to, possession with intent to deliver and/or delivery (Felony), and violations of the Pharmacy Act, 63 P.S. § 390-1, *et seq.*

f. Martella's Pharmacy participated in regular inspections by the Board during the course of the pharmacy technician's employment and passed each inspection, including on March 30, 2021 and May 2, 2022.

g. During all above-referenced inspections, the Board found that Martella's Pharmacy met all security requirements and that Schedule II controlled substances were stored in compliance with all requirements in applicable regulations.

h. Respondents now store controlled substances in locked cabinets and only pharmacists have a key.

i. Respondent Martella's Pharmacy of Parkhill is in the process of hiring a compliance officer to assist with inventory.

j. Respondents do not admit that the Factual Assertions (paragraphs 5a – 5g) are a sufficient basis upon which the Board may impose discipline and enter into this Consent Agreement to resolve disputed claims and avoid the uncertainty and cost associated with litigation.

AUTHORITY OF THE BOARD

7. The Board is authorized to suspend or revoke, or otherwise restrict Respondents' license and permit under section 5(a) and/or (b) & (8) of the Act, 63 P.S. §§ 390-5(a) and/or (b) & 390-8; impose a civil penalty upon Respondents under sections 5(a) and/or (b) & (8) of the Act, 63 P.S. §§ 390-5(a) and/or (b) & 390-8; or impose a civil penalty under section 63 Pa.C.S. § 3108(b)(4); and/or impose the costs of investigation under 63 Pa.C.S. § 3108(b)(5).

PROPOSED ORDER

8. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. **VIOLATIONS:**

(1) Mr. Meredith violated Section 5(a)(12) of the Act, 63 P.S. § 390-5(a)(12), in that he did not conform to the standards of acceptable and prevailing pharmacy practice by

failing to promptly detect the theft of controlled substances described above by a pharmacy technician; and

(2) Martella's Pharmacy violated Section 5(b)(2) of the Act, 63 P.S. § 390-5(b)(2), because the pharmacy, as a permit holder, was operated in a manner that resulted in pharmacy personnel violating Section 5(a)(12), 63 P.S. § 390-5(a)(12), by engaging in conduct that departed from the standards of acceptable and prevailing pharmacy practice.

b. **PUBLIC REPRIMAND:** A public reprimand shall be placed on Respondents' permanent disciplinary records with the Board.

c. **CIVIL PENALTY:** Respondents shall jointly and severally pay a civil penalty of sixteen thousand dollars ($16,000.00).

d. **COSTS OF INVESTIGATION:** Respondents shall jointly and severally pay costs of investigation in the amount of seven hundred fifteen dollars and ninety-nine cents ($715.99).

e. Payment of the civil penalty and costs of investigation is subject to the following terms:

(1) The full civil penalty and costs of investigation amounts shall be tendered to the prosecution division of the Department of State with the executed consent agreement;

(2) The civil penalty and costs of investigation shall be **paid by certified check, cashier's check, attorney's check, or money order** issued by a usual, customary, and

USPS Postmark
Jan 30 2015

reputable issuer (e.g. U.S. Postal Money Order, Western Union Money Order, etc.);

(3) Payment shall be valid for a period of at least 180 days and shall be **made payable to the "Commonwealth of Pennsylvania"**;

(4) Respondents agree that payment shall only be made by one of the methods indicated and shall not be made by uncertified personal or corporate check; and

(5) Payment of the civil penalty and costs of investigation may be made in a single payment instrument.

f. This Order constitutes disciplinary action by the Board. This Order will be reported to other licensing authorities and any applicable national licensing databank as a disciplinary action by the Board.

g. This case shall be deemed settled and discontinued upon the Board issuing an order adopting this Consent Agreement.

ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS

9. Respondents agree that this Consent Agreement and Order may be admitted into evidence, without objection, in any proceeding before the Department of State.

ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING

10. Respondents acknowledge receipt of an Order to Show Cause in this matter. Respondents knowingly and voluntarily waive the right to an administrative hearing in this matter and the following rights related to that hearing: to be represented by counsel; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to

cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any adverse final decision.

ACKNOWLEDGMENT OF RIGHT TO ATTORNEY

11. Respondents acknowledge the right to consult with and be represented by private legal counsel of Respondents' choosing and at Respondents' expense when reviewing, considering, and accepting the terms of this Consent Agreement. Respondents have had an opportunity to discuss the contents of this Consent Agreement with Attorneys Jayson R. Wolfgang, Esq. and Christopher M. Capozzi, Esq.

WAIVER OF CLAIMS

12. Should the Board vote not to adopt the Order proposed in this Consent Agreement, the presentation and consideration of this Consent Agreement shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. Respondents expressly waive the right to raise any claims or issues, including any and all constitutional claims or issues, which may arise or have arisen during the review, presentation and deliberation of this Consent Agreement. These claims or issues include, but are not limited to, bias, the commingling of prosecutorial and adjudicative functions by the Board or its counsel, and the Board, in its discretion, recommending a different sanction based upon the facts set forth in the Consent Agreement. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at a hearing unless otherwise separately stipulated.

LIMITS ON MODIFICATION OF ORDER

13. Respondents agree not to seek modification of the Order adopting and implementing this Consent Agreement without first obtaining the express written permission from the prosecution division. Any modification is at the sole discretion of the Board.

AGREEMENT NOT BINDING UNTIL APPROVED

14. This Consent Agreement is between the Commonwealth and Respondents. The Office of General Counsel has approved this Consent Agreement as to form and legality. The disciplinary provisions of this Consent Agreement do not take effect unless and until the Board issues an order adopting this Consent Agreement.

ENTIRE AGREEMENT

15. This Consent Agreement contains the entire agreement between the parties. There are no other terms, obligations, covenants, representations, statements, or conditions, oral or otherwise, of any kind whatsoever concerning this agreement.

AGREEMENT DOES NOT PREVENT FUTURE DISCIPLINE

16. Nothing in this Order shall preclude the prosecution division of the Department of State from filing charges, or the Board from imposing disciplinary or corrective measures, for violations or facts not contained in this Consent Agreement.

VERIFICATION OF FACTS AND STATEMENTS

17. Respondents verify that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondents' knowledge, information and belief. Respondents

understand that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

/s/Glenn P. Masser

Glenn P. Masser
Prosecuting Attorney

DATED:

Irvin A. Meredith, Pharmacist Manager
Respondents

DATED:

Martella's Pharmacy of Parkhill, LLC
t/d/b/a Martella's Pharmacy
Respondents

DATED: 04/3/2023

MS Professional
MAR 30 2023

that statements in this Consent Agreement are made subject to the criminal penalties of

1904 relating to unsworn falsification to authorities.

/s/Glenn P. Masser

Masser
Attorney

Irvin A. Meredith, Pharmacist Manager
Respondents

DATED: 4/6/2023

Martella's Pharmacy of Parkhill, LLC
t/d/b/a Martella's Pharmacy
Respondents

DATED:

DOS Prothonotary
Jun 30 2023

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Boswell Pharmacy Services, LLC DBA BPS Wholesale

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 131 Schoolhouse Rd; Suite 107

City Jennerstown State PA Zip 15547

Mailing Address (if different from physical address) 131 Schoolhouse Rd; Suite 107; PO Box 88

City Jennerstown State PA Zip 15547

Telephone (814) 629-1397 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Jacqueline Middle Marie Last Martella

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

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

Mailing Address [redacted]

City Johnstown State PA Zip 15904

Telephone (814) 629-1397 Email jmartella@boswellpharmacy.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

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		From - To (MM/YY – MM/YY)	
Duquesne University			
Address	City	State	Zip
600 Forbes Avenue	Pittsburgh	PA	15282
Diploma/Degree obtained, if any			
RPh			
School Name		From - To (MM/YY – MM/YY)	
Bishop McCort Catholic High School			
Address	City	State	Zip
25 Osborne St	Johnstown	PA	15905
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
	[redacted]	Johnstown	PA	15904
From - To (MM/YY – MM/YY)	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			From - To (MM/YY – MM/YY)	
Boswell Pharmacy Services, LLC			07/95 - Present	
Business Address		**City**	**State**	**Zip**
131 Schoolhouse Rd; PO Box 266		Jennerstown	PA	15547
Phone	**Title**			
(814) 629-1397	Owner/CEO/PIC			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Boswell Prescription Center, LLC			02/90 - Present	
Business Address		**City**	**State**	**Zip**
210 Ohio St; Suite A		Boswell	PA	15531
Phone	**Title**			
(814) 629-6624	Owner/CEO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Martella's Pharmacy of Ligonier, LLC DBA Ligonier Pharmacy			01/2019 - Present	
Business Address		**City**	**State**	**Zip**
1135. Fairfield St; Ste 1		Ligonier	PA	15658
Phone	**Title**			
(724) 238-6988	Owner/CEO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Martella's Pharmacy, LLC			02/21 - Present	
Business Address		**City**	**State**	**Zip**
1079 Franklin St		Johnstown	PA	15905
Phone	**Title**			
(814) 535-1833	Owner/CEO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Martella's Pharmacy of Park Hill, LLC			11/18 - Present	
Business Address		**City**	**State**	**Zip**
1932 William Penn Ave		Johnstown	PA	15909
Phone	**Title**			
(814) 322-1011	Owner/CEO			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Penn Laurel Pharmacy, LLC			06/97 - Present
Business Address	City	State	Zip
112 Sunshine Ave	Central City	PA	15926
Phone	Title		
(814) 754-5717	Owner/CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Martella's Pharmacy of Windber, LLC			01/13 - Present
Business Address	City	State	Zip
901 Graham Ave	Windber	PA	15963
Phone	Title		
(814) 467-9700	Owner/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			

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.)		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? this question is N/A because question #1 is answered "No"	N/A	
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

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

WHOLESALE
DEA# RB0656720

131 Schoolhouse Rd; Suite 107; PO Box 88 Jennerstown, PA 15547

PHONE:814-273-4252 FAX:814-283-4244 EMAIL: orders@bpswholesale.com

Nevada State Board of Pharmacy

Statement of Explanation for
Section 8: Arrests, Detentions, Litigations, Arbitrations.

Question 4:

Jacqueline Martella was named as a defendant in a civil lawsuit completely unrelated to any pharmacy or wholesale distribution business. Specifically, defendants were sued for personal injuries allegedly sustained on residential real estate owned by Ms. Martella and her brother. The plaintiff is a former tenant on that property. The case is captioned *Moench v. Jacqueline Martella et al.*, No. 2022-4406, Court of Common Pleas of Cambria County, Pennsylvania. The lawsuit is ongoing, so there is no final order, agreement or other disposition for this matter.

Question 5:

Jacqueline Martella is a member and part owner of Martella's Pharmacy of Parkhill, LLC ("Martella's Pharmacy"), a retail pharmacy in Johnstown, Pennsylvania. In August 2022, it was discovered that controlled substances were missing at Martella's Pharmacy, likely due to employee theft. Martella's Pharmacy promptly complied with DEA regulations and reported the theft to local law enforcement, who arrested and prosecuted pharmacy tech Matthew Miller. In late 2022, the Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs ("BPOA") issued an Order to Show Cause against Martella's Pharmacy of Parkhill, LLC, t/d/b/a Martella's Pharmacy, and Irvin A. Meredith, R.Ph., Case Nos. 22-54-014900 and 22-54-014901, before the Commonwealth of Pennsylvania, State Board of Pharmacy. Mr. Meredith was at all relevant times the Pharmacist-in-Charge at the pharmacy. This proceeding resulted from the Mr. Miller's theft of controlled substances. The proceeding was settled by Consent Agreement approved by Order of the State Board of Pharmacy on June 30, 2023, a copy of which is attached hereto. Respondents did not admit to the factual assertions of BPOA in the Order to Show Cause, but entered into the Consent Agreement "to resolve disputed claims and avoid the uncertainty and cost associated with litigation." See Consent Agreement, ¶6(j). On December 13, 2023, Mr. Miller pled guilty to felony charges and, on January 2, 2024, he was sentenced to 18-36 months in prison and ordered to pay restitution to Martella's Pharmacy.

Question 6:

See response to Question 5.

Jacqueline M. Martella, R.Ph.

Date:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania **Bureau of Professional and** **Occupational Affairs**		
vs.	**Case Nos.**	**22-54-014900** **22-54-014901**
Martella's Pharmacy of Parkhill, LLC t/d/b/a Martella's Pharmacy and Irvin A. Meredith, R.Ph. **Respondents**		

CONSENT AGREEMENT AND ORDER

PARTIES

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and **Martella's Pharmacy of Parkhill, LLC t/d/b/a Martella's Pharmacy and Irvin A. Meredith, R.Ph.** ("Respondents") stipulate as follows in settlement of the above-captioned case.

APPLICABLE LAW

1. This matter is before the State Board of Pharmacy ("Board") pursuant to the Pharmacy Act, act of September 27, 1961, P.L. 1700, ("Act"), *as amended*, 63 P.S. §§ 390-1 to 390-13; and/or 63 Pa.C.S. Chapter 31 ("Chapter 31").

LICENSURE STATUS

2. At all relevant and material times, Respondent Irvin A. Meredith (hereinafter "Mr. Meredith") held the following license to practice as a pharmacist in the Commonwealth of Pennsylvania: license no. RP031265L, which was originally issued on August 15, 1980, and which is currently set to expire on September 30, 2024.

Commonwealth of PA
Jan 30 2023 02:07 PM
Department of State

3. At all relevant and material times, Respondent Martella's Pharmacy held the following permit to operate as a pharmacy in the Commonwealth of Pennsylvania: permit no. PP411767L, which was originally issued on July 12, 1977, and which is currently set to expire on August 31, 2023.

4. At all relevant and material times, Mr. Meredith was the pharmacist manager of Martella's Pharmacy.

FACTUAL ASSERTIONS

5. The Respondents neither admit nor deny the following factual assertions, and the Commonwealth avers that it could prove the following factual assertions if the matters were taken to a hearing:

a. Absent additional Board action, Respondents' licenses and permits may be continually reactivated or reinstated upon the filing of the required documentation and payment of the applicable fees.

b. Mr. Meredith's address is: [redacted]

c. Martella's Pharmacy's address is: 1932 William Penn Avenue, Johnstown, PA 15909.

d. On or about August 23, 2022, Respondents filed a DEA-106 form indicating Martella's Pharmacy experienced a theft or loss of approximately 20,000 tablets/capsules/patches/films/vials, in total, of the following controlled substances: Amphetamine/Dextroamphetamine, Amphetamine, Dexmethylphenidate, Endocet, Hydrocodone, Morphine Sulfate, Oxycodone, Oxycodone/Acetaminophen, Oxycodone/Apap, Oxycontin, Alprazolam, Buprenorphine, Buprenorphine/Naloxone, Carisoprodol, Diazepam, Lorazepam, Phentermine, Temazepam, Tramadol, Zolpidem, and Testosterone.

e. These lost substances had a collective acquisition value of approximately $6,800.00.

f. The lost substances are a result of theft by a pharmacy technician.

g. The pharmacy technician stole the substances between February 2021 and August 2022.

RESPONDENTS' ASSERTIONS

6. Respondents assert that the following assertions are true, and the Commonwealth neither admits nor denies the following assertions offered by the Respondents:

a. The pharmacy technician who stole the above-referenced substances was terminated upon discovery of the theft.

b. The theft was promptly reported to law enforcement.

c. Following questioning by law enforcement, the pharmacy technician confessed to the theft.

d. The pharmacy technician, following his arrest, waived any preliminary hearing, thus, conceding probable cause to be held over for trial.

e. The pharmacy technician is currently being prosecuted for multiple crimes including felony theft and other violations of the Crimes Code, 18 Pa. C.S. § 101, *et seq.*, and violations of the Controlled Substance Drug Device and Cosmetic Act, 35 P.S. § 780-101, *et seq.*, including, but not limited to, possession with intent to deliver and/or delivery (Felony), and violations of the Pharmacy Act, 63 P.S. § 390-1, *et seq.*

f. Martella's Pharmacy participated in regular inspections by the Board during the course of the pharmacy technician's employment and passed each inspection, including on March 30, 2021 and May 2, 2022.

g. During all above-referenced inspections, the Board found that Martella's Pharmacy met all security requirements and that Schedule II controlled substances were stored in compliance with all requirements in applicable regulations.

h. Respondents now store controlled substances in locked cabinets and only pharmacists have a key.

i. Respondent Martella's Pharmacy of Parkhill is in the process of hiring a compliance officer to assist with inventory.

j. Respondents do not admit that the Factual Assertions (paragraphs 5a – 5g) are a sufficient basis upon which the Board may impose discipline and enter into this Consent Agreement to resolve disputed claims and avoid the uncertainty and cost associated with litigation.

AUTHORITY OF THE BOARD

7. The Board is authorized to suspend or revoke, or otherwise restrict Respondents' license and permit under section 5(a) and/or (b) & (8) of the Act, 63 P.S. §§ 390-5(a) and/or (b) & 390-8; impose a civil penalty upon Respondents under sections 5(a) and/or (b) & (8) of the Act, 63 P.S. §§ 390-5(a) and/or (b) & 390-8; or impose a civil penalty under section 63 Pa.C.S. § 3108(b)(4); and/or impose the costs of investigation under 63 Pa.C.S. § 3108(b)(5).

PROPOSED ORDER

8. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. **VIOLATIONS:**

(1) Mr. Meredith violated Section 5(a)(12) of the Act, 63 P.S. § 390-5(a)(12), in that he did not conform to the standards of acceptable and prevailing pharmacy practice by

Jun 30 2015

failing to promptly detect the theft of controlled substances described above by a pharmacy technician; and

(2) Martella's Pharmacy violated Section 5(b)(2) of the Act, 63 P.S. § 390-5(b)(2), because the pharmacy, as a permit holder, was operated in a manner that resulted in pharmacy personnel violating Section 5(a)(12), 63 P.S. § 390-5(a)(12), by engaging in conduct that departed from the standards of acceptable and prevailing pharmacy practice.

b. **PUBLIC REPRIMAND:** A public reprimand shall be placed on Respondents' permanent disciplinary records with the Board.

c. **CIVIL PENALTY:** Respondents shall jointly and severally pay a civil penalty of sixteen thousand dollars ($16,000.00).

d. **COSTS OF INVESTIGATION:** Respondents shall jointly and severally pay costs of investigation in the amount of seven hundred fifteen dollars and ninety-nine cents ($715.99).

e. Payment of the civil penalty and costs of investigation is subject to the following terms:

(1) The full civil penalty and costs of investigation amounts shall be tendered to the prosecution division of the Department of State with the executed consent agreement;

(2) The civil penalty and costs of investigation shall be **paid by certified check, cashier's check, attorney's check, or money order** issued by a usual, customary, and

Jan 30 2023

reputable issuer (e.g. U.S. Postal Money Order, Western Union Money Order, etc.);

(3) Payment shall be valid for a period of at least 180 days and shall be **made payable to the "Commonwealth of Pennsylvania"**;

(4) Respondents agree that payment shall only be made by one of the methods indicated and shall not be made by uncertified personal or corporate check; and

(5) Payment of the civil penalty and costs of investigation may be made in a single payment instrument.

f. This Order constitutes disciplinary action by the Board. This Order will be reported to other licensing authorities and any applicable national licensing databank as a disciplinary action by the Board.

g. This case shall be deemed settled and discontinued upon the Board issuing an order adopting this Consent Agreement.

ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS

9. Respondents agree that this Consent Agreement and Order may be admitted into evidence, without objection, in any proceeding before the Department of State.

ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING

10. Respondents acknowledge receipt of an Order to Show Cause in this matter. Respondents knowingly and voluntarily waive the right to an administrative hearing in this matter and the following rights related to that hearing: to be represented by counsel; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to

cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any adverse final decision.

ACKNOWLEDGMENT OF RIGHT TO ATTORNEY

11. Respondents acknowledge the right to consult with and be represented by private legal counsel of Respondents' choosing and at Respondents' expense when reviewing, considering, and accepting the terms of this Consent Agreement. Respondents have had an opportunity to discuss the contents of this Consent Agreement with Attorneys Jayson R. Wolfgang, Esq. and Christopher M. Capozzi, Esq.

WAIVER OF CLAIMS

12. Should the Board vote not to adopt the Order proposed in this Consent Agreement, the presentation and consideration of this Consent Agreement shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. Respondents expressly waive the right to raise any claims or issues, including any and all constitutional claims or issues, which may arise or have arisen during the review, presentation and deliberation of this Consent Agreement. These claims or issues include, but are not limited to, bias, the commingling of prosecutorial and adjudicative functions by the Board or its counsel, and the Board, in its discretion, recommending a different sanction based upon the facts set forth in the Consent Agreement. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at a hearing unless otherwise separately stipulated.

LIMITS ON MODIFICATION OF ORDER

13. Respondents agree not to seek modification of the Order adopting and implementing this Consent Agreement without first obtaining the express written permission from the prosecution division. Any modification is at the sole discretion of the Board.

AGREEMENT NOT BINDING UNTIL APPROVED

14. This Consent Agreement is between the Commonwealth and Respondents. The Office of General Counsel has approved this Consent Agreement as to form and legality. The disciplinary provisions of this Consent Agreement do not take effect unless and until the Board issues an order adopting this Consent Agreement.

ENTIRE AGREEMENT

15. This Consent Agreement contains the entire agreement between the parties. There are no other terms, obligations, covenants, representations, statements, or conditions, oral or otherwise, of any kind whatsoever concerning this agreement.

AGREEMENT DOES NOT PREVENT FUTURE DISCIPLINE

16. Nothing in this Order shall preclude the prosecution division of the Department of State from filing charges, or the Board from imposing disciplinary or corrective measures, for violations or facts not contained in this Consent Agreement.

VERIFICATION OF FACTS AND STATEMENTS

17. Respondents verify that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondents' knowledge, information and belief. Respondents

understand that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

/s/Glenn P. Masser

Glenn P. Masser
Prosecuting Attorney

DATED:

Irvin A. Meredith, Pharmacist Manager
Respondents

DATED:

Martella's Pharmacy of Parkhill, LLC
t/d/b/a Martella's Pharmacy
Respondents

DATED: 04/3/2023

DOS Professional
Mar 20 2023

that statements in this Consent Agreement are made subject to the criminal penalties of

1904 relating to unsworn falsification to authorities.

/s/Glenn P. Masser

Masser
Attorney

Irvin A. Meredith, Pharmacist Manager
Respondents

DATED: 4/6/2023

Martella's Pharmacy of Parkhill, LLC
t/d/b/a Martella's Pharmacy
Respondents

DATED:

DOY Prothonotary
Jan 30 2023

RECEIVED JUL 0 6 2023

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania **Bureau of Professional and** **Occupational Affairs**	
vs.	**Case Nos.** **22-54-014900** **22-54-014901**
Martella's Pharmacy of Parkhill, LLC **t/d/b/a Martella's Pharmacy and Irvin A.** **Meredith, R.Ph.** **Respondents**	

ORDER

AND NOW, this 30th day of June 2023, the **STATE BOARD OF PHARMACY** ("Board") approves and adopts the foregoing Consent Agreement and incorporates the terms of paragraph 8, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Arion R Claggett

Arion R. Claggett
Acting Commissioner

BY ORDER:
STATE BOARD OF PHARMACY

Theresa M. Talbott, R.Ph.
Chairperson

For the Commonwealth:

Glenn P. Masser, Esquire
2601 North Third Street
P.O. Box 69521
Harrisburg, PA 17106-9521

For the Respondents:

Jayson Wolfgang, Esquire
409 North 2nd Street, Ste 500
Harrisburg, PA 17101

Cristopher Capozzi, Esquire
100 Ross Street, Ste 340
Pittsburgh, PA 15219

Date of mailing: June 30, 2023

2818

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.

Jacqueline Martella

Print Name (First, Last)

Jacqueline Martella

Original Signature (electronic, copies or stamps not accepted)

11/28/23

Date

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

State of Pennsylvania, ss. County of Somerset

I, Jacqueline Martella, 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.

Jacqueline M Martella

Original Signature

11.28.23

Date

Subscribed and Sworn to before me this 28 day of Nov, 2023

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Constance Axmacher, Notary Public
Somerset County
My commission expires October 26, 2026
Commission number 1004797
Member, Pennsylvania Association of Notaries

(Seal)

BPS WHOLESALE

Employee List

- Jacqueline Martella, R.Ph
- Constance Lamb, R.Ph
- Kathleen Martella
- Carolyn Kovach
- Lora Hankinson
- Madison Shroyer

16

16A

04/04/2024

To: Nevada Board of Pharmacy

I am submitting my application for a change in pharmacist for two separate locations, Dignity St. Rose Dominican North Las Vegas Campus and Dignity St. Rose Dominican West Flamingo Campus.

I have a pending investigation, Investigative Case 23-168 that was dated 06/20/2023. I have included both the letter from the Nevada Board of Pharmacy along with my written response back to the board. There was a misunderstanding from Summerlin Hospital about a pharmacy key to a pharmacy technician.

I had contacted Dena McClish (Investigator with the Nevada State Board of Pharmacy) on 04/02/2024 and she stated that the attorney is backed up and I would be notified about the case whenever it was reviewed.

If you have any questions, please feel free to reach out to me.

Thank you,

Amber Houghland

NEVADA STATE BOARD OF PHARMACY

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

Change in Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Application

Non-Refundable $50.00 Fee

Rev (05/17/2023)

Section 1: Pharmacy Information

Pharmacy Name: Dignity St. Rose Dominican North Las Vegas Campus License #: IB03706

Physical Address: 1550 W. Craig Rd

City: North Las Vegas State: NV Zip: 89031

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-777-3615 Toll Free # (NAC 639.708, NRS 639.23286):

Fax: n/a Contact Email: amber.houghland@emerus.com

Section 2: Previous Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Information

Pharmacist Name: Ashley Juan NV Pharmacist Registration #: 20392

State and End Date of the Managing Pharmacist/PIC/Supervising Pharmacist: 04/4/2024

Section 3: New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Information

Pharmacist Name: Amber Houghland NV Pharmacist Registration #: 18986

State Date as the Managing Pharmacist/PIC/Supervising Pharmacist: 04/04/2024

Personal and Professional History for the New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist	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 registration?		✓
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 administrative action whether completed or pending in any state?	✓	
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any 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 #:
Pending	Nevada	06/20/2023	23-168

Criminal Action:	State:	Date:	Case #:	County:	Court:

Section 4: New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Acknowledgement

Managing Pharmacist Name: Amber Houghland Pharmacist Registration #: 18986

Pharmacy Name: Dignity St. Rose Dominican North Las Vegas Campus Pharmacy License #: IB03706

Initial each statement below to indicate you have read and agree with the following:

AH 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.

AH 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.

AH 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.

AH 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)).

AH 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

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.

Amber Houghland

Print Name of New Managing Pharmacist

Original signature of New Managing Pharmacist (copies or stamps not accepted)

4/4/2024

Date

Board Use Only	Date Received: 4/8/2024	Amount: $50 cc

NEVADA STATE BOARD OF PHARMACY

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

Change in Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Application

Non-Refundable $50.00 Fee

Rev (05/17/2023)

Section 1: Pharmacy Information

Pharmacy Name: Dignity St. Rose Dominican West Flamingo Campus License #: IB03728

Physical Address: 9880 W Flamingo Rd

City: Las Vegas State: NV Zip: 89147

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-216-7335 Toll Free # (NAC 639.708, NRS 639.23286):

Fax: n/a Contact Email: amber.houghland@emerus.com

Section 2: Previous Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Information

Pharmacist Name: Ashley Juan NV Pharmacist Registration #: 20392

State and End Date of the Managing Pharmacist/PIC/Supervising Pharmacist: 04/4/2024

Section 3: New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Information

Pharmacist Name: Amber Houghland NV Pharmacist Registration #: 18986

State Date as the Managing Pharmacist/PIC/Supervising Pharmacist: 04/04/2024

Personal and Professional History for the New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist	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 registration?		✓
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 administrative action whether completed or pending in any state?	✓	
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any 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 #:
Pending	Nevada	06/20/2023	23-168

Criminal Action:	State:	Date:	Case #:	County:	Court:

Section 4: New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Acknowledgement

Managing Pharmacist Name: Amber Houghland Pharmacist Registration #: 18986

Pharmacy Name: Dignity St. Rose Dominican West Flamingo Campus Pharmacy License #: IB03728

Initial each statement below to indicate you have read and agree with the following:

AA 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.

AA 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.

AA 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.

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Amber Houghland

Print Name of New Managing Pharmacist

Amber Houghland

Original signature of New Managing Pharmacist (copies or stamps not accepted)

Date 4/4/2024

Board Use Only	Date Received: 4/8/24	Amount: $50 cc

16B

Darlene Nases

From: David Wuest
Sent: Friday, March 29, 2024 11:14 AM
To: Darlene Nases; Jessette Phaynarikone; Erin Miller
Cc: Mark I. Sedar
Subject: FW: Pharmacy manager request

Please put him on the May agenda.

Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

From: Bryan Hoang <bhoang@health.nv.gov>
Sent: Friday, March 29, 2024 11:07 AM
To: David Wuest <dwuest@pharmacy.nv.gov>
Cc: Julie Lindesmith <jlindesmith@health.nv.gov>
Subject: Pharmacy manager request

Good morning Dave,

I am in the process of applying for additional pharmacy licenses for our outpatient pharmacy and Lake's crossing center.
May I request permission to be pharmacy manager of all three locations:
Northern Nevada Adult Mental Health Services (IA00246, I am the current manager)
Northern Nevada Adult Mental Health Services Outpatient Pharmacy (application in progress)
Lake's Crossing Center Pharmacy (application in progress)

Thank you,

Bryan Hoang, RPh
Pharmacy Director | Northern Nevada Adult Mental Health Services
Division of Public and Behavioral Health
Nevada Department of Health and Human Services
480 Galletti Way, Building 25
Sparks, NV. 89431
T: (775) 688-2065 | F: (775) 688-3345
bhoang@health.nv.gov | www.dhhs.nv.gov | www.dpbh.nv.gov

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

988 SUICIDE & CRISIS LIFELINE

988 is a confidential, free hotline that connects those experiencing a mental health, or suicidal crisis with trained crisis counselors 24/7/365. **Call, text, or chat** 988lifel

Need help with anything else? Nevada **211** can connect you with information and referrals to local health and human services agencies. It is free, confidential, and available 24/7/365. **Call 211, text 898211, or visit** www.nevada211.org.

Please take our customer satisfaction survey by clicking here.

NOTICE: This message and accompanying documents are covered by the electronic Communications Privacy Act, 18 U.S.C. §§ 2510-2521, may b Health Insurance Portability and Accountability Act (HIPAA) of 1996 and may contain confidential information or Protected Health Information inte specified individual(s) only. If you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby nc have received this document in error and that any review, dissemination, copying, or the taking of any action based on the contents of this informat prohibited. Violations may result in administrative, civil, or criminal penalties. If you have received this communication in error, please notify sende e-mail, and delete the message.

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist Application

Non-Refundable $250 fee
Rev (06/28/2022)

Section 1: Select how will you be obtaining your Nevada Pharmacist Registration

☐ **Examination**

☐ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.)

☑ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at https://nabp.pharmacy/ before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or MPJE? ☐ Yes ☑ No

Section 2: General Information

First: Tammy Middle: Roxanne Last: Dessieux
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X
Mailing Address: [redacted] Crescent Meadow Dr.
City: Cypress State: TX Zip: 77433
Telephone: [redacted] Email: [redacted]

Section 3: Employment Information

Pharmacy Name: Cardinal Health NV Pharmacy License # (if applicable): _____
Address: 7000 Cardinal Place
City: Dublin State: OH Zip: 43017
Telephone: 1-877-244-5763 Email: _____

Section 4: College of Pharmacy Information

School Name: Xavier University of Louisiana
Address: 1 Drexel Drive
City: New Orleans State: LA Zip: 70125
Country/Territory/Province: United States
Graduation Date: 05/2003 Degree: ☑ PharmD ☐ BS in Pharmacy ☐ Other

Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE).

State: LA License #: PST.017297 Date of Issuance: 10/31/2003 Expiry Date: 12/31/2024

Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.

State	License/ Registration #	Issued Date	Expiry Date	License/Registration Status (check applicable box)				
				Active	Inactive	Expired	Revoked	Surrendered
TX	42113	11-13-2003	01-31-26	✓				
LA	PST.017297	10-31-2003	12-31-24	✓				
AR	PD13098	6-9-2015	12-31-25	✓				
GA	RPH023506	3-7-2007	12-31-24	✓				
NY	065511	7-25-2019	12-31-24	✓				
OK	15943	1-15-2015	01-31-25	✓				
PA	RP453609	7-22-2019	9-30-24	✓				
TN	42590	6-11-2019	06-30-25	✓				
VA	0202217286	10-11-2018	12-31-24	✓				
OH	03441309	10-25-2021	9-15-25	✓				

Section 7: 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 8: 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 9: 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 registration?		✓
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 administrative action whether completed or pending in <u>any</u> state?	✓	
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	✓	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 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 # 3 & 4 (Section 9) **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
J-12-015	Texas State Board of Pharmacy

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

PLEASE SEE ATTACHED BOARD ORDER

Original Signature (electronic, copies or stamps not accepted)

01-14-24
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.

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.

Tammy Roxanne Dessieux

Print Name

Original Signature, no copies or stamps accepted

01-14-24

Date

Board Use Only	Date Received: 1/25/24	Amount: $250 check 1395
	NAPLEX:	MPJE:

AGREED BOARD ORDER #J-12-015

RE: IN THE MATTER OF
TAMMY ROXANNE DESSIEUX
(PHARMACIST LICENSE #42113)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of pharmacist license number 42113 issued to Tammy Roxanne Dessieux ("Respondent").

By letter dated June 22, 2012, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Section 565.001(a)(1), (2), (9)(A), (12), (13) and (15) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (2009);
>
> Section 281.7(a)(2)(A)(ii), (12), (13) and (20); and Section 291.29 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2011);
>
> Section 481.071(a); and Section 481.074(h) of the Texas Controlled Substances Act, TEX. HEALTH & SAFETY CODE ANN. (2009);
>
> Section 829(b); and Section 841(a)(1) of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. Section 801 et seq.; and
>
> Section 1306.04(a) of the Rules of the Federal Drug Enforcement Agency, TITLE 21 OF THE CODE OF FEDERAL REGULATIONS, in that allegedly:

COUNT

On or about October 3, 2011 through, on or about January 27, 2012, Tammy Dessieux, while employed as pharmacist-in-charge of Farmacia #1, 6055-C Bissonnet, Houston, Texas 77081, was responsible for the dispensing of 331 prescriptions for hydrocodone, carisoprodol, and alprazolam products pursuant to invalid prescription drug orders.

The invalid prescriptions were issued from various pain management clinics by various physicians or mid-level practitioners. The prescriptions were written for controlled substances for the purported treatment of pain and/or anxiety. The controlled substances were dispensed pursuant to prescriptions that were invalid because the prescribers issued prescriptions for controlled substances that were not necessary or required for the patients' valid medical need or therapeutic purpose, or the prescribers issued the prescriptions outside the usual course of medical practice, in that the prescriber failed to use medical reasoning in issuing the prescriptions.

An informal conference was held in the office of the Texas State Board of Pharmacy on July 19, 2012, with Respondent in attendance. The informal conference was rescheduled for September 6, 2012, with Respondent and Webb M. Jones, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of: W. Benjamin Fry, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin E. Arnold, General Counsel. Caroline K. Hotchkiss, Staff Attorney, was also in attendance.

By appearing at the informal conference and by signing this Order, Respondent and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of seven thousand five hundred dollars ($7,500) due six (6) months after the entry of this Order.

(2) If Respondent fails to pay the administrative penalty within six (6) months after the entry of this Order, said license issued to Respondent shall be suspended, effective six (6) months after the entry of this Order, until such payment is received by Board staff. In the event that said license issued to Respondent is suspended, Respondent shall:

   (a) not practice pharmacy in this state or have access to prescription drugs during the period said license is suspended; and

   (b) surrender to the Board the license and any renewal certificate and personal identification card pertaining to said license as specified by Board staff.

(3) If within one (1) year after the entry of this Order, Respondent fails to pay the administrative penalty, said license issued to Respondent shall be revoked, effective one (1) year after the entry of this Order. In the event that said license number is revoked, Respondent shall not practice pharmacy in this state or have access to prescription drugs during the period said license is revoked.

(4) Respondent shall, within one (1) year of the entry of this Order, successfully pass the Multistate Pharmacy Jurisprudence Examination that is required of applicants for licensure with a grade of 75 or better, and shall submit proof of a passing grade to Board staff. If Respondent does not submit proof of passing the Multistate Pharmacy Jurisprudence Examination within one year after the entry of this Order, Respondent's license, shall be immediately suspended until such time as Respondent submits proof of passing said examination. During the period of suspension, Respondent shall:

(a) not practice pharmacy in this state or have access to prescription drugs during the period said license is suspended; and

(b) surrender to the Texas State Board of Pharmacy, said license and any renewal certificate and personal identification card pertaining to said license as specified by Board staff.

(5) Respondent shall be responsible for all costs relating to compliance with the requirements of this Order.

(6) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.

(7) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2011), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2012).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 5th day of February, 2013.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Tammy Roxanne Dessieux, R.Ph.

Webb M. Jones, Legal Counsel for Tammy Roxanne Dessieux
Law Office of Webb M. Jones
5022 Briscoe Street
Houston, Texas 77033-3624

APPROVED AS TO FORM:

Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

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18A

LAW OFFICES OF
LYN E. BEGGS

January 30, 2024

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, #206
Reno, NV 89521

Re: Daniel Hays
Petition for Reinstatement of Pharmacist Registration

Dear Mr. Wuest:

Please find enclosed the resubmitted request submitted on behalf of Mr. Daniel Hays (formerly Niel[1]) for reinstatement of his pharmacist registration in the state of Nevada. We would note, as further discussed below, that Mr. Hays does not wish his registration to be reinstated to "active" status, but rather would request that the registration be reinstated to "inactive" status.

Enclosed with this letter are exhibits A through C which pertain to the noted exhibits A and B which pertain to this letter followed by Mr. Hays' application, supporting materials and the fingerprint cards which were missing from his original submission in addition to the cashier's check required.

Mr. Hays held a registration with the Nevada State Board of Pharmacy ("Board") as a registered pharmacist under certificate registration no. 19767. On October 21, 2020, the Board issued a Notice of Intended Action and Accusation, alleging that in early 2020, Mr. Hays had diverted certain dangerous drugs from the hospital at which he was then employed; the drugs diverted did not include any controlled substances.

Mr. Hays, through the undersigned counsel, entered into a Stipulated Findings of Fact, filed with the Board on February 19, 2021, in which Mr. Hays stipulated to certain facts in the matter which were presented to during a hearing in the matter at a regularly scheduled board meeting on March 3, 2021. At the conclusion of the hearing, the Board voted to revoke Mr. Hays' certificate of registration in addition to the imposition of a $5,000 fine and $1,300 in recoverable costs. Mr. Hays was prohibited from petitioning for reinstatement for a period of two years from

[1] Mr. Hays' prior registration was issued in the name of Daniel Niel. Mr. Hays legally changed his last name from Niel to Hays in February 2021 through the Arizona Superior Court, Conchise County. A copy of the Order Changing Name for an Adult is attached as Exhibit A to this letter.

M 316 California Ave #863 • Reno Nevada 89509 P 775.432.1918 F 775.473.3801 E lyn@lbeggslaw.com

the effective date of the Findings of Fact, Conclusions of Law and Order which were filed on March 3, 2021. (A copy is attached with Mr. Hays application materials).

Mr. Hays now petitions the Board for reinstatement of his revoked registration. Mr. Hays has completed an application for licensure/registration which is enclosed with this letter in addition to a credit card authorization for the application fees.

While Mr. Hays has provided explanatory answers in his application to certain declaration questions, we have summarized some of Mr. Hays activities over the last two and half years.

At the time of the revocation of this Nevada registration, Mr. Hays held a license to practice as a pharmacist in the state of Arizona (license no. S016835). After the revocation of his Nevada registration, Mr. Hays timely disclosed the revocation to the Arizona State Board of Pharmacy ("Arizona Board"). Based on the Nevada revocation, the Arizona Board initiated proceedings against Mr. Hays which resulted in Mr. Hays entering into a Consent Agreement and Order for Probation, Treatment, Rehabilitation, and Monitoring which was approved by the Arizona Board on June 24, 202. The Consent Agreement, a copy of which is attached to Mr. Hays' application and is further discussed in his application answers, placed him on probation for a period of five years.

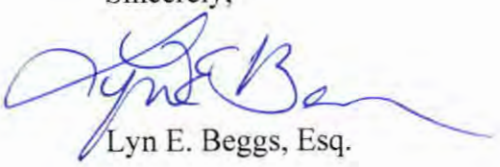
Pursuant to the terms of his Arizona probation, Mr. Hays, who currently resides in the state of Washington, was to continue to participate in, and be monitored by, the Arizona Pharmacy Foundation's Professionals Assisting Professionals of Arizona Monitoring Program ("Monitoring Program"). The Monitoring Program monitors Mr. Hays' compliance with the terms of his probation and he remains in compliance with all terms and conditions. A recent letter from the Monitoring Program confirming that fact is attached hereto as Exhibit B.

Mr. Hays continues to actively participate in CoDA (Co-Dependents Anonymous) and other mental health support groups in addition to continuing with his therapist and other treatment providers. We are happy to provide letters of support from these individuals if requested.

Mr. Hays respectfully requests that his Petition for Reinstatement be placed before the Board for consideration. He does not intend to return to the Nevada nor work as a pharmacist in any capacity in the state and therefore is requesting that his registration be reinstated to inactive status rather than active. While Mr. Hays does not intend on returning to work in Nevada, he does wish to restore his registration for both personal and professional reason.

Due to Mr. Hays residing in Washington, we would request that Mr. Hays be allowed to appear remotely by Zoom if possible. Please do not hesitate to contact me should you need any additional information regarding this Petition for Reinstatement.

Sincerely,



Lyn E. Beggs, Esq.

NEVADA STATE BOARD OF PHARMACY

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

Pharmacist Application

Non-Refundable $250 fee

Rev (06/28/2022)

☒ Reinstatement

Section 1: Select how will you be obtaining your Nevada Pharmacist Registration

☐ **Examination**

☐ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.)

☐ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at https://nabp.pharmacy/ before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or MPJE? ☐ Yes ☒ No

Section 2: General Information

First: Daniel Middle: Peter Last: Hays

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]37th St

City: Anacortes State: WA Zip: 98221

Telephone: [redacted] Email: [redacted]

Section 3: Employment Information

Pharmacy Name: _____ NV Pharmacy License # (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 4: College of Pharmacy Information

School Name: University of Minnesota College of Pharmacy

Address: 308 SE Harvard St

City: Minneapolis State: MN Zip: 55455

Country/Territory/Province: USA

Graduation Date: 05/2000 Degree: ☒ PharmD ☐ BS in Pharmacy ☐ Other

Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE).

State: _____ License #: _____ Date of Issuance: _____ Expiry Date: _____

Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.								
State	License/ Registration #	Issued Date	Expiry Date	License/Registration Status (check applicable box)				
				Active	Inactive	Expired	Revoked	Surrendered
NY	047499	07/2000	12/2019					
AZ	S016835	08/2004	10/2023					
NV	19757	11/2017	10/2021					

Section 7: 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 8: 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 9: 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 registration?	✔	
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 administrative action whether completed or pending in <u>any</u> state?	✔	
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	✔	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 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 # 3. 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:

On September 10th, 2020, the Nevada State Board of Pharmacy ("NVBOP") summarily suspended my pharmacist registration due to my hospitalization for mental health treatment. The registration was reinstated on October 22, 2020, after I appeared before the NVBOP. A copy of the suspension and reinstatement are attached.

On October 21, 2020, the NVBOP filed an Accusation against me alleging that I had diverted drugs in early 2020 while employed by Henderson Hospital in its pharmacy. I stipulated to certain facts regarding the matter and appeared before the NVBOP on March 3, 2021 with counsel. The NVBOP ultimately revoked my pharmacist registration and prohibited me from applying for reinstatement for a period of two years.

On March 5, 2021 I timely notified the Arizona State Board of Pharmacy ("AZBOP") where I held an active license and was practicing at the time, of the revocation of my Nevada registration. I voluntarily entered into the Arizona Pharmacy Foundation: Professionals Assisting Professional ("APFPAP") program on the same day I notified the AZBOP of the Nevada action.

In June 24, 2021, the AZBOP approved a Consent Agreement (a copy of which is attached) placing my license on probation for a minimum of five years. Pursuant to the terms of probation, I was ordered to continue with the APFPAP monitoring contract; I was ordered to establish with a sleep specialist, psychiatrist and psychologist who were to provide reports to the APFPAP regarding my ongoing treatment; I was prohibited from acting as a preceptor or PIC; I was ordered to complete 400 hours of community service within five years; and I must provide a copy of the Consent Agreement to any employer which was confirm receipt with the AZBOP. Currently I remain in compliance with all terms and conditions of my probation, I have attached a recent letter confirming compliance with those terms. I have been allowed to continue complying with the terms of my probation while residing in the state of Washington.

Original Signature (electronic, copies or stamps not accepted)

Date 10/4/2023

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 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	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:

In July 2019, I sought treatment for severe depression and suicidal ideations at the University of Utah Neuropsychiatric Unit (now the Huntsman Mental Health Institute). I spent two weeks inpatient at the facility and upon discharge continued seeing a therapist and psychiatrist. I have continued with both my therapist and psychiatrist since that time except for short period of time in which I was unable to afford therapy.

I continue with treating providers and therapist in Washington state where I currently reside and participate in CoDA (Co-Dependents Anonymous) groups and other mental health groups typically three times per week in on-line meetings due to the remoteness of my current residence. I also submit to random drug screening one time per month pursuant to monitoring contract in place with the state of Arizona as further explained in the answer to Question #3 of Section 9.

Original Signature (electronic, copies or stamps not accepted)

10/4/2023
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 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	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:

The action taken by the NVBOP as described in the explanatory answer to Question #3 was taken for violations of pharmacy/drug laws as described in the Findings of Fact, Conclusions of Law and Order related to diversion of substances for my personal use and the use of another. The action taken by the AZBOP was based primarily on the action taken by the NVBOP.

Original Signature (electronic, copies or stamps not accepted)

10/4/2023
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.

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.

Daniel Hays

Print Name

Original Signature, no copies or stamps accepted

10/4/2023

Date

Board Use Only	Date Received: 2/5/24	Amount: $750-cc
	NAPLEX:	MPJE:

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANIEL NIEL, AKA DANIEL HAYS, RPH, Certificate of Registration No. 19767,** **Respondent.**	**CASE NO. 20-090-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B 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 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, December 2, 2020, 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 21st day of October, 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, **Petitioner,** **v.** **DANIEL NIEL, AKA DANIEL HAYS, RPH, Certificate of Registration No. 19767,** **Respondent.**	**CASE NO. 20-090-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 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: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, 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 _____, 2020.

DANIEL NIEL, AKA DANIEL HAYS, 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, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Daniel Niel
[redacted] Montgomery View Lane
Las Vegas, NV 89122

SHIRLEY HUNTING

FILED
OCT 21 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANIEL NIEL, AKA DANIEL HAYS, RPH, Certificate of Registration No. 19767,** **Respondent.**	**CASE NO. 20-090-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 Daniel Niel, aka Daniel Hays, R.Ph., Certificate of Registration 19767, was a pharmacist registered by the Board.

FACTUAL ALLEGATIONS

2. Respondent was employed as a pharmacist by Henderson Hospital at the time of the events alleged herein.

3. On or about February 19, 2020, Evelyn Chu, Director of Pharmacy at Henderson Hospital, and Michele Norton, HR Generalist at Henderson Hospital, commenced an investigation into allegations that Respondent had diverted dangerous drugs from the hospital pharmacy.

4. The subsequent investigation produced evidence that Respondent diverted the following dangerous drugs from the hospital pharmacy:

- 1 tube of metronidazole vaginal gel
- 8 metronidazole 500mg tablets
- 1 bottle of polytrim ophthalmic
- 8 benzonatate 100mg capsules

- 1 cup of lidocaine oral topical liquid
- 80 famotidine 20mg tablets
- 1 tube metronidazole gel topical
- 2 fluconazote 200mg tablets
- 2 doxepin 25mg capsules
- 3 ondansetron tablets
- 1 vial succinyt choline

5. Respondent diverted some of the dangerous drugs for his personal use and furnished some of the diverted dangerous drugs to at least one other person.

6. Henderson Hospital terminated Respondent's employment on February 24, 2020.

7. On or about August 20, 2020, Respondent admitted to diverting dangerous drugs from the hospital pharmacy to Board investigators.

FIRST CAUSE OF ACTION

Unlawful Acquisition of Dangerous Drugs

8. "A person . . . who knowingly or intentionally obtains or attempts to obtain possession of a dangerous drug . . . by misrepresentation, fraud, forgery, deception, subterfuge or alteration is guilty of a category E felony." NRS 454.311(1).

9. By diverting dangerous drugs as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.311(1) and is subject to discipline pursuant to NRS 639.210(12).

SECOND CAUSE OF ACTION

Unlawful Possession of Dangerous Drugs

10. "A person who possesses a dangerous drug, except that furnished to the person by a pharmacist pursuant to a legal prescription or by a practitioner, is guilty of a gross misdemeanor." NRS 454.316(1).

11. By diverting dangerous drugs as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.316(1) and is subject to discipline pursuant to NRS 639.210(12).

THIRD CAUSE OF ACTION

Unlawful Furnishing of Dangerous Drugs to Another Person

12. "A person who furnishes any dangerous drug [to another person] except upon the prescription of a practitioner is guilty of a category D felony... unless the dangerous drug was obtained originally by a legal prescription." NRS 454.221(1).

13. By furnishing dangerous drugs to another person as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.221(1) and is subject to discipline pursuant to NRS 639.210(12).

FOURTH CAUSE OF ACTION

Unprofessional Conduct - Diversion

14. "Supplying or diverting drugs . . . which are legally sold in pharmacies . . . so that unqualified persons can circumvent any law pertaining to the legal sale of such articles" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(g). Conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. NRS 639.210(4).

15. By diverting dangerous drugs as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

FIFTH CAUSE OF ACTION

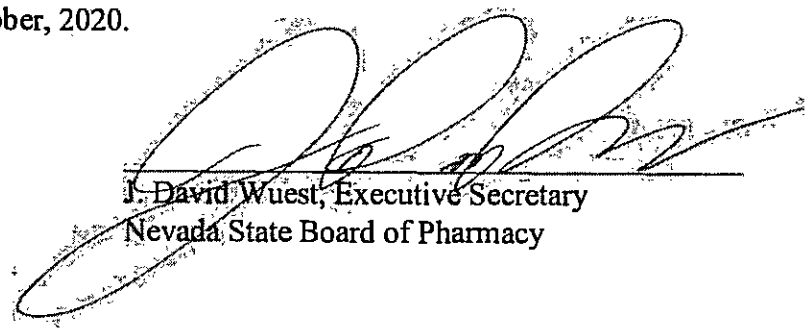
Unprofessional Conduct - Deceitful Practice

16. "Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(h). Conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. NRS 639.210(4).

17. By diverting dangerous drugs as alleged herein, Respondent was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

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

Signed this 21st day of October, 2020.



J. David Wuest, 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.

FILED
MAR - 3 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. DANIEL NIEL, AKA DANIEL HAYS, RPH, Certificate of Registration No. 19767, Respondent.	CASE NO. 20-090-S FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, March 3, 2021. Brett Kandt, Esq., prosecuted the case before the Board. Respondent Daniel Niel, aka Daniel Hays, R.Ph., Certificate of Registration No. 19767, appeared with counsel, Lyn E. Beggs, Esq. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. At the time of the events set forth herein, Respondent Daniel Niel, aka Daniel Hays, R.Ph., Certificate of Registration 19767, was a pharmacist registered by the Board.

2. Respondent was employed as a pharmacist by Henderson Hospital at the time of the events alleged herein.

3. On or about February 19, 2020, Evelyn Chu, Director of Pharmacy at Henderson Hospital, and Michele Norton, HR Generalist at Henderson Hospital, commenced an investigation into allegations that Respondent had diverted dangerous drugs from the hospital pharmacy.

4. The subsequent investigation produced evidence that Respondent diverted the following dangerous drugs from the hospital pharmacy:

- 1 tube of metronidazole vaginal gel
- 8 metronidazole 500mg tablets
- 1 bottle of polytrim ophthalmic
- 8 benzonatate 100mg capsules

- 1 cup of lidocaine oral topical liquid
- 80 famotidine 20mg tablets
- 1 tube metronidazole gel topical
- 2 fluconazote 200mg tablets
- 2 doxepin 25mg capsules
- 3 ondansetron tablets
- 1 vial succinyt choline

5. Respondent diverted some of the dangerous drugs for his personal use and furnished some of the diverted dangerous drugs to at least one other person.

6. Henderson Hospital terminated Respondent's employment on February 24, 2020.

7. On or about August 20, 2020, Respondent admitted to diverting dangerous drugs from the hospital pharmacy to Board investigators.

8. On September 10, 2020, Respondent's Certificate of Registration No. 19767 was suspended by operation of law pursuant to NRS 639.211. Respondent petitioned for reinstatement pursuant to NRS 639.212.

9. On October 14, 2020, Respondent appeared before the Board on his petition, provided a physician's note in support of his reinstatement, and gave testimony in closed session at which time he admitted to diverting dangerous drugs from the hospital pharmacy. The Board granted the petition and ordered that Respondent's Certificate of Registration No. 19767 be reinstated effective immediately.

10. Board staff incurred at least $1300.00 in attorney's fees and recoverable costs from investigating and prosecuting this administrative action. The attorney's fees and costs are reasonable based upon legal counsel's professional qualities, the nature of this administrative enforcement action, the work performed, and the result as evidenced by this Order.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this respondent, because at the time of the events herein, Respondent was a pharmacist registered with the Board.

2. The applicable law in this matter is as follows:

a. "A person . . . who knowingly or intentionally obtains or attempts to obtain possession of a dangerous drug . . . by misrepresentation, fraud, forgery, deception, subterfuge or alteration is guilty of a category E felony." NRS 454.311(1).

b. "A person who possesses a dangerous drug, except that furnished to the person by a pharmacist pursuant to a legal prescription or by a practitioner, is guilty of a gross misdemeanor." NRS 454.316(1).

c. "A person who furnishes any dangerous drug [to another person] except upon the prescription of a practitioner is guilty of a category D felony... unless the dangerous drug was obtained originally by a legal prescription." NRS 454.221(1).

d. "Supplying or diverting drugs . . . which are legally sold in pharmacies . . . so that unqualified persons can circumvent any law pertaining to the legal sale of such articles" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(g).

e. "Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(h).

f. Conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. NRS 639.210(4).

3. By diverting dangerous drugs as set forth herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.311(1) and is subject to discipline pursuant to NRS 639.210(12).

4. By diverting dangerous drugs as set forth herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.316(1) and is subject to discipline pursuant to NRS 639.210(12).

5. By furnishing dangerous drugs to another person as set forth herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.221(1) and is subject to discipline pursuant to NRS 639.210(12).

6. By diverting dangerous drugs as set forth herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

7. By diverting dangerous drugs as set forth herein, Respondent was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The certificate of registration of Respondent Daniel Niel, aka Daniel Hays, R.Ph., Certificate of Registration 19767, is hereby revoked pursuant to NRS 639.255(1)(d).

2. Respondent may not work for any facility licensed by the Board, including a pharmacy, in any capacity unless and until he has petitioned the Board for reinstatement pursuant to NRS 639.257 and the Board reinstates his certificate of registration.

3. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of his certificate of registration for a period of two (2) years from the effective date of this Order.

4. In the event Respondent applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

5. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent 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, within ninety (90) days of the effective date of this Order.

6. Pursuant to NRS 622.400, Respondent shall pay One-Thousand Three-Hundred Dollars ($1300.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter. Payment shall be made by *cashier's check, certified check* or *money order* made payable to the "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 ninety (90) days of entry of this Order.

7. 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 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 not inconsistent with the provisions of NRS Chapter 453 and/or NRS Chapter 639.

8. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 3rd day of March, 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 10th day of March, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Daniel Niel
[redacted]Charles Young St.
Sierra Vista, AZ 85635

Lynn Beggs, Esq.
328 California Ave. – Suite 3
Reno, NV 89509

SHIRLEY HUNTING

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BEFORE THE ARIZONA STATE BOARD

OF PHARMACY

In the Matter of: **DANIEL PETER HAYS** **Aka DANIEL DRAVEN NIEL, RPh** **Holder of License No. S016835** **As a Pharmacist** **In the State of Arizona,** **Respondent**	**BOARD CASE NO. 21-0143** **CONSENT AGREEMENT AND ORDER FOR PROBATION, TREATMENT, REHABILITATION, AND MONITORING**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et seq.*, Daniel Peter Hays aka Daniel Draven Niel ("Respondent"), holder of Pharmacist License Number S016835 in the State of Arizona, and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that he has a right to a public administrative hearing concerning this matter at which hearing he could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights

of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against him.

5. Respondent understands this Consent Agreement deals with Board complaint number 21-0143 involving allegations of unprofessional conduct against Respondent. The investigation into these allegations against Respondent shall be concluded upon the Board's adoption of this Consent Agreement.

6. Respondent acknowledges and agrees that the acceptance of this Consent Agreement is solely to settle this Board matter and does not preclude the Board from instituting other proceedings as may be appropriate now or in the future.

7. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

8. Furthermore, and notwithstanding any language in this Consent Agreement, this Consent Agreement does not preclude in any way any other state agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter other matters concerning Respondent, including violations of Arizona's Consumer Fraud Act. Respondent acknowledges that, other than with respect to the Board, this Consent Agreement makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivision of the state relating to this matter or other matters concerning Respondent.

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9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that will be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(B)(20), -1927(A)(1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

DocuSigned by:
Daniel Hays
467E01E28C1B4E2...

Dated: 6/21/2021

Daniel Draven Niel
Aka Daniel Peter Hays, Pharmacist

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of License No. S016835 to practice as a pharmacist in the State of Arizona. Respondent was first licensed in Arizona in August of 2008. He is currently employed by Tucson Medical Center but has worked in Las Vegas for the last few years. He submitted his most recent application for renewal on June 8, 2020.

3. On or about March 5, 2021, Respondent notified the Board that his Nevada Pharmacist license was **REVOKED** by the Nevada Board of Pharmacy on March 3, 2021. Specifically, the Nevada Board ordered a 2 year revocation of Respondent's license, imposed a civil penalty of $5,000 and assessed a $1,300 fee for reimbursement of attorneys' fees and investigative costs. At this time of this matter, Respondent was employed in a hospital pharmacy in Las Vegas.

4. The factual basis for the above-referenced discipline includes, but is not limited to, diversion of dangerous drugs from the hospital pharmacy; diversion of the drugs for his own personal use as well as for the use of at least one other person; he was terminated from his employment on February 20, 2020; he admitted to the diversion on August 20, 2020; and Respondent's license was suspended for approximately 4.5 weeks in September/October of 2020.

5. Respondent entered into a confidential treatment and monitoring contract with the Arizona Pharmacy Foundation: Professionals Assisting Professionals on March

5, 2021 and was evaluated pursuant to that contract, the result of which are contained in the Board's files.

6. On May 5, 2021, the Board met in open session to discuss this matter. At the conclusion of its consideration of all documents and testimony from Respondent, the Board voted to offer the Consent Agreement to Respondent in lieu of additional administrative proceedings.

CONCLUSIONS OF LAW

1. The Board possesses subject matter and personal jurisdiction over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. Pursuant to A.R.S. § 32-1927(A)(1), the Board may discipline a pharmacist who has engaged in unprofessional conduct.

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(B)(5), which is having the licensee's license to practice pharmacy denied or disciplined in another jurisdiction.

ORDER

Based on the Findings of Fact and Conclusions of Law, the Board under issues the following Order:

1. **IT IS HEREBY ORDERED THAT:** Respondent's pharmacy license no. S016835 is hereby placed on **PROBATION** for a minimum period of (5) years. **The effective date of the probation shall be the date the Consent Agreement is signed by Executive Director.**

2. The Board acknowledges that on March 24, 2021, Respondent entered into a Contract with Arizona Pharmacy Foundation: Professionals Assisting Professionals for

his treatment, rehabilitation and monitoring. This entity shall inform the Board staff if Respondent fails to abide by any term of his monitoring contract. **The monitoring entity shall ensure that the contract entered into by Respondent is appropriate given his evaluation. The contract shall be Board-mandated and non-confidential.**

3. **The PROBATION** is subject to the following conditions:

a. Respondent shall establish himself with a sleep specialist, a psychiatrist and a psychologist and follow all recommendations. Each of those professionals shall report to the contracted monitoring entity on treatment recommendations and goals and the Respondent's progression toward each.

b. During the term of probation, Respondent shall not serve as a preceptor or as a Pharmacist-in-Charge.

c. Within five (5) years from the effective date of this Consent Agreement, Respondent shall complete 400 hours of community service approved by the entity with which Respondent contracted to oversee his treatment, rehabilitation and monitoring. The community service performed by Respondent must be altruistic in nature and not serve any of Respondent's personal goals or obligations. Respondent shall ensure that all entities to which he provides community service verify in writing to the monitoring entity the number of hours completed within 30 days of Respondent completing the community service.

d. Respondent shall pay all necessary fees and expenses relating to this probation, including all costs associated with the treatment and monitoring contract.

e. Respondent shall furnish all pharmacy employers with a copy of this Board Order throughout the term of his probation. Respondent shall furnish an executed copy of this Consent Agreement within five (5) business days of

its effective date or within five (5) business days of starting a new position. Respondent shall ensure that all pharmacy employers 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 or being provided a copy of this Consent Agreement and Order by Respondent.

f. Respondent shall advise the Board immediately of any change in pharmacy employment status throughout the term of his probation

g. 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.

h. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy

i. 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.

j. Respondent shall execute all appropriate releases of information forms to permit the Respondent's treatment professionals to communicate with the Board regarding Respondent's treatment and monitoring.

k. Failure to comply with any provision of this Consent Agreement and Order is an act of unprofessional conduct pursuant to A.R.S. §32-1901.01(B)(20),which is violating a formal order, terms of probation, a consent agreement or a stipulation issued or entered into by the Board. **Such noncompliance shall result in the automatic surrender of Respondent's license. By entering into this Consent Agreement, Respondent waives his**

right to notice and a hearing as it relates to his violation of the Order and the resulting automatic surrender of his license.

l. Respondent shall appear before the Board at a regularly scheduled Board meeting five (5) 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.

m. **If, during the pendency of this matter, Respondent fails to renew his license, Respondent affirmatively agrees that that the license does not expire but rather shall be automatically voluntarily surrendered with no prior notice or opportunity for a hearing. Thereafter, should Respondent want to be licensed again in Arizona, Respondent shall submit a new application for licensure and meet all of the requirements that are set forth in statute and rule at the time the application is submitted, and shall provide sufficient proof that all of the requirements of this Order have been successfully completed. By entering into this Consent Agreement, Respondent waives his right to notice and a hearing as it relates to the automatic surrender of his license.**

BOARD ACCEPTS, SIGNS AND DATES THIS CONSENT AGREEMENT

Dated this 24th day of June, 2021.

By: Kam Gandhi

KAMLESH GANDHI, PharmD
Executive Director
Arizona State Board of Pharmacy

ORIGINAL of the foregoing filed
This 24th day of June, 2021 with:

Arizona State Board of Pharmacy
1616 West Adams Street
Phoenix, Arizona 85007

COPY of the foregoing sent
via email and certified mail no. 7019 2970 0000 5061 7501,
This 24th day of June, 2021, to:

Daniel Peter Hays
[redacted] N. Panorama Ridge Pl Guest House
Tucson, AZ 85704
[redacted]

COPY of the foregoing sent
via email and mail
This 24th day of June, 2021, to:

Mark Boesen
Boesen & Snow LLC
17787 North Perimeter Dr.
Ste. 101
Scottsdale, AZ 85255
mboesen@bslawusa.com

COPY of the foregoing emailed
this 24th day of June, 2021, to:

Jeanne M. Galvin
Office of the Attorney General SGD/LES
2005 North Central Ave.
Phoenix, AZ 85004
Jeanne.galvin@azag.gov

By: JMitchell
DOC#9522749

EXHIBIT A

FILED

2021 FEB -8 PM 4:38

AMY J HUNLEY
CLERK OF SUPERIOR COURT
BY _____
DEPUTY

Name of Person Filing Daniel Draven Niel
Mailing Address [redacted] Charles Young Way
City, State, Zip Code Sierra Vista, Arizona, 85635
Daytime Telephone [redacted]
Representing Self

ARIZONA SUPERIOR COURT, COCHISE COUNTY

CERTIFIED EXACT COPY

In the Matter of the Application of)
)
)
Daniel Draven Niel)
Applicant)
)

Case No. CV202100039

ORDER CHANGING NAME FOR AN ADULT

Applicant having filed an Application for Change of Name for an Adult; the cause came on regularly to be heard this 8 day Feb of, 20 21, before this Court.

The Court having read the Application and having fully considered the matter, and good cause appearing therefore,

1. IT IS ORDERED that the name of

Daniel	Draven	Niel
(First)	(Middle)	(Last)

be changed to

Daniel	Peter	Hays
(First)	(Middle)	(Last)

2 ☐ For a person born in the State of Arizona, the Office of Vital Records is ordered to amend the birth record to reflect the new name ordered above.

☑ For a person born in a state other than Arizona, to the extent that the agency that maintains birth records in that state is authorized to honor an order of the Court, that agency is requested or ordered to amend its birth records to reflect the new name as ordered above.

DONE IN OPEN COURT this 8th day Feb. of, 20 21.

Judicial Officer

RECEIVED

JAN 29 2021

Clerk Superior Court
AMY J HUNLEY

COUNTY OF COCHISE
STATE OF ARIZONA
The foregoing instrument is a full, true, and correct copy of the original on file in this office
Attested Feb 8, 20 21
AMY J HUNLEY, Clerk
By _____ Deputy

EXHIBIT B

7/20/2023

Nevada State Board of Pharmacy
Re: Daniel Hays

To whom it may concern,

This letter is offered as an endorsement of Daniel Hays who has been a participant in the Arizona Pharmacy Foundation's Professionals Assisting Professionals of Arizona (PAPA) Monitoring Program since March 2021.

He has been actively monitored by our program and is compliant with all program requirements which are highlighted below:

- Random urine drug screens (1/month).
- Attendance at a minimum of twelve support group meetings each month where attendance is tracked and monitored through a mobile GPS app.
- Monthly therapist progress summary report.
- Community Service (400 total hours).
- Semi-annual meeting with program staff and steering committee for accountability and assessment of program compliance.

If I can be of further assistance or provide more information, please feel free to reach out to me directly.

Sincerely,

Kelly L Fine

Kelly Fine RPh, FAzPA
Chief Executive Officer | Arizona Pharmacy Foundation
Program Director | PAPA
O: 480-838.3385 | C: 480-241-1106 | kelly@azpharmacy.org

19

19A

Y

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 (01/05/2023)

(This application cannot be used by PA's or APRN's)

Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)

☐ Schedule I ■ Schedule II ■ Schedule III ■ Schedule IV ■ Schedule V

Section 1: Personal Information

First: Carrie Middle: Lynn Last: Carda

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Home Address: [redacted] CR 525

City: Williamsville State: MO Zip: 63967

Telephone: [redacted] Email: [redacted]

Degree: MD Practitioner License #: 23512 Specialty: OBGYN

(You MUST have a current and active practice 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): 10x Health System

Practice Address: 6650 El Camino Blvd Suite #:

City: Las Vegas State: NV Zip: 89118

Telephone: (844) 977-2810 Fax: (786) 598-8612 Email:

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?		N/A

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 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?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 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 # 3 . Provide all the following *where applicable*:

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

Provide explanation below:

To whom it may concern,

In December 2023, I agreed to a remedial plan with the Texas Board of Medicine resulting from a patient complaint made against an employee of an IV Bar to which I provide Medical Director supervision services.

The remedial plan is a non-reportable, non-disciplinary plan in which I agreed to successfully retake the Texas jurisprudence exam and complete 16 hours of continuing medical education in medical record keeping, delegation, risk management, and complimentary and alternative medicine within 12 months. I expect that this remedial plan will become effective in March 2024.

I have included the documents available to me regarding the remedial plan at this time.

Thank you,

Carrie Lynn Carda, MD

Carrie Carda MD
Original Signature (electronic, copies or stamps not accepted)

02/20/2024
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.

Carrie Lynn Carda, MO
Print Name (First, Last)

02/20/2024
Date

Carrie Carda MD
Original Signature (electronic, copies or stamps not accepted)

02/20/2024
Date

Board Use Only: Date Processed: _____ Amount: $200 CC

TEXAS MEDICAL BOARD

REMEDIAL PLAN
CARRIE LYNN CARDA, M.D.
LICENSE NO. Q9793

On the _____ day of _____, 2023, this matter came on to be heard before the Texas Medical Board (Board). On November 27, 2023, Respondent appeared at an Informal Show Compliance Proceeding and Settlement Conference (ISC) in response to a letter of invitation from the staff of the Board. This Remedial Plan was offered by Sherif Z. Zaafran, M.D., and Sharon J. Barnes, members of the Board. Michael Gilmour, J.D., represented Board Staff and prepared this Remedial Plan. Respondent was represented by Nadia Sheikh, J.D.

FINDINGS

Respondent failed to properly delegate to and adequately supervise the administration of intravenous medication to one patient, who developed complications thereafter. Respondent also aided and abetted the unlicensed practice of medicine, failed to first establish a proper professional relationship with the patient, and failed to maintain an adequate medical record.

Respondent does not admit or deny the Findings and Conclusions of Law contained herein but, rather, has agreed to settle in good faith to avoid the cost, expense, and uncertainty of litigation.

BOARD HISTORY

Respondent has not had a prior Order or Remedial Plan with the Board.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over the subject matter and Respondent pursuant to Medical Practice Act, Title 3, Subtitle B, Texas Occupations Code (Act).

2. Section 164.051(a)(6) of the Act, as further defined by Board Rule 190.8(1)(A), authorizes the Board to take action against Respondent.

3. Section 164.0015 of the Act authorizes the Board to resolve this matter with a Remedial Plan.

4. Section 164.002(d) of the Act provides that this Remedial Plan is a settlement agreement under the Texas Rules of Evidence for purposes of civil litigation.

REMEDIAL PLAN TERMS

Based on the above, Respondent shall:

1. Within one year following the date of the entry of this Order, Respondent shall take and pass with a score of 75 or above the Jurisprudence Examination (JP Exam) given by the Board. Respondent is allowed three attempts to successfully pass this examination.

Respondent's failure to take and pass the JP Exam within three attempts within one year following the date of the entry of this Order shall constitute a violation of this Agreed Order. After a committee of the Board or a panel of Board representatives (Board Representatives), has considered the information related to Respondent's violation of this provision and has determined that Respondent has not fulfilled the requirements of this provision, Respondent's license shall be **IMMEDIATELY SUSPENDED** pursuant to correspondence to Respondent from the Executive Director or Secretary-Treasurer of the Board indicating that Board Representatives have considered the information related to Respondent's violation of this provision and have determined that Respondent has not fulfilled the requirements of this provision. Although Respondent shall be invited to provide information or testimony to the Board Representatives, Respondent specifically waives any administrative due process under the Act, or the Administrative Procedure Act, for the Board Representatives to consider this information. **THIS SUSPENSION SHALL BE EFFECTIVE WITHOUT THE NEED FOR A HEARING AT THE STATE OFFICE OF ADMINISTRATIVE HEARINGS OR OTHER ADMINISTRATIVE DUE PROCESS UNDER THE ACT OR THE ADMINISTRATIVE PROCEDURE ACT, AND RESPONDENT SPECIFICALLY WAIVES ANY SUCH HEARING OR DUE PROCESS AND ALL RIGHTS OF APPEAL.** Respondent shall be notified of any suspension by certified mail, return receipt requested to Respondent's last known address on file with the Board. If

Respondent's license is suspended on such a basis, the suspension shall remain in effect until such time as Respondent takes and passes the JP Exam and subsequently appears before the Board in person and provides sufficient evidence which, in the discretion of the Board, is adequate to show that Respondent possesses the skills and knowledge to safely practice in Texas and is otherwise physically and mentally competent to resume the practice in this state.

2. Within one year following the date of the entry of this Remedial Plan, Respondent shall enroll in and successfully complete at least sixteen (16) hours of continuing medical education (CME) divided as follows: Four (4) hours in the topic medical recordkeeping; four (4) hours in the topic of delegation; four (4) hours in the topic of risk management; and four (4) hours in the topic of complimentary and alternative medicine. The CME shall be approved for Category I credits by the American Medical Association or the American Osteopathic Association and approved in writing in advance by the Executive Director or their designee. To obtain approval for the course, Respondent shall submit in writing to the Compliance Division of the Board information on the course, to include at least a reasonably detailed description of the course content and faculty, as well as the course location and dates of instruction. Respondent shall submit documentation of attendance and successful completion of this requirement to the Compliance Division of the Board on or before the expiration of the time limit set forth for completion of the course. The CME requirements set forth in this paragraph shall be in addition to all other CME required for licensure maintenance.

3. The cost of administering the Remedial Plan will be $500 per year. Payment of this cost is due no later than 60 days after the date of entry of this Remedial Plan. The cost shall be paid by cashier's check or money order payable to the Texas Medical Board and shall be submitted to the Executive Director for the Board for routing so as to be remitted to the Comptroller of Texas for deposit in the general revenue fund.

4. Respondent shall be permitted to supervise and delegate prescriptive authority to physician assistants and advanced practice nurses and to supervise surgical assistants.

5. The terms of this Remedial Plan are not subject to modification or early termination.

6. Respondent shall comply with all the provisions of the Act and other statutes regulating Respondent's practice.

7. Respondent shall fully cooperate with the Board attorneys, investigators, compliance officers, consultants, and other employees or agents of the Board in any way involved in investigation, review, or monitoring associated with Respondent's compliance with this Remedial Plan.

8. Any violation of the terms, conditions, or requirements of this Remedial Plan by Respondent shall constitute unprofessional conduct likely to deceive or defraud the public, or to injure the public, and shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act.

9. This Remedial Plan shall automatically terminate upon Respondent's submission to the Board of evidence deemed to be sufficient by the Compliance Division of the Board that Respondent successfully completed the requirements set forth in the Remedial Plan Terms Paragraph Nos. 1, 2, and 3.

THIS REMEDIAL PLAN IS A PUBLIC RECORD.

THIS REMEDIAL PLAN IS NON-DISCIPLINARY.

(SIGNATURE PAGES FOLLOW)

I, CARRIE LYNN CARDA, M.D., HAVE READ AND UNDERSTAND THE FOREGOING REMEDIAL PLAN. I UNDERSTAND THAT BY SIGNING, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY. I UNDERSTAND THIS REMEDIAL PLAN IS A FINAL, NON-APPEALABLE AGREEMENT THAT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

CARRIE LYNN CARDA, M.D.
Respondent

12-5-23
DATE

SIGNED AND ENTERED by the presiding officer of the Texas Medical Board on this _____ day of _____, 2024.

_____
Sherif Z. Zaafran, M.D., President
Texas Medical Board

Gmail

Debra Phillips <debbiephillipswhs@gmail.com>

ISC Hearing - Remedial Plan - TMB Matter

1 message

Sheikh, Nadia [redacted]
To: Carrie Carda [redacted]
Cc: Debra Phillips <debbiephillipswhs@gmail.com>

Hey Dr. Carda,

As promised, below is an overview for what the Panel laid out for the non-disciplinary remedial plan for you as it relates to the investigation:

1. The Texas Medical Jurisprudence Exam;
2. Continuing Medical Education (CMEs):
   a. 4 hours in medical record keeping and documentation
   b. 4 hours in proper delegation
   c. 4 hours in risk management
   d. 4 hours in complementary & alternative medicine in Texas
3. $ 500 administrative fee

The above must be completed within 1 year from the date the Remedial Plan goes into effect, which is the date the TMB signs off on it. From here, Michael Gilmour (staff attorney) will send o meeting to sign off on our plan. I will reach out once I get the formal Remedial Plan and we can go from there.

I will continue to work with you as the Remedial Plan is finalized and be more than happy to provide you with any documentation you may need moving forward. It truly has been such a pleas tough but we made it through and achieved our best case scenario!

Safe travels and I'll be in touch!

THOMPSON COE

Nadia Sheikh • Senior Attorney

One Riverway, Suite 1400, Houston, TX 77056

[redacted]

bio • vCard • web

Confidentiality Notice: This e-mail message is for the sole use of the intended recipient(s) and may contain confidential and privileged information exempt from disclosure under appli destroy the original and all copies of the message. Thank you.

Tax Advice Disclosure: Any U.S. federal tax advice contained in this communication, including any attachment(s), unless expressly stated otherwise, was and is not intended or written to any matters addressed herein.

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Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

EUTHANASIA TECHNICIAN APPLICATION Registration Fee: $200.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

First: Charlie Middle: Ann Last: Duffy-Wilcox

Practice Name (if any): _____

Nevada Address: 700 S. Meridian Suite #: _____

(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: 1100 SS# or ITIN: [redacted]

City: Lovelock State: NV Zip Code: 89419

E-mail address: cwilcox@cityoflovelock.com

Nevada Work Telephone: 775-273-7297 Date of Birth: [redacted]

Nevada Fax: _____ Sex: ☐ M or ☑ F

LICENSURE FOR SCHEDULE II ONLY

FOR THE USE OF SODIUM PENTOBARBITAL PER NRS 638.005

	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 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 (**1-3**) above, include the following information & **provide documentation**:

Board Administrative Action:	State	Date:	Case #:
	NV	02/05/2014	

Criminal Action:	State	Date:	Case #:	County	Court
	NV			Douglas	

I have completed the requirements with Nevada State Board of Veterinary Medicine for licensure as a euthanasia technician. 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.

C Wilcox 3-20-24

Original Signature, no copies or stamps accepted. Date

Board Use Only

Received: 3/25/24 Amount: $200-check 185540 Entity: _____

ORIG: chr131750 jchristenson CJIS: SQCH 03/02/2023-07:59:24

RESP: ARREST (NV004C7A69C8) CJIS: SQCH 03/02/2023-07:59:24

NCJIS SQCH STANDARD RAPSHEET OUTPUT:

****

THE FOLLOWING FROM NCJIS CRIMINAL JUSTICE IS A RESULT OF YOUR SQCH INQUIRY ON:

BIN/ 1003604930

****

NCJIS BASE RECORD BIN/ 1003604930

NAME: DUFFY, CHARLSIE ANN

[redacted]

RACE: [redacted] SEX: F HEIGHT: [redacted] WEIGHT: [redacted]

HAIR: [redacted] EYES: [redacted]

POB: NV

[redacted] SINGLE

STATE RECORD.

FINGERPRINTS ARE AVAILABLE.

PHOTOGRAPH AVAILABLE.

==========

CRIMINAL HISTORY RECORD PCN/ [redacted]

FINGERPRINT BASED RECORD

ARREST DATE: 2014-02-05

ARRESTING AGENCY: DOUGLAS COUNTY SHERIFFS OFFICE ORI: NV0030000

NAME USED: DUFFY, CHARLSIE ANN

OCA: 14SO03400

ARREST OFFENSE

1: INTENT TO UTTER FICT BILL/NOTE/CHECK FELONY

NEVADA STATUTE NRS 205.110 NV OFFENSE CODE: 50462 NCIC: 2504

COURT/FINAL CHARGE

1: INTENT TO UTTER FICT BILL/NOTE/CHECK FELONY

NEVADA STATUTE NRS 205.110 NV OFFENSE CODE: 50462 NCIC: 2504

NINTH JUDICIAL DISTRICT COURT ORI: NV003015J

DISPOSITION: PLEAD GUILTY DISPOSITION DATE: 2014-09-16

CASE #: 14CR0075

NAME USED: DUFFY CHARLSIE ANN

SENTENCE DATE: 2014-09-16 FACILITY: NEVADA STATE PRISON SENTENCE:

MAX YEARS: MOS: 48 DAYS: HOURS:

MIN YEARS: MOS: 19 DAYS: HOURS:

CREDIT TIME SERVED:

YEARS: MOS: DAYS: 11 HOURS:

PROBATION: 60M

SUSPENDED SENTENCE: YES

SPECIAL CONDITIONS: YES

ARREST OFFENSE CHARGE ADDED BY: NV003013A-DOUGLAS COUNTY DISTRICT ATTORNEY

8: BUY/POSS/RCV STOLEN PROP, $650 - $3500 FELONY

NEVADA STATUTE NRS 205.275.2 NV OFFENSE CODE: 56057 NCIC: 2899

COURT/FINAL CHARGE

8: BUY/POSS/RCV STOLEN PROP, $650 - $3500 FELONY

NEVADA STATUTE NRS 205.275.2 NV OFFENSE CODE: 56057 NCIC: 2899

NINTH JUDICIAL DISTRICT COURT ORI: NV003015J

DISPOSITION: PLEAD GUILTY DISPOSITION DATE: 2014-09-06

CASE #: 14CR0075

NAME USED: DUFFY CHARLSIE ANN

SENTENCE DATE: 2014-09-16 FACILITY: NEVADA STATE PRISON SENTENCE:

MAX YEARS: MOS: 48 DAYS: HOURS:

MIN YEARS: MOS: 19 DAYS: HOURS:

CREDIT TIME SERVED:

YEARS: MOS: DAYS: 11 HOURS:

PROBATION: 60M

SUSPENDED SENTENCE: YES

SPECIAL CONDITIONS: YES

RECORD CREATED: 2014-02-05 10:02:50 LAST UPDATED: 2019-08-29 13:09:50

WHEN AN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE NEVADA CRIMINAL HISTORY RECORDS REPOSITORY.

IF FINGERPRINTS DID NOT ACCOMPANY THIS INQUIRY, THE NEVADA CRIMINAL HISTORY RECORDS REPOSITORY IS UNABLE TO GUARANTEE THAT THIS MATERIAL CONCERNS THE INDIVIDUAL IN WHOM YOU ARE INTERESTED.

IN REGARDS TO THE ABOVE NAMED SUBJECT, THIS DOES NOT PRECLUDE THE POSSIBLE EXISTENCE OF ADDITIONAL MATCHED RECORDS IN LOCAL OR FBI IDENTIFICATION DIVISION FILES WHICH ARE NOT INDEXED BY THE NEVADA STATE CRIMINAL HISTORY RECORDS REPOSITORY. THE USE OF THIS INFORMATION IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL USE AND MAY ONLY BE USED FOR THE PURPOSE REQUESTED.

NEVADA AGENCIES - REFER TO NRS CHAPTER 179A.

****** END OF CRIMINAL HISTORY RECORD ******

I completed all requirments - 2017
and am in the process
of having my record
sealed

CS29670

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

EUTHANASIA TECHNICIAN APPLICATION

Registration Fee: $80.00 (non-refundable money order or cashier's check only, no cash)

First: Charlsie Middle: Ann Last: Duffy

Practice Name (if any): Lovelock Animal Shelter

Nevada Address: 700 S. Meridian Road Suite #:
(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: 1100 SS#: [redacted]

City: Lovelock State: NV Zip Code: 89419

E-mail address: cwilcox@cityoflovelock.com

Nevada Work Telephone: 775.770.0933 Date of Birth: [redacted]

Nevada Fax: 775.273.7626 Sex: ☐ M or ☒ F

ET0403

LICENSURE FOR SCHEDULE II ONLY
FOR THE USE OF SODIUM PENTOBARBITAL PER NRS 638.005

	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 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 (1-3) above, include the following information & provide documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court

I have completed the requirements with Nevada State Board of Veterinary Medicine for licensure as a euthanasia technician. 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.

C Duffy 11/13/19
Original Signature, no copies or stamps accepted. Date

Board Use Only
Received: Amount: 80.00 Entity:

Back To Dashboard

Renewal Application
Controlled Substance

Application Fee : $200.00
Convenience Fee : $10.00
License Number : CS29670
License Type : Controlled Substance
New Expiration Date : 10/31/2022

Personal Information

First Name : Charlsie
Middle (initial only) : Ann
Last Name : Duffy
License # : CS29670

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 : Lovelock Animal Shelter
Military Address : ☐
Street : 7100 S Meridian Rd
PO Box 1100
Country : United States
City : Lovelock
State : Nevada
Zip : 89419
Practice Phone : (XXX) XXX-XXXX
Practice Fax : (XXX) XXX-XXXX
Email Address : Cwilcox@cityoflovelock.com
Sex : Female
Practice License Number:
Specialty:

Child Support Information – Check appropriate answer

- (●) 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 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

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

Acknowledgement and Declaration

By signing and submitting this renewal application, I certify that: 1. My DEA certificate is CURRENT and reflects my current NV practicing address, and 2. I hold an **active** and **current** Nevada license with my professional licensing board

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature : Charlsie Duffy

Date Of Application : 10/25/2020

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 11/1/2020 to 10/31/2022	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 : 62633174753

InvoiceDate : 10/25/2020

Paid

Pay & Submit

19C

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 (01/05/2023)

(This application cannot be used by PA's or APRN's)

Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)

☑ Schedule I ☑ Schedule II ☑ Schedule III ☑ Schedule IV ☑ Schedule V

Section 1: Personal Information

First: James Middle: Michael Last: Murphy

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Home Address: [redacted] Riordan Hill Dr

City: Hood River State: OR Zip: 97031

Telephone: [redacted] Email: [redacted]

Degree: MD Practitioner License #: 25399 Specialty: Anesthesiology

(You MUST have a current and active practice 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): Red Rock Anesthesia Consultants

Practice Address: 304 S Jones Blvd Suite #: 884

City: Las Vegas State: NV Zip: 89107

Telephone: 702-900-4085 Fax: Email: [redacted]

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? N/A	✓	

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 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?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 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 # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
June 2018	June 2018	OR	Portland	multnomah
Case # MD 23891		**Governing, licensing, Arresting Presiding Body/Agency/Court** Oregon Medical Board		
Reason/Charge Unproffessional conduct				
Plaintiff/Defendant/Claimant/Respondent Defendant			**Lawsuit/Arbitration/Bankruptcy** Lawsuit	
Name of Business/Industry/Entity State agency				

Provide explanation below:

Applicant (Murphy) was accused by the Oregon Medical Board of alleged unproffessional conduct, this resulted in the revocation of applicant's Oregon medical liciense.

The medical board complaint derived primarily from the alleged violation of confidentialialty of a female member's medical information that was contained in an investigative report that was introduced into court. The female member was the adverse party in a defamation lawsuit that the applicant filed as a miltary member regarding a fraudulent claim by the female member . (an alleged unauthorized cervical cancer screening exam).

The medical board found the member's claim unsubstaniated, however the board alleges that the member's privacy was violated (the female member had signed a HIPPA release for the information in the report).The board also alleged that the applicant provided false information on a 2013 renewal application , but did not on a 2015 application (in spite of the fact that both renewals had the exact same information in question) .

The Oregon Medical Board has never challanged the competency or patient care skills of the applicant. There have been no substance abuse or misuse allegations raised . The applicant has maintained board certification in Anesthesiology and has recently been issued a liciense in Nevada.

The applicant had been issued a unrestricted liciense in Nevada in the past (2004-2008) , liciense number 10812 , which expired while working out of state.

The agency order in Oregon, revoking the applicant's medical liciense, remains under appeal in the Oregon State court system.

Original Signature (electronic, copies or stamps not accepted) Date 3/25/2024

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.

James Michael Murphy — 3/25/2024

Print Name (First, Last) — Date

J. Michael Murphy MD — 3/25/2024

Original Signature (electronic, copies or stamps not accepted) — Date

Ck. - personal check $200.00

Board Use Only: Date Processed: _____ Amount: $200-unmk-791

James Michael MURPHY

License Number:
25399

License Type:
Medical Doctor

License Status:
Active-Conditions

Initial License Date:
Mar-20-2024

Expiration Date:
Jun-30-2025

Public Address:
[redacted]

Public City:
[redacted]

Public State:
Oregon

Public ZIP Code:
97031

Public Country:
United States

Public Phone Number:
[redacted]

Credential:
M.D.

Specialties

Specialty
Anesthesiology

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
SONOMA STATE UNIVERSITY	Bachelor of Arts	Sep-05-1986	Aug-30-1991
Ross University	Transferred	Nov-12-1992	Aug-24-1995
SABA MEDICAL SCHOOL	Medical Doctor Degree	Sep-01-1992	Jun-01-1996
Saba University School of Medicine	Medical Doctor Degree	Sep-04-1995	Jun-01-1996

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
Sacred Heart Medical Center	Internship	Transitional	Jun-24-1996	Jun-22-1997
Sacred Heart Medical Center / Spokane, WA	Internship	Rotating	Jun-24-1996	Jun-22-1997
SACRED HEART MEDICAL CENTER	Internship/Residency	Transitional	Jul-01-1996	Jun-30-1997
Charleston Area Medical Center	Internship	Surgery, General	Jul-01-1997	Jun-30-1998
ROENOKE MEMORIAL HOSPITAL	Residency	Surgery, General	Jul-01-1997	Jun-30-1998
Charleston Area Medical Center / Charleston, WV	Residency	Surgery,General	Jul-01-1997	Jun-30-1998
CHARLESTON AREA MEDICAL CENTER	Residency	Surgery, General	Jul-01-1998	Jun-30-1999
Carillion Roanoke Memorial Hospital	Residency	Surgery, General	Jul-01-1998	Jun-30-1999
Carilion-Roanoke Memorial Hosp / Roanoke, VA	Residency	Surgery,General	Jul-01-1998	Jun-30-1999
Oregon Health and Sciences University	Residency	Anesthesiology	Jul-01-1999	Jun-30-2002
OREGON HEALTH AND SCIENCES UNIVERSITY	Residency	Anesthesiology	Jul-01-1999	Jun-30-2002
Oregon Health Sciences Univ. / Portland, OR	Residency	Anesthesiology	Jul-01-1999	Jun-30-2002

Board Actions

Summary	Attachments
None.	

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary	Attachments
None.	

Malpractice Information

Summary	Attachments
None.	

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DECLARATION OF JOHN M. MANN

I, John Michael Mann declare that:

1) In 2016, while serving as interim chief and a presiding Administrative Law Judge (ALJ) for the Oregon Office of Administrative Hearings (OAH), I issued a ruling denying a recusal request filed by [redacted], in a case before the Oregon State Board for Nursing (ONB). The Board, following a hearing on merits, issued a final order to revoke her license. Ms Pulito appealed the Board's final order, claiming denial of her request for a different ALJ was an error and that the former OAR 471-060-0005 was 'invalid' because it did not impose a 'time limitation' within the scope of ORS 183.645, its authorizing statute. Because it lacked anticipated 'time limitations' to inform a party when to submit a request for change of ALJ, it created an inconsistency and a potential lack of fairness.

2) I am personally familiar with the factual and legal background and final disposition of the *Pulito v. Oregon State Board of Nursing, Or Sup Ct , 366 Or 612 (2020)* case. My ruling on the request for change of ALJ was invalidated by the State Supreme Court (July 2020) because of the inconsistency of time limitations.

3) Nurse Pulito's license was never revoked and the Supreme Court held;

The rule that the chief ALJ has established is OAR 471-060-0005, which provides, in part: " Every party and agency in a contested case is entitled to request a change of administrative law judge. *The first request of that party or agency shall be automatically granted."*

It follows that the final order of the board must be reversed, because the fairness of the proceedings *may* have been impaired when the chief ALJ relied on an invalid rule to deny licensee's request for a different ALJ, and because the board acted under an erroneous interpretation of law when it issued a final order that assumed the validity of that rule. (*Pulito v ONB , Or Sup Ct 366 Or 612 (2020) p 627*)

4) On June 13, 2017, while serving as the interim chief ALJ for the OAH, I personally reassigned a contested case (involving James M. Murphy MD and the Oregon Medical Board) to myself , due to the unexpected unavailability of Senior ALJ Bernadette Bignon. ALJ Bignon had conducted a hearing, lasting several days, in July of 2016 but had not reconciled the record and was yet to issue a Proposed Final Order.

5) After learning that I had assumed responsibility for the case, Dr. Murphy, within hours, emailed a request for my recusal (a change in ALJ) and submitted a written request within a week to the retiring Chief ALJ. Dr. Murphy also requested a *de novo* hearing before a new ALJ. I denied the request for a de novo hearing because I did not believe that such a remedy was required under the Oregon Administrative Procedures Act. The Oregon Administrative Procedures Act is silent on situations where the tribunal becomes 'unavailable' after taking witness testimony where credibility is an issue.

6) Because I believed that it would have been improper for me to rule on a request to recuse myself from a hearing, I assigned Dr. Murphy's request to Presiding ALJ Donna Brann and instructed her to rule on the request in a neutral manner. I made no attempt to influence the outcome of the ruling. I do not recall the precise timing of Dr. Murphy's request for a change of ALJ, but I believe that it was made within a week or so from the time he learned that I was assigned to the case.

7) On July 7 2017, ALJ Brann denied Dr. Murphy's request to recuse me; determined it was 'untimely' under the standards of former OAR 471-060-0005. That same rule was subsequently found to be invalid by the Oregon Supreme Court in *Pulito v. ONB* in July 2020 resulting in a reversal of the ONB's final order for revocation.

8) Following ALJ Brann's ruling, I subsequently reviewed the entire record of Dr. Murphy's case, including all admitted exhibits and the entire hearing transcript. I did not consult with ALJ Bignon regarding the case. I later issued a Proposed Final Order based on that review with no input from ALJ Bignon.

9) It is my understanding that the Oregon Medical Board adopted my Proposed Final Order and in June of 2018, the Board revoked Dr. Murphy's medical license and imposed a civil penalty of $10,000 plus an additional penalty of $ 112,140.63 for the costs of the proceeding.

10) In light of the unusual procedural history of Dr. Murphy's case, and in light of the State Supreme Court ruling in *Pulito v. Oregon State Board of Nursing (2020)*, I believe it would be equitable for the 2018 final order in Dr. Murphy's case before the Oregon Medical Board to be set aside and the revocation of his license reversed. It would also be equitable for the Oregon Medical Board to consider either dismissing the matter or to allow Dr. Murphy a *de novo* hearing before a new ALJ.

11) Dr. Murphy has provided me with documentation indicating that the USAF/ Oregon ANG had changed the characterization of his discharge status to 'Honorable' in 2021. There is no question that the nexus of Dr Murphy's issues with the Oregon Medical Board arose from what I determined to be an unsubstantiated allegation during his service to the Oregon Air National Guard.

12) Dr Murphy has also provided documentation which strongly suggests that he did not violate a circuit court protective order, did not commit perjury , did not inappropriately divulge a professional or patient's secret, and did not commit fraud in connection with the renewal of his license. If Dr. Murphy is provided a new hearing, it is probable that another ALJ would rule in his favor on these issues and re-evaluate the licensee's conduct in light of the findings of more recent military actions.

13) I have personal knowledge of, and I am competent to testify to the facts contained herein. I hearby declare that the above statements are true to the best of my knowledge and belief, and I understand they could be used as evidence in a court of law and are subject to penalty of perjury.

Signed and Dated _____th day of April 2024

/s/ John M. Mann

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

IN THE MATTER OF:	)	
	)	**FINAL ORDER UPON**
JAMES MICHAEL MURPHY, MD	)	**RECONSIDERATION**
LICENSE NO. MD23891	)	

HISTORY OF THE CASE

On August 10, 2015, the Oregon Medical Board (Board) issued a Complaint & Notice of Proposed Disciplinary Action (Notice) to James Michael Murphy, MD. The Notice proposed imposing up to the maximum range of potential sanctions identified in ORS 677.205(2), to include the revocation of Dr. Murphy's license, to impose a $10,000 fine, and to assess the costs of the proceeding. On or about August 16, 2015, Licensee requested a hearing. The Board referred the matter to the Office of Administrative Hearings (OAH) on September 21, 2015. The OAH assigned the case to Senior Administrative Law Judge (ALJ) Bernadette Bignon.

ALJ Bignon convened a telephone prehearing conference on October 29, 2015. Attorney Thomas Cooney represented Licensee. Senior Assistant Attorney General Warren Foote represented the Board. ALJ Bignon scheduled the hearing for March 14 through 17, 2016.

On November 4, 2015, the Board filed a Motion for a Qualified Protective Order. Mr. Cooney responded to the Board's Motion for a Qualified Protective Order on November 13, 2015. On November 18, 2015, ALJ Bignon issued a Qualified Protective Order Limiting Use and Disclosure.

On January 15, 2016, the Board filed a Motion for Summary Determination (Board's Motion) with supporting documents marked as Attachments A through K. On February 10, 2016, Mr. Cooney filed a Response to the Board's Motion for Summary Determination (Response) with a supporting affidavit and Exhibit 1. In his Response, Mr. Cooney indicated that he would be withdrawing as attorney of record in this matter, but would remain available for any oral argument on the Board's Motion.

On February 12, 2016, Licensee filed a Motion for Summary Determination (Licensee's Motion). Between February 12 and 15, 2016, Licensee also filed supporting exhibits, a certificate of mailing, and an exhibit key.

Thereafter, the OAH assigned the matter to Senior ALJ Monica A. Whitaker for purposes of ruling on the Board's Motion and Licensee's Motion.

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On February 22, 2016, ALJ Whitaker convened a telephone conference for purposes of hearing oral argument on the Board's Motion. Mr. Foote represented the Board. Mr. Cooney represented Licensee. Licensee did not appear. As advised in his filings of February 10, 2016 on behalf of Licensee, Mr. Cooney's withdrawal from representing Licensee became effective at the close of oral argument on February 22, 2016. Licensee proceeded *pro se*.

On February 23, 2016, in response to Licensee's Motion, the Board filed its Response to Motion for Summary Determination (Board's Response). Also on February 23, 2016, Licensee filed a request for oral argument. On February 24, 2016, ALJ Whitaker denied Dr. Murphy's request. On February 25, 2016, ALJ Whitaker issued a Ruling on Board's Motion for Summary Determination and Respondent's Motion for Summary Determination. ALJ Whitaker denied both the Board's Motion for Summary Determination and Licensee's Motion for Summary Determination. The matter remained scheduled for hearing on March 14 through March 17, 2016.

On February 26, 2016, the Board issued an Amended Complaint and Notice of Proposed Disciplinary Action (Amended Notice). As with the original Notice, the Amended Notice proposed imposing up to the maximum range of potential sanctions identified in ORS 677.205(2), to include the revocation of Dr. Murphy's license, to impose a $10,000 fine, and to assess the costs of the proceeding. The Amended Notice reiterated the allegations contained in the original Notice, but added an allegation that Dr. Murphy had engaged in a pattern of belligerent and obstructive behavior which, the Board alleged, amounted to unprofessional or dishonorable conduct under ORS 677.190(1)(a).

On February 26, 2016, Dr. Murphy filed a request to postpone the hearing. The Board also informed ALJ Bignon that it had received a copy of Dr. Murphy's request to postpone the hearing. Although the Board did not object to the request, the Board requested a prehearing conference to select new hearing dates.

On February 29, 2016, ALJ Bignon granted Dr. Murphy's request, unopposed by the Board, to postpone the hearing. On March 2, 2016, ALJ Bignon held a prehearing conference by telephone. Mr. Foote, accompanied by Eric Brown and Michelle Provinsal, represented the Board. Dr. Murphy appeared and represented himself. The hearing was rescheduled to be held July 12 through July 15, 2016 at the Board's offices in Portland.

On June 29, 2016, the Board issued a Second Amended Complaint and Notice of Proposed Disciplinary Action (Second Amended Notice). The Second Amended Notice, as with the Amended Notice, proposed imposing up to the maximum range of potential sanctions identified in ORS 677.205(2), to include the revocation of Dr. Murphy's license, to impose a $10,000 fine, and to assess the costs of the proceeding. The Second Amended Notice removed an allegation that Dr. Murphy had failed to provide fingerprints, as requested by the Board, and some corrections and clarifications of citation to statutes and administrative rules.

A hearing was held July 12 through July 15, 2016 at the Board's offices in Portland, Oregon. Dr. Murphy appeared without counsel and testified on his own behalf. The Board was represented by Mr. Foote. Dr. Murphy presented testimony from William Powell, Colonel

Heidi Kjos, Colonel Thomas Patton, Roger Ludwig, MD, David Kim, MD, Karen Kwong, MD, Patrick O'Leary, Steve Cullen, MD, Captain Taylor Vice, MD, Senior Master Sergeant Vaughn Rains, Kathleen Haley (Board Executive Director), and Terry Lewis (Board investigator). The Board presented testimony from Colonel Marshall Wilde, Kathryne Gilbert, Patient A, Laura Mazzucco (Board Executive Support Specialist), Terry Lewis, Colonel Richard Wedan, Barry Egener, MD, Technical Sergeant Rachel Albright, Joseph Thaler, MD, and John Sparks. The record closed on September 7, 2016 following receipt of closing briefs from the parties.

On June 13, 2017, Presiding ALJ John Mann informed the parties that ALJ Bignon was unexpectedly unavailable to complete the proposed order in this case. Presiding ALJ Mann therefore informed the parties that he had reassigned the case to himself and would review the record and issue a proposed order.

On June 21, 2016, Dr. Murphy, pursuant to ORS 183.645 and OAR 471-060-0005(3), filed a request for a change in the administrative law judge assigned to the case with then-Chief ALJ Gary Tyler. However, due to Chief ALJ Tyler's retirement and absence from the office beginning June 23, 2017, Governor Brown appointed Presiding ALJ Mann to serve as Interim Chief ALJ, pending the appointment of a permanent Chief ALJ. Given his new role, Interim Chief ALJ Mann determined that it would be inappropriate for him to rule on the motion and therefore delegated it to Presiding ALJ Donna Moursund Brann for a ruling. On June 28, 2017, the Board, through Mr. Foote, submitted an objection to Dr. Murphy's request. Later on June 28, 2017, Dr. Murphy submitted a response to the objection.

On July 7, 2017, Presiding ALJ Brann issued a ruling denying Dr. Murphy's request to reassign the case. Interim Chief ALJ Mann then took the matter under advisement, completed his review of the record, and issued a proposed order on September 6, 2017 finding and recommending:

(1) The Board did not prove the following allegations by a preponderance of the evidence:

- Conducting an unauthorized pap smear;
- Unprofessional or dishonorable conduct or willful violation of ORS chapter 677 by failing to comply with a board request, for the incorrect information Dr. Murphy provided on his license application;
- Violations of HIPAA;
- Impersonating a Board licensee.

(2) The Board did prove the following allegations by a preponderance of the evidence:

- Dr. Murphy violated ORS 677.190(8) by providing false information on his October 29, 2013 renewal application;
- Dr. Murphy violated ORS 677.190(1)(a), committing unprofessional and dishonorable conduct by submitting a declaration to the Multnomah County Circuit Court, alleging the United States National Guard Office of Complex Investigations (OCI) investigation found the allegations against him unsubstantiated when, in fact, the OCI investigation found they were substantiated;
- Dr. Murphy violated ORS 677.190(5) by willfully divulging a professional secret without the patient's consent, by publicly divulging Patient A's private health information and

confidential medical records without Patient A's consent;

- Dr. Murphy also thereby violated ORS 677.190(1)(a), committing unprofessional and dishonorable conduct;
- Dr. Murphy violated ORS 677.190(17) by refusing to comply with a Board investigator's request for documentation;
- Dr. Murphy violated ORS 677.190(1)(a), committing unprofessional and dishonorable conduct by asking witnesses not to cooperate with the Board's investigation, to impede such investigation;
- Dr. Murphy violated ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), committing unprofessional and dishonorable conduct by belittling a patient, mocking his colleagues and Board staff, and making public comments (including to a reporter) that detracted from public trust in the medical community.

(3) For the violations the Board proved by a preponderance of the evidence, the Board should revoke Dr. Murphy's medical license, assess a civil penalty of $10,000 against him, and assess the costs of the proceeding ($112,140.62) against him.

Dr. Murphy timely filed written exceptions[1], was scheduled to present oral exceptions on October 5, 2017, but ultimately did not appear to present oral exceptions, reporting that he had developed a scheduling conflict. The Board has considered Dr. Murphy's exceptions, to the extent they did not attempt to introduce new facts or evidence, or advance arguments on facts or evidence not in the record, and finds they are without merit.

On March 2, 2018, the Board issued a Final Order adopting the findings of fact and conclusions of law in the Proposed Order by ALJ Mann, and ordered the revocation of Dr. Murphy's Oregon medical license, as well as an assessment of a $10,000 civil penalty and the costs of the proceeding against Dr. Murphy. On or about April 27, 2018, Dr. Murphy petitioned the Oregon Court of Appeals for judicial review of the Final Order and, on May 3, 2018, the Board voted to withdraw its final order for reconsideration, to consider the bill of costs in the case. On May 7, 2018, the Board issued a bill of costs to Dr. Murphy with the right to present exceptions, which Dr. Murphy timely presented. The Board has considered Dr. Murphy's additional exceptions, to the extent they did not attempt to introduce new facts or evidence or advance arguments on facts or evidence not in the record, and finds that these exceptions are also without merit.

EX PARTE COMMUNICATIONS

Between July 11 and August 17, 2017, Dr. Murphy sent multiple unsolicited emails to ALJ Mann that were not sent to Mr. Foote or to the Board. ALJ Mann did not read nor respond to the emails and did not consider their content in reaching the decision in this case. However, because the emails were clear attempts at ex parte communications, the emails have been made part of the record and will be sent to the parties under separate cover[2].

[1] Dr. Murphy attempted to file additional exceptions multiple times after the window for filing exceptions had closed on September 16, 2017, but the Board considered only the exceptions timely filed.

[2] Although Dr. Murphy's ex parte communications were made part of the record, they were not made part of the evidentiary record and were not, therefore, considered.

ISSUES

1. Whether Dr. Murphy engaged in unprofessional conduct, in violation of ORS 677.190(1)(a), as defined by ORS 677.188(4)(a), and/or conduct that does or might constitute a danger to a patient and gross negligence, in violation of ORS 677.190(13), by performing an unauthorized Pap smear on a patient on November 19, 2011.

2. Whether Dr. Murphy provided false, misleading, and deceptive information in connection with his October 29, 2013 application to renew his medical license by stating that his highest level of education was an associate's degree and that he could speak and understand Quechua sufficiently to communicate for clinical purposes in violation of OAR 847-008-0058, ORS 677.190(8) and/or ORS 677.190(1)(a) and (17).

3. Whether Dr. Murphy acted in a manner contrary to recognized standards of ethics of the medical profession, in violation of ORS 677.190(1)(a) as defined by ORS 677.188(4)(a), by filing a false or misleading declaration in connection with a proceeding in Multnomah County Circuit Court.

4. Whether Dr. Murphy, or individuals acting on his behalf, disclosed private health information and confidential medical records of a patient in violation of HIPAA privacy regulations (45 CFR 164.502), ORS 677.190(5) and/or ORS 677.190(1)(a), as defined by ORS 677.188(4)(a).

5. Whether Dr. Murphy violated ORS 677.080(3) and ORS 677.190(10) by calling a nurse supervisor at Tuality Healthcare in 2015 while representing himself by the name of "Dr. Hanson."

6. Whether Dr. Murphy violated ORS 677.190(17) and OAR 847-001-0024(1) by failing to comply with a Board investigator's request for medical records in connection with an investigation into Dr. Murphy's alleged prescribing of controlled substances to two patients.

7. Whether Dr. Murphy violated ORS 677.190(1)(a) as defined by ORS 677.188(4)(a) by asking individuals not to cooperate with the Board's investigation thereby impeding that investigation.

8. Whether Dr. Murphy engaged in a pattern of belligerent and obstructive behavior during the course of the Board's investigation and, if so, whether that pattern of behavior constitutes unprofessional or dishonorable conduct in violation of ORS 677.190(1)(a) as defined by ORS 677.188(4)(a).

9. If one or more violations are proven, whether the Board may revoke Dr. Murphy's Oregon medical license, assess a $10,000 civil penalty, and assess the costs of the proceedings. ORS 677.205(1) and (2).

EVIDENTIARY RULINGS

The Board offered Exhibits A1 through A57, which were admitted into the record without objection.

Dr. Murphy offered exhibits marked with letters A through W. Dr. Murphy's Exhibits A1 through A4 therefore are marked similar to the Board's Exhibits. To avoid confusion, those exhibits are now marked for the records as Exhibits L-A1 through L-A4. The remainder of Dr. Murphy's Exhibits are marked using their original designations.

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Dr. Murphy's Exhibits L-A1 through L-A4, D1 through D5, E2, F1 through F3, F5 (page 1 only), G1 through G3, H1 through H2, J2 through J5, K1, MC2 through MC6, R1 through R6, S1, T, and W2, W3 and W5 were admitted into the record without objection.

The Board's objections to Dr. Murphy's Exhibits B1 through B4, C1 through C6, E1, F5 (page 2), J1, K2 through K5, L1, M1 through M4, MC1, P1, P2, and U2 were sustained and the exhibits were not admitted into the record.

Dr. Murphy withdrew Exhibits E3, F4, G4, I1 through I4, N1, Q1, U1, V1 through V4, and W1.

FINDINGS OF FACT

(1) Dr. Murphy graduated medical school in 1996. He completed his anesthesiology residency in 2002. Dr. Murphy also completed a year of family practice as a resident, and two years of residency in general surgery. (Ex. A27 at 392)

2013 License Renewal Application

(2) Board licensees are required to submit a license renewal application every two years. Initial and renewal applications may be submitted on-line. In October 2013, Laura Mazzucco, a Board Executive Support Specialist, was responsible for reviewing renewal applications for completion. (Test. of Mazzucco, tr. at 194; Ex. A36 at 1-4.)

(3) On October 29, 2013, Dr. Murphy submitted an on-line application for renewal of his medical license. (Test. of Mazzucco, tr. at 194; Ex. A36a at 1-11.) Dr. Murphy completed the question "Highest Level of Education" by selecting "Associate Degree" from a drop-down menu. Dr. Murphy indicated that he was not currently practicing medicine and that his future plans included "Leaving the field (with intention to work in another field)." (Test. of Mazzucco, tr. at 194-195, 204-206; Ex. A36a at 1, 4, 5.)

(4) Dr. Murphy earned an Associate of Science degree in nursing on January 17, 1990. (Ex. G3.)

(5) The renewal application also includes the following question: "Please enter Language(s), other than English, in which you can communicate adequately for clinical purposes." Underneath the question, Dr. Murphy entered "Quechua" in a box for "Other Language 1." (Test. of Mazzucco at 195; Ex. A36a at 1.) Immediately below the language selection tabs, applicants are informed that "The Board may make language information available to those who are seeking providers with specific language competencies." (Test. of Mazzucco, tr. at 196, 202, 204-205; Ex. A36b at 4.)

(6) At the time he completed his renewal application, Dr. Murphy was not fluent in Quechua. Dr. Murphy knew a few words in Quechua that he learned from a computer language program that he used on a single flight to Ecuador and from being around native speakers of the language while volunteering in Ecuador. (Test. of Murphy, tr. at 1329-1335.)

(7) Ms. Mazzucco forwarded Dr. Murphy's renewal application to the Board's investigations unit because his practice address needed to be verified and because she believed other information in the renewal application was questionable. (Test. of Mazzucco, tr. at 198.) Ms. Mazzucco did not have authority to reject an application if the application was complete on its face. (Ex. A36 at 3-4.)

(8) The Board initially placed Dr. Murphy's license in inactive status because his renewal application indicated that he was not currently practicing medicine and that he intended to leave the field. In addition, Dr. Murphy's renewal form showed "zero" number of hospital and non-hospital hours and listed no other activities related to his practice. (Test. of Mazzucco, tr. at 199, 206-207; Exs. A36a at 4, A36c at 11.) His license was subsequently returned to active status after he informed the Board that he was practicing medicine with the military. (Ex. W3.)

(9) On August 27, 2015, Dr. Murphy sent an email to Ms. Mazzucco and several other Board employees to address the answers he gave on his October 29, 2013 renewal application. In that email, Dr. Murphy wrote, in part:

a. Quechua is my primary spoken language when I am doing medical work in the Andes – only I must have originally started out filing the renewal when I was in Equator [*sic*] or Peru – can you make that correction or just put an asterisk by my answer for me. English is the answer I believe is on my initial application – I assumed that would be referenced if there were any questions and you would have called me to clarify.

b. The highest 'grade/degree * * * that I graduated from was: college or an off shore med school - but I don't really think that is totally accurate – I just

took about 12 years to complete the BA and MD – life got in the way and I had to earn a living. So again - junior college is really where I stopped collecting degrees and went to work full time and did the school / training part time from that point forward[.]

(Test. of Mazzucco; Ex. A36c at 1-2.)

(10) Patient A is a female who at all times relevant to this decision was an active member of the Oregon Air National Guard (ORANG). (Test. of Patient A, tr. at 137.)

(11) On November 19, 2011, Patient A reported to the ORANG 142nd Medical Group facility for a preventative health assessment (PHA). She was examined by Dr. Murphy. (Test. of Patient A, tr. at 138; Ex. A4 at 2-3.) Dr. Murphy completed a Chronological Record of Medical Care form documenting the examination. (Ex. A1.) Under a section labeled "Provider Exam," Dr. Murphy wrote "No medical issues." (*Id.* at 1.) The form contains no indication that a gynecological examination was performed in connection with the PHA. (*Id.*)

(12) In early December 2013, Patient A attended an Air National Guard training session in Tennessee. (Test. of Patient A, tr. at 141; Exs. A9 at 37, A27 at 124). Technical Sergeant (TSgt.) Rachel Albright, from the 142nd Medical group, also attended the training. Prior to the training, TSgt. Albright was casually acquainted with Patient A from working on the base but they were not friends. (Test. of Albright, tr. at 487-488; Exs. A9 at 9 and 31, A27 at 124, 200 and 202; Test. of Patient A, tr. at 142.)

(13) One evening, while discussing people from work with Patient A, TSgt. Albright mentioned Dr. Murphy's name among the flight surgeons with whom she worked. Patient A immediately commented that Dr. Murphy was "weird." (Test. of Albright, tr. at 489; Exs. A9 at 10, A27 at 207.) TSgt. Albright asked Patient A why she would say that. (Test. of Albright, tr. at 489; Exs. A9 at 10, A27 at 206.) Patient A told TSgt. Albright that she felt awkward and embarrassed when Dr. Murphy asked her if she needed a chaperone when he performed a Pap smear on her in connection with a PHA. (Test. of Albright, tr. at 489; Exs. A9 at 10, A27 at 206.)

(14) TSgt. Albright asked Patient A why she had a Pap smear on the base because those were not done during PHAs. Patient A insisted that such procedures were performed because she had one. (Test. of Albright, tr. at 489-90.) TSgt. Albright showed Patient A Dr. Murphy's picture on Facebook to make sure Patient A was not mistaken in identifying Dr. Murphy as the doctor who performed her 2011 PHA. (Exs. A9 at 70, A27 at 203.) Patient A confirmed that she was referring to the same person that TSgt. Albright showed her on Facebook. (*Id.*)

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(15) After hearing TSgt. Albright say that such exams were not done at the clinic, Patient A appeared to be angry and upset. (Test. of Albright, tr. at 490, A27 at 207.) TSgt. Albright agreed to call the head medical technician at the base, to see if Patient A's chart notes documented the Pap exam during the 2011 PHA. (Test. of Albright, tr. at 490-491, test. of Patient A, tr. at 143-144; Ex. A9 at 38, 76.)

(16) TSgt. Albright called Master Sergeant (MSgt.) Brian Frederick, the head medical technician at the 142nd Air Group facility, that same night and asked whether or not PAP smears were done at the base medical clinic. MSgt. Frederick told her that the clinic had not done them for a while. (Test. of Albright, tr. at 490-91; Exs. A9 at 76, A27 at 266-267.) TSgt. Albright explained that Patient A said that she had been given a Pap smear during her five-year PHA and wanted someone to look at her records to verify if it was documented. (Test. of Albright, tr. at 490-491, test. of Patient A, tr. at 143-144; Ex. A9 at 38, 76.) MSgt. Frederick told TSgt. Albright that he would look at Patient A's records, but later realized he could not do so without Patient A's consent. (Ex. A27 at 267.)

(17) On December 7, 2013, TSgt. Albright sent a text to MSgt. Frederick stating that Patient A was "freaking out" and needed to know what was in her medical records. (Exs. A9 at 76, A27 at 267.) MSgt. Frederick told TSgt. Albright he could not talk to her about the record but that he could talk directly to Patient A if she completed and returned a signed release. MSgt. Frederick told her to have the patient contact him the next day and he could send her the necessary release so that he could talk to Patient A about her records. (Test. of Albright, tr. at 490-491; Exs. A9 at 31, A27 at 208-209, 267-268.)

(18) The following morning, December 7, 2013, Patient A received, signed and returned a release to allow MSgt. Frederick to look at her records. (Test. of Patient A, tr. at 144; Ex. A4 at 5.) MSgt. Frederick reviewed Patient A's records and verified that Dr. Murphy had performed a PHA on Patient A in November 2011, but there was no documentation of a Pap smear. (Exs. A9 at 76, A27 at 266-269.) MSgt. Frederick later spoke with Patient A on the phone and told her what he had learned. MSgt. Frederick thought that Patient A was shocked by his answer. MSgt. Frederick asked if she intended to pursue the matter. Patient A replied with something like "Hell, yes, I don't want him to do this to anybody else." (Ex. A27 at 270.) MSgt. Frederick informed Patient A that he had asked about her intent because he needed to take her allegations to his commander. (*Id.*)

(19) MSgt. Frederick later reported the allegation to Colonel (Col.) Heidi Kjos, the ORANG Medical Group Commander. (Test. of Kjos, tr. at 771-772.) Col. Kjos called Patient A to discuss the allegation. Patient A, who sounded tearful on the phone, told her that Dr. Murphy had conducted a Pap smear on her in connection with a PHA "a couple years ago." (Test. of Kjos, tr. at 773-774.) Patient A apologized for not coming forward sooner, but said that she did not realize that it was unusual to get a Pap smear. When Col. Kjos asked if Dr. Murphy had used a speculum, Patient A stated that she did not know "the tools" but confirmed there had been penetration. (*Id.* at 774.) Col. Kjos asked Patient A

to put her allegation in writing and to send it to her via email. (Test. of Patient A, tr. at 145; test. of Kjos, tr. at 775).

(20) On December 8, 2013 at 12:05 p.m., Patient A emailed a written statement outlining her allegation. The statement included a description of a brief social interaction that Patient A had with Dr. Murphy and other people from the base in December 2010. (Ex. A9 at 37, 40.) With regard to the events of November 19, 2011, Patient A wrote:

> I had an appointment at the clinic on drill weekend. I believe it was for my 5 year physical. Dr. Murphy was my provider. During the appointment, he asked me when the last time I had a Pap smear. I told him it was before I had my son, who was born [in] January 2009. He said that I needed one. I felt uncomfortable since I knew him but said ok anyways. He then said "You don't need a female in here, do you?" I remember the exact phrase because of the way it made me feel. I felt obligated to say no, giv[en] the fact that we had a social interaction almost a year prior. Also the way he asked me made me feel that if I said yes, there was something wrong with me.
>
> He proceeded to do the pap. I was extremely uncomfortable and felt this situation was odd. Afterwards, I told Tess Jaeger about it and she told me she didn't think that our base does those. But I told her, yes they do, Maj. Murphy just did one. She also thought it was weird that he was the one doing it, considering the prior social interaction. I also told my husband about it and told him how weird and uncomfortable it was because I knew the[] doctor.

(Ex. A9 at 37.)

(21) Patient A remained visibly upset and emotional during the remainder of the training. (Test. of Albright, tr. at 492; Ex. A9 at 72.)

(22) Following her conversation with Patient A, Col. Kjos called her supervisor, Col. Richard Wedan[3] and told him about Patient A's complaint. Afterward, Col. Kjos and MSgt. Frederick met with Col. Wedan. (Test. of Kjos, tr. at 786; test of Wedan, tr. at 368-360.) Because the nature of the complaint was out of the ordinary, Wedan called in his leadership team and legal staff for the meeting with Col. Kjos and MSgt. Frederick. (Test. of Wedan, tr. at 369-370, Ex. A27 at 336-337.) MSgt. Frederick and Col. Kjos briefed the group on the situation. (Test. of Wedan, tr. at 369-370; Ex. A27 at 336-337.)

(23) After the meeting, Wedan elected to refer the matter to the National Guard's Office of Complex Investigations (OCI). The OCI was formed in response to increased public scrutiny and dissatisfaction with military investigations in which

[3] Col. Richard Wedan was, at that time, the 142nd Fighter Wing Commander, Oregon Air National Guard. (Test. of Wedan, tr. at 367.)

there were reports that findings adverse to the military had sometimes been overturned by higher level command. (Test. of Wedan, tr. at 371-373; Ex. A29 at 338-339.)

(24) On December 8, 2013, Col. Kjos met with Dr. Murphy and informed him that a patient had filed a complaint alleging that Dr. Murphy had performed a Pap smear, an inappropriate medical examination, during a PHA, and that Dr. Murphy had failed to document it in Patient A's chart. (Exs. A9 at 48, 64, A27 at 398-399.)

(25) During the December 8, 2013 meeting, Col. Kjos gave Dr. Murphy a written memorandum explaining that the ORANG was initiating a Command Directed Investigation (CDI) into the allegations. (Exs. A5, A27 at 399.) In that memorandum, Col. Kjos informed Dr. Murphy that he was prohibited from performing unchaperoned physicals while the CDI was pending and that he was prohibited from retaliating against anyone who had made a complaint or who was involved in an investigation. The memorandum also advised Dr. Murphy not to discuss any matter related to the investigation or the underlying facts of the complaint with anyone other than his counsel. The memorandum also provided the name and telephone number of military defense counsel Major Michael Adams, who Dr. Murphy could contact once the CDI was formally initiated.[4] (Ex. A5.)

(26) Dr. Murphy was angry about the allegation and denied having performed a Pap smear on Patient A as alleged. (Exs. A9 at 48, A27 at 399.)

(27) Patient A returned to the base immediately after training. TSgt. Albright returned several days later. (Ex. A27 at 155-56.) After TSgt. Albright returned to the base, Patient A asked if she would be willing to come with her to look at exam rooms to see if it would help her with the memory of what had happened. Patient A and TSgt. Albright entered a room and found gynecological equipment in a drawer under the exam table. The equipment looked old and dirty. Patient A told TSgt. Albright that Dr. Murphy had examined her in that room. (Test. of Albright; tr. at 493-495.) After discovering the equipment, Patient A asked that it be collected and taken for DNA testing. (Ex. A9 at 71.) The equipment was collected; however the lab that examined it found insufficient DNA for analysis. (Ex. A17 at3.)

(28) The exam room where Patient A and TSgt. Albright found the equipment was normally used by Col. Kjos. On November 19, 2011, Col. Kjos was scheduled to see a patient at 11:00 a.m. Dr. Murphy was scheduled to examine Patient A at 10:30 a.m. (Ex. MC6.)

[4] At the time the memorandum was issued, Major Adams was in a defense counsel position with the ORANG, however Major Adams and Dr. Murphy did not form an attorney – client relationship. In fact, Major Adams immediately asked his supervisor to have someone else assigned to represent Dr. Murphy, as Major Adams had just finished training to be the victim rights coordinator for the region, and was subsequently assigned to Patient A.

(29) On December 30, 2013, Dr. Murphy went to the Board offices and spoke with Board investigator Terry Lewis. Dr. Murphy told Mr. Lewis about Patient A's allegation and that the military was investigating the matter. (Ex. A6.) Dr. Murphy emailed Mr. Lewis and Eric Brown (another Board investigator) to notify them that the military's investigation would take longer than he expected. He also provided the Board investigators with the name and contact number of his military legal counsel, Col. Thomas Patton. (Ex. A8.)

(30) In early January 2014, Dr. Murphy met with Col. Wedan to discuss the investigation. Col. Wedan recalls that Dr. Murphy thought that the investigation should be conducted locally, rather than by OCI. Col. Wedan explained that he believed it was best to have it conducted by OCI to ensure that the investigation was professional and unbiased. (Test. of Wedan; tr. at 378-79.) At one point in the conversation, Col. Wedan recalled that Dr. Murphy said something to the effect of "I just don't know why we will hang a guy out to dry for conducting a procedure that he didn't know he wasn't supposed to do." (*Id.;* tr. at 379.) The statement struck Col. Wedan as "odd;" he told three different people, including his attorney, about the statement and made a note of it. (*Id.)*

(31) OCI staff conducted an investigation in Portland from February 6 through 12, 2014. The team collected documentary evidence and interviewed 10 witnesses, including Patient A and Dr. Murphy. (Ex. A9 at 4.)

(32) OCI investigators interviewed Patient A on February 7, 2014. Patient A told investigators that during the November 19, 2011 PHA, Dr. Murphy asked her when she had her last Pap smear. She stated that after she told him that it had been over three years, he told her that one was due. Patient A told investigators that Dr. Murphy took her to another exam rooms and asked her "[Y]ou don't need a female in here, do you?" (Ex. A9 at 30.)

(33) Patient A told investigators that the Pap smear seemed to be a normal procedure except that she did not feel any pain as she had in previous exams. She told them that Dr. Murphy used instruments that were in the exam room and inserted something inside her, but she could not remember if he inserted his fingers or whether he wore gloves. She told the investigators that the exam lasted approximately 10-15 minutes and she never received lab results following the exam. (Ex. A9 at 30-31.)

(34) A summary of Patient A's interview also states:

> A few months after the Pap smear, the victim was talking to her friend, SSgt Tess Jaeger. She said to SSgt Jaeger, "I forgot to tell you. Guess who gave me a Pap smear? Maj Murphy did." * * * SSgt Jaeger told her that Pap smears are not performed at the base. The victim told her they were because she had one by the reported perpetrator.

(Ex. A9 at 31.)

(35) OCI investigators interviewed Staff Sergeant (SSgt.) Jaeger on February 9, 2014. A summary of that interview states:

> SSgt Jaeger became aware of the allegations four to five months ago when she and the victim were driving to lunch. * * * For reasons SSgt Jaeger cannot recall, the reported perpetrator's name was mentioned during their conversation. (SSgt Jaeger supposes the reported perpetrator may have called or dropped by the finance office earlier in the day.) The victim believed it awkward that, before the reported perpetrator performed a Pap smear on her during her five year physical health assessment (PHA), he stated "You don't need a female in here do you?" The victim then explained it was awkward because the way he "asked" the question made her feel as though she could not ask for a chaperone without appearing to mistrust the doctor. Therefore, she agreed to have the exam without a chaperone.
>
> SSgt Jaeger was surprised and confused when she heard that a doctor on base performed a Pap exam. She wondered why the victim would agree to this exam since the medical clinic does not perform Pap exams. SSgt Jaeger stated there would be no reason for a provider to perform a Pap exam because AGR members have their own civilian healthcare providers "for those exams."
>
> SSgt Jaeger told the victim she did not believe the base medical clinic was supposed to perform Pap exams. The victim seemed embarrassed, and the two even made jokes about it. However, because neither were medical professionals, they convinced themselves they did not know for sure. They did both agree that the incident was "creepy," "awkward," and "gross" particularly given the statement the doctor made about not having a chaperone in the room.

(Ex. A9 at 66-67.)

(36) On April 6, 2014, Colonel Kjos prepared a memorandum documenting the results of interviews with 25 women who had been examined by Dr. Murphy at ORANG over the previous four years.[5] All 25 women reported that they had not received a pelvic exam or a Pap smear at the clinic in the last five years. (Ex. A9 at 93.)

(37) The OCI issued a report on August 21, 2014. In a cover letter accompanying an executive summary of the report, Maj. Bayne C. Johnston, Acting Chief of OCI wrote, in part:

> **The investigative team determined the report of sexual assault is substantiated based on a preponderance of the evidence.** This finding is

[5] According to the memorandum, Dr. Murphy had examined a total of 30 women at ORANG during that period. Of the five women who were not interviewed, one had been transferred to another state, another one was retired, and ORANG was not able to contact the remaining three. (Ex. A9 at 93.)

> based upon the victim's credibility as demonstrated in the consistency of her recitation of the sexual assault to others, her physical and emotional reaction to the assault, her demeanor during her interview, the electronic communications provided by the victim and witnesses, the statements of witnesses as to their observations of the victim's behavior before and after the victim learned she had been purposefully assaulted, and the absence of any apparent reason for the victim to make a false allegation.

(Ex. A9 at 3; emphasis in original.)

(38) On September 6, 2014, Col. Marshall Wilde sent an email, accompanied by a copy of the OCI investigation as an attachment, to Col. Patton and to Patient A's military attorney, Maj. Michael Adams (who represented Patient A in the OCI investigation), to be reviewed with their respective clients. Col. Wilde's cover email included a set of orders from Brigadier General (Brig. Gen.) Michael Stencel, ORANG Commander, instructing Dr. Murphy and Patient A not to discuss the report or the matters it contained with witnesses listed in the report, except as required for preparation for any related disciplinary actions, for one year or until further ordered. Brig. Gen. Stencel also ordered that the matters contained in the report were for official use only (FOUO) and contained PII (personally identifiable information), not to be disclosed except for official purposes. (Ex. A15 at 1-2.)

(39) Later on September 6, 2014, Col. Patton, forwarded Col. Wilde's email to Dr. Murphy. (Ex. A15; test. of Patton, tr. at 900.) In a message accompanying the forwarded email, Col. Patton wrote, in part:

> I just got off the phone with Col. Wilde. Bad news: he said they found [Patient A's] accusation substantiated. He said they decided to believe her because she didn't have a motive to lie. I'll hopefully have it by tomorrow and I'll give you a call.

(Ex. A15 at 1; emphasis added.)

(40) Col. Patton received a copy of the report summary the following day. (Test. of Patton, tr. at 901.) Dr. Murphy later called Col. Patton to discuss the report, but specifically asked not to be provided a copy. (Test. of Patton, tr. at 860.) Col. Patton told Dr. Murphy that the OCI had found against him. (Test. of Patton, tr. at 902.) Dr. Murphy asked Col. Patton if OCI investigators had "substantiated" the allegations with any evidence. (Test. of Patton, tr. at 861.) Col. Patton told him that they had not. (Test. of Patton, tr. at 861.)

(41) On September 8, 2014, Dr. Murphy emailed Board investigators Eric Brown and Terry Lewis to inform them that OCI had issued its report. In that email, Dr. Murphy wrote (among other things):

> My understanding is that the OCI, after 9 mo[nths] of investigation, because they could not establish the patient's motive for the false allegation,

> concluded their report on the complaint as 'substantiated'. I have no idea why, because they could not establish a motive, they would therefore leap to the conclusion that her complaint was 'substantiated'.

(Ex. A16; quotations marks in original.)

Defamation Lawsuit

(42) On June 10, 2014, Dr. Murphy, acting without an attorney, filed a lawsuit in Multnomah County Circuit Court alleging that Patient A had defamed him by bringing what he asserted was a false allegation that he had performed a Pap smear on her in November 2011. The lawsuit sought $300,000 in damages, plus court costs and legal fees. (Ex. A12.)

(43) Sometime in June or July of 2014, Dr. Murphy contacted an Oregonian Reporter, Maxine Bernstein, to see if she was interested in writing an article about false allegations in the military. Dr. Murphy spoke to Ms. Bernstein by phone approximately two or three times about the issue. (Test. of Murphy, tr. at 1318-1320.)

(44) On September 14, 2014, Patient A's civilian defense attorney, Joel Shapiro, filed a Special Motion to Strike Pursuant to ORS 31.150, a statute that permits a court to dismiss a civil action that arises out of statements made in the context of certain legislative, executive or judicial proceedings. (Ex. A14.)

(45) On October 3, 2014, Dr. Murphy filed Plaintiff's Response to Defendant's Special Motion to Strike Pursuant to ORS 31.150. (Ex. A18.) Within the response, Dr. Murphy wrote (among other things): "Since the complaint was filed, a 10 month investigation ensued which determined that there was no evidence to support the accusation." (*Id.* at 3.) He also wrote:

> Plaintiff can show that an extensive ten month long investigation conducted by the Washington DC based ORANG Office of Complex Investigations found *no* evidence to support Defendant's claims and stated that Defendant's claims were completely unsubstantiated.

(*Id.* at 4; emphasis in original.) Dr. Murphy signed the response directly under a paragraph that stated:

> I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND IT IS MADE FOR USE AS EVIDENCE IN COURT AND IS SUBJECT TO PENALTY FOR PERJURY.

(*Id.* at 7.)

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(46) Patient A's military counsel, Major Adams, asked Col. Wilde whether it would be permissible to provide a copy of an 18 page OCI summary report to the Multnomah County Circuit Court. Col. Wilde told Major Adams that because he was not Major Adams' supervisor, he could not authorize the release. However, he told him that he believed that releasing it to the court would be a permissible use. (Test. of Wilde; tr. at 44-45 and 63-65.)

(47) Major Adams provided the 18 page OCI summary to the Multnomah County Circuit Court to demonstrate that the report actually found Patient A's allegation to be substantiated. The summary report, unlike the full 274 page OCI report, did not include Patient A's protected health information. (Test. of Lewis; tr. at 255-57.)

(48) Dr. Murphy and Mr. Shapiro appeared before the Honorable Judith H. Matarazzo on October 10, 2014 to present oral argument on Mr. Shapiro's motion to Strike. At the conclusion of the hearing, Judge Matarazzo told the parties that she was inclined to grant the motion and asked Mr. Shapiro to prepare an order for her signature and to provide a copy to Dr. Murphy before he submitted it to her. (Ex. A19 at 20-21.)

(49) On October 17, 2014, Dr. Murphy emailed Col. Wilde to express his concern that Maj. Adams had released the OCI report to the Multnomah County Circuit Court. Dr. Murphy stated that he had been advised to have the court record sealed "to protect my professional reputation." (Ex. A13 at 15.) Dr. Murphy asked Col. Wilde whether ORANG would support a motion to have the record sealed. Dr. Murphy asserted that he would be filing a complaint against Maj. Adams and accused him of acting unethically. (*Id.*) In addition, Dr. Murphy criticized Col. Kjos as wanting to "ride the political wave and make [Dr. Murphy] into a villain." (*Id.* at 16.) Dr. Murphy also wrote that "unlike Kjos, I was not given a princess pass in life." (*Id.*)

Administrative Discharge Proceedings

(50) By letter dated October 23, 2014, Brig. Gen. Stencel notified Dr. Murphy that he recommended that Dr. Murphy be discharged from ORANG for his "pattern of misconduct, professional dereliction, and substandard performance of duty[.]" (Ex. A27, Recorder's Ex. 2.) Brig. Gen. Stencel alleged that Dr. Murphy knew or should have known to refrain from conducting the Pap smear on Patient A, and that he negligently failed to do so; that he negligently failed to document the Pap smear; that Dr. Murphy knowingly gave a false statement to OCI investigators when he denied performing the Pap smear; and that he made a false unsworn declaration in a court proceeding claiming that a military investigation had concluded that Patient A's allegation was unsubstantiated. (Ex. A27, Recorder's Ex.2 at 1-2.)

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(51) The Notification Letter also advised Dr. Murphy of his right to an administrative hearing to contest the discharge and his right to counsel. On December 5, 2014, Dr. Murphy requested a hearing. (Ex. A27, Recorder's Ex.3.)

(52) On October 25, 2014, at 7:47 p.m., Dr. Murphy emailed the Oregon National Guard Adjutant General (TAG) to request a copy of the OCI report. (Ex. A13 at 20.) Dr. Murphy stated that the report "apparently was ordered by the TAG office and approved for public release." (Ex. A13 at 20.) Dr. Murphy also asserted that he had not seen the entire report, but had only seen a "biased, edited version provided by a Maj. Michael Adams, which he placed in the public record of Multnomah County." (*Id.*)

(53) On October 25, 2014, at 7:47 p.m., Dr. Murphy emailed Chief Master Sergeant Eddings to express a number of concerns. Dr. Murphy wrote, in part:

> [H]ey chief – funny that OCI did not talk to you? the clinic chief? funny that they asked Albright the bulk of their questions about PHAs. Albright who probably knows the least about medical personal [*sic*] (not a medic or nurse) and the physical exam process.
> That investigator should be shot – he is worthless.
>
> * * * * *
>
> So do you really think that it would even be imaginable – all the exam beds have stirrups – why change rooms? Crazy story – did she hide the instruments in the
>
> wrong room? * * * I will bet that Kjos was in the room that they 'found' the instruments that day – Kjos thinks she is going to make General off of this.
>
> * * * * *
>
> I should have been more like [name deleted] – make it all about me. 'What an' suck up' [*sic*] piece of shit.
>
> How come you are not speaking up??? Did you tell Wedan how crazy this is? I know you are an honorable person – I am surprised by your silence.
>
> I may lose my job on Monday – it is a government (military) contract and I think they found out about the investigation. I will probably never work as a doc again – no matter what happens.
>
> Tell Jim, I am getting my guns and heading out to Eastern Oregon with him – civilization sucks.

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What happened to honor??

I am going to take all these assholes down – one way or the other.

(Ex. A13 at 19-20.)

(54) On October 30, 2014 Dr. Murphy emailed a number of people at ORANG along with Board investigator Eric Brown. In the email, Dr. Murphy again questioned the release of the OCI report and stated that Maj. Adams had released it "to the public record (presumably to the media as well[.]" (Ex. A13 at 21.) He also wrote that he would be reporting Col. Kjos to the Board for failure to report the alleged incident between Dr. Murphy and Patient A, along with allegations that Col. Kjos unlawfully prescribed medication for financial gain, and had performed unnecessary medical examinations. Dr. Murphy also asserted that Brig. Gen. Stencel was under investigation for allegedly abusing his authority to pressure Dr. Murphy and medical clinic command to hire a nurse. Because of this alleged investigation, Dr. Murphy asserted that Brig. Gen. Stencel should be removed from participation in any disciplinary actions against him. (*Id.*)

(55) On October 31, 2014, Dr. Murphy submitted to Judge Matarazzo a Motion to Vacate Proposed Order, Alternatively Amend the Findings and provide Corrections to the record prior to the Order Granting Defendant's Special Motion to Strike (Motion to Vacate). (Ex. A21.) Dr. Murphy's submission sought to correct the record with regard to some statements he had included in his response to Mr. Shapiro's Special Motion to Strike. Among those corrections, Dr. Murphy wrote:

(56) The plaintiff also unintentionally stated that the OCI did not 'substantiate' the defendant's allegation of sexual assault when in fact the report did come to that conclusion. However, the report failed to 'substantiate' any evidence to support the allegation and even noted the absurdity of the alleged contact.

(*Id.* at 3.)

(57) On November 1, 2014, Dr. Murphy sent an email to Col. Wilde and others at ORANG with a copy also sent to Mr. Brown. (Ex. A13 at 23-24.) In that email, Dr. Murphy stated that he would be filing a bar complaint against Col. Wilde for failure to report the alleged incident between Dr. Murphy and Patient A, and a bar complaint against Maj. Michael Wetzle (his military attorney at that time[6]) for alleged failure to communicate with Dr. Murphy and for alleged "ex parte contacts with opposing parties." (*Id.* at 23.) As result of these complaints, Dr. Murphy asked that Col. Wilde recuse himself from further involvement in the case and stated that Maj. Wetzle was "fired as my defense counsel." (*Id.* at 24.)

[6] Col. Patton resigned as Dr. Murphy's defense counsel at the end of the OCI investigation. (Test. of Patton, tr. at 870.)

(58) On November 3, 2014, Dr. Murphy emailed Col. Wilde and several other members of the military. (Ex. A13 at 27.) Dr. Murphy wrote, in part:

> I hope you are all proud of yourself [*sic*]. This has psych case written all over it. How many psych meds has she been on? All her gyn dates are messed up? Her screwed up relationship with her husband. I love the fact that they sent her back to the pharmacy to dispose of the valium and Percocet because she was pregnant and did not know it. What happen[ed] to that pregnancy was it the one in 2008. Did she stick the instruments (that she put in the drawer) inside her vagina before she 'found' them – is that the DNA test you are sending to my mil?[7]

(Ex. A13 at 27.) Dr. Murphy concluded the email with "The cops will get it from you, they are coming, so are the bar investigators." (*Id.* at 28.)

(59) On or around November 4, 2014, Maj. Adams emailed Board investigator Terry Lewis a copy of Dr. Murphy's October 31, 2014 Motion to Vacate. Maj. Adams noted that Dr. Murphy had corrected his previous mischaracterization of the OCI report and now conceded that OCI had found Patient A's allegations to be substantiated. Maj. Adams opined that Dr. Murphy did so because he had received the notification letter from Brig. Gen. Stencel which included an allegation that Dr. Murphy had misled the court. (Ex. A13 at 29.)

(60) On November 9, 2014, Dr. Murphy emailed Col. Wilde to address, among other things, his intention to pursue "any and all means to exonerate [his] professional reputation." (Ex. A13 at 34.) Dr. Murphy also informed Col. Wilde that he had "provided the court with a copy of the report" and that it was "now part of the public record alongside Maj. Adams's edited version." (*Id.*)

(61) On November 12, 2014, Col. Wedan issued a Debarment Letter to Dr. Murphy, denying him access to Portland Air National Guard Base. The letter was sent, via certified mail, to Dr. Murphy's home in Oregon. Col. Wedan issued the letter after he was shown Dr. Murphy's October 25, 2014 email in which Dr. Murphy stated that an investigator should be shot, called another physician a "piece of shit," and wrote that he would "take all these assholes down –one way or the other." (Ex. A13 at 70.)

(62) On November 19, 2014, Dr. Murphy sent a lengthy email to Col. Wilde to discuss the status of his legal action and to express several points of disagreement with the OCI report. (Ex. A13 at 36-39.) He complained about Maj. Adams' conduct in connection with his legal action and asked Col. Wilde to have him removed from the case for misconduct. He wrote that Maj. Adams had acted inappropriately by submitting what Dr. Murphy claimed was an edited version of the report and told Col. Wilde that he planned "to submit the entire report to the court as an addendum to [his] motion in pursuit of fairness and justice." (*Id.* at 37.)

[7] The term "mil" likely refers to a .mil email address extension used by members of the armed forces.

(63) Also on November 19, 2014, Dr. Murphy emailed Judge Matarazzo's judicial assistant, Tiffany Fox, to discuss scheduling a hearing on his Motion to Vacate. (Ex. A13 at 51-52.) In that email, Dr. Murphy told Ms. Fox that he would like to submit the entire OCI report, and not "the edited version that Michael (Maj.) Adams submitted." (*Id.* at 51.) Mr. Shapiro responded to the email and told Ms. Fox that he had no objection to Dr. Murphy submitting the report. In addition, Mr. Shapiro clarified that the portion of the report that he had submitted earlier was "excerpted, rather than edited." (*Id.* at 50.) Dr. Murphy later filed the full report with the Court. (Test. of Murphy, tr. at 1323.) That full report included Patient A's National Guard medical records and other personal information. (Ex. A44 at 1.)

(64) The full OCI report submitted by Dr. Murphy, and the summary report provided by Mr. Adams, was reviewed in-camera in Judge Matarazzo's chambers. They were not made part of the court record and were not available to the public. The exhibits, medical records, and transcripts associated with the case were destroyed by the court in June 2015 per an order signed by the Presiding Judge. (Ex. A58.)

(65) On November 24, 2014, Dr. Murphy emailed Col. Patton, Col. Wilde, Maj. Adams, and others at ORANG to inform them that the Board had opened an investigation. Dr. Murphy asked that ORANG fully cooperate with the Board and to provide any requested documents concerning his military service and the military's ongoing investigative process. The email also noted that the OCI report showed that Patient A had taken two anti-depressants in the past. (Ex. A13 at 40-41.)

(66) In an email to Mr. Lewis dated November 28, 2014 Dr. Murphy provided information related to his civil action against Patient A. (Ex. A44 at 4-6.) In the email, Dr. Murphy wrote that he filed suit against Patient A with the goal of "having [her] recant her false allegation or risk financial consequences." (*Id.* at 6.) He also confirmed that he had provided a full copy of the OCI report to the court which, he asserted, was "now part of a public record." (*Id.*)

(67) Also in the November 28, 2014 email, Dr. Murphy wrote, regarding physician chaperone policies: "[F]rom past experience, I know that the OMB places a greater value on policies (even policies that don't apply) than physician training and judgment." (*Id.* at 4.)

(68) On November 29, 2014, Dr. Murphy emailed Col. Wilde, Col. Patton and Linda Beuckens of ORANG with various observations about his upcoming discharge proceeding and the Board's investigation. Dr. Murphy also copied Ms. Bernstein (Oregonian reporter) on the email. (Ex. A13 at 56-57.) Among his observations, Dr. Murphy wrote that Maj. Adams might be "unethically involving himself in something that does not concern him – the OMB investigation." (*Id.* at 57.) He also wrote:

By the way did BG Stencel have time to review the responses in my other pending litigation to see if there was anything else from the civil courts or small claims court that he wanted to add to his conclusions regarding my [dereliction] of duty?

Only hope the State [Inspector General] or the Oregonian are taking note of how due process and justice is served in the ORANG.

Just out of curiosity, are you getting help for the emotionally distraught SSgt? Contact Dr. Kjos – she is a physician, I think.

* * * * *

If the OMB starts calling my jobs with this allegation – I will immediately be terminated. Maj. Adams will really get to know me at that point.

(*Id.*)

(69) On December 15, 2014, Dr. Murphy emailed Col. Wilde and several other ORANG personnel in which he reported that he had just learned "via forwarded email" that he had been restricted from the Portland Air National Guard base. (Ex. A13 at 66.) In the email, Dr. Murphy asked for the names of people who felt threatened by him and asked whether he should stay out of the city of Portland or perhaps out of the entire state of Oregon. (*Id.*) Dr. Murphy also requested various documents and information from Col. Wilde as "part of a discovery process." (*Id.* at 67.) Among his requests, Dr. Murphy asked for Patient A's medication lists along with the names of the providers who prescribed her "psych meds." (*Id.*) He also asked for a copy of an alleged investigation of a relationship between Patient A and another married officer who Dr. Murphy identified by name. (*Id.*)

(70) On December 21, 2014, Dr. Murphy emailed Col. Wilde, with copies to Col. Beuckens, Col. Patton, Captain Joni Carlisle,[8] Maj. Adams, and Maj. Kyle Abraham. Dr. Murphy reported that his Motion to Vacate had been denied resulting in the dismissal of the case. However, Dr. Murphy wrote that he intended to refile the case the following week. He also stated that he intended to file a lawsuit, a bar complaint, and a complaint with the inspector general against Maj. Adams. (Ex. A13 at 79.)

(71) Also on December 21, 2014, Dr. Murphy emailed Col. Wilde, Col. Beuckens, and Ms. Bernstein, and copied several other military personnel. (Ex. A13 at 88-89.) In the email, Dr. Murphy asserted that either Patient A or her attorney had told a reporter (Ms. Bernstein) that Patient A had requested that civilian law enforcement investigate her allegation. Dr. Murphy noted that this was inconsistent with a letter previously issued by the Adjutant General. Dr.

[8] On November 4, 2014, Col. Wilde appointed Captain Carlisle as Dr. Murphy's military counsel effective January 15, 2015. (Ex. A13 at 27.)

Murphy wrote "Who is lying here? * * * I assume the Oregonian will be seeking an answer to this question. I will also request that the Governor's office investigate [the Adjutant General] to determine the true nature of the alleged victim's request regarding notification of local law enforcement." (*Id.* at 89.) In addition, Dr. Murphy wrote that he intended to depose the Adjutant General when he refiled his lawsuit against Patient A. He wrote that he suspected that the deposition would demonstrate that Patient A "was again perjuring herself and misleading the press" but that he doubted that ORANG would take any action against her for her "criminal actions." (*Id.*)

(72) On December 24, 2014, Dr. Murphy emailed Mr. Shapiro and Ms. Bernstein, with a copy to Col. Wilde. Dr. Murphy asked Mr. Shapiro whether Patient A had previously requested a law enforcement investigation. Dr. Murphy wrote that he intended to refile his lawsuit and that he would seek disciplinary actions by the court against Mr. Shapiro and Maj. Adams if he determined that they had concealed a law enforcement investigation. (Ex. A13 at 83-84.)

(73) On December 30, 2014, Maj. Adams emailed Board investigator Lewis to outline the various complaints and actions that Dr. Murphy had taken since Patient A made her allegations. Maj. Adams listed the following:

- Inspector General complaints either filed or threatened against Col. Kjos, Col. Wedan, Brig. Gen. Stencel, and Maj. Adams.
- Threatened congressional complaints and suggesting that the Adjutant General be removed by the Governor.
- Filed a civil action against Patient A and misled the court about the outcome of the OCI investigation.
- Attempted to file the entire OCI report with the Multnomah County Court so that it would become part of the public record. The report contained many of Patient A's personal medical records.

(Ex. A13 at 104.) Maj. Adams then opined:

> [Dr. Murphy] acts like a bully on the playground to coerce others to take the actions he desires. He keeps cc'ing Maxine Bernstein the Oregonian Reporter. Again, everyone else's fault, while taking no responsibility. * * *. With this much stress, I am not sure how he can be that stable. I think it is only a matter of time before he implodes.

(*Id.*)

(74) Maj. Adams attached a document from Dr. Murphy to his December 30, 2014 email. In that document, Dr. Murphy accused Maj. Adams and Patient A of fraud and extortion. He also wrote "Your fraudulent behavior should result in disciplinary actions by the Court and the Oregon Bar. (Ex. A13 at 106.)

(75) On February 5, 2015, Dr. Murphy sent an email to Dr. Joseph Thaler (the Board's Medical Director) and Dr. Lisa Snyder.[9] (Ex. A44 at 11.) In that email, Dr. Murphy wrote that he had submitted a comment to the Oregonlive.com website commenting on Patient A's allegations. Dr. Murphy wrote that he submitted the comment because "this accusation is apparently being tried in the court of public opinion." (*Id.*) The comment read, in part:

> I am very familiar with this case which was unethically made part of the public record by the accuser's [military attorney]. The article failed to mention the following –
>
> the accuser has been on psych medication for over 10 years without disclosing it to the military (no wonder the military has so many of these friendly fire/active shooter incidents.)
>
> the accuser previously received a breast and gyn exam from a male flight surgeon at that same clinic in the past, flight surgeons are general medical officers and as such are qualified to do physical exams (including gyn and rectal exams)
>
> the physician has never been a complaint of inappropriate contact or relations with patients in almost 30 yrs of working as a healthcare worker
>
> * * * * *
>
> the gyn instruments were 'found' in a female physician's exam room (not Murphy's exam room) and all the exam rooms are configured with the same stirrups on the exam table.
>
> the accuser was previously involved in an affair with a married officer, she sent a flirtatious email to Murphy which he ignored, weeks later she came up with this alleged gyn exam stating it occurred years earlier – which she had never noted in her medical history (in fact she sought out a gyn exam in 2013 even though she would not have been due, if she truly believed that she had received one in 2011.)

(*Id.* at 11-12.)

(76) On February 6, 2015, Judge Matarazzo issued a General Judgement of Dismissal, dismissing Dr. Murphy's defamation action and awarding costs and attorney fees to Patient A. (Ex. A23.)

Phone Call to Tuality Hospital

(77) On a Saturday in February 2015, Dr. Murphy called Tuality Hospital in an attempt to reach Kathryn Gilbert, R.N. (Test. of Gilbert, tr. at 125-126.) The

[9] It is unclear from the record who Dr. Snyder is or what her role was in this case.

switchboard referred the call to John Sparks, the administrative nurse supervisor on duty at that time. (Test. of Sparks, tr. at 554-555.) The switchboard operator forwarded the call to Mr. Sparks because the caller, who identified himself as a physician, was very insistent. However, the operator did not recognize the name the caller provided. (*Id.*)

(78) When Sparks answered the phone, the caller identified himself as a doctor on staff, and used the name that Sparks recalled as "Hansen," "Hamson," or something similar. The caller wanted Ms. Gilbert's phone number, but Mr. Sparks would not provide it. Due to the caller's insistence that he was trying to reach Gilbert about an urgent medical matter, Sparks took the caller's phone number and then called or paged Ms. Gilbert, who was not then on duty. (Test. of Sparks, tr. at 555-557, 559.)

(79) Ms. Gilbert was at a gym when she received the page from Mr. Sparks. She called Mr. Sparks who told her that a "Dr. Hanson" was trying to reach her regarding a "cath lab order set" for a patient. (Test. of Gilbert, tr. at 125-126; Ex. A37 at 1.) Sparks gave her the telephone number the caller had provided. Gilbert did not recognize the name Sparks had relayed but recalled that she worked with a Dr. Hamdon and thought that he might be the caller. (Test. of Gilbert, tr. at 126.)

(80) When Ms. Gilbert called the number provided by Mr. Sparks, her cell phone identified the number as that of Dr. Murphy. Dr. Murphy formerly worked with Ms. Gilbert at Tuality Hospital and Ms. Gilbert had socialized with Dr. Murphy and his wife on occasion. When Dr. Murphy answered the telephone, Ms. Gilbert recognized his voice. Ms. Gilbert asked Dr. Murphy why he told the hospital he was someone else but does not recall his answer. Dr. Murphy did not discuss any medical issues, but engaged in some small talk and also told Ms. Gilbert about some difficulty he was having with someone in the National Guard who had alleged that he had sexually assaulted her. (Test. of Gilbert, tr. at 126-129; Ex. A37 at 1-2.)

Public Disclosure of Confidential Information

(81) On March 17, 2015, Dr. Murphy filed an 11 page document with the Multnomah County Circuit Court that was titled "Settlement Offer – Murphy v. [Patient A]." (*Id.* at 14-25.) The settlement offer contained Dr. Murphy's extensive discussion of Dr. Murphy's view of the facts of his dispute with Patient A, including a detailed account of Patient A's allegations regarding the alleged Pap smear. The document also includes a section labeled "**THE DEFENDANT'S HISTORICAL LACK OF HONESTY-CONCEALING PSYCHOLOGICAL PROBLEMS FROM THE MILITARY.**" (*Id.* at 19; emphasis in original.) Dr. Murphy wrote in the document that Patient A failed to notify the military of a psychological issue and her past use of anti-depressant medications. The document also contains a detailed account of Patient A's self-reported online health assessments, including discussions of past Pap smears, a C-

section, a list of psychiatric medications, and an assertion that Patient A used a psychiatric medication while she was pregnant. (*Id.* at 22.) The settlement offer was included in the official court record and was available to members of the public through the court's electronic information system, OJIN. (Test. of Lewis; tr. at 621.)

(82) Also on March 17, 2015, Dr. Murphy sent an email to multiple people, including Mr. Shapiro, Ms. Bernstein, several members of the military, and several others. (Ex. A44 at 27.) The email included the 11 page settlement agreement as an attachment and had the subject line "Public Record – filed with Circuit Court – Settlement Offer in 15CV02439." (*Id.*) At the end of the email, Dr. Murphy asked the recipients to "Please forward this settlement offer to any interested party, ask them to contact the Oregon State Military Office or the Governor's office to put an end to this non-sense." (*Id.*)

(83) On March 18, 2015, Dr. Murphy sent an email to his military attorney, Captain Carlisle, and another military attorney, Col. Monique DeSpain. He also copied Board investigators Lewis and Brown, Board Medical Director Dr. Thaler, several members of the military, and Ms. Bernstein. (Ex. A24.) In the email, Dr. Murphy stated that he wished to separate from ORANG and asked Captain Carlisle to send him the appropriate paperwork. He asserted that he wanted to focus his effort on litigating claims against the Board, including harassment and retaliation. He accused the Board of "intentionally delaying" its investigation. (*Id.* at 1.) Dr. Murphy further wrote:

> I suspect the delay is a direct result of the inept but malicious investigative and legal staff at OMB/DOJ, who did not have the courage or integrity to respond with an explanation.
>
> By removing the separation hearing, it will provide one less excuse for the investigator's continued harassment and retaliation. The OMB investigative staff are a group of non-professionals who lead physicians like Joe Thaler around by the nose, making the OMB's entire process almost as absurd as that report produced by the OCI.
>
> Obviously, this has been a frustrating process, when a mentally deranged patient with an absurd complaint manages to convert a routine established complaint process into a 1 ½ year circus. The main clowns being Heidi Kjos and Monique DeSpain – who made a patient[']s complaint into something it wasn't, just to bring attention to themselves as female activists (politically popular). And of course OMB's Terry Lewis is always interested in undermining physicians in order to justify his existence (bad idea for a morbidly obese male with no doubt some underlying pathology that will require medical assistance someday soon).

(*Id.* at 2.)

(84) On April 11, 2015, Dr. Murphy sent an email to MSgt. Frederick, Chief Master Sergeant Michelle Marshall (both of ORANG leadership), and to Board Investigators Lewis and Brown. In that email, Dr. Murphy wrote:

> I was contacted by a patient who I saw in the medical clinic sometime back. The patient told me that they had been contacted regarding my care. I formally request that if any of my patients (any patients) are contacted by the investigators from the Oregon Medical Board that they do NOT cooperate. [T]he OMB has no investigative authority outside of license holders. If there is a question regarding patient care, the investigator can contact me. This is a significant infringement on patient confidentiality. This of course applies to any and all medical records as well.

(Ex. A25; emphasis in original.)

Administrative Discharge Hearing

(85) The Oregon Military Department's Administrative Discharge Board held a hearing on Dr. Murphy's appeal of the recommended discharge from May 7 through 9, 2015 in Portland, Oregon. Legal Advisor Col. William D. Bunch presided at the hearing. The Board was comprised of three voting members, all of whom were colonels in the Air National Guard. Dr. Murphy participated in the hearing and was represented by his military counsel, Captain Carlisle. Both Dr. Murphy and Patient A, among others, testified at the hearing. (Ex. A27.)

(86) At the conclusion of the hearing, the Administrative Discharge Board found against Dr. Murphy on all charges. Specifically, the Board concluded:

- Dr. Murphy was derelict in the performance of his duties by negligently failing to refrain from conducting a genital exam or Pap smear on Patient A;
- Dr. Murphy was derelict in the performance of his duties by failing to document the genital exam or Pap smear on a Patient A;
- Dr. Murphy knowingly made a false statement to an OCI investigator by asserting that he did not perform a Pap smear or similar procedure on Patient A; and
- Dr. Murphy knowingly made a false statement in an unsworn declaration that claimed that a military investigation had found Patient A's allegation to be unsubstantiated.

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(Ex. A27, Ex. 1[10].) As a result of these findings, the Administrative Discharge Board recommended that Dr. Murphy be separated from the National Guard with an other than honorable conditions discharge. (*Id.*)

Board Request for Records

(87) On May 12, 2015, Mr. Lewis sent Dr. Murphy a request for information, pursuant to the Board's authority under ORS 677.320, asking Dr. Murphy to provide the following:

> A complete copy of the medical record[s] for your care and treatment for patients [B] and [C]. Please include all information regarding your prescribing for these patients in 2013-2014.

(Ex. A29.) Dr. Murphy did not provide the requested medical records to the Board. (Test. of Lewis, tr. at 1264-65.)

(88) A subcommittee of the Board's Investigative Committee interviewed Dr. Murphy on June 4, 2015. (Ex. A31 at 4.) The Board's Medical Director, Dr. Thaler, Board Investigator Lewis, and Mr. Foote were also present for the interview. (*Id.*)

(89) Dr. Murphy had copies of documents at the interview that he believed the subcommittee might ask about, including medical records of Patients B and C. Dr. Murphy did not tell anyone that he had the medical records with him, nor did he offer them to the subcommittee. (Test. of Murphy, tr. at 1269-1271; test. of Lewis, tr. at 1264-1265.)

(90) At the conclusion of the interview, when Dr. Murphy asked if he should continue to provide any additional evidence to Mr. Lewis, Mr. Foote replied "Well, he's your point of contact if you have anything further * * * [because] these things will be considered by the Board so if there's something you want to submit, go through him." (Ex. A31 at 39.) Other than an affidavit of Col. Patton, Dr. Murphy did not offer, or attempt to offer, any other documents to the subcommittee or to Mr. Lewis before leaving the interview. (Test. of Murphy; tr. at 1265; Ex. A31 at 37-39.)

(91) Prior to submitting exhibits in preparation for the current contested case hearing, Dr. Murphy failed to produce the documents requested by the Board in Mr. Lewis's May 30, 2015 letter. . (Test. of Murphy, tr. at 1263; Exs. MC2, MC3, MC4, and MC5.)

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[10] Ex. A27 is a transcript of Dr. Murphy's Administrative Discharge Board hearing. The information in Finding of Fact 86 is derived from Exhibit 1 from that hearing.

E-Mail Communication with the Board

(92) On August 15, 2015, Dr. Murphy sent an email to Mr. Lewis, Mr. Brown, and Mr. Foote. (Ex. A34.) In that email Dr. Murphy wrote, in part:

> Mr. Lewis,
>
> When do you imagine that you folks might finish fabricating these unsupported violations? How long does it take to 'finalize' BS?
>
> As you are obviously aware, I am currently in litigation regarding the medical board's last illegal and unethical action and I want to make sure the court is aware of the OMB's latest attempt at retaliation.
>
> So Terry, if you are going to 'get me back' or 'teach me a lesson' (try to intimidate me), you need to stop stuffing your face, put down your comic books and use your crayons to come up with something in writing – pronto. Oh hey – thanks again for lying to me about having to report a patient's complaint in 10 days, [etc.] * * * [Patient A's] allegation is false and she is going to go to jail for making it. This is pathetic, I try to help people and make a difference every[]day and all you folks can do is make up non sense [*sic*] to justify your own existence. And of course you retaliate against anyone who calls you out on your Emperor's clothing.
>
> Dr. Thaler and the other physicians involved in this – shame on you.
>
> * * * * *
>
> oh yea – good morning Mr. Lewis – the great and powerful Oz has spoken.

(*Id.* at 1.)

(93) On August 22, 2015, Dr. Murphy emailed Kevin Danielson, an attorney in the United States Attorney's Office in Oregon, and Mr. Foote. (Ex. A35.) Dr. Murphy informed Mr. Danielson that he "gave up on [his] civil suit" against Patient A because "[s]he does not have any money and your office and the federal court system made it too cost prohibitive and complicated to continue." (*Id.*) In addition, Dr. Murphy informed Mr. Danielson of the Board's investigation, writing "Now the board (mostly a morbidly obese investigator with a high school diploma and a chip on his shoulder) is mounting some kind of vendetta." (*Id.*) He also wrote:

> The Board is now going beyond the so called "casting a wide net" approach and is actually posting complete nonsense on their website. The OMB (maybe other medical boards as well) functions via blatant intimidation of licensed providers, because the board does not feel that they have to answer to anyone who works under the banner of 'public safety'.

> Currently I am pursuing litigation against the State for damages from a previous false claim by the OMB (supported by a[n] Oregon State Court of Appeals ruling). But clearly there is **collusion between the State AG office in their efforts to "persuade me to drop it" and the OMB (Kathy Haley)** who is aware of or is encouraging their investigator Terry Lewis to simply fabricate issues like he did previously.
>
> *I think it is unethical, maybe illegal. I believe it would take a federal prosecutor to make that determination.* What are your thoughts? I have copied Ms. Haley and Mr. Foote in order to be transparent. I am not an attorney (although I have enrolled in an on-line JD course), so I really don't know.

(*Id.;* emphasis in original.)

(94) In an August 27, 2015 email to Ms. Mazzucco, Dr. Murphy responded to some questions about his 2013 license renewal application. (Ex. A36c.) In that email, Dr. Murphy wrote, in part:

> Now in the summer of 2015, one of the board members (a chiropractor – a non MD with the usual low self esteem of going to a 'medical' school in a shopping center) is questioning some of the answers on my renewal application from way back then as part of a medical board vendetta.
>
> * * * * *
>
> It is tough to give the 'right answers' when you are working class and not some silver spoon "Doctor or Lawyer" who has never done real work and had some fancy graduation from a frat house. The Board does not understand working during the day, then doing the school thing only when time and money allowed.
>
> * * * The medical board has no idea about how the building they are sitting in – was built, where the food that Terry Lewis stuffs his face with comes from, or how even the garbage is handled, [etc.].

(*Id.* at 1-2)

Ethical Standards of the Medical Profession

(95) Joseph Thaler, MD, is board certified in internal medicine. He practiced internal medicine for 29 years. He was a member of the Board from 1999 to 2006, and was the Board chair in 2005. He has been the Board's Medical Director since 2012. (Ex. A52.)

(96) In his role as Medical Director, Dr. Thaler often reviews records from Board licensees to determine if the licensees are meeting standards of care and standards of ethics that apply to the medical profession. In making such determinations, Dr.

Thaler, and the Board, will look to the American Medical Association (AMA) Code of Medical Ethics for guidance. The Board also relies on other sources including professional literature. (Test. of Thaler, tr. at 515-516.)

(97) The AMA has published formal ethical opinions which pertain to the professional and ethical obligations of physicians. AMA Opinion 8.02 is titled "Ethical Guidelines for Physicians in Administrative or Other Non-clinical Roles." (Ex. A33 at 1.) The opinion provides, in part:

> Throughout their formal education and their practice of medicine, physicians profess and are therefore held to standards of medical ethics and professionalism such as those expressed in the AMA Code of Medical Ethics. Complying with these standards enables physicians to earn the trust of their patients and the general public. This trust is essential to successful healing relationships and, therefore, to the practice of medicine.
>
> The ethical obligations of physicians are not suspended when a physician assumes a position that does not directly involve patient care. Rather, these obligations are binding on physicians in non-clinical roles to the extent that they rely on their medical training, experience, or perspective. When physicians make decisions in non-clinical roles, they should strive to protect the health of individuals and communities.

(*Id.*)

(98) AMA Opinion 9.07 is titled "Medical Testimony." (Ex. A33 at 3.) The opinion provides, in part:

> As citizens and as professionals with specialized knowledge and experience, physicians have an obligation to assist in the administration of justice.
>
> When a legal claim pertains to a patient the physician has treated, the physician must hold the patient's medical interests paramount, including the confidentiality of the patient's health information, unless the physician is authorized or legally compelled to disclose the information.
>
> Physicians who serve as fact witnesses must deliver honest testimony. This requires that they engage in continuous self-examination to ensure that their testimony represents the facts of the case.
>
> * * * * *
>
> Organized medicine, including state and specialty societies and medical licensing boards can help maintain high standards for medical witnesses by assessing claims of false or misleading testimony and issuing disciplinary sanctions as appropriate.

(*Id.*)

(99) AMA Opinion 5.05 is titled "Confidentiality." (Ex. A39.) The opinion provides, in part:

> The information disclosed to a physician by a patient should be held in confidence. The patient should feel free to make a full disclosure of information to the physician in order that the physician may most effectively provide needed services. The patient should be able to make this disclosure with the knowledge that the physician will respect the confidential nature of the communication. The physician should not reveal confidential information without the express consent of the patient, subject to certain exceptions which are justified because of overriding considerations.
>
> When a patient threatens physical harm to another person or to him or herself and there is a reasonable probability that the patient may carry out the threat, the physician should take reasonable precautions for the protection of the intended victim[.] * * *
>
> When the disclosure of confidential information is required by law or court order, physicians generally should notify the patient. Physicians should disclose the minimal information required by law, advocate for the protection of confidential information and, if appropriate, seek a change in the law. * * *

(*Id.*)

(100) AMA Opinion 5.04 is titled "Communications Media: Standards of Professional Responsibility." (Ex. A38.) The opinion provides, in part:

> Physicians are ethically and legally required to protect the personal privacy and other legal rights of patients. When information concerning a specific patient is requested by the media, the physician must obtain the consent of the patient or an authorized representative before releasing such information. The physician may release only the authorized information or that which is public knowledge. The patient-physician relationship and its confidential nature must be maintained.
>
> * * * * *
>
> Certain news that is part of the public record, such as deaths, may be made available without the consent of the patient or authorized representative. * * *

(*Id.*)

(101) AMA Opinion 10.0.15 is titled "The Patient-Physician Relationship." (Ex. A45.) The opinion provides, in part:

> The practice of medicine, and its embodiment in the clinical encounter between a patient and a physician, is fundamentally a moral activity that arises from the imperative to care for patients and to alleviate suffering.
>
> A patient-physician relationship exists when a physician serves a patient's medical needs, generally by mutual consent between physician and patient (or surrogate). In some instances the agreement is implied, such as in emergency care or when physicians provide services at the request of the treating physician. * * * Nevertheless, the physician's obligations to the patient remain intact. The relationship between patient and physician is based on trust and gives rise to physicians' ethical obligations to place patients' welfare above their own self-interest and above obligations to other groups, and to advocate for their patient's welfare.

(*Id.*) Within the patient-physician relationship, a physician is ethically required to use sound medical judgment, holding the best interests of the patient as paramount. (*Id.*)

(102) Barry Egener, MD, is board certified in internal medicine and has been practicing medicine for over 34 years. At the time of the hearing in this case, Dr. Egener was the Medical Director for both the Foundation for Medical Excellence and its subdivision, the Northwest Center for Physician-Patient Communication. He was also a member of the faculty in internal medicine for Legacy Health Systems. (Test. of Egener, tr. at 422-23; Ex. A51 at 1.) In addition, he was a faculty member of the American Academy on Physician and Patient, and a clinical assistant professor in public health at the Oregon Health Sciences University (OHSU). (Ex. A51 at 2.) Dr. Egener has authored numerous journal articles on the topics of professionalism and physician-patient communication. (Test. of Egener, tr. at 423-24; Ex. A51 at 4.) Dr. Egener believes that the essence of professionalism is for the professional (including physicians) to execute a fiduciary responsibility to the more vulnerable party. In Dr. Egener's view, in all professional relationships patients or clients rely on the unique expertise of the professional to make judgments about the patient or client's best interest. It is this imbalance of expertise that gives rise to the fiduciary responsibility. Dr. Egener has identified three separate domains of physician professionalism: 1) the relationship between the physician and the patient; 2) the relationship between the physician and other members of a healthcare team; and 3) the relationship between the profession of medicine and society as a whole. (Test. of Egener, tr. at 425-26 and 430.)

(103) *Medical Professionalism in the New Millennium: A Physician's Charter* (the Charter), published by the American Board of Internal Medicine in 2004, is a well-respected document that has been cited in at least 600 published articles. (Test. of Egener, tr. at 427; Ex. A49.) The preamble to the Charter states, in part:

> **Professionalism is the basis of medicine's contract with society.** It demands placing the interests of patients above those of the physician, setting and

> maintaining standards of competence and integrity, and providing expert advice to society on matters of health. The principles and responsibilities of medical professionalism must be clearly understood by both the profession and society. Essential to this contract is public trust in physicians, which depends on the integrity of both individual physicians and the whole profession.

(Ex. A49 at 1; emphasis in original.) Among the principles enumerated in the Charter are a commitment to patient confidentiality, a commitment to maintaining trust by managing conflicts of interest, and a commitment to professional responsibilities. (*Id.* at 1-2.) As part of the commitment to professional responsibilities, the Charter states:

> As members of a profession, physicians are expected to work collaboratively to maximize patient care, be respectful of one another, and participate in the process of self regulation, including remediation and discipline of members who have failed to meet professional standards. * * * These obligations include engaging in internal assessment and accepting external scrutiny of all aspects of their professional performance.

(*Id.* at 2.)

(104) In an article titled "Toward a Normative Definition of Medical Professionalism," published in the journal *Academic Medicine* in June 2000, Herbert M. Zwick, MD, noted that medical professionalism is comprised of the following sets of behaviors:

- *Physicians subordinate their own needs to the interests of others.* * * *
- *Physicians adhere to high ethical and moral standards.* * * *
- *Physicians respond to societal needs, and their behaviors reflect a social contract with communities served.* * * *
- *Physicians evince core humanistic values, including honesty and integrity, caring for others, and trustworthiness.* * * *
- *Physicians exercise accountability for themselves and for their colleagues.* * * *
- *Physicians demonstrate a continuing commitment to excellence.*
- *Physicians exhibit a commitment to scholarship and to advancing their field.* * * *
- *Physicians deal with levels of complexity and uncertainty.* * * *
- *Physicians reflect upon their actions and decisions.*

(*Id.* at 3-4; italics in original.)

(105) Dr. Egener reviewed numerous emails from Dr. Murphy directed toward colleagues, members of the military, attorneys, the Board, and others. In Dr. Egener's view, Dr. Murphy's October 25, 2014 email to Chief Master Sergeant Eddings (Ex. A13) (in which he wrote that an investigator should be shot, implied that Dr. Kjos was using Patient A's allegation to try to secure a promotion, referred to another person as a "piece of shit," stated that he was taking guns and

going out to eastern Oregon, and that he was going to "take all these assholes down,") was "denigrating, [showed a] lack of respect [and had] some element of arrogance." (Test. of Egener, tr. at 434.) Dr. Egener believed that this email demonstrated unprofessional behavior. In particular, Dr. Egener believed that the comments in the email undermined collegiality that is necessary to the smooth functioning of a health care team. (*Id.*)

(106) Dr. Egener also reviewed Dr. Murphy's March 18, 2015 email (Ex. A24), sent to numerous recipients including members of the military, members and employees of the Board, and a reporter, in which Dr. Murphy referred to Patient A as "mentally deranged," referred to a Board Investigator as "morbidly obese" with "an underlying pathology," and referred to two colleagues as "female activists" who were "trying to bring attention to themselves." (Test. of Egener, tr. at 435.) Dr. Egener viewed this email as unprofessional in the way that it referred to Patient A, by undermining the role of the Board and the credibility of the medical profession, and by undermining his relationship with his colleagues. Dr. Egener also believed that the email demonstrated arrogance which, he opined, detracted from Dr. Murphy's ability to be professional. (*Id.* at 436-39.)

CONCLUSIONS OF LAW

The Board adopts ALJ Mann's conclusions of law, his supporting opinion except as noted in the Board's discussion of one of Dr. Murphy's violations of ORS 677.190(1)(a), dishonorable and unprofessional conduct, and ALJ Mann's recommendation that Dr. Murphy's license be revoked, Dr. Murphy be assessed a civil penalty of $10,000, and Dr. Murphy be assessed the cost of these proceedings

1. The evidence did not establish that Dr. Murphy performed an unauthorized Pap smear on a patient on November 19, 2011 in violation of ORS 677.190(1)(a), as defined by ORS 677.188(4)(a), and/or conduct that does or might constitute a danger to a patient and gross negligence, in violation of ORS 677.190(13).

2. Dr. Murphy provided false, misleading, and deceptive information in connection with his October 29, 2013 application to renew his medical license by stating that his highest level of education was an associate's degree and that he could speak and understand Quechua sufficiently to communicate for clinical purposes in violation of ORS 677.190(8). Dr. Murphy did not violate OAR 847-008-0058 because the rule was not in effect at the time that he submitted his application. The record did not establish that Dr. Murphy's false answers on his October 29, 2013 renewal application violated ORS 677.190(1)(a) and (17).

3. Dr. Murphy acted in a manner contrary to recognized standards of ethics of the medical profession, in violation of ORS 677.190(1)(a) as defined by

ORS 677.188(4)(a), by filing a false or misleading declaration in connection with a proceeding in Multnomah County Circuit Court.

4. Dr. Murphy disclosed private health information and confidential medical records of a patient in violation of ORS 677.190(1)(a) and (5), as defined by ORS 677.188.(4)(a). The record did not establish that Dr. Murphy violated HIPAA privacy regulations (45 CFR 164.502).

5. Dr. Murphy did not violate ORS 677.080(3) and ORS 677.190(10) by calling a nurse supervisor at Tuality Healthcare in 2015 while representing himself by the name of "Dr. Hanson."

6. Dr. Murphy violated ORS 677.190(17) and OAR 847-001-0024(1) by failing to comply with a Board investigator's request for medical records in connection with an investigation into Dr. Murphy's alleged prescribing of controlled substances to two patients.

7. Dr. Murphy violated ORS 677.190(1)(a) as defined by ORS 677.188(4)(a) by asking individuals not to cooperate with the Board's investigation thereby impeding that investigation.

8. Dr. Murphy engaged in a pattern of belligerent and obstructive behavior during the course of the Board's investigation and that pattern of behavior constitutes unprofessional or dishonorable conduct in violation of ORS 677.190(1)(a) as defined by ORS 677.188(4)(a).

9. The Board may revoke Dr. Murphy's Oregon medical license, assess a $10,000 civil penalty, and assess the costs of the proceedings.

OPINION

The Board alleges that Dr. Murphy committed several violations of the Medical Practices Act, for which the Board has proposed revocation of his medical license, a $10,000 civil penalty, and assessment of the costs of the disciplinary proceeding. The Board has the burden of establishing by a preponderance of the evidence that the violations alleged in the Second Amended Notice occurred and that the proposed sanctions are appropriate. ORS 183.450(2) ("The burden of presenting evidence to support a fact or position in a contested case rests on the proponent of the fact or position"); *Harris v. SAIF*, 292 Or 683, 690 (1982) (general rule regarding allocation of burden of proof is that the burden is on the proponent of the fact or position); *Metcalf v. AFSD*, 65 Or App 761, 765 (1983) (in the absence of legislation specifying a different standard, the standard of proof in an administrative hearing is preponderance of the evidence). Proof by a preponderance of the evidence means that the fact finder is persuaded that the facts asserted are more likely than not true. *Riley Hill General Contractor v. Tandy Corp.*, 303 Or 390, 402 (1987).

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Pursuant to ORS 677.265, the Board is vested with the authority to regulate the practice of medicine in Oregon. ORS 677.190 authorizes the Board to discipline an Oregon physician for any of several delineated reasons. The Board has proposed disciplining Dr. Murphy under the following provisions of ORS 677.190:

> The Oregon Medical Board may refuse to grant, or may suspend or revoke a license to practice for any of the following reasons:
>
> (1)(a) Unprofessional or dishonorable conduct.
>
> * * * * *
>
> (5) Willfully or negligently divulging a professional secret without the written consent of the patient.
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> ///
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> * * * * *
>
> (8) Fraud or misrepresentation in applying for or procuring a license to practice in this state, or in connection with applying for or procuring registration.
>
> * * * * *
>
> (10) Impersonating another licensee licensed under this chapter or permitting or allowing any person to use the license.
>
> * * * * *
>
> (17) Willfully violating any provision of this chapter or any rule adopted by the board, board order, or failing to comply with a board request pursuant to ORS 677.320.

In addition, ORS 677.188(4)(a) defines "unprofessional or dishonorable conduct" for purposes of ORS 677.190(1)(a). ORS 677.188(4)(a) provides:

> (4) "Unprofessional or dishonorable conduct" means conduct unbecoming a person licensed to practice medicine or podiatry, or detrimental to the best interests of the public, and includes:
>
> (a) Any conduct or practice contrary to recognized standards of ethics of the medical or podiatric profession or any conduct or practice which does or might constitute a danger to the health or safety of a patient or the public or any conduct, practice or condition which does or might adversely affect a physician's ability safely and skillfully to practice medicine or podiatry[.]

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1. Unauthorized Pap Smear

The central issue in dispute in this case is whether Dr. Murphy performed a Pap smear on Patient A during a five-year preventative health assessment (PHA) in November 2011. While there is no dispute that Dr. Murphy conducted a PHA on Patient A, Dr. Murphy vehemently denies Patient A's allegation that he performed a Pap smear.

Recently, the Oregon Court of Appeals has reiterated that "credibility depends not only on demeanor but also on such factors as inherent probability, or improbability of the testimony, the possible internal inconsistencies, the fact that it is or is not corroborated, that it is contradicted by other testimony or evidence and finally that human experience demonstrates it is logically incredible." *Osuna-Bonilla v. Teacher Standards and Practices Comm.*, 282 Or App 260, 268-269 (2016), *citing with approval Preferred Funding, Inc. v. Jackson*, 185 Or App 693, 699 (2003).

With regard to the allegations in this case, there is nothing inherently probable or improbable with either Patient A's allegation, nor with Dr. Murphy's denial. Nor is there anything about the allegation or the denial that is logically incredible. Furthermore, both Patient A and Dr. Murphy have been relatively consistent in their accounts of the events of November 19, 2011. The only contemporaneous evidence of the PHA is the medical record prepared by Dr. Murphy. That record contains no indication that a Pap smear was performed. The absence of such a record is consistent with Dr. Murphy's denial. However, it is also consistent with the Board's allegation that the procedure was unauthorized because it is unlikely that Dr. Murphy would have documented a procedure that he knew was improper.

The following evidence is consistent with Dr. Murphy's denial:

- Dr. Murphy denies any memory of the PHA. He has not offered a competing version of events to try to rebut Patient A's allegations. This would be expected if, as he asserts, nothing out of the ordinary occurred during the PHA.
- There is no evidence that Dr. Murphy has ever engaged in, or been accused of, similar conduct in the past.
- The incident was alleged to have occurred in an exam room that Dr. Murphy normally did not use, but that was often used by another physician who also performed PHAs that day.
- The National Guard interviewed 25 of the 30 women that Dr. Murphy had examined over a four year period. None of them reported that Dr. Murphy had performed a pelvic exam or a Pap smear on them.

The following evidence, however, is consistent with Patient A's allegations:

- Patient A told TSgt. Albright that Dr. Murphy performed a Pap smear. At the time she relayed this information, Patient A contends that she did not believe that the procedure was unauthorized. Patient A appeared to be shocked to learn that Pap smears were not performed at the ORANG base.

- Patient A appeared visibly upset when she learned that there was no record of the procedure.

- Patient A identified the exam room in which she asserts the procedure occurred. She and Albright discovered gynecological examination equipment in that room.

- Patient A insisted that the equipment be seized by authorities for DNA testing; a request which she would be unlikely to make if she did not believe that the equipment had been used to examine her.

- SSgt. Jaeger and Patient A recall a conversation, sometime prior to December 2013, in which Patient A disclosed that Dr. Murphy had performed a Pap smear on Patient A during a PHA.

However, there are some aspects of the above evidence that casts doubt on its reliability. First, it is unclear from the record whether Patient A immediately and correctly identified the room in which the procedure allegedly took place. Patient A did not search the exam rooms with TSgt. Albright until TSgt. Albright returned from training, several days after Patient A returned. While it is true that Patient A and TSgt. Albright found gynecological equipment in an examination room, it was not the room normally used by Dr. Murphy when he performed PHAs.

Second, at the hearing in this case Patient A testified that Dr. Murphy spent approximately five to ten minutes in an exam room for an initial examination. She testified that he told her that they would need to go to separate exam room only after determining that she needed a Pap smear. However, in a written report to Col. Kjos on December 8, 2013, Patient A did not mention having changed rooms. TSgt. Albright testified in the administrative discharge proceeding that Patient A told her that Dr. Murphy first took her into one room and then said "Oh no, let's go in this one." Ex. A27 at 244. At the Board's hearing in this case, TSgt. Albright testified that Patient A identified the exam room where the alleged Pap smear took place, and remembered passing by a couple of different rooms before getting to the room where the exam allegedly took place. At no time did TSgt. Albright testify that Patient A mentioned having changed rooms. Indeed, despite TSgt. Albright's role in assisting Patient A to locate the exam room, nothing in the record suggests that Patient A ever told TSgt. Albright that she had changed exam rooms.

In addition, if Dr. Murphy had intended to perform a Pap smear on Patient A that day, and knew that the tools were in another exam room, it is not clear why he would not have simply taken her to that room initially, or perhaps moved the tools into his own exam room. Col. Kjos, who normally used the exam room where the gynecological equipment was found was also conducting PHAs that day, and was scheduled to see a patient at 11:00 a.m., close in time to Dr. Murphy's examination of Patient A. It is unlikely that Dr. Murphy, if he had intended to perform

an unauthorized Pap smear, would have moved to this exam room which he would have known would significantly increase his chances of being caught.

While it is true that Patient A found gynecological equipment in an exam room, several witnesses testified that they were not surprised that such equipment was there. The base was previously used by the Air Force Reserves and many of the rooms contained equipment that may have been used at that time. TSgt. Albright testified that the equipment looked as though it had not been used in some time. There is also no direct evidence that Dr. Murphy knew that the equipment was in that room. Nor is there any direct evidence that the equipment was in the room in November 2011, two years before it was located by Patient A and TSgt. Albright.

Finally, Patient A gave contradictory accounts of when she told her friend, SSgt. Jaeger, about the Pap smear. In a December 8, 2013 written report to Col. Kjos, Patient A wrote that she told SSgt. Jaeger about the exam shortly afterwards. When SSgt. Jaeger told her that she did not think that Pap smears were performed on base, Patient A wrote that she told her "yes they do, Maj. Murphy just did one." Emphasis added. Patient A later testified that she told SSgt. Jaeger about the Pap smear a few months afterward, not immediately. SSgt. Jaeger gave yet another account, placing the conversation four or five months prior to February 2014, near in time when Patient A disclosed the information to TSgt. Albright. SSgt. Jaeger's testimony regarding the alleged conversation was more detailed, including a description of the location and circumstance of the exchange. If SSgt. Jaeger's time estimate is accurate, then the conversation would have taken place in September or October of 2013, two to three months prior to Patient A's conversation with TSgt. Albright. Both SSgt. Jaeger and Patient A assert that SSgt. Jaeger told Patient A that she did not believe that Pap smears were performed on base. To the extent that SSgt. Jaeger's timing is accurate, it casts additional doubt on the reliability of Patient A's assertion that she was surprised when TSgt. Albright confirmed that Pap smears were not performed on base.

In short, the record contains evidence that supports both Patient A's allegation and Dr. Murphy's denial. However, given the unreliability of some of the evidence, and the long passage of time between the alleged incident and the report, the record simply does not demonstrate by a preponderance of the evidence that Dr. Murphy performed an unauthorized Pap smear as alleged in the Board's notice.

In finding that Patient A's allegation was substantiated, the OCI placed great weight on Patient A's lack of any apparent motive to fabricate the incident. Oregon law recognizes consideration of a witness's motive in determining credibility. ORS 44.370 provides, in part:

> A witness is presumed to speak the truth. This presumption, however, may be overcome by the manner in which the witness testifies, by the character of the testimony of the witness, or by evidence affecting the character or motives of the witness, or by contradictory evidence[.]

Emphasis added. In this case, Dr. Murphy has a clear motive to deny that he performed an unauthorized Pap smear; an allegation that has led to disciplinary actions in the military and now threatens the loss of his medical license. In contrast, the record does not contain any evidence

that Patient A had any motive to fabricate her allegation. Nevertheless, the absence of evidence of such a motive is insufficient to overcome the unresolved conflicts in the evidence offered in support of the allegation.

The Board asserts that Patient A's conduct after TSgt. Albright informed her that Pap smears were not performed on base lends additional weight to her allegations. It is true that several witnesses testified that Patient A had a strong emotional reaction to learning that the Pap smear was unauthorized. However, Dr. Murphy's behavior after the allegation was made is also consistent with his denial. He has consistently, aggressively, and often inappropriately, denied Patient A's allegation. He claims not to remember what happened on November 19, 2011 and thus offered no counter-explanation for what occurred that day. This is consistent with his assertion that nothing noteworthy occurred during the PHA. To the extent that the behavior of Patient A and Dr. Murphy bears on the reliability of Patient A's accusation, the evidence of such behavior does not provide a basis for concluding that Dr. Murphy performed an unauthorized Pap smear.

Col. Wedan testified that, during a conversation in January 2014, Dr. Murphy told him something to the effect that he could not believe that the military would "hang a guy out to dry for conducting a procedure that he didn't know he wasn't supposed to do." However, other than this single statement, Dr. Murphy has consistently denied performing a Pap smear. He has never asserted that he performed the procedure under the mistaken belief that it was authorized. Despite the implicit admission entailed in Dr. Murphy's alleged statement, there is no indication in the record that Col. Wedan followed up on this question or asked for any clarification. Col. Wedan did not appear to recall the exact words that Dr. Murphy used, or the context in which the statement was made. Without that context, and given the absence of any similar statements, it is not appropriate to rely on that single statement to infer that Dr. Murphy was admitting to having performed the Pap smear.

Given the nature of this allegation, and the long passage of time between the November 2011 PHA and the December 2013 report, it is impossible to establish what occurred with any reasonable degree of reliability. The evaluation of evidence in this record should not be interpreted as a definitive finding of what occurred. Nor should it be interpreted as casting aspersions on Patient A's credibility. There are only two witnesses to what occurred during the PHA in November 2011, and their testimony is in direct conflict. Dr. Murphy has consistently denied having performed a Pap smear on Patient A. The Board has simply not provided sufficient evidence to overcome that denial.

2. Providing false, misleading, and deceptive information to the Board

The evidence is undisputed that Dr. Murphy submitted a renewal application to the Board that listed his highest level of education was an associate's degree. It is also undisputed that in that same application Dr. Murphy indicated that he could communicate in the Quechua language adequately for clinical purposes. Both statements were false.

In an August 27, 2015 email to the Board, Dr. Murphy, who holds an MD, did not contend that he listed associate degree as an error or an oversight. Rather, he contended that he was referring to an associate degree in nursing that he earned prior to becoming a physician. It is unclear in the record precisely why Dr. Murphy chose to deliberately omit his highest

educational degree, and the one most clearly relevant to his renewal application. Dr. Murphy, as a licensed physician, was likely aware that the Board already knew of his educational background from his previous applications.

The evidence also established that, at the time he answered the question, Dr. Murphy was not fluent in Quechua. Nor could he communicate in that language adequately for clinical purposes. His sole education in the language, according to Dr. Murphy, came from listening to a computer language program during a flight to Ecuador and from interacting with local residents of Ecuador. He admitted that he was not fluent in the language; however, he testified that his Quechua language skills, when he was in Ecuador, were sufficient to allow him to say things like "open your mouth" and "take a deep breath." Dr. Murphy believed that this was sufficient for his purposes as an anesthesiologist.

Despite his belief, however, Dr. Murphy's response was, at the very least, misleading. The renewal application asked for languages in which he could communicate for clinical purposes. It also indicated that the Board might provide information about language available to those seeking providers with specific language competencies. Dr. Murphy's rudimentary Quechua language skills, picked up from listening to a computer language program on a single flight and augmented by sporadic communication with local residents, could not reasonably be considered sufficient for clinical purposes. Nor would it be reasonable for the Board to represent to others that Dr. Murphy was a provider with a "specific language competenc[y]" in Quechua.

The Board alleged that Dr. Murphy's false answers violated ORS 677.190(8) which allows the Board to discipline a licensee based upon:

> Fraud or misrepresentation in applying for or procuring a license to practice in this state, or in connection with applying for or procuring registration.

The evidence established that Dr. Murphy's answers with regard to his education and his language proficiency were false, misleading, and deceptive. The Board has therefore demonstrated that Dr. Murphy violated ORS 677.190(8).

In addition, however, the Board alleged that Dr. Murphy's conduct violated OAR 847-008-0058(1) which provides:

> Omissions or false, misleading or deceptive statements or information on any Board application, affidavit or registration is a violation of ORS 677.190(8) and is grounds for a $195 fine for the first violation, a $250 fine for the second violation, and a $500 fine for the third or subsequent violation. The applicant or licensee may be subject to further disciplinary action by the Board.

However, the Board may not rely upon OAR 847-008-0058 in imposing discipline in this case because the rule was first adopted effective October 8, 2014, nearly one year after Dr. Murphy submitted the application.

The Board also asserted that Dr. Murphy's conduct violated ORS 677.190(1)(a) and (17). ORS 677.190(1)(a) prohibits "Unprofessional or dishonorable conduct." ORS 677.190(17) prohibits "Willfully violating any provision of this chapter or any rule adopted by the board, board order, or failing to comply with a board request pursuant to ORS 677.320." While the

Board demonstrated that information Dr. Murphy provided on the renewal application was false and misleading, the Board did not specifically articulate how those answers constituted unprofessional or dishonorable conduct. Nor did the Board provide evidence that Dr. Murphy's misrepresentations were willful violations.

Nevertheless, the record demonstrated that Dr. Murphy violated ORS 677.190(8) by providing false information on his October 29, 2013 renewal application. The Board may therefore impose discipline on that basis.

3. Filing a False or Misleading Declaration in Multnomah County Circuit Court.

In June of 2014, Dr. Murphy filed a lawsuit against Patient A alleging defamation. Patient A's attorney subsequently filed a motion seeking to have the lawsuit dismissed. On October 3, 2014, in a response to the motion, Dr. Murphy filed a declaration in which he asserted, among other things:

> Plaintiff [Dr. Murphy] can show that an extensive, ten month long investigation conducted by the Washington DC based ORANG Office of Complex
> ///
> Investigations found *no* evidence to support Defendant's [Patient A's] claims and stated that Defendant's claims were completely unsubstantiated.

(Ex. A18 at 4.)

That statement was false. In fact, the OCI concluded that the allegation was "substantiated based upon a preponderance of the evidence." (Ex. A9 at 3) Dr. Murphy does not dispute the language of the report, but he contends that he used the word "unsubstantiated" in a different sense than was used in the report. Dr. Murphy asserts that what he was trying to convey to the court was that the investigation found no evidence to "substantiate" the request. In this regard, he appears to assert that he meant to use the word "substantiate" as synonymous with "corroborate." Given what he was trying to convey, Dr. Murphy asserts that his statement was not false nor was it an attempt to mislead the court.

The difficulty with that position is that Dr. Murphy consciously chose to use the word "unsubstantiated," a word that directly contradicted the actual word used in the report in bold type. Dr. Murphy contends that he did not actually read the report prior to this filing, but instead relied on his attorney's characterization of the report. However, in a September 2014 email to Dr. Murphy disclosing the results of the report, Dr. Murphy's attorney wrote that OCI found the allegation to be "substantiated." Dr. Murphy was aware of that conclusion, and actually reported to the Board's investigator on September 8, 2014 that OCI had concluded that the allegation was substantiated. Given the use of the term "substantiated" in the OCI report, by Dr. Murphy's attorney, and by Dr. Murphy himself, it is simply implausible that Dr. Murphy believed that the term "unsubstantiated" had a different meaning or that it was at all consistent with the actual findings of the report.

It is true that Dr. Murphy later informed the court that his earlier statement was false, writing that he had "unintentionally stated that the OCI did not 'substantiate' the defendant's

allegation of sexual assault when in fact the report did come to that conclusion." Ex. A21 at 3. However, he did not make that correction until after he was informed that the National Guard had instituted discharge proceedings against him based, in part, on his false statement to the court.

Even if he did mean to use the term "substantiated" in a more limited sense, however, the unambiguous impression left by his court filing is that OCI found the allegation to be baseless and that he had been cleared by investigators after "an extensive, ten month long, investigation." (Ex. A18 at 4.) Indeed, Dr. Murphy went further than to state that the allegations were, in fact, unsubstantiated in a narrow sense. He actually wrote that OCI "stated" that the allegations were unsubstantiated. However, the report stated precisely the opposite. Dr. Murphy's statement to the court was false and misleading.

The Board asserts that Dr. Murphy's misrepresentation to the court constituted unprofessional or dishonorable conduct in violation of ORS 677.190(1)(a). ORS 677.180(4)(a) defines "unprofessional or dishonorable conduct," in part as "[a]ny conduct or practice contrary to recognized standards of ethics of the medical * * * profession." In its Second Amended Notice, the Board asserted that Dr. Murphy's conduct violated (among other standards) AMA ethics opinion 9.07 which provides, in pertinent part:

> In various legal and administrative proceedings, medical evidence is critical. As citizens and as professionals with specialized knowledge and experience, physicians have an obligation to assist in the administration of justice.
>
> * * * * *
>
> Physicians who serve as fact witnesses must deliver honest testimony. This requires that they engage in continuous self-examination to ensure that their testimony represents the facts of the case. * * *
>
> * * * * *
>
> Organized Medicine, including state and specialty societies, and medical licensing boards can help maintain high standards for medical witnesses by assessing the claims of false or misleading testimony and issuing disciplinary sanctions as appropriate.

Exhibit A33 at 3.

Dr. Murphy submitted a document to the court that included a false and misleading statement concerning the OCI report. Dr. Murphy signed that document under penalty of perjury and acknowledged to the court that the statement was intended for use as evidence. His conduct was contrary to the standards of the medical profession as demonstrated by AMA ethics opinion 9.07. The Board has therefore established that his conduct constituted unprofessional and dishonorable conduct in violation of ORS 677.190(1)(a).

4. Disclosing Private Health Information and Confidential Medical Records

The Board alleged that Dr. Murphy disclosed private health information and confidential medical records pertaining to Patient A, to the media and to other individuals, without Patient A's consent. Dr. Murphy does not deny that he disclosed Patient A's medical information, including disclosing it to an Oregonian reporter. Rather, he contends that the information was not confidential because it became a matter of public record after the OCI report (which included Patient A's medical records) was filed with the Multnomah County Circuit Court.

However, Dr. Murphy had no reasonable basis to believe that the full report, including Patient A's medical information, was a matter of public record. Patient A's military attorney, Major Adams, provided an 18 page summary of the OCI report to the court in order to counter Dr. Murphy's false assertion that OCI had concluded Patient A's allegation was unsubstantiated. That summary did not include Patient A's medical records. In response, Dr. Murphy filed the entire report – which included summaries of witness interviews, Patient A's National Guard medical records, and significantly more information about Patient A's allegations. Both reports were reviewed by the court in camera and were never made available to the public. Had Dr. Murphy inquired with the court he would have learned that neither the OCI report summary, nor the full report, were matters of public record.

Dr. Murphy's disclosures went well beyond releasing a report to the court. He disclosed information about Patient A's medical records and purported use of medication to multiple parties (including an Oregonian reporter) in the form of a "settlement offer." In that document, Dr. Murphy alleges that Patient A concealed mental-health issues from the military, lists multiple prescription medications taken by Patient A, discloses Patient A's self-reported history of Pap smears, and discloses Patient A's prior pregnancy. Not only did he send the settlement offer to multiple different people, but he also urged them to forward it to "any interested party." Ex. A44 at 27.

The Board alleged that Dr. Murphy's conduct constituted a willful or negligent divulgence of a professional secret without the written consent of the patient, in violation of ORS 677.190(5); an unpermitted use and disclosure of protected health information in violation of HIPPA (Health Insurance Portability and Accountability Act) privacy regulations, 45 CFR § 164.502; and revealing a patient's confidential communications or information without the consent of the patient, in violation of the American Medical Association (AMA) Ethical Opinion 10.01. The Board also determined the conduct was contrary to recognized standards of ethics and conduct that does or might constitute a danger to the patient in violation of ORS 677.190(1)(a), as defined by ORS 677.188(4)(a).

A physician's obligation to maintain the confidentiality of a patient's medical information is well established in law. ORS 677.190(5) prohibits a licensee from "Willfully or negligently divulging a professional secret without the written consent of the patient." In *Humphers v. First Interstate Bank*, 298 Or 706, 720-721, (1985) the Oregon Supreme Court noted "A physician's duty to keep medical and related information about a patient in confidence is beyond question. It is imposed by statute. ORS 677.190(5) provides for disqualifying or

otherwise disciplining a physician for 'willfully or negligently divulging a professional secret.' * * * The actionable wrong is the breach of duty in a confidential relationship[.]"

That obligation not to disclose a patient's confidential information is also a recognized ethical principal as noted in AMA Opinion 5.05. The opinion states, in part, that a physician "should not reveal confidential information without the express consent of the patient, subject to certain exceptions which are justified because of overriding considerations." Ex. A39. Such overriding considerations include the need to protect others when a patient threatens to harm someone, or when disclosure is required by law or by a court order. Even in those situations, AMA Opinion 5.05 states that physicians should "disclose the minimal information required by law, advocate for the protection of confidential information and, if appropriate, seek a change in the law." (*Id.*)

The obligation to protect confidential information is also included in AMA Opinion 5.04 is titled "Communications Media: Standards of Professional Responsibility." (Ex. A38. That opinion specifically addresses disclosure of patient information to the media, noting:

> Physicians are ethically and legally required to protect the personal privacy and other legal rights of patients. When information concerning a specific patient is requested by the media, the physician must obtain the consent of the patient or an authorized representative before releasing such information. The physician may release only the authorized information or that which is public knowledge. The patient-physician relationship and its confidential nature must be maintained.

(*Id.*)

Dr. Murphy argues that he did not violate his ethical duties in releasing Patient A's confidential information. First, he asserts that he had never established a physician-patient relationship because, he claims, "[b]y definition a physician patient relationship is not established by a physician performing screening examination." Murphy Closing Argument at 5. However, Dr. Murphy cites no authority for that proposition. The evidence established that the military required Patient A, and other members of the National Guard, to undergo regular preventative health examinations. The record also established that the military provided medical doctors (including Dr. Murphy) to conduct such examinations. In that context, Dr. Murphy was performing a military *medical* examination that Patient A was required to undergo. In that context, Patient A was clearly relying on Dr. Murphy's medical expertise and his status as a physician.

AMA Opinion 10.0.15 provides that "A patient-physician relationship exists when a physician serves a patient's *medical needs*, generally by mutual consent between physician and patient (or surrogate)." Emphasis added. Although Patient A may not have been seeking medical *treatment*, her need to undergo a health examination by a physician was sufficient to constitute a "medical need" as used in AMA Opinion 10.0.15. The record therefore established that Dr. Murphy had a physician-patient relationship with Patient A.

Dr. Murphy next argued that he did not disclose confidential health information until it became part of the public record, and only with the approval of Patient A's attorney. This

contention is not supported by the record. While it is true that Patient A's attorney provided the Multnomah County Circuit Court a summary of the OCI report, that summary did not include Patient A's confidential information. Second, although it is true that Patient A's attorney did not object to Dr. Murphy providing the full report to the court, he did not consent to the confidential health information being disseminated further. Third, the information provided to the court, contrary to Dr. Murphy's belief, was *not* part of the public record. The OCI reports were reviewed by the judge in camera and were never made available to the general public. Dr. Murphy appears to have assumed that the information was publicly available, but took no steps to confirm that assumption. Dr. Murphy was apparently sufficiently concerned about what he thought was the public disclosure of the OCI summary report that he considered requesting that the record be sealed. Notably, however, this was not out of any concern for Patient A's confidentiality, but out of a concern for his own professional reputation.

In addition, Dr. Murphy argued that he had "the right to defend himself * * * against legal attacks" and that he had "no alternative" other than to disclose the entire report, both to the court and to the public, to "point out all the latent inconsistencies to a public that was now aware of the OCI's conclusions." Murphy Closing Argument at 5. However, it is important to note that Dr. Murphy was the plaintiff in the lawsuit and was therefore not "defending himself" against a legal attack. Secondly, Patient A's attorney filed the summary report to demonstrate that Dr. Murphy had falsely asserted that OCI had "stated" that Patient A's allegations were "unsubstantiated." That use of the summary report did not constitute a "legal attack."

But more significantly, Dr. Murphy's belief that he needed to disclose the full report in order to point out inconsistencies to the *public* is clearly based on his assumption that the OCI summary report was part of the public record.[11] As noted above, that assumption was false. Given the well-established ethical obligation not to disclose patient information, Dr. Murphy should have sought clarification from the court before proceeding on the false assumption that the OCI reports were publicly available. Had he done so, he would have discovered that his assumption was incorrect.

The Board also asserted that Dr. Murphy's disclosure violated HIPPA privacy regulations. However, the record does not establish that Dr. Murphy's conduct in this case fell under those regulations. It is true that HIPAA generally prohibits the disclosure of patient information by "covered entities" except under specifically enumerated circumstances. 45 CFR §164.502(a)(1). An individual physician can be a "covered entity," but only when the physician "transmits any health information in electronic form in connection with a transaction covered [by HIPAA regulations.]" Such transactions generally include "the transmission of information between two parties to carry out financial or administrative activities related to health care." 45 CFR §160.103. While Dr. Murphy did disclose Patient A's confidential information through electronic means (email), the record does not include evidence that he transmitted such electronic information "to carry out financial or administrative activities related to health care." The evidence is therefore insufficient to establish that Dr. Murphy's disclosures violated HIPAA.

[11] It is also important to note that Dr. Murphy first contacted a reporter to discuss Patient A's allegations in June or July 2014, several months before Mr. Adams provided the OCI summary report to the court. While the record does not indicate precisely what information Dr. Murphy disclosed to the reporter, it is clear that he was attempting to bring the matter to the public's attention well before the OCI report was provided to the court.

Nevertheless, Dr. Murphy's disclosures violated ORS 677.190(5). In addition, such disclosures were contrary to well-established ethical standards of the medical profession and thus constituted unprofessional and dishonorable conduct in violation of ORS 677.190(1)(a).

5. Using a False Name when Contacting Tuality Hospital

ORS 677.080(3) provides that no person shall "Impersonate anyone to whom a license has been granted by the Oregon Medical Board." Similarly, ORS 677.190(10) prohibits a licensee from "Impersonating another licensee licensed under this chapter or permitting or allowing any person to use the license."

The evidence established that Dr. Murphy called Tuality Hospital in February of 2015 and asked to speak with Kathryn Gilbert, a registered nurse with whom he used to work and who he knew socially.

However, while Dr. Murphy did not use his own name, the evidence did not establish that he impersonated any specific licensee. In this case, neither Mr. Sparks nor the operator who took the call recognized the name used by the caller. Indeed, Mr. Sparks could not even recall what name was used, other than to say that it sounded like "Hansen," or "Hansom" or something similar. Ms. Gilbert likewise did not recognize the name, but thought it could be a physician she knew named Hamdon. ORS 677.080(3), by its terms, prohibits impersonating "anyone" licensed by the Board. Similarly, ORS 677.190(10) prohibits impersonation of "another licensee." Neither statute expressly prohibits using a fictitious name.

The Board provided evidence that there are a number of physicians licensed by the Board with the last name of Hanson. However, there is no evidence that Dr. Murphy intentionally tried to persuade anyone that he was one of those specific individuals. At most, the record established that Dr. Murphy used a false name – not referring to any specific licensed person – in order to speak with Ms. Gilbert. While such actions are undoubtedly deceptive, they do not violate ORS 677.080(3) or ORS 677.190(10).

6. Failure to Provide Records Requested by the Board

By letter dated May 12, 2015, Board investigator Terry Lewis requested that Dr. Murphy provide a complete copy of the medical records for his treatment and care of two patients, including all records of prescriptions he wrote for the patients in 2013-2014. The letter asked for a response by May 22, 2015. Dr. Murphy never provided the records.

Dr. Murphy testified that he brought the requested records with him to a meeting of the Board's Investigative Committee on June 4, 2015. However, he did not provide them either to the Committee or to Mr. Lewis. After the meeting, Dr. Murphy met with Mr. Lewis and provided him an affidavit from his military attorney. However, Mr. Lewis did not specifically ask for the previously requested medical records and Dr. Murphy did not provide them.

ORS 670.190(17) prohibits "failing to comply with a board request pursuant to ORS 677.320." ORS 677.320(2)(e) allows Board investigators to "compel the production of books,

papers, accounts, documents and testimony pertaining to the matters under investigation." OAR 847-002-0024(1) provides:

> Licensees and applicants must comply with a Board investigation, including responding to inquiries and providing requested materials within the time allowed and complying with a subpoena. Failure to comply with a Board investigation violates ORS 677.190(17) and is grounds for disciplinary action.

Mr. Lewis, as a Board investigator, had the authority to compel Dr. Murphy to provide the requested medical records. Dr. Murphy failed to provide them. Therefore, the record establishes that Dr. Murphy violated ORS 670.190(17).

7. Asking Others to Not Cooperate with the Board's Investigation

The Board alleged that Dr. Murphy attempted to impede its investigation by asking individuals not to cooperate with the Board. The Board asserts that this violated ORS 677.190(1)(a) as defined by ORS 677.188(4)(a). The evidence supports that allegation.

On April 11, 2015, Dr. Murphy sent an email to three members of ORANG leadership and wrote:

> I formally request that if any of my patients (any patients) are contacted by the investigators from the Oregon Medical Board that they do NOT cooperate. [T]he OMB has no investigative authority outside of license holders. If there is a question regarding patient care, the investigator can contact me. This is a significant infringement on patient confidentiality. This of course applies to any and all medical records as well.

Ex. A25; emphasis in original.

As an initial matter, Dr. Murphy's statement that the Board has "no investigative authority outside of license holders" is incorrect. ORS 677.320(1) allows the Board to investigate "any alleged violation of this chapter." ORS 677.080[12] prohibits "any person" from

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[12] ORS 677.080 prohibits provides:

> No person shall:
>
> (1) Knowingly make any false statement or representation on a matter, or willfully conceal any fact material to the right of the person to practice medicine or to obtain a license under this chapter.
>
> (2) Sell or fraudulently obtain or furnish any medical and surgical diploma, license, record or registration, or aid or abet in the same.
>
> (3) Impersonate anyone to whom a license has been granted by the Oregon Medical Board.

engaging in certain proscribed acts, including the unlicensed practice of medicine. It therefore follows, as general principal, that the Board does have authority under ORS 677.320(1) to investigate non-license holders.

Furthermore, the Board has specific statutory authority to contact witnesses. ORS 677.320(2) provides:

> In the conduct of investigations, the board or its designated representative may:
>
> (a) Take evidence;
> (b) Take the depositions of witnesses, including the person charged;
> (c) Compel the appearance of witnesses, including the person charged;
> (d) Require answers to interrogatories; and
> (e) Compel the production of books, papers, accounts, documents and testimony pertaining to the matter under investigation.

Dr. Murphy's email, "formally" asking that witnesses not cooperate with the Board was a clear attempt to impede the Board's investigation. The Board asserts that this constituted unprofessional or dishonorable conduct in violation of ORS 677.190(1)(a) as defined by ORS 677.188(4)(a).

As noted by Dr. Egener, and supported by *Medical Professionalism in the New Millennium: A Physician's Charter*, and the article by Dr. Zwick, "Toward a Normative Definition of Medical Professionalism," the ethical obligations of physicians include a standard of professional conduct owed not just to patients, but to society as a whole. Logically entailed in that obligation, is a duty to cooperate with the Board in its statutory obligation to regulate the practice of medicine, including the Board's duty to investigate allegations of unprofessional conduct. *See* ORS 677.015 and 677.320. That important public duty is seriously undermined when a physician attempts to prevent or discourage others from cooperating with a Board investigation into the physician's conduct. By formally asking patients not to cooperate, Dr. Murphy attempted to undermine the Board's investigation and thus engaged in unprofessional and dishonorable conduct in violation of ORS 677.190(1)(a).

8. Pattern of Belligerent and Obstructive Behavior

The Board alleged that Dr. Murphy engaged in a pattern of belligerent and obstructive behavior during the course of the Board's investigation and that such behavior constituted unprofessional or dishonorable conduct in violation of ORS 677.190(1)(a) as defined by ORS 677.188(4)(a). The evidence supports that allegation.

Dr. Murphy self-reported Patient A's allegations to the Board. His initial contacts with the Board were professional and appropriate. However, over the course of the investigation his communications became increasingly hostile, belligerent, and offensive. He refused to cooperate with the Board's investigation and "formally" encouraged witnesses to do the same

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(4) Except as provided in ORS 677.060, practice medicine in this state without a license required by this chapter.

He stated that Patient A was going to jail, and ended the email with "the great and powerful Oz has spoken." *Id.*

His emails to members of the military, including former colleagues and those involved in investigating Patient A's allegations, were hostile, belligerent, and unprofessional, including his suggestion that a military investigator "be shot." He accused female officers of acting as politically popular "female activists." He implied that Colonel Kjos was using the allegation as a way to advance her career. His communication with Mr. Shapiro was often hostile and unprofessional. Over the course of the litigation (which he initiated) and the various investigations, he either filed or threatened to file numerous complaints with the state bar, with the Inspector General's office, and with Congress.

The Board asserts that this constituted unprofessional or dishonorable conduct in violation of ORS 677.190(1)(a) as defined by ORS 677.188(4)(a). In support of that assertion, the Board provided testimony from Barry Egener, MD, a board certified internist and the medical director for both the Foundation for Medical Excellence and its subdivision, the Northwest Center for Physician-Patient Communication, and the author of numerous journal articles on the topics of medical professionalism and physician-patient communication. Dr. Egener identified three broad domains of medical professionalism, focused on a physician's relationship with patients, with colleagues, and with society. In Dr. Egener's view, Dr. Murphy's hostile, demeaning, and belittling behavior fell far short of his obligations as a professional.

In addition, both the Board and Dr. Egener placed great emphasis on concepts of professionalism outlined in *Medical Professionalism in the New Millennium: A Physician's Charter* (the Charter), published by the American Board of Internal Medicine in 2004. Like Dr. Egener, the Charter emphasizes the societal obligations of a physician as a professional, including the obligation to maintain standards of competence and integrity, and to promote public trust in physicians. Notably, the Charter emphasizes the physician's duty to:

> [W]ork collaboratively to maximize patient care, be respectful of one another, and participate in the process of self regulation, including remediation and discipline of members who have failed to meet professional standards. * * * These obligations include engaging in internal assessment and accepting external scrutiny of all aspects of their professional performance.

Ex. A49 at 2.

The Board also relied on the professional obligations set forth in the article "Toward a Normative Definition of Medical Professionalism," published in the journal *Academic Medicine* in June 2000, by Herbert M. Zwick, MD. The obligations identified in the article include a responsibility to adhere to high ethical and moral standards, to act with honesty and integrity, to exercise accountability for themselves, and to reflect upon their actions and decisions.

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In addition, the Board relied on AMA Opinion 8.02 which emphasizes the professional obligations of physicians outside of the clinical setting. The opinion notes that physicians must be held to standards of professionalism in order to earn the trust of both patients and the general public.

Dr. Murphy's conduct fell well short of his obligations as a professional. He openly mocked and belittled his colleagues, Patient A, and numerous attorneys.[13]. He referred to Patient A, in an email to multiple recipients (including a reporter), as "mentally deranged." He threatened numerous people with complaints to various regulatory bodies. In short, his conduct was hostile, belligerent and not consistent with his obligations as a physician and a professional. Indeed, his conduct violated his professional obligations in the three domains identified by Dr. Egener: he belittled a patient, he mocked his colleagues, and he made public comments (including to a reporter) that detracted from public trust in the medical community. The evidence therefore established that Dr. Murphy engaged in a pattern of belligerent and obstructive behavior during the course of the Board's investigation and that his behavior constituted unprofessional or dishonorable conduct in violation of ORS 677.190(1)(a) as defined by ORS 677.188(4)(a).

9. Sanction

ORS 677.205 authorizes the Board to sanction a licensee for violations of the Medical Practices Act as follows:

> (1) The Oregon Medical Board may discipline as provided in this section any person licensed, registered or certified under this chapter who has:
>
> * * * * *
>
> (b) Been found to be in violation of one or more of the grounds for disciplinary action of a licensee as set forth in this chapter;
>
> * * * * *
>
> (2) In disciplining a licensee as authorized by subsection (1) of this section, the board may use any or all of the following methods:
>
> (a) Suspend judgment.
>
> (b) Place the licensee on probation.
>
> (c) Suspend the license.

[13] The Board has removed discussion of Dr. Murphy's rude and insulting comments made to and about Board personnel, as well as his non-violent threats against the Board and personnel. Although Dr. Murphy failed to demonstrate civility or respect in his dealings with and comments about Board personnel, Dr. Murphy was exercising his 1st Amendment right to speak out against the government. While the Board finds Dr. Murphy's *manner* of exercising that right regrettable, it is not a basis for professional license discipline.

(d) Revoke the license.

(e) Place limitations on the license.

(f) Take such other disciplinary action as the board in its discretion finds proper, including assessment of the costs of the disciplinary proceedings as a civil penalty or assessment of a civil penalty not to exceed $10,000, or both.

The Board has proposed revocation of Dr. Murphy's medical license, assessment of a $10,000 civil penalty, and assessment of the costs of the proceedings.

Recommending revocation of a physician's medical license is a serious matter. Here, the determination of whether revocation is appropriate comes down to whether the Board can meet its statutory obligations to the public while still allowing Dr. Murphy to remain licensed.

The Board proposed revocation of Dr. Murphy's license on multiple grounds; revocation of Dr. Murphy's license would be appropriate for any one of a number of those grounds, including inappropriately disclosing confidential patient information, failing to provide documents properly requested by the Board, asking witnesses not to cooperate with the Board's investigation, and engaging in a course of belligerent, unprofessional, and dishonorable conduct[14]. That he committed so many of them, certainly warrants revocation of Dr. Murphy's license.

By his behavior, Dr. Murphy has not demonstrated the sound judgment and professional responsibility required of physicians. Notably, he treated his ethical obligation to safeguard a patient's confidential information in a cavalier and unprofessional manner. In the name of protecting *himself* in the eyes of the public, Dr. Murphy used Patient A's medical records to smear her and to portray her as "mentally deranged." He filed a defamation action against the patient before the military had even concluded its investigation. After the military issued the results of the investigation, Dr. Murphy intentionally misled the court as to the results of that investigation in an ultimately unsuccessful attempt to keep the case from being dismissed.

His communication with and about his colleagues has been unnecessarily vituperative and unprofessional. If he were ever to practice medicine in the future, it would likely be difficult for him to reestablish professional relationships with colleagues based on mutual respect and trust.

He urged others not to cooperate with the Board and he failed to provide documents that the Board requested during the course of its investigation. While going through an investigation is undoubtedly a stressful ordeal for a physician, the Board must be able to rely on the cooperation and professionalism of licensees in order for the Board to perform its statutory obligation to regulate the medical profession.

[14] The Board removed the ALJ's editorial comment regarding which of the alleged violations he believed to be most notable. Any of the serious grounds for discipline found in this case would make revocation appropriate.

The Board has established sufficient grounds for revocation of Dr. Murphy's license, and that the sanction is appropriate under the circumstances. Moreover, it is within the scope of the Board's authority to assess a $10,000 civil penalty and the costs of the proceeding against Dr. Murphy. In light of the number of serious violations, and Dr. Murphy's repeated instances of unprofessional and belligerent actions, those penalties are also appropriate. The costs for this proceeding are as follows:

Total Dept. of Justice costs		$ 58,383.05
AAG – 252.7 hours @ $175/hr:	44,222.50	
AAG – 31.2 hours @ $182/hr:	5,678.40	
Paralegal – 81.7 hours @ $90/hr:	7,353.00	
Paralegal – 1.3 hours @ $91/hr:	118.30	
Admin staff – 16.4 hours @ $55/hr:	902.00	
Other DOJ Charges (motor pool/witness fee/postage):	108.85	
Office of Administrative Hearings costs		$ 43,511.34
OAH Direct Charges:	26,597.70	
OAH Admin. Charges:	16,803.43	
OAH working capital charge:	110.21	
AT&T Charges		$ 5.35
Witness Accommodations		$ 229.45
Security		$ 4,927.50
Court Reporter Appearance - Naegeli Corp.		$ 5,083.93
TOTAL COSTS:		**$ 112,140.62**

ORDER

After considering all of the above, the Oregon Medical Board adopts the findings of fact and conclusions of law in the Proposed Order by ALJ Mann, as reflected in this document, and issues the following order:

1. The Oregon medical license of Licensee James Michael Murphy, MD is revoked.
2. Licensee is assessed a civil penalty of $10,000, which is due and payable as outlined in ORS 183.745(2).

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3. Licensee is assessed the cost of these proceedings, in the amount of $112,140.62. Costs are due within 60 days of the issuance of this Final Order upon Reconsideration by the Board.

DATED this 28th day of June, 2018.

OREGON MEDICAL BOARD
State of Oregon

[redacted]

K. DEAN GUBLER, DO
Board Chair

APPEAL

If you wish to appeal the final order, you must file a petition for review with the Oregon Court of Appeals within 60 days after the final order is served upon you. *See* ORS 183.480 *et seq.*

NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 Gateway Drive
Reno, NV 89521

Nick M. Spirtos, M.D., F.A.C.O.G.
Board President

Edward O. Cousineau, J.D.
Executive Director

April 18, 2024

Via U.S. Mail

James Michael Murphy, M.D.
[redacted] Riordan Hill Dr.
Hood River, OR 97031

Dr. Murphy:

The Nevada State Board of Medical Examiners (Board) received your Request for Copies of Public Records form on April 11, 2024, requesting copies for "Malpractice" and "Board Disciplinary Action" for James Michael Murphy, License No. 25399.

The Board responds as follows:

1. There are no "Malpractice" documents to provide; and
2. There are no "Board Disciplinary Action" documents to provide.

Please note that pursuant to NRS 630.336 a complaint filed with the Board, and any and all documents compiled as a result of an investigation conducted to determine whether to initiate disciplinary action are confidential. *See* NRS 630.336(4).

This completes your request, if you have any further questions or concerns, please do not hesitate to contact me at [redacted]

Respectfully,

Mercedes Fuentes
Legal Assistant
Nevada State Board of Medical Examiners

/mf

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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 (01/05/2023)

(This application cannot be used by PA's or APRN's)

Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)

☒ Schedule I ☒ Schedule II ☒ Schedule III ☒ Schedule IV ☒ Schedule V

Section 1: Personal Information

First: Sean Middle: Last: Darmal

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] S. Fort Apache Rd. [redacted]

City: Las Vegas State: NV Zip: 89147

Telephone: [redacted] Email: [redacted]

Degree: MD Practitioner License #: 25239 Specialty: Internal Medicine

(You MUST have a current and active practice 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): MountainView Hospital, Sunri seHealth GME Consortium

Practice Address: 2880 N. Tenaya Way Suite #: 2nd Floor

City: Las Vegas State: NV Zip: 89128

Telephone: 702-962-9550 Fax: 702-962-5536 Email: sean.darmal@hcahealthcare.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 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?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 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 # 2 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/11/2011	03/09/2012	CA	Riverside	Riverside
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
RIF1102980	Superior Court of California County of Riverside			
Reason/Charge				
PC182(a)(1), Conspiracy to Commit Crime; H&S code section 11351				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Sean Darmal			Expunged/Dismissed	
Name of Business/Industry/Entity				
Self				

Provide explanation below:

I am writing to provide a sincere and transparent account of the events leading to my 2012 conviction as outlined in my Controlled Substance Application for the Nevada State Board of Pharmacy. On March 9, 2012, at the age of 18, I became involved in an unfortunate situation, involving my older brother, [redacted], who was serving a prison sentence for carjacking. In order to protect my brother' s safety while in prison, I was pressured into transporting contraband into prison grounds. Fearful for Harris's safety, I reluctantly complied with his request, receiving a package at my home that contained illicit substances. Subsequently, during a family visiting prison check-in, the illegal package was discovered, leading to my conviction under Penal Code section 182(A)(1) for conspiracy and Health and Safety Code section 11351 for possession of a controlled substance for sale. I want to highlight that I fully cooperated with law enforcement during the investigation and subsequent legal proceedings. The court sentenced me to 6 months of house arrest/work release, an experience that profoundly impacted my life.

Since that regrettable incident, I have dedicated myself to personal growth and professional development. I completed my undergraduate degree in Anthropology with a minor in Neuroscience from the University of California, Riverside, in December 2015. Subsequently, I earned my Medical degree from St. George University's School of Medicine in May 2021, achieving commendable scores on USMLE Step 1, Step 2 and Step 3. Currently, I am close to completing my third and final year of Internal Medicine residency at Sunrise GME MountainView Hospital in Las Vegas, Nevada, with additional awards received for Physician Excellence, and Best Overall Resident PGY-1 & PGY-2 as well as Most Professional Resident PGY-1 and PGY-2.

I acknowledge the gravity of my past mistake and take full responsibility for my actions. Since 2012, I have actively sought rehabilitation, developed peer mentorship programs and earned positive recommendations from professors while obtaining my undergraduate and medical degree. Tragically, in 2019 my brother lost his life battling against drug addiction. I have dedicated my life' s work to providing excellent patient care with emphasis on behavioral health and addiction management, in honor of my brother. I am eager to contribute to the medical community in Nevada and uphold excellent standard of care. Attached please find all related and required documentation of the charges as well as the expungement/dismissal that was granted in 2016. Your attention to this matter is appreciated and I look forward to your response.

Original Signature (electronic, copies or stamps not accepted)

3/1/24
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.

SEAN DARMAL — Print Name (First, Last)

3/1/24 — Date

Original Signature (electronic, copies or stamps not accepted)

3/1/24 — Date

Board Use Only: Date Processed: _____ Amount: $100.00

MURPHY JONES APC
ATTORNEYS & COUNSELORS AT LAW
www.murphyjoneslaw.com
2855 La Casita Ave. | Las Vegas, NV 89120
5575 Lake Park Way, Suite 218 | La Mesa, CA 91942
Telephone: 619.684.5073 | Fax: 619.363.8091

April 8, 2021

Nevada State Board of Medical Examiners
9600 Gateway Dr.
Reno, Nevada 89521

Re: Sean Darmal, Applicant – MD Application Criminal Detention Disclosure Statement.

To Whom It May Concern:

This letter will confirm that our law firm has been retained to represent Mr. Sean Darmal in potential Nevada Board of Medical Examiners ("Board" or "BME") disciplinary proceedings should the attached application be denied. This correspondence shall serve as a formal written explanation of my client's Medical Doctor ("MD") License Application criminal conviction disclosure statement. My client submits this statement formally disclosing facts relating to his March 9, 2012, conviction for a violation of Penal Code section 182(A)(1) 'conspiracy to commit crime' and Health and Safety Code section 11351 'possess controlled substance for sale.' (*See*: Ex. 1 "Case No.: RIF 1102980 Complaint, Declaration, Plea Form and Sentencing Memorandum.")

I.
STATEMENT OF FACTS LEADING TO CONVCITION

The facts leading to the conviction are as follows: Mr. Darmal was only 18 years old when his now-deceased older brother, [redacted] with whom he was very close, was serving a jail sentence for carjacking. The carjacking occurred when [redacted] was 18 years old, which was his second strike, and he was serving a 13 year prison sentence. At the time the events which led to conviction occurred, Mr. Darmal's brother [redacted] was 26 years old and had spent his adult life in prison. Although Mr. Darmal was the younger brother, Mr. Darmal was the person his brother [redacted] relied upon the most, including, but not limited to, sending

him care packages to prison and putting money on his 'books.' Mr. Darmal was eight years younger than his brother and was still very naïve at that time.

While in prison, [redacted] had negotiated some sort of deal with another inmate that involved getting contraband into the prison. [redacted] manipulated Mr. Darmal into getting involved in the situation by using Mr. Darmal's loyalty towards [redacted] to leverage him into breaking the law. [redacted] had arranged for a third-party to drop off a package to Mr. Darmal which he would bring the contents back to [redacted] in the prison. This unknown individual came to Mr. Darmal's home and dropped off a small package that was tightly wrapped with duct tape and approximately the size of a Snickers bar. Mr. Darmal did not know what was in the package, having no personal experience with drugs or drug deals, but did assume that it was something illicit. Mr. Darmal was fearful and did not want to break the law, and he contacted his brother [redacted] and begged him to get out of bringing the contents back to the prison. Once again, [redacted] played on Mr. Darmal's naivety and loyalty by telling Mr. Darmal that his life was in "imminent danger" if Mr. Darmal did not go through with the delivery. Unfortunately, Mr. Darmal's youthful innocence and fear for his brother's safety overwhelmed his sensibilities and he was duped into committing an illegal act in effort to protect his brother's safety from other prison inmates.

During the prison check-in process, Mr. Darmal was searched, and the illegal package was discovered. Mr. Darmal fully cooperated with prison officials and law enforcement. Consequently, Mr. Darmal was convicted and sentenced to 6 months of house arrest/work release. Mr. Darmal just wanted to help his incarcerated brother but ultimately changed the course of his life and he will have to live with the ramifications of his mistake for the rest of his personal and professional life. Mr. Darmal successfully completed the terms of his criminal sentence and has expunged the conviction. (*See*: Ex. 2. "June 7, 2016, Order for Dismissal.")

Mr. Darmal's father is a Child Psychiatrist and, many years later, explained that [redacted] suffered from Bipolar Disorder which led to his substance abuse and criminal behavior. Mr. Darmal's brother was released from prison in 2018 and, at that time, he admitted to Mr. Darmal that he had been using heroin during his incarceration until one year before his release but was "clean and sober" upon his release. Unfortunately, [redacted] began

using heroin again after his release from prison and died of a drug overdose May 1, 2019.

II.
PROFESSIONAL BACKGROUND AND EVIDENCE OF ABILITY TO SAFELY PRACTICE MEDICINE

In December 2015, Mr. Darmal obtained his undergraduate degree in Anthropology, with a minor in Neuroscience, from the University of California, Riverside ("UC Riverside."). (*See*: Ex. 3. "UC Riverside Transcripts," and Ex. 4. "Curriculum Vitae of Mr. Sean Darmal.") In 2017, Mr. Darmal was accepted into medical school at St. George University's School of Medicine ("SGU"), graduating in May 2021 with a cumulative average of 87.31% (B+ weighted letter grade). (*See*: Ex. 5. "SGU Transcripts.") Mr. Darmal has also completed both USMLE Step 1 and Step 2 with a score of 225 and 235. (*See*: Ex. 6. "USMLE Step 1 and Step 2 Test Results.") After Mr. Darmal's experiences with and personal loss of his brother to addiction, Mr. Darmal was compelled to learn more about behavioral health and addiction management. Mr. Darmal discovered his passion for helping others, bringing awareness to addiction related issues and providing proper medical treatment to those who are marginalized and/or disenfranchised. During Mr. Darmal's clinical trials he had the opportunity to work, intimately, with surgeons, psychiatrists and primary care specialists, many of whom continue to be his mentors and support his MD application.

Due to his extremely positive experiences with professional mentors, Mr. Darmal has a passion to provide mentorship to other aspiring medical students. Mr. Darmal has developed, through the YouTube platform, videos that address mental health issues that many students face while in school and provides preparedness and coping skills educational instruction. (*See*: Ex. 4. "Curriculum Vitae of Mr. Sean Darmal.") Through these online videos, Mr. Darmal has been able to help thousands of students who are pursuing a career in medicine. Additionally, Mr. Darmal has personally helped hundreds of students with medical school applications, personal statements and general guidance for their preparation for medical school.

III.
CONCLUSION

Mr. Darmal knows what he did 10 years ago was wrong and accepts full accountability for his youthful indiscretion and criminal actions. Mr. Darmal has suffered

years of crippling stress, anxiety, depression and PTSD due to his brother's insistence that he attempt to smuggle illicit substances into his prison, but instead of giving up Mr. Darmal pushed himself to overcome the hurdles created by his poor choices that resulted in the conviction. For the past decade, Mr. Darmal has worked tirelessly to rehabilitate and become the best version of himself. Learning from his experience, instead of allowing the misstep in judgment as a youth bring him down, Mr. Darmal has focused his desire to help others in a productive and positive fashion by volunteering at hospitals, founding a peer mentorship program at his undergraduate college, and is highly regarded by his professors and peers. (*See*: Ex. 7. "Letters of Professional Recommendation.")

Mr. Darmal is an exceptional professional who has earned the right to begin his medical career, despite the prior conviction, and will be a contributing member of the Nevada medical community upholding the BME's expected level of excellence and has no criminal record aside from the single conviction leading to this disclosure statement. Mr. Darmal has grown and matured, learning from his mistake. Mr. Darmal deeply desires to begin his professional career as an MD in Nevada and is willing to provide the Board with any additional information or documentation needed to successfully process and approve his application for a medical license. Please confirm receipt of this correspondence and provide notice of approval or denial of Mr. Darmal's MD Application, or your request for additional information or documentation, at your earliest opportunity.

Thank you for your attention and anticipated cooperation. Should any of your representatives have any need, please do not hesitate to contact me at our San Diego offices. I look forward to hearing back from your agency and working to resolve this matter favorably for all involved parties.

Sincerely,

Kevin C. Murphy

APPROVED AS TO FORM AND CONTENT:

Sean Darmal, MD Applicant

Ex. 1 "Case No.: RIF 1102980 Case Status Summary."

CASH BOND
DEF 1: 100,000.00
DEF 2: 50,000.00

EXTRADITION
APPROVED/DISAPPROVED
DDA:
AGENCY#: ISU11[illegible]

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE
AUG 19 2011

AAG

AUG 19 2011

SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE
(Riverside)

THE PEOPLE OF THE STATE OF CALIFORNIA,
Plaintiff,
v.
[redacted]
SEAN DARMAL
[redacted]
Defendants.

D.A.# 382443

CASE NO RIF 1102980

FELONY COMPLAINT - DRUG COURT

P.C. 1000 DIVERSION PC 1210.1 REFERRED
Eligible YES
Not Eligible Both Defs NO Both Defs
Unknown if Eligible

COUNT 1

That the above named defendants committed a violation of Penal Code section 182., subdivision (a), subsection (1), a felony, in that on or about June 11, 2011, in the County of Riverside, State of California, they *did wilfully and unlawfully conspire together and with another person and persons whose identity is unknown* to commit the crime of BRING CONTROLLED DRUGS TO PRISON, in violation of Health and Safety Code section 4573, a felony, that pursuant to and for the purpose of carrying out the objects and purposes of the aforesaid conspiracy, the said defendants thereafter committed the following overt act and acts at and in the County of Riverside:

OVERT ACT NO. 1

ON APRIL 8, 2011, SEAN DARMAL AND [redacted] DARMAL DISCUSSED THROUGH TEXT MESSAGING THE INTRODUCTION OF NARCOTICS INTO THE CALIFORNIA REHABILITATION CENTER FOR THE PURPOSE OF SALES.

OVER ACT NO. 2

ON JUNE 11, 2011, SEAN DARMAL ARRIVED AT THE CALIFORNIA REHABILITATION CENTER IN NORCO TO VISIT [redacted] DARMAL. SEAN DARMAL HAD IN HIS POSSESSION OVER 50 GRAMS OF HEROIN.

COURT ORIGINAL

COUNT 2

That the above named defendants committed a violation of Penal Code section 182, subdivision (a), subsection (1), a felony, in that on or about June 11, 2011, in the County of Riverside, State of California, they did wilfully and unlawfully conspire together and with another person and persons whose identity is unknown to commit the crime of POSSESSION OF A CONTROLLED SUBSTANCE FOR SALE, in violation of Health and Safety Code section 11351, a felony, that pursuant to and for the purpose of carrying out the objects and purposes of the aforesaid conspiracy, the said defendants thereafter committed the following overt act and acts at and in the County of Riverside:

OVERT ACT NO. 1

ON APRIL 8, 2011, SEAN DARMAL AND [redacted] DISCUSSED THROUGH TEXT MESSAGING THE INTRODUCTION OF NARCOTICS INTO THE CALIFORNIA REHABILITATION CENTER FOR THE PURPOSE OF SALES.

OVER ACT NO. 2

ON JUNE 11, 2011, SEAN DARMAL ARRIVED AT THE CALIFORNIA REHABILITATION CENTER IN NORCO TO VISIT [redacted]. SEAN DARMAL HAD IN HIS POSSESSION OVER 50 GRAMS OF HEROIN

COUNT 3

That the above named defendants committed a violation of Health and Safety Code section 11351, a felony, in that on or about June 11, 2011, in the County of Riverside, State of California, they did wilfully and unlawfully possess for sale and purchase for purpose of sale a controlled substance, to wit, HEROIN

COUNT 4

That the above named defendants committed a violation of Penal Code section 4573, a felony, in that on or about June 11, 2011, in the County of Riverside, State of California, they did wilfully, unlawfully, and knowingly bring and send into and assist in bringing into and sending into and within the grounds belonging to CALIFORNIA REHABILITATION CENTER, NORCO, an institution under the jurisdiction of the Department of Corrections, A NARCOTIC, to wit, HEROIN

CASH BOND

RECEIVED $ _____

PAUL J. ALLEBACH
DISTRICT ATTORNEY

SPECIAL ALLEGATION – 667(e) & (e)(1) and 1170.12(c)(1)

It is further alleged that the defendant, [redacted], was on or about October 25, 2004, in the Superior Court of the State of California, for the County of San Diego, convicted of the crime of, CARJACKING, a serious and violent felony, in violation of section 215, subdivision (a), of the Penal Code, within the meaning of Penal Code sections 667, subdivisions (e) and (e)(1), and 1170.12, subdivision (c)(1).

MARSY'S LAW

Information contained in the reports being distributed as discovery in this case may contain confidential information protected by Marsy's Law and the amendments to the California Constitution Section 28. Any victim(s) in any above referenced charge(s) is entitled to be free from intimidation, harassment, and abuse. It is unlawful for defendant(s), defense counsel, and any other person acting on behalf of the defendant(s) to use any information contained in the reports to locate or harass any victim(s) or the victim(s)'s family or to disclose any information that is otherwise privileged and confidential by law. Additionally, it is a misdemeanor violation of California Penal Code § 1054.2a(3) to disclose the address and telephone number of a victim or witness to a defendant, defendant's family member or anyone else. Note exceptions in California Penal Code § 1054.2a(a) and (2).

I declare under penalty of perjury upon information and belief under the laws of the State of California that the foregoing is true and correct.

Dated: August 16, 2011

STM:sm

Complainant

COURT ORIGINAL

SUPERIOR COURT, STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

RIF11029980

RLH

AUG 04 2011

People of the State of California	Case #: CRC-ISU-11-06-0122
v.	Declaration in Support of Arrest Warrant
DARMAL, SEAN	AUG 19 2011

The undersigned, Michael Vega declares that he is a Correctional Peace Officer with the California Department of Corrections.

On June 11, 2011, at approximately 0945 hours, the California Rehabilitation Center's (CRC) Investigative Services Unit (ISU), concluded a conspiracy to introduce narcotics into CRC for distribution and sales investigation involving Inmate [redacted] V5094T Dormitory 214 bed 83U, and his approved civilian visitor Sean Darmal CDL#E2166009.

During the course of the intelligence gathering, CRC ISU determined while housed at CRC, Inmate Darmal, conspired with his approved visitor civilian Sean Darmal (brother) to introduce suspected Heroin into CRC for the purpose of distribution and sales, utilizing CRC's Men's Visiting Room during a scheduled contact visit. The information gathered during this investigation included information obtained from an illegal cellular telephone utilized by Inmate Darmal while housed at CRC along with departmental records.

On June 12, 2011, at approximately 0945 hours, CRC ISU was notified that civilian Sean Darmal was at the CRC Visiting Processing Center with the intent to visit Inmate [redacted]. ISU staff contacted Sean Darmal at the Visiting Center and escorted him to the ISU Office located in module "D".

Upon arrival in the ISU Office, Officer Ellis and I advised Sean Darmal that ISU had reasonable suspicion to believe that he was in possession of contraband intended for Inmate [redacted]. Sean Darmal responded by saying, "I do have something." Sean then asked, "Am I going to jail?" Officer Ellis presented Sean Darmal with a California Department of Corrections and Rehabilitation (CDCR) 888 Form, Notice of Request for Search, and asked him if he would consent to an unclothed body search by two male correctional officers. Sean Darmal agreed to the search and voluntarily signed the Notice of Request for Search Form.

Officer Ellis and I escorted Sean Darmal to the ISU staff restroom to conduct the unclothed body search. During the search, Sean Darmal retrieved a latex bindle secreted underneath his scrotum. I ordered Sean Darmal to place the bindle into a plastic bag I was holding. Sean Darmal then retrieved a second latex bindle that was concealed between his buttocks. Sean Darmal relinquished the second bindle to me by placing it into the plastic bag I was holding. Officer Ellis and I completed the unclothed body search with no additional contraband discovered.

At the completion of the search, Officer Ellis and I escorted Sean Darmal back to the ISU Office. Sean Darmal remained in the custody of Officer Ellis while I processed the two latex bindles.

I photographed the latex bindles and weighed each of the bindles individually utilizing an Acculab Portable Electronic scale.

Bindle #1: 26.1 Grams total weight, inclusive of packaging.

As I began removing the outer latex packaging of the bindle, I discovered two additional layers of packaging concealing a clear cellophane bindle of a brown tar like substance I suspected to be Heroin. I tested a small portion of brown tar like substance utilizing a Narcotics Analysis Reagent Kit II (NARK II), specifically for Heroin. The test yielded a positive result for Heroin.

Bindle #2: 28.6 Grams total weight, inclusive of packaging.

As I began removing the outer latex packaging of the bindle, I discovered an additional layer of packaging concealing a clear cellophane bindle containing a brown tar like substance I suspected to be Heroin.

I photographed, marked and placed all evidence into Evidence Envelopes and relinquished custody of the containers to ISU Evidence Officer Ellis for placement in the ISU Evidence Room.

I advised Officer Ellis that the latex bindles recovered from Sean Darmal contained suspected Heroin.

I witnessed as Officer Ellis I advised Sean Darmal of his rights pursuant to the Miranda Decision, due to being in violation of Penal Code section 182, "Conspiracy", Penal Code 4573, "Penalty for Smuggling Controlled Substance into Prison or Jail", Penal Code 4573.5, "Felony to Bring Drugs or Alcohol Beverages into Penal Institution", Penal Code 4573.6, "Felony to Possess Controlled Substances Where Prisoners are Kept, Penal Code 4573.8, "Felony to Possess Drug or Paraphernalia in Prison or Jail" and Health and Safety Code section 11351, "Possession for Sale or Purchase for Purpose of Sale".

Sean Darmal acknowledged he understood his rights and elected to answer the following question:

Q1: Who did you come to visit?
A1: [redacted]

Although Sean Darmal agreed to be interviewed, after he responded to the first question asked he requested to have a lawyer present prior to answering any further questions. Sean Darmal specifically said, "My parents told me to ask for an attorney". Based on Sean Darmal's request, no other questions were asked and the interview was terminated.

ISU Lieutenant J. Cleland and Officer Garza transported Sean to the Robert Presley Detention Center for booking.

Wherefore, declarant prays that an Arrest Warrant issue for the arrest, day or night, for DARMAL, SEAN Description of Sean Darmal: [redacted]

Address: California Rehabilitation Center, Norco

LAW ENFORCEMENT:	JUDICIAL OFFICER:
I declare, under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: July 8, 2011 Signature Print Name MIGUEL V. VEGA JR.	____ Approved ____ Disapproved Bail: _____ Date: _____ Signature Print Name

(Form 979)

SMN

MAR 1 9 2012

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
FELONY PLEA FORM

People v. Sean Daemal Case Number RIF1102980

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE
MAR 09 2012

A. ADVISEMENT OF RIGHTS:

SD 1. I have the right to a speedy and public trial by a judge or jury.
SD 2. At my trial, I have the right to face and cross-examine any witnesses against me.
SD 3. I have the right to ask the court to compel witnesses to attend my trial at no expense to me, and to present evidence in my defense.
SD 4. I have the right against self-incrimination. I cannot be forced to testify against myself, but I also have the right to testify in my own defense if I choose to do so.
SD 5. I have the right to be represented by a lawyer throughout my trial. If I cannot afford one, the court will appoint one to represent me at no cost to me.

B. CONSEQUENCES OF PLEA (1 through 5 apply to everyone):

SD 1. As a convicted felon, I will not be able to own or possess any firearm. I will be ordered to pay restitution to the victim(s) if the victim(s) suffered economic harm. I agree that the amount of victim restitution is _____. If the parties do not agree, the probation department will determine the amount. If I disagree with the amount, I must promptly request a hearing.
SD 2. Charges and/or enhancements may have been dismissed as part of this negotiated disposition with the District Attorney's Office. I agree that I will be ordered to pay restitution to the victim(s) of the dismissed charges and/or enhancements if the victim(s) suffered economic harm.
SD 3. I will be ordered to pay a restitution fine of at least $200 and not more than $10,000. There are several other fines and fees that will be imposed as a result of this guilty plea.
SD 4. If I am not a citizen of the United States, I understand that this conviction may have the consequences of deportation, exclusion from admission to the United States, or denial of naturalization pursuant to the laws of the United States.
SD 5. If I receive a state prison term, I will be placed on parole or local community supervision after completing the term. Parole or local community supervision will be for the term specified by law. Generally, parole is for up to five years and local community supervision is for up to three years. If my term of imprisonment is life, and I am ever granted parole, it may be for life. If I violate any of the terms of parole, I could be returned to state prison for up to one year per violation. If I violate any of the terms of local community supervision, I could be incarcerated in county jail for up to 180 days per violation.
SD 6. If I am sentenced to county jail, a portion of my term may be suspended and, upon release from jail, I may be placed on supervised release. If I violate any of the terms and conditions of my supervised release, I could be returned to county jail for up to the remainder of my suspended jail term.
SD 7. I will be required to give a DNA sample.
X 8. My driving privileges will be suspended or revoked by the Department of Motor Vehicles.
_____ 9. I understand that because I am pleading guilty to a qualifying offense, I will be ordered to register with law enforcement as a(n) HS 11590 and that if I fail to register or to keep my registration current for any reason, new criminal charges may be filed against me. I understand that registration as a sex offender is a life long requirement.
X 10. I will be required to undergo AIDS testing.
X 11. Being under the influence of alcohol or drugs, or both, impairs your ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I drive while under the influence of alcohol or drugs, or both, and as a result of that driving, someone is killed, I can be charged with murder.
X 12. Other _____.

C. DEFENDANT'S STATEMENT:

SD 1. All the promises made to me are written on this form, or stated in open court.
SD 2. No one has made any threats to me or anyone close to me, or placed any pressure of any kind on me in order to make me plead guilty.
SD 3. I understand that if I violate any of my probation terms, I could be sentenced to the maximum custody term possible under these charges as set forth under "Plea Agreement", Item 2.
SD 4. I have had adequate time to discuss with my attorney (1) my constitutional rights, (2) the consequences of any guilty plea, and (3) any defenses I may have to the charges against me.
SD 5. As part of this plea, I (circle one) do / do not waive any right to appeal that I may have.

SS 6. Factual Basis. I agree that I did the things that are stated in the charges that I am admitting.

D. **PLEA AGREEMENT:**

1 I will enter a guilty plea to the following charges and enhancements:

CT 2: PC 182(a)(1), CONSPIRACY TO COMMIT A VIOLATION OF H&S 11351.

The Prosecutor will dismiss any charges and enhancements that I do not admit.

2. The maximum possible custody commitment for the admitted charges and enhancements is: 4 YRS

3 My guilty pleas are conditional on receiving the following considerations as to sentence:

a) Formal probation will (circle one) be 1) denied; 2) granted; 3) decided by the court. If granted, the length of formal probation may be up to five years. If probation is granted, a suspended state prison sentence or felony county jail term (circle one) will/will not be imposed. A suspended felony county jail term may include a period of supervised release for up to the remainder of the suspended jail term. The following legal restrictions apply to a decision to grant probation in this case:

b) The custody term will be 180 DAYS - WEEKEND (stip)

The custody term shall not be more than ____ (top)

The custody term shall not be less than ____ (floor)

c) Fines:

d) Other:

e) Credit for time served will be 1 days actual; 0 days 4019/2933; 1 total.

E. **SIGNATURES**

District Attorney: The above is a correct statement of the Plea Agreement between defense and prosecution.

3.9.2012 / 3-8-2012 — Date — BRYAN BOUTWELL — Print Name — Sign Name

Defendant: I have read and understand this entire document. I waive and give up all of the rights that I have initialed. I accept this Plea Agreement.

3/9/12 — Date — Sean Oajmal — Print Name — Sign Name

Defense Attorney: I am the attorney for the defendant. I am satisfied that (1) the defendant understands his/her constitutional rights and understand that a guilty plea would be a waiver of these rights; (2) the defendant has had an adequate opportunity to discuss his/her case with me, including any defenses he/she may have to the charges; and (3) the defendant understands the consequences of his/her guilty plea. I join in the decision of the defendant to enter a guilty plea.

3/9/12 — Date — Gregory Comings — Print Name — Sign Name

Interpreter: Having been duly sworn, I have translated this form to the defendant in the ____ language. The defendant has stated that he/she fully understood the contents of the form prior to signing.

Date — Print Name — Sign Name

SMN

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
SENTENCING MEMORANDUM

Page 1 of 2
Defendant Sean Dalman
Case Number RIF1102980

THE FOLLOWING CHECKED TERMS AND CONDITIONS ARE ORDERED BY THE COURT

☐ MISDEMEANOR ☑ FELONY

Charges admitted PC 182(a)(1) (HS 11351)

Priors admitted

Enhancements

MAY 13 2012

R

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE
MAR 09 2012

PROBATION

☐ PAS Proceedings are suspended.
☑ PFG Formal probation granted for 36 months.
☐ SPG Summary probation granted for _____ months.
☐ PRS Probation reinstated on same terms and conditions
☑ T1 Obey all laws, ordinances, and court orders.

CUSTODY / WORK PROGRAMS / COMMUNITY SERVICE

☐ TAA Be committed to the custody of RSO for 180 days. Custody to be served as follows:
☑ TAJ1 179 days to be served in the Work Release Program. Report on or before 5/9/12
☐ TAK1 _____ days to be served in the Sheriff Labor Program. Report on or before _____
☐ TIA Perform _____ hours of community service through Volunteer Center. File proof of completion by _____ (Report within 14 days, excluding time in custody)
☐ TAD Committed to custody of RSO for one day for booking purposes only. Report to _____ by _____

☑ CTS Credit time served 1 days actual + 0 days PC § 4019
☐ CTSVF Credit time served _____ days actual + _____ days PC § 2933.1
☐ CJS _____ days county jail ordered suspended
☐ CJSCS County jail sentence consecutive to _____
☐ CJSC County jail sentence concurrent with _____
☐ CJSI County jail time to be served in _____ as set of County Jail
☐ CJSS County jail sentence stay granted, defendant ordered to surrender at _____ on _____ in Dept. _____
☐ TXY5 Report immediately to the Riverside County Live Scan office for fingerprinting. (I = DJ, R=RI and IS=SW)

FINES / FEES / RESTITUTION: All fines, fees and restitution imposed shall be paid to the Court, as directed by the Enhanced Collections Division.

☐ TBL(TBL1/2) Pay fine and penalty assessment of $_____.
☐ TBHL1/2 Pay fine of $_____ or serve time in jail, at rate of $_____ per day ☐ concurrent ☐ consecutive
☑ TXV1 Pay booking fees of ~~$444.00~~ or $460.34 (GC § 29550)
☐ TMC1 Pay fine of $450 to domestic violence fund (PC § 1203.097(a)(5)).
☑ TFG Pay restitution fine of $ 240 (PC § 1202.4(b))
☐ TVC4 Pay 10% of the restitution fine for administrative fee of $_____ (PC § 1202.4(l))
☑ TVF1 Pay probation revocation restitution fine of $ 240 (PC § 1202.44) (Stayed)
☐ TVF3 The stay of your obligation to pay the probation revocation restitution fine of $_____ is dissolved (PC § 1202.44) Payment is due immediately
☐ PDT Payment of fines due by _____ or appear at 7:30 am on that date in this court.

☐ TCE Pay victim restitution of $_____ (PC § 1203.1(a)(3))
☐ TCDZ Pay victim restitution, amount to be determined by the Probation Department, disputes as to the amount to be resolved at a court hearing. (PC § 1203.1(a)(3))
☐ TCO Pay interest on restitution of 10% per annum from _____ (PC § 1202.4(f)(3)(G))
☐ TCH1 Pay restitution of $_____ _____ to DPSS and report to DPSS Recovery Unit within 5 days of sentencing
☐ TXT4 Complete and return a Financial Disclosure form to the Court on or before _____, or within 5 days of release
☑ TYGA If your fine(s) or actual restitution is not paid in full more than 120 days before completion of probation you are ordered to re-contact Enhanced Collections and complete a new Financial Disclosure Statement form. (PC § 1202.4(f)(11))
☑ DORFS Report to cooperate with Enhanced Collections immediately or within five business days of release from custody

ALCOHOL / DUI / DRIVING LICENSE

☐ TDA Do not consume alcoholic beverages, do not frequent places where they are main item of sale.
☐ TDE Do not drive with any measurable amount of alcohol or drugs in your blood, or within 8 hours of consuming alcohol or any drugs
☐ TDF If arrested for driving under the influence of intoxicants, submit to blood, breath, or urine test as requested by the arresting officer
☐ TDH Do not drive without valid license, insurance & registration
☐ TDU1A Install an ignition interlock device in each vehicle you own or operate by _____ and maintain for a period of _____ months from the date of reinstatement of your driving privilege.
☐ TDM2 File proof of installation of IID by _____
☐ TDM12 IID installation is stayed as long as you do not own or operate any vehicle.
☐ PHC Provide proof of installation of IID by returning the verification form to the Court by _____ or appear in _____ in Dept. _____ on that date.

☐ TDG1 Enroll within 5 days and then complete:
AB541 - 1st Offender Drinking Driver Program
☐ TDG3 AB1353 - 1st Offender Drinking Driver Program (w/alcohol)
☐ TDG2 SB38 - 18 month Offender Drinking Driver Program
☐ TDG4 UB1176 - Alcohol and drug education class.
☐ TDG7 Enroll in the TEMPO / Hemm Program by _____
☐ TDN1/A Enroll by _____ and successfully complete, at your expense, the Secure Continuous Remote Alcohol Monitor (SCRAM) Program, through LCA Client Services
☐ TDN1B Pay the SCRAM monitoring and installation fees in an amount and manner as determined by LCA Client Services, and as directed by the Probation Officer.
☐ DMVNSR DMV shall not issue a restricted drivers license
Your license:
☐ TXD3 Is suspended for ____ months. Surrender license to the Court.
☐ TXG1 Shall be revoked by DMV (VC § 13202(b))
☐ TXG4A Is revoked for _____ months and until you complete the SB38 drinking driver program, if ordered
☐ THV Enroll in dealing safely classes by _____

DRUG / SEARCH / TEST PROGRAM TERMS

☑ TDL1 Do not knowingly use or possess any controlled substances, unless lawfully prescribed for you.
☑ TEC Submit to chemical test of your blood, saliva, breath or urine or any reasonable physical test upon request of any law enforcement or probation officer
☑ TEA1 Submit to immediate search of person/auto/home/premises/garage/storage areas & personal/leased property, with or without cause, by PO or law enforcement officer.
☐ TEA1A Search for the detection of _____
☑ TCF9 Provide a DNA sample as directed by Probation or law enforcement personnel (PC § 296(a))
☐ TXJ1A Submit to HIV/AIDS testing by RSO (In-custody)/County Health Department within 5 days of this order (PC § 1202.1)
☐ THP Enroll in AIDS education program by _____ and complete by _____

☐ THK1 Register with local law enforcement within 5 days from today or within 5 days upon release from custody.
PC § 290
☑ THK2 H&S § 11590
☐ THK3 PC § 457.1
☐ THK4 PC § 186.30
☐ TDB Attend _____ AA meetings or approved alternative program. Provide proof of completion to probation/court by _____
☐ TDB3 Attend _____ NA meetings or approved alternative program. Provide proof of completion to probation/court by _____
☐ THC Reside at _____, cooperate with staff and do not leave without permission
☑ THF1A Participate and complete at your expense any counseling rehabilitation/treatment, program deemed appropriate by probation officer, and authorize release of information relative to progress.

Page 1 of 2 Pages PC2

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
SENTENCING MEMORANDUM

Page 2 of 2
People v. STEVEN DORMAN
Case Number RIF1102980

DRUG / SEARCH / TEST PROGRAM TERMS (Continued)

☐ TMJ	Report to the Volunteer Center within 14 days (excluding time in custody) and	☐ TMF	Enroll in Parenting classes by _____ and complete by _____
☐ TMS	Enroll in a 52-week Domestic Violence Program and provide proof of enrollment to the Court/Probation by _____ and complete by _____	☐ TMA	Enroll in Anger Management Program by _____ and complete by _____
		☐ TMC2	Enroll in Child Abuse classes by _____ and complete by _____

*Submit proof of enrollment and/or completion of the above noted programs as directed by your Probation Officer and/or Volunteer Center

ASSOCIATION / RESIDENCE / WORK TERMS

☒ THC	Do not associate with any unrelated person you know to be on probation or parole	☒ THC	Inform the probation officer of your place of residence and reside at residence approved by the probation officer
☐ THD1	Do not associate with any unrelated person you know to be either on probation, on parole, or a gang member.	☒ THC1	Give written notice to the probation officer 24 hours before changing your residence and do not move without the approval of the probation officer
☒ THK	Do not associate with any unrelated person you know to be a possessor, user or trafficker of controlled substances	☒ THW	Seek and maintain employment or attend a full-time school or vocational program
☒ THS	Do not leave the State of California without first obtaining written permission of the probation department per the Interstate Compact Act		

TAGGER TERMS

☐ TLH	Do not engage in tagging, marking, painting, scribing or defacing public and/or private property	☐ TLU	Submit to immediate search of person/automobile/residence surrounding premises/storage area/personal property by probation or law enforcement officer with or without reasonable cause,
☐ TLS	Do not knowingly use or possess spray paint, markers, scribers, aerosol nozzles, or other items that you know are commonly used for tagging.	☐ TLU1	for detection of tagging and/or scribing items such as spray paint, markers, scribers, aerosol nozzles or other items commonly used for tagging
☐ TLT	Do not associate with any person you know to engage in tagging or similar activities.		

MISCELLANEOUS PROBATION TERMS

☒ TXB	Do not knowingly own or possess a firearm, deadly weapon or ammunition	☐ THD	Have no direct or indirect contact with _____
☐ TXA2	Weapon ordered destroyed (PC § 12028)	☐ THK	Do not annoy, harass, threaten or disturb the peace of _____
☐ TPO	Stay _____ yards away from _____ and don't enter premises described as _____	☐ TMI	Any valid Domestic Violence (notification/warning of the existing) using the period of probation is incorporated into probation terms
☐ THY	Return to court on _____ at _____ in Dept. _____ for a progress hearing to evaluate the defendant's compliance with the above terms and conditions.		
☐	Other		

MISCELLANEOUS FORMAL PROBATION TERMS

☐ TRV1	If expelled or deported, do not re-enter the United States illegally	☒ THL	Report to probation officer immediately or upon release from custody, and abide by all reasonable directives of probation officer
☐ THM2	If expelled, deported, or voluntarily leave the United States, you must report to probation by telephone or in writing within 30 days of departure.	☒ THI	Report any law enforcement contacts to probation officer within 48 hours.

COURT ORDERS THAT ARE NOT CONDITIONS OF PROBATION

☒ TXX	Pay court security fee of $ 20 per convicted charge (PC § 1465.8)	☐ TXL	Pay cost of pre-sentence report in amount to be determined by Probation, not to exceed $ _____ (PC § 1203.1b)
☒ TXW	Pay court conviction assessment fee of $30 per convicted misdemeanor/felony charge (GC § 70373)	☐ TXM/A	Pay cost of probation supervision in an amount to be determined by Probation. Based on the level of supervision, the costs will range from $___ ___ ___ to $___ ___ (PC § 1203.1b)
☐ TXV1	Pay court conviction assessment fee of $35 per convicted infraction charge (GC § 70373).		
☐ TXV2	Pay citation fees of $10 (GC § 29550)	☒ TEE	Pay the actual cost of court ordered drug testing through the Court as directed by Enhanced Collections
☐ TXV3	Pay O.R. fees of $25 (GC § 29550)	☐ DORFSA	Report to Enhanced Collections immediately, or within two business days, regarding ability to pay attorney fees, total to be _____
☒ THAL	Pay drug lab fee and penalty assessment of $150 (H&S § 11372.5)		
☐ THDL	Pay drug lab fee - total $_____ (H&S § 11372.5) ($50 each additional conviction)	☐ CFAF	Court finds defendant has the ability to reimburse the county for attorney fees at the standard rate of $110.00 per hour. Attorney fees ordered in the amount of $_____
☒ THE	Pay drug education fee and penalty assessment of $150 (H&S § 11372.7).	☐ FNPAF	Any Fine/fee not paid in full by _____ will be subject to a $50 administrative fee (PC § 1205(d))
☐ THDL	Pay drug education fee - total $_____ (H&S § 11372.7) ($50 each additional conviction)	☐ FPC	Formal probation to convert to summary probation upon _____
☐ THKL	Pay alcohol and drug assessment fee of $100 (VC § 23649)	☐ FHS	Defendant is ordered to return to court on _____ at _____ in Dept. _____ for _____
☐ TXP4	Pay AIDS Education fine of $_____ (PC § 1463.23)		
☐ TCS	Pay administrative fee equal to 15% of victim restitution (PC § 1203.1(l)).		

I have read, I understand, and I accept these terms and conditions of probation on pages one and two.

Defendant X _____ Defense Attorney _____

District Attorney _____ Interpreter _____

Dated 3/1/12 IT IS SO ORDERED David Gunn JUDICIAL OFFICER

NOTICE TO DEFENDANT: If you have been placed on probation, you have the right to ask the court either (1) to allow you to withdraw your plea of guilty or of nolo contendere and to enter a plea of not guilty, or (2), if you were convicted after a plea of not guilty, to set aside the verdict of guilty. (For details, see Penal Code section 1203.4.) If you have been convicted of a misdemeanor and not placed on probation, and one year has passed since pronouncement of judgment, you have the right to make a similar request. (For details, see Penal Code section 1203.4a.) Forms on which to make such requests are available in the clerk's office.

CR-181

ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NO.: 241751	FOR COURT USE ONLY
NAME: [redacted]		
FIRM NAME: Fresh Start Law Center, PC.		
STREET ADDRESS: [redacted] Tomas St., Suite 300		
CITY: Rancho Santa Margarita	STATE: CA ZIP CODE: 92688	
TELEPHONE NO.: [redacted]	FAX NO.: 877-744-8312	
E-MAIL ADDRESS: [redacted]		
ATTORNEY FOR (name): Sean Darmal		

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE
JUN 07 2016
MARLENE ACUÑA

PEOPLE OF THE STATE OF CALIFORNIA
v.
DEFENDANT: Sean Darmal [redacted]

ORDER FOR DISMISSAL
(Pen. Code, §§ 17(b), 17(d)(2), 1203.4, 1203.4a, 1203.41, 1203.49)

CASE NUMBER:
RIF1102980

The court finds from the records on file in this case, and from the foregoing petition, that the petitioner *(the defendant in the above-entitled criminal action)* is eligible for the following requested relief:

1. The court **GRANTS** the petition for reduction of a felony to a misdemeanor (maximum punishment of 364 days per Pen. Code, § 18.5) under Penal Code section 17(b) and/or for reduction of a misdemeanor to an infraction under Penal Code section 17(d)(2) and reduces the following convictions:
   - ☐ ALL FELONY CONVICTIONS in the above-entitled action;
   - ☐ ALL MISDEMEANOR CONVICTIONS in the above-entitled action; OR
   - ☐ Only the following convictions in the above-entitled action *(specify charges and date of conviction)*:

2. The court **DENIES** the petition for reduction of a felony to a misdemeanor under Penal Code section 17(b) and/or for reduction of a misdemeanor to an infraction under Penal Code section 17(d)(2) for:
   - ☐ ALL FELONY CONVICTIONS in the above-entitled action;
   - ☐ ALL MISDEMEANOR CONVICTIONS in the above-entitled action; OR
   - ☐ Only the following convictions in the above-entitled action *(specify charges and date of conviction)*:

3. The court **GRANTS** the petition for dismissal regarding the following convictions under Penal Code ☒ § 1203.4, or ☐ § 1203.4a, or ☐ § 1203.41, or ☐ § 1203.49, and it is ordered that the pleas, verdicts, or findings of guilt be set aside and vacated and a plea of not guilty be entered and that the complaint be, and is hereby, dismissed for:
   - ☒ ALL CONVICTIONS in the above-entitled action; or
   - ☒ Only the following convictions in the above-entitled action *(specify charges and date of conviction)*:

4. The court **DENIES** the petition for dismissal regarding the following convictions under Penal Code ☐ § 1203.4, or ☐ § 1203.4a, or ☐ § 1203.41, or ☐ § 1203.49 for:
   - ☐ ALL CONVICTIONS in the above-entitled action; or
   - ☐ Only the following convictions in the above-entitled action *(specify charges and date of conviction)*:

5. In granting this order under the provisions of Penal Code section 1203.49:
   a. The court finds that the petitioner was a victim of human trafficking when he or she committed the crime.
   b. ☐ The court orders the relief described in section 1203.4, or
      ☐ The court orders the relief described in section 1203.4, with the following exceptions *(specify)*:

Form Approved for Optional Use
Judicial Council of California
CR-181 [Rev. January 1, 2016]

Penal Code, §§ 17(b), 17(d)(2), 1203.4, 1203.4a, 1203.41, and 1203.49
www.courts.ca.gov

PEOPLE OF THE STATE OF CALIFORNIA v DEFENDANT:	CASE NUMBER:
Sean Darmal	RIF1102980

6. If this order is granted under the provisions of Penal Code section 1203.4 or 1203.41:
   a. The petitioner is required to disclose the above conviction in response to any direct question contained in any questionnaire or application for public office, or for licensure by any state or local agency, or for contracting with the California State Lottery Commission.
   b. Dismissal of the conviction does not *automatically* relieve petitioner from the requirement to register as a sex offender. (See, e.g., Pen. Code, § 290.5.)

7. If the order is granted under the provisions of Penal Code section 1203.49, the Department of Justice is hereby notified that the petitioner was a victim of human trafficking when he or she committed the crime, and the relief ordered.

8. If the order is granted under the provisions of either Penal Code section 1203.4, 1203.4a, 1203.41, or 1203.49, the petitioner is released from all penalties end disabilities resulting from the offense except as provided in Penal Code sections 29800 and 29900 (formerly sections 12021 and 12021.1) and Vehicle Code section 13555. In any subsequent prosecution of the petitioner for any other offense, the prior conviction may be pleaded and proved and shall have the same effect as if probation had not been granted or the accusation or information dismissed. The dismissal does not permit a person to own, possess, or heve in his or her control a firearm if prevented by Penal Code sections 29800 or 29900 (formerly sections 12021 and 12021.1). Dismissal of a conviction does not permit a person prohibited from holding public office as a result of that conviction to hold public office.

9. In addition, as required by Penal Code section 299(f), relief under Penal Code sections 17(b), 17(d)(2), 1203.4, 1203.4a, 1203.41, or 1203.49 does *not* release petitioner from the separate administrative duty to provide specimens, samples, or print impressions under the DNA and Forensic Identification Database and Data Bank Act (Pen. Code, § 295 et seq.) if petitioner was found guilty by a trier of fact, not guilty by reason of insanity, or pled no contest to a qualifying offense as defined in Penal Code section 296(a).

FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA
EUREKA
COUNTY OF RIVERSIDE

Date: 6/7/16

(JUDICIAL OFFICER)

Sean Darmal

License Number:
25239

License Type:
Medical Doctor

License Status:
Active

Initial License Date:
Feb-22-2024

Expiration Date:
Jun-30-2025

Public Address:
[redacted]N Tenaya Way Suite 400

Public City:
Las Vegas

Public State:
Nevada

Public ZIP Code:
89128

Public Country:
United States

Public Phone Number:
[redacted]

Credential:
M.D.

Specialties

Specialty
Internal Medicine
Internal Medicine

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
University Of California, Riverside	Bachelor of Science	Aug-03-2009	Dec-01-2015
St. George's University School of Medicine	Medical Doctor Degree	Aug-15-2017	Apr-25-2021

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
Sunrise Health Graduate Medical Education (GME) Consortium at MountainView Hospital	Internship/Residency	Internal Medicine	Jul-01-2021	Jun-30-2024
Sunrise Health GME Consortium - MountainView Hospital	Residency	Internal Medicine	Jul-01-2021	Jun-30-2024

Board Actions

Summary	Attachments
None.	

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary	Attachments
None.	

Malpractice Information

Summary	Attachments
None.	

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20A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – May 29, 2024

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material 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; NRS 639.1371

A REGULATION relating to pharmacy; minimum staffing requirements in the pharmacy; restriction on supervision; and providing other matters properly relating thereto.

The proposed regulation is a result of the Nevada Pharmacists Workplace and Patient Safety Survey. There were three main recuring themes that needs to be addressed based on the results of the survey:

1. The pharmacies need to eliminate workload productivity metrics.
2. The pharmacies need more staff, particularly pharmacists, but pharmaceutical technicians as well.
3. The pharmacies need to separate dispensing services from non-dispensing services.

This is supported by the results of the following survey questions:

7-*"To keep up with work related tasks, how often do you continue working after your scheduled/paid shift hours have been completed."* - The top answer amongst Retail Chain Pharmacists was "Always" and "Usually" (55%). While only 28% and 26% of Institutional/Hospital Pharmacists and pharmacists in other practice settings answered, "Always" and "Usually," respectively.

16- *"Do you believe your primary practice setting is sufficiently staffed to meet the demands of the pharmacy while meeting patient care and safety standards?"* - The top answer amongst the Retail Chain Pharmacists and Institutional/Hospital Pharmacists was "No" (74.6% and 52.3%, respectively.)

17- *"Do you believe the current staffing in your primary practice setting poses a risk to patient safety?"* – The top answer amongst the Retail Chain Pharmacists was "Yes" (68.3%) while the top answer for Institutional/Hospital Pharmacists was "No" (51.7%).

18- *"If you could choose to add more staff to assist in the demands of your pharmacy to ensure patient care and safety is prioritized, which would you choose?"* – The top answer amongst all the pharmacists was "Additional Pharmacists."

19- *"I feel that my work environment has sufficient pharmacy technicians staffing that allows for safe patient care?"* - The top answer amongst Retail Chain Pharmacists were "Strongly disagree" or "Disagree" (63%). While only 38% and 18% of Institutional/Hospital Pharmacists and pharmacists in other practice settings answered, "Strongly disagree" or "Disagree," respectively.

20- *"I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care."* - The top answer amongst Retail Chain Pharmacists was "Disagree." While the top answer amongst Institutional/Hospital Pharmacists and pharmacists in other practice settings was "Agree" or "Strongly Agree."

21- *"I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner."* – The top answers amongst Retail Chain Pharmacists were "Strongly Disagree" and "Disagree."

28 – *"In your opinion, how does completing non-dispensing services affect your ability to dispense prescriptions effectively?"* - The top answer amongst Retail Chain Pharmacists were "It somewhat diminishes my ability to dispense prescriptions effectively" or "It greatly diminishes my ability to dispense prescriptions effectively" (83%). While only 27% and 22% of Institutional/Hospital Pharmacists and pharmacists in other practice settings answered, "It somewhat diminishes my ability to dispense prescriptions effectively" or "It greatly diminishes my ability to dispense prescriptions effectively," respectively.

29- *"In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect your ability to practice safely?"* – The top answer amongst Retail Chain Pharmacists were "It somewhat diminishes my ability to practice safely" or "It greatly diminishes my ability to practice safely" (83%). While only 36% and 21% of Institutional/Hospital pharmacist and pharmacists in other practice settings answered, "It somewhat diminishes my ability to practice safely" or "It greatly diminishes my ability to practice safely," respectively.

30- "*In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect patient from getting their medications in a timely manner?"* - The top answer amongst the Retail Chain Pharmacists were "It greatly diminishes patients from getting their medications in a timely manner" or "It somewhat diminishes patients from getting their medications in a timely manner" (89%). While only 40% and 22% of Institutional/Hospital Pharmacists and pharmacists in other practice settings answered, "It greatly diminishes patients from getting their medications in a timely manner" or "It somewhat diminishes patients from getting their medications in a timely manner," respectively.

32- "*Do you feel that you have been pressured by your employer or supervisor to meet standards or metrics that may interfere with safe patient care?"* - The top answers amongst the Retail Chain Pharmacists were "Yes" or "Somewhat" (86%). While only 37% and 19% of Institutional/Hospital Pharmacists and pharmacists in other practice settings answer, "Yes" or "Somewhat," respectively.

38 – *"In your opinion, how would an increase in the number of pharmaceutical technicians (PT) and pharmaceutical technicians in training (PTT) you may supervise in your primary practice setting affect patient safety?* - The top answer amongst the Retail Chain Pharmacists was "Improve patient safety" (69%).

40- *"In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect patient safety?"* - The top answer amongst all pharmacists was "Improve patient safety."

45 – *"In your opinion, are you able to comfortably take meals and rest periods without feeling like you will fall behind or compromise patient care or safety."* – The top answer amongst the Retail Chain Pharmacists was "No" (70%). While only 42% and 23% of Institutional/Hospital Pharmacists and pharmacists in other practice settings answered, "No," respectively.

47- *"Please rank the following from 1 to 7 on their impact on patient safety (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety"* – The top 3 answers amongst all the pharmacists survey participants were 1) Eliminating workload productivity metrics, 2) Increasing the number of pharmacists staffed, and 3) Eliminating non-dispensing responsibility for pharmacists processing prescriptions.

48 – *"My current workload is:"* The top answer amongst Retail Chain Pharmacists were "High" or "Excessively High" (82%). While only 58% and 24% of Institutional/Hospital Pharmacists or pharmacists in other practice settings answered, "High" or "Excessively High, "respectively.

54- *"In your opinion, what is the number of prescriptions ONE pharmacist should be able to reasonably and safely fill on a given weekday, working from 9am to 7pm, in a general retail pharmacy setting, with the assistance of one to three pharmaceutical technicians or pharmaceutical technicians in training IF non-dispensing services such as medication therapy management, vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education and quality improvement projects ARE EXCLUDED?"* - The top answer amongst all pharmacist survey participants was 101-200 prescriptions.

Free-fill responses for questions 55, 56, and 57- majority of the responses were

1. The pharmacies need to eliminate workload productivity metrics.
2. The pharmacies need more staff, particularly pharmacists, but pharmaceutical technicians as well.
3. The pharmacies need to separate dispensing services from non-dispensing services.

To address the above issues, minimum staffing standards should be required of retail community pharmacies. If the proposed regulation is adopted it will address items 2 and 3 of the survey. Addressing items 2 and 3 will address the issue regarding item 1, workload productivity metrics.

NAC Chapter 639 is hereby amended by adding thereto a new section to read as follows:

1. *A pharmacy, as defined in NRS 639.012, except an institutional pharmacy, as defined by NRS 639.0085, and a pharmacy in a correctional institution, as defined by NRS 639.0123 engaged in the dispensing of controlled substances or dangerous drugs shall staff a pharmacy in a manner that meets the demand of the pharmacy while prioritizing patient care and safety.*

   a. *The following are the minimum pharmacist staffing requirements:*

      i. *A pharmacy shall staff the pharmacy with a minimum of two (2) pharmacists for every hour the pharmacy is filling greater than or equal to twenty (20) prescriptions per hour; (see survey results for questions 7, 16, 17, 18, 20, 21, 40, 45, 47, 48, 54, 55, 56, 57)*

      ii. *The pharmacy shall add, at a minimum, an additional pharmacist for every twenty (20) prescriptions filled per hour thereafter by the pharmacy; and (see survey results for questions 7, 16, 17, 18, 20, 21, 40, 45, 47, 48, 54, 55, 56, 57)*

      iii. *If the pharmacy is engaged in providing non-dispensing services during the hours the pharmacy is also providing dispensing services, the pharmacy must add an additional pharmacist designated to perform the non-dispensing services. (see survey results for questions 28, 29, 30, 40, 47, 55, 56, 57)*

         1. *The pharmacist designated to perform the non-dispensing services may assist in the dispensing of controlled substances or dangerous drugs if in the professional judgement of the pharmacist time permits and patient care and safety is not compromised, but this pharmacist may not be used to meet the minimum requirements as specified in paragraphs i and ii of subsection (a) of this section.*
         2. *Except as specified in subsection iv, a pharmacy must cease providing non-dispensing services if there is no pharmacist solely designated to perform the non-dispensing services.*

      iv. *A pharmacist while engaged in the dispensing of controlled substances or dangerous drugs shall not engage in any non-dispensing services, except when the pharmacy is staffed with one pharmacist and the pharmacy is filling less than ten (10) prescriptions per hour.*

Example (Ex) 1: A pharmacy filling 10-19 RXs/h (~ 100-190 RXs in a 10h shift) will need **1 pharmacist** during those hours. A pharmacy providing non-dispensing services during the same hours will need **2 pharmacists**.

Ex 2: A pharmacy filling 20-39 RXs/h (~ 200-390 RXs in a 10hr shift) will need **2 pharmacists** during those hours. A pharmacy providing non-dispensing services during the same hours will need **3 pharmacists**.

Ex 3: A pharmacy filling 40-59 RXs/h (~ 400-590 RXs in a 10h shift) will need **3 pharmacists** during those hours. A pharmacy providing non-dispensing services during the same hours will need **4 pharmacists**, etc.

Ex 4: A pharmacy filling 0-9 RXs/h (~ 0-90 RXs in a 10h shift) will need **1 pharmacist** during those hours. The same pharmacist may provide non-dispensing services during the same hours.

DRAFT

b. Except as otherwise provided in NAC 639.250, the following are the minimum pharmaceutical technician and pharmaceutical technician in training staffing requirements: (see survey results for questions 16, 19, 21, 38, 55, 56, 57)

i. A pharmacy shall staff the pharmacy with a minimum of one (1) pharmaceutical technician or pharmaceutical technician in training for every hour the pharmacy is filling greater than five (5) but less than ten (10) prescriptions per hour;

Ex 1: A pharmacy filling 5-9 RXs/h (~ 50-90 RXs in a 10h shift) will need **1 PT or PTT** during those hours.

ii. A pharmacy shall staff the pharmacy with a minimum of two (2) pharmaceutical technician or pharmaceutical technician in training for every hour the pharmacy is filling greater than or equal to ten (10) prescriptions but less than twenty (20) prescriptions per hour;

Ex 2: A pharmacy filling 10-19 RXs/h (~ 100-190 RXs in a 10h shift) will need **2 PTs or PTT**s during those hours.

iii. A pharmacy shall staff the pharmacy with a minimum of three (3) pharmaceutical technicians or pharmaceutical technicians in training for every hour the pharmacy is filling greater than or equal to twenty (20) prescriptions per hour; and

Ex 3: A pharmacy filling 20-39 RXs/h (~ 200-390 RXs in a 10h shift) will need **3 PTs or PTTs** during those hours.

iv. The pharmacy shall add, at a minimum, an additional pharmaceutical technician or pharmaceutical technician for every twenty (20) prescriptions filled per hour thereafter by the pharmacy.

Ex 4: A pharmacy filling 40-59 RXs/h (~ 400-590 RXs in a 10h shift) will need **4 PTs or PTTs** during those hours, etc.

2. The managing pharmacist has the duty to enforce the provisions in these sections and maintain documentation of hourly compliance with these sections, including, but not limited the name of the pharmacist, and the name of the pharmaceutical technician or pharmaceutical technician staffed each hour and day, and is responsible for ensuring there is documentation of each hour and day the pharmacy fails to maintain minimum staffing requirements. This document must be readily retrievable and maintained for at least 2 years.

3. The pharmacy, managing pharmacist, and all registered pharmacists have the duty to report to the Board when the pharmacy fails to maintain minimum staffing requirements for any hours during three (3) consecutive days.

4. As used in this section "non-dispensing services" means all activities that a registered pharmacist may perform except for the filling, dispensing, and counseling of prescriptions.

DRAFT

NAC 639.250 is amended to read as follows ***(see survey results for questions 16, 19, 21, 38, 55, 56, 57)*****:**

NAC 639.250 Restrictions on supervision. (NRS 639.070**,** 639.0727**,** 639.1371**)** Except as otherwise provided in NAC 639.258:

1. Except as otherwise provided in subsection 5, in a***n*** ~~[hospital]~~ ***institutional pharmacy or a pharmacy in a correctional institution***, a pharmacist who is dispensing prescriptions may not supervise more than a total of three pharmaceutical technician at one time. A pharmacist who is supervising distributive functions may not supervise more than a total of two pharmaceutical technicians and one pharmaceutical technician in training while the trainee is performing technician functions in on-the-job training.

2. ~~[Except as otherwise provided in subsection 5,]~~ ~~[i]~~***I***n any pharmacy, other than a***n*** ~~[hospital]~~ ***institutional*** pharmacy, ***a pharmacy in a correctional institution,*** telepharmacy, remote site, satellite consultation site or nondispensing pharmacy, a pharmacist may not supervise more than a total of ~~[three]~~ ***four*** pharmaceutical technicians or ~~**[one]**~~ ***two*** pharmaceutical technician and two pharmaceutical technicians in training at one time.

3. In any telepharmacy, remote site or satellite consultation site, a pharmacist may not supervise more than a total of three pharmaceutical technicians at one time.

4. In any nondispensing pharmacy, a pharmacist may not supervise more than a total of eight pharmaceutical technicians or six pharmaceutical technicians and two pharmaceutical technicians in training at one time.

5. A pharmacist may supervise more pharmaceutical technicians and pharmaceutical technicians in training at one time than are otherwise allowed pursuant to subsections 1 and 2 if:

(a) Not more than three of the pharmaceutical technicians or pharmaceutical technicians in training are performing the duties of a pharmaceutical technician as set forth in NAC 639.245; and
(b) The record kept by the pharmacy pursuant to NAC 639.245 identifies the pharmaceutical technicians and pharmaceutical technicians in training who are performing the duties of a pharmaceutical technician as set forth in NAC 639.245.]

6. As used in this section, "nondispensing pharmacy" means a pharmacy that is licensed pursuant to this chapter and chapter 639 of NRS that does not dispense, including, without limitation, drugs, controlled substances, poisons, medicines or chemicals.

7. The pharmacy, managing pharmacist, and all registered pharmacists have the duty to immediately report to the Board when the pharmacy exceeds restriction on supervision.

DRAFT

Nevada Pharmacists Workplace and Patient Safety Survey

In 2023, patient safety as it relates to workplace conditions in licensed pharmacies grew to be a primary concern of the Nevada State Board of Pharmacy (Board).

To examine workplace factors and conditions that may be affecting accurate and timely pharmaceutical care, the Board created a 61-question survey known as the **Nevada Pharmacists Workplace and Patient Safety Survey**. The survey was distributed to 2,761 Nevada licensed pharmacists on November 17, 2023, and responses were collected through December 31, 2023. Responses to the survey were optional. Of the 2,761 surveys distributed, the Board received 945 responses. After removing responses not linked to a Nevada pharmacist license number and duplicated responses from the same licensee, 824 responses (30% of surveys distributed) were included in the results of this report.

Survey Questions

Nevada Pharmacists Workplace and Patient Safety Survey

ATTENTION PHARMACISTS

The Nevada State Board of Pharmacy (Board) is concerned about patient safety as it relates to workplace conditions in licensed pharmacies. We are seeking to better understand the safety concerns.

The Board is requesting that you complete the following survey. Your responses will allow the Board to examine workplace factors and conditions that may be affecting accurate and timely pharmaceutical care. Your response to this survey is extremely important and is completely anonymous. Only aggregated, non-identifiable data from the report will be made available to the public. Your responses can change the practice of pharmacy and will directly guide the Board in what new regulations will need to be promulgated to protect and improve patient care. The survey should only take a few minutes to complete. We appreciate your participation.

1. Provide your pharmacist license number. Your responses will not be calculated into the results of the survey if your license number is not provided. Your license number will be used strictly as a means of (1) limiting the population of survey participants to Nevada-registered pharmacists and (2) excluding duplicate surveys. It will not be used to correlate individual responses with an identifiable survey participant. _____

2. How many years have you been in the practice of pharmacy?
    a. 0-10 years
    b. 11-20 years
    c. 21-30 years
    d. 30+ years

3. Which of the following most closely describes your primary practice setting?
    a. Institutional/Hospital Pharmacy
    b. Retail Chain Pharmacy
    c. Independent Pharmacy
    d. Department of Defense or Veterans Affairs Pharmacy
    e. Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)
    f. Consultant Pharmacist
    g. None of the above. I am currently unemployed or retired.

4. Are you the owner of the pharmacy where you primarily practice?
    a. Yes
    b. No

5. What is your employment status?
    a. Full-time
    b. Part-time
    c. As needed (PRN)
    d. Unemployed
    e. Retired
    f. Not currently practicing due to my choice

6. How many hours per week do you work at your primary practice setting (please include paid and unpaid hours)?
    a. >60 hours
    b. 51-60 hours
    c. 41-50 hours
    d. 31-40 hours
    e. 20-30 hours
    f. <20 hours
    g. Not applicable

7. To keep up with work related tasks, how often do you continue working after your scheduled/paid shift hours have been completed?
    a. Always
    b. Usually
    c. Sometimes
    d. Rarely
    e. Never
    f. Not applicable

8. What is your role at your primary practice setting?
    a. Pharmacist-in-charge (PIC)
    b. Staff Pharmacist
    c. Consultant Pharmacist
    d. Floater
    e. Not applicable

9. If you are the designated PIC, do you feel you have sufficient autonomy and power to fulfill your duties as the PIC?
    a. Yes
    b. No
    c. Not applicable

10. How long is a typical work shift at your primary practice setting?
    a. < 8 hours
    b. 8 hours
    c. 10 hours
    d. 12 hours
    e. > 12 hours
    f. It varies
    g. Not applicable

11. Which of the following most closely describes the shift you work at your primary practice setting?
    a. First Shift (Begins and ends around 7-9 AM to 4-5 PM)
    b. Second Shift (Begins and ends around 11 AM to 7 PM or 3 PM to 10 PM)
    c. Third Shift (Begins and ends around 10 PM or 12 AM to 7-9 AM)
    d. Rotating shifts
    e. Not applicable

12. Provide the number of pharmacists that work during your shift?
    a. 1
    b. 2

c. 3
d. 4
e. 5
f. >5
g. Not applicable

13. Provide the number of interns that work during your shift?
    a. 0
    b. 1
    c. 2
    d. 3
    e. 4
    f. 5
    g. >5
    h. Not applicable

14. Provide the number of pharmaceutical technicians and pharmaceutical technicians in training that work during your shift?
    a. 0
    b. 1
    c. 2
    d. 3
    e. 4
    f. 5
    g. 6
    h. 7
    i. 8
    j. 9
    k. 10
    l. >10
    m. Not applicable

15. Provide the number of clerks/cashiers that work during your shift.
    a. 0
    b. 1
    c. 2
    d. 3
    e. 4
    f. 5
    g. 6
    h. 7
    i. 8
    j. 9
    k. 10
    l. >10
    m. Not applicable

16. Do you believe your primary practice setting is sufficiently staffed to meet the demands of the pharmacy while meeting patient care and safety standards?
    a. Yes
    b. No

c. Not applicable

17. Do you believe the current staffing in your primary practice setting poses a risk to patient safety?
    a. Yes
    b. No
    c. Not applicable

18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?
    a. Additional pharmacists
    b. Additional pharmaceutical technicians
    c. Additional cashiers or clerks
    d. None. There is sufficient number of staff to meet the demands of the pharmacy.
    e. Not applicable

19. I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care.
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree
    f. Not applicable

20. I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care.
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree
    f. Not applicable

21. I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner.
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree
    f. Not applicable

22. On average, what number of prescriptions or chart orders do YOU process during your shift?
    a. 1-100
    b. 101-200
    c. 201-300
    d. 301-400
    e. 401-500
    f. 501-600
    g. 601-700
    h. >700
    i. Unsure/Varies

j. Not applicable

23. On average, how many vaccines do YOU administer or supervise the administration of during your shift?
    a. 1-20
    b. 21-40
    c. 41-60
    d. 61-80
    e. 81-100
    f. >100
    g. Unsure/Varies
    h. Not applicable

24. Does your primary practice setting perform sterile or non-sterile compounding?
    a. Yes
    b. No
    c. Not applicable

25. Which of the following services are provided at your primary practice setting?
    a. Immunization
    b. Administration of medications and biologics
    c. CLIA waived tests
    d. Hormonal Contraception
    e. Smoking Cessation
    f. PrEP and PEP prescribing and dispensing
    g. Medication Therapy Management
    h. Other
    i. Not applicable
    j. None of the above

26. Does your employer require you to complete non-dispensing related services, such as medication therapy management, vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects?
    a. Yes
    b. No
    c. Not applicable

27. On average, what percentage of your time is spent on non-dispensing services?
    a. 1-25%
    b. 26-50%
    c. 51-75%
    d. 76-100%
    e. Not applicable

28. In your opinion, how does completing non-dispensing services affect your ability to dispense prescriptions effectively?
    a. It greatly diminishes my ability to dispense prescriptions effectively.
    b. It somewhat diminishes my ability to dispense prescriptions effectively.
    c. It does not affect my ability to dispense prescriptions effectively.
    d. Not applicable

29. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect your ability to practice safely?
    a. It greatly diminishes my ability to practice safely.
    b. It somewhat diminishes my ability to practice safely.
    c. It does not affect my ability to practice safely.
    d. Not applicable

30. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect patients from getting their medications in a timely manner?
    a. It greatly diminishes patients from getting their medications in a timely manner.
    b. It somewhat diminishes patients from getting their medications in a timely manner.
    c. It does not affect patients from getting their medications in a timely manner.
    d. Not applicable

31. Does your employer at your primary practice setting use workload metrics to measure one or more of following areas: number of immunizations, number of refill requests, number of patients enrolled in autofill, number of prescriptions filled, number of MTM services completed, average time to fill a new prescription, average time to fill a refill, average wait time for prescriptions, OR other metrics?
    a. Yes
    b. No
    c. Not applicable

32. Do you feel that you have been pressured by your employer or supervisor to meet standards or metrics that may interfere with safe patient care?
    a. Yes
    b. Somewhat
    c. No
    d. Not applicable

33. On average, how frequently are you interrupted while processing a prescription?
    a. Always
    b. Usually
    c. Sometimes
    d. Rarely
    e. Never
    f. Not applicable

34. Do you fear that interruptions while processing a prescription may lead to a medication error?
    a. Yes
    b. No
    c. Not applicable

35. In your opinion, how do interruptions while processing a prescription affect your ability to practice safely?
    a. It greatly affects my ability to practice safely.
    b. It somewhat affects my ability to practice safely.
    c. It does not affect my ability to practice safely.
    d. Not applicable

    According to the National Coordinating Council for Medication Error Reporting and Prevention, a "medication error" is defined as "any preventable event that ***may cause*** or ***lead*** to inappropriate

medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use."

36. What is the average number of medication errors **that leave the pharmacy**, if any, do you believe occur monthly at your primary practice setting?
    a. 1-5
    b. 6-10
    c. 11-15
    d. 16-20
    e. 21-25
    f. 26-30
    g. >30
    h. None
    i. Unknown
    j. Not applicable

37. What is the average number of medication errors **that were caught before it left the pharmacy**, if any, do you believe occur monthly at your primary practice setting?
    a. 1-5
    b. 6-10
    c. 11-15
    d. 16-20
    e. 21-25
    f. 26-30
    g. >30
    h. None
    i. Unknown
    j. Not applicable

38. In your opinion, how would an increase in the number of Pharmaceutical Technicians (PT) and Pharmaceutical Technicians in Training (PTT) you may supervise in your primary practice setting affect *patient safety*?
    a. Improve patient safety
    b. Worsen patient safety
    c. No impact on patient safety
    d. No opinion
    e. Not applicable

39. In your opinion, how would an increase in the number of PTs and PTTs you may supervise in your primary practice setting affect *medication errors*?
    a. Decrease medication errors
    b. Increase medication errors
    c. No effect on the number of medication errors
    d. No opinion
    e. Not applicable

40. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect *patient safety*?
    a. Improve patient safety

b. Worsen patient safety
c. No impact on patient safety
d. No opinion
e. Not applicable

41. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect *medication errors*?
    a. Decrease medication errors
    b. Increase medication errors
    c. No effect on the number of medication errors
    d. No opinion
    e. Not applicable

42. In your opinion, is your primary practice setting a safe work environment that prioritizes patient care and safety?
    a. Yes
    b. No
    c. Not applicable

43. Does your pharmacy employer provide you with meal periods and rest periods?
    a. Yes
    b. No
    c. Not applicable

44. Are your meal periods and rest periods uninterrupted?
    a. Yes
    b. No
    c. Not applicable

45. In your opinion, are you able to comfortably take meals and rest periods without feeling like you will fall behind or compromise patient care or safety?
    a. Yes
    b. No
    c. Not applicable

46. Did your employer require you to voluntarily agree to forego any rest period or meal period as a condition of your employment?
    a. Yes
    b. No
    c. Not applicable

47. Please rank the following from 1 to 7 on their impact on patient safety (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety).
    a. Eliminating workload productivity metrics
    b. Eliminating non-dispensing responsibilities for pharmacists processing prescriptions
    c. Eliminating non-patient related interruptions for pharmacists processing prescriptions
    d. Beginning your workday without a backlog of work from the previous shift or day
    e. Increasing the number of pharmacists staffed
    f. Increasing the number of pharmaceutical technicians staffed
    g. Increasing the number of cashiers staffed

48. My current workload is:
    a. Excessively low
    b. Low
    c. About Right
    d. High
    e. Excessively High
    f. Not applicable

49. Compared to pre-pandemic, my workload has:
    a. Significantly decreased
    b. Decreased
    c. Remained the same
    d. Increased
    e. Significantly increased
    f. Not applicable

50. I feel my employer provides a work environment that allows for safe patient care.
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree
    f. Not applicable

51. I feel safe voicing any workplace concerns to my employer.
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree
    f. Not applicable

52. Have you quit or left a pharmacy employment due to patient safety concerns?
    a. Yes
    b. No
    c. Not applicable

53. If you answered "yes" to question 52, what pharmacy practice setting did you leave?
    a. Institutional/Hospital Pharmacy
    b. Retail Chain Pharmacy
    c. Independent Pharmacy
    d. Department of Defense or Veterans Affairs Pharmacy
    e. Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)
    f. Consultant Pharmacist Position
    g. Not applicable

54. In your opinion, what is the number of prescriptions ***ONE*** pharmacist should be able to **reasonably and safely fill** on a given weekday, working from 9am to 7pm, in a **general retail pharmacy** setting, with the assistance of one to three pharmaceutical technicians or pharmaceutical technicians in training ***IF*** non-dispensing services such as medication therapy management, vaccinations, point-of-

care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects **ARE EXCLUDED**?

a. <100 prescriptions
b. 101-200 prescriptions
c. 201-300 prescriptions
d. 301-400 prescriptions
e. 401-500 prescriptions
f. 501-600 prescriptions
g. 601-700 prescriptions
h. >700 prescriptions
i. Unknown
j. Not applicable

55. What workplace conditions, if any, do you believe should be addressed at your primary practice setting to promote patient safety? What suggestions do you have for improving the condition?

56. What other recommendations for changes do you have that you believe would lead to improved patient care or patient safety?

57. Please share any other comments you may have:

Well-Being Index Questions

58. Have you felt burned out from your work?
    a. Yes
    b. Somewhat
    c. No
    d. Not applicable
59. Does your job often negatively affect your mental or physical health?
    e. Yes
    f. Somewhat
    g. No
    h. Not applicable
60. Have you often been bothered by feeling down, anxious, irritable, depressed, or hopeless because of work?
    i. Yes
    j. Somewhat
    k. No
    l. Not applicable
61. Have you felt all things you had to do at work were piling up so high you could not overcome them?
    m. Yes
    n. Somewhat
    o. No
    p. Not applicable

Survey Results

Question 1 of the survey was removed from the results as it is confidential. Question 1 asked the pharmacist completing the survey to provide their Nevada pharmacist license number. The results of Question 1 were used strictly as a means to (1) limit the population of survey participants to Nevada-registered pharmacists and (2) excluding duplicate surveys.

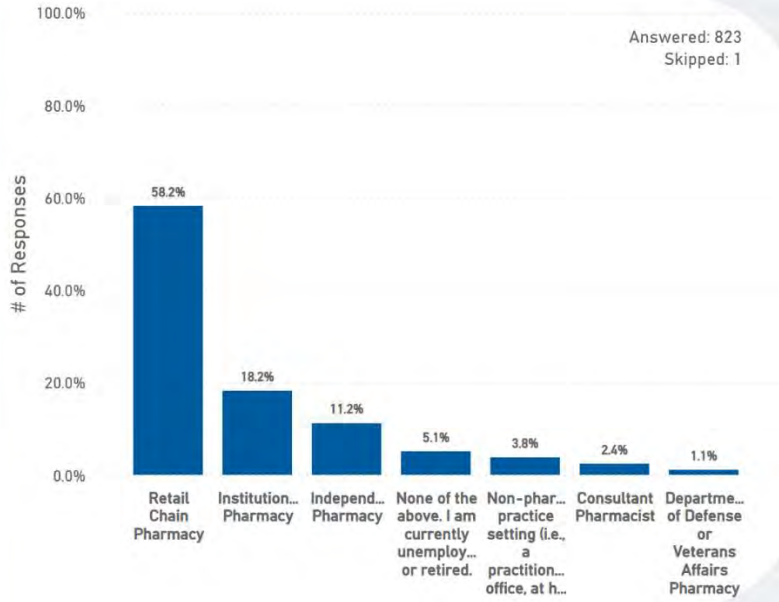
Additionally, with the exception of survey question 3, four statistical results are provided for each survey question depending on how the pharmacist answered question 3 of the survey. The four statistical results represent the following:

1. **All Responses** – is the statistical results from all survey participants
2. **Retail Chain Pharmacists** – is the statistical results from pharmacists that indicated their primary practice setting is in a Retail Chain Pharmacy
3. **Institutional/Hospital Pharmacist** – is the statistical results from pharmacists that indicated their primary practice setting is in an Institutional/Hospital Pharmacy
4. **Other** – is the statistical results from pharmacists from all other practice settings
    - Independent Pharmacy,
    - Consultant Pharmacist,
    - Department of Defense or Veterans Affairs Pharmacy,
    - Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.), and
    - None of the above. I am currently unemployed or retired.

3. Which of the following most closely describes your primary practice setting?

Survey Responses	# Responses	% Responses
Retail Chain Pharmacy	479	58.2%
Institutional/Hospital Pharmacy	150	18.2%
Independent Pharmacy	92	11.2%
None of the above. I am currently unemployed or retired.	42	5.1%
Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)	31	3.8%
Consultant Pharmacist	20	2.4%
Department of Defense or Veterans Affairs Pharmacy	9	1.1%
Total	**823**	**100.0%**

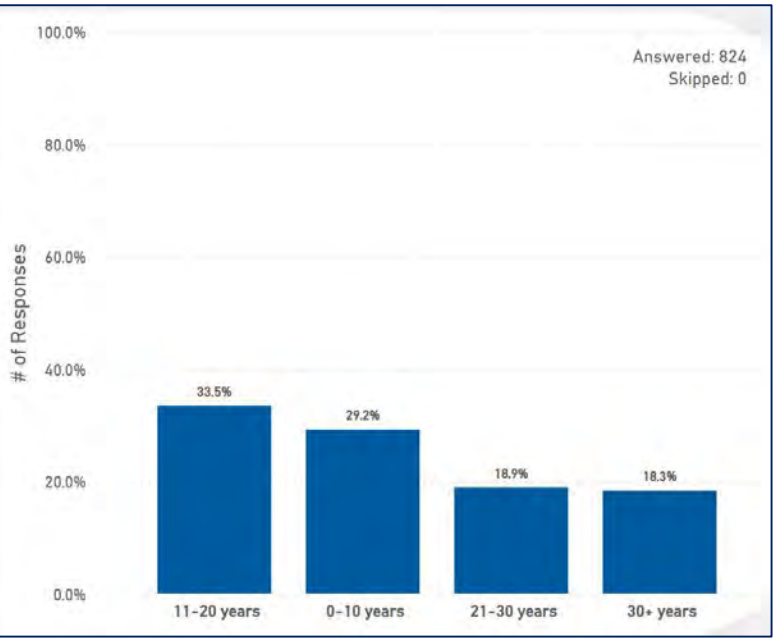
All Responses



2. How many years have you been in the practice of pharmacy?

Survey Responses	# Responses	% Responses
11-20 years	276	33.5%
0-10 years	241	29.2%
21-30 years	156	18.9%
30+ years	151	18.3%
Total	**824**	**100.0%**

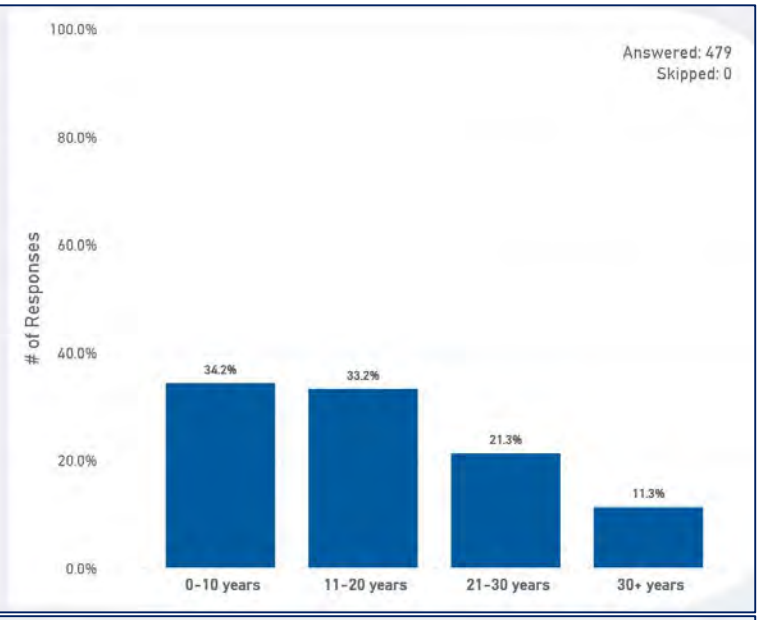
All Responses



2. How many years have you been in the practice of pharmacy?

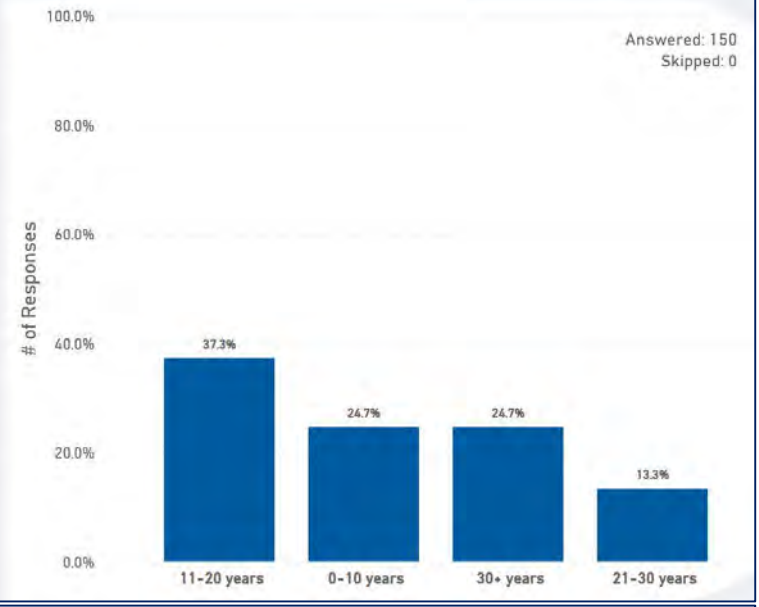
Retail Chain Pharmacists

Survey Responses	# Responses	% Responses
0-10 years	164	34.2%
11-20 years	159	33.2%
21-30 years	102	21.3%
30+ years	54	11.3%
Total	**479**	**100.0%**



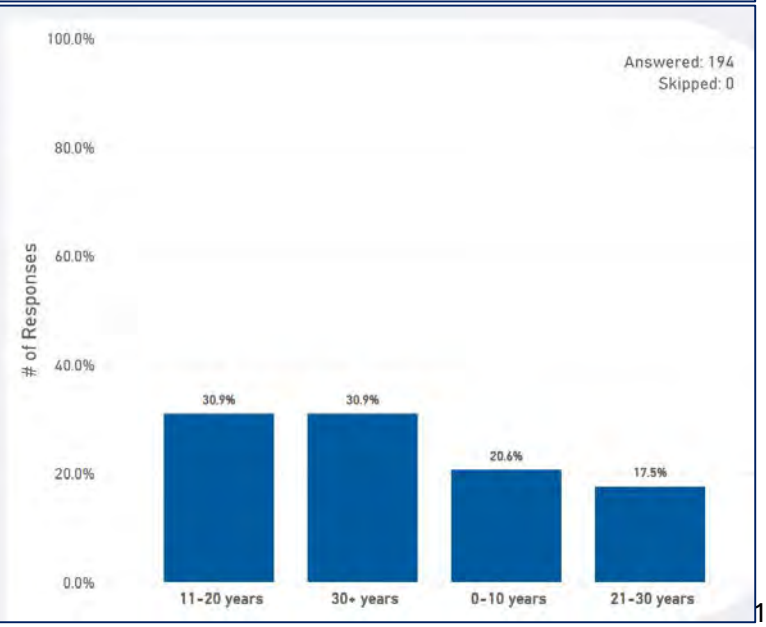
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
11-20 years	56	37.3%
0-10 years	37	24.7%
30+ years	37	24.7%
21-30 years	20	13.3%
Total	**150**	**100.0%**



Other

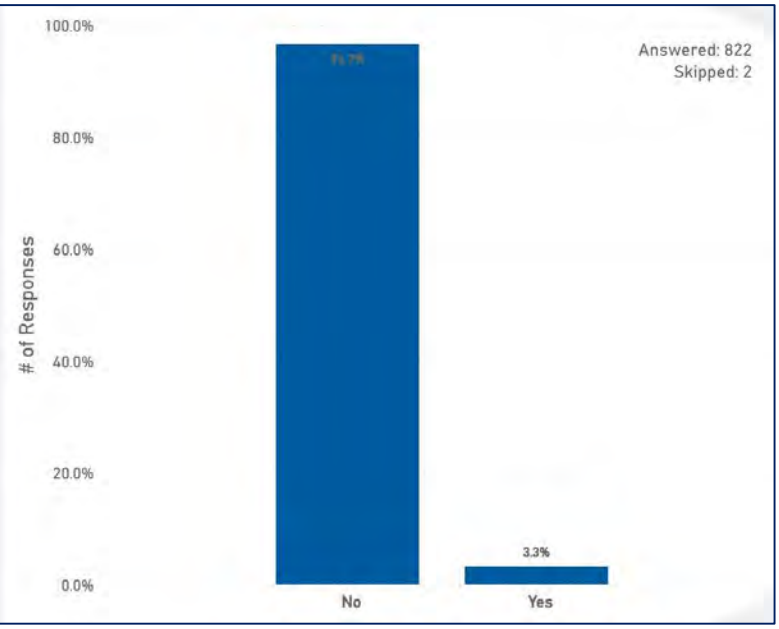
Survey Responses	# Responses	% Responses
11-20 years	60	30.9%
30+ years	60	30.9%
0-10 years	40	20.6%
21-30 years	34	17.5%
Total	**194**	**100.0%**



4. Are you the owner of the pharmacy where you primarily practice?

Survey Responses	# Responses	% Responses
No	795	96.7%
Yes	27	3.3%
Total	**822**	**100.0%**

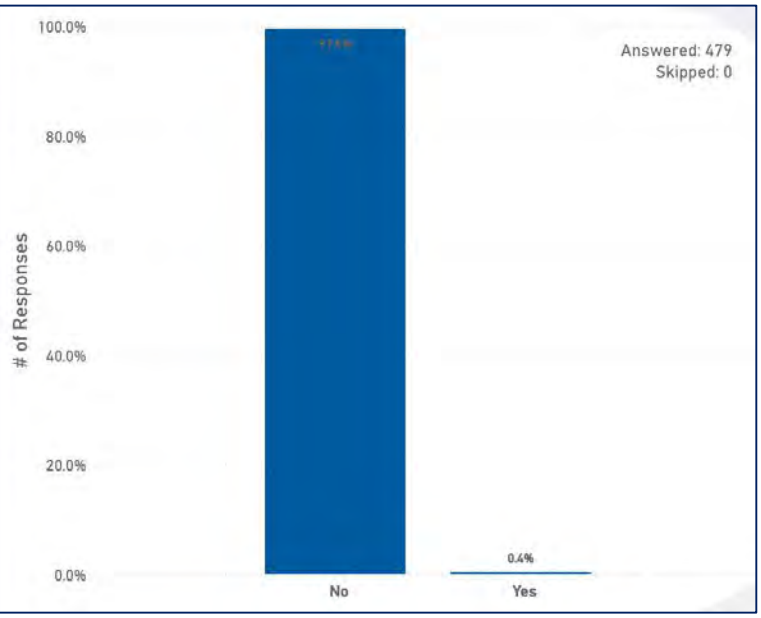
All Responses



4. Are you the owner of the pharmacy where you primarily practice?

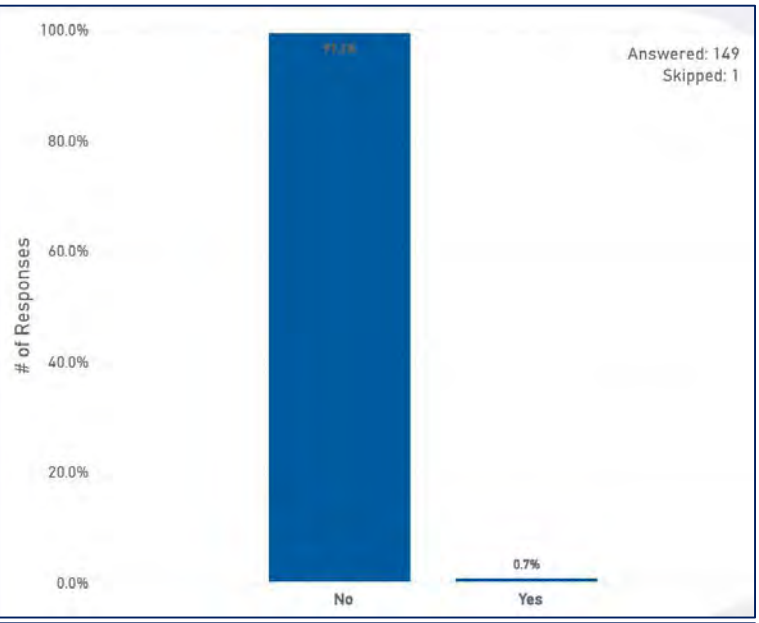
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
No	477	99.6%
Yes	2	0.4%
Total	**479**	**100.0%**



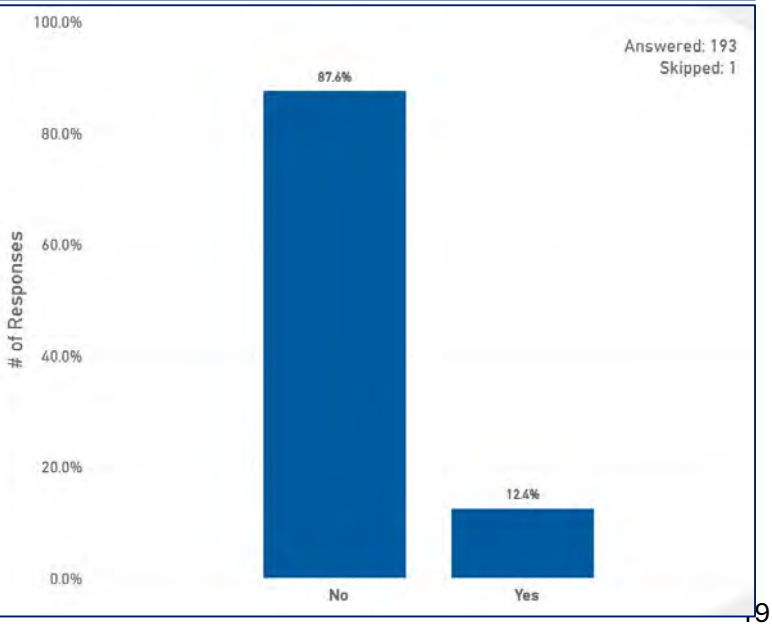
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
No	148	99.3%
Yes	1	0.7%
Total	**149**	**100.0%**



Other

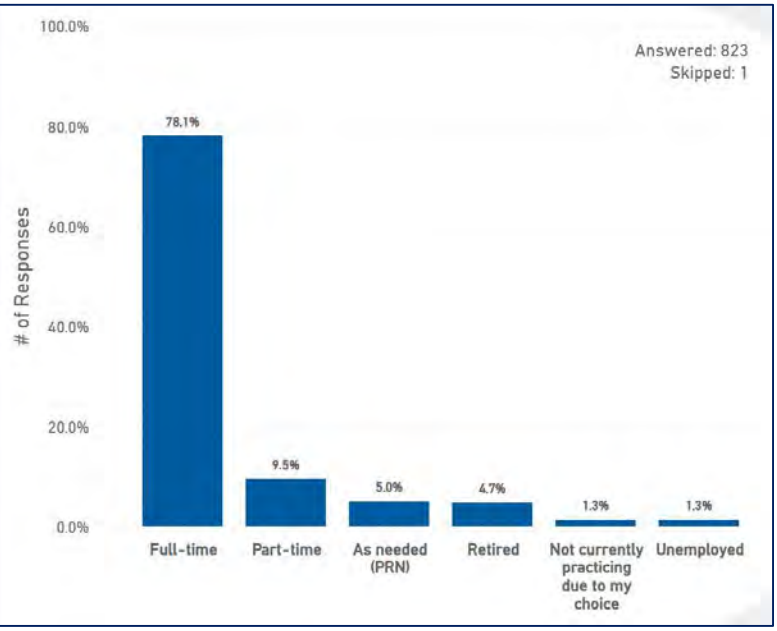
Survey Responses	# Responses	% Responses
No	169	87.6%
Yes	24	12.4%
Total	**193**	**100.0%**



5. What is your employment status?

Survey Responses	# Responses	% Responses
Full-time	643	78.1%
Part-time	78	9.5%
As needed (PRN)	41	5.0%
Retired	39	4.7%
Not currently practicing due to my choice	11	1.3%
Unemployed	11	1.3%
Total	**823**	**100.0%**

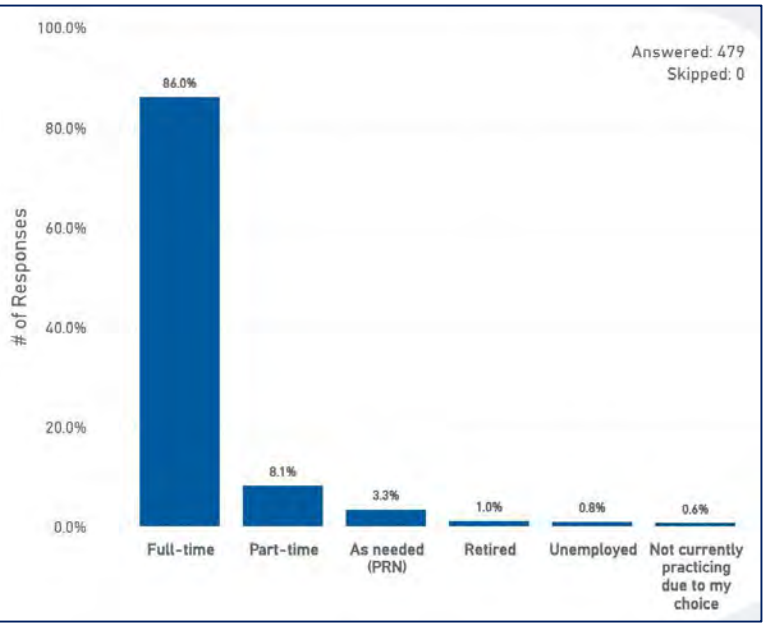
All Responses



5. What is your employment status?

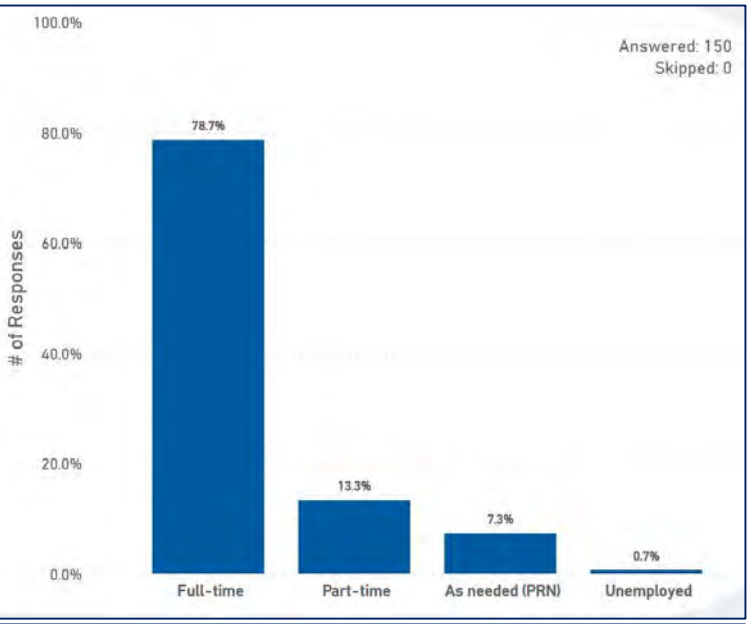
Survey Responses	# Responses	% Responses
Full-time	412	86.0%
Part-time	39	8.1%
As needed (PRN)	16	3.3%
Retired	5	1.0%
Unemployed	4	0.8%
Not currently practicing due to my choice	3	0.6%
Total	**479**	**100.0%**

Retail Chain Pharmacist



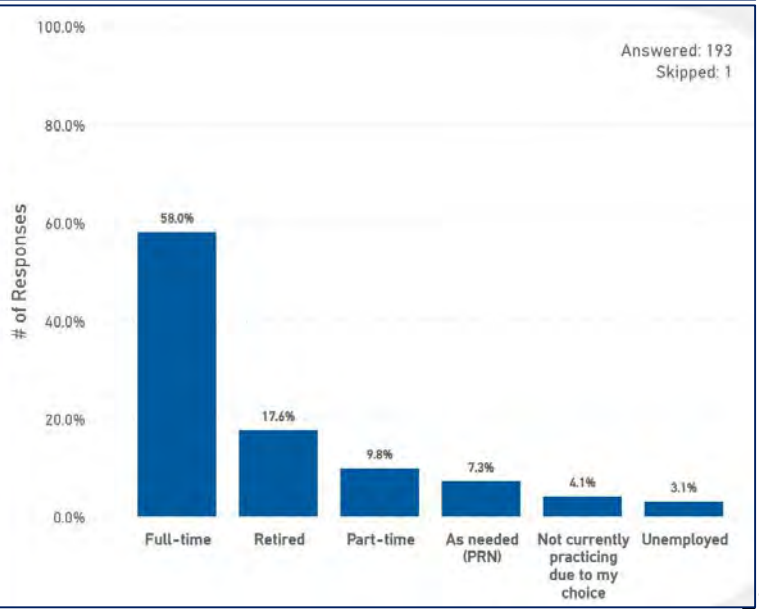
Survey Responses	# Responses	% Responses
Full-time	118	78.7%
Part-time	20	13.3%
As needed (PRN)	11	7.3%
Unemployed	1	0.7%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Full-time	112	58.0%
Retired	34	17.6%
Part-time	19	9.8%
As needed (PRN)	14	7.3%
Not currently practicing due to my choice	8	4.1%
Unemployed	6	3.1%
Total	**193**	**100.0%**

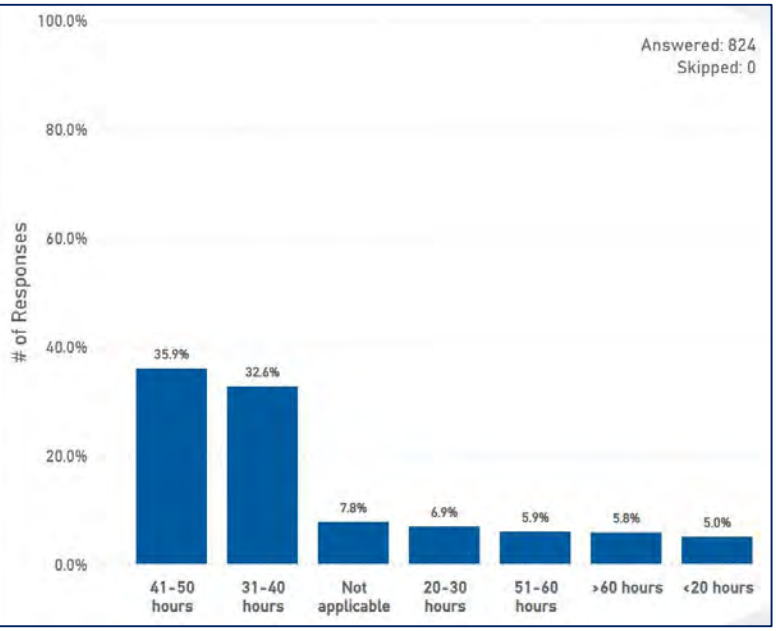
Other



6. How many hours per week do you work at your primary practice setting (please include paid and unpaid hours)?

Survey Responses	# Responses	% Responses
41-50 hours	296	35.9%
31-40 hours	269	32.6%
Not applicable	64	7.8%
20-30 hours	57	6.9%
51-60 hours	49	5.9%
>60 hours	48	5.8%
<20 hours	41	5.0%
Total	**824**	**100.0%**

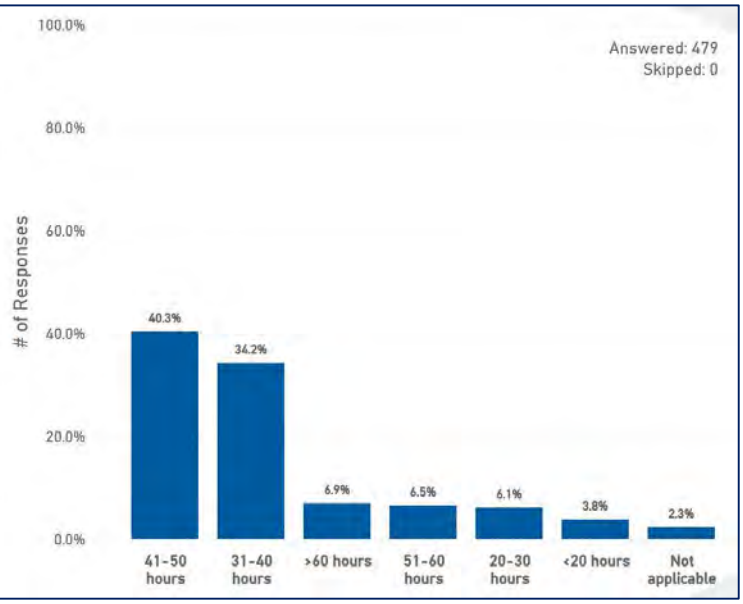
All Responses



6. How many hours per week do you work at your primary practice setting (please include paid and unpaid hours)?

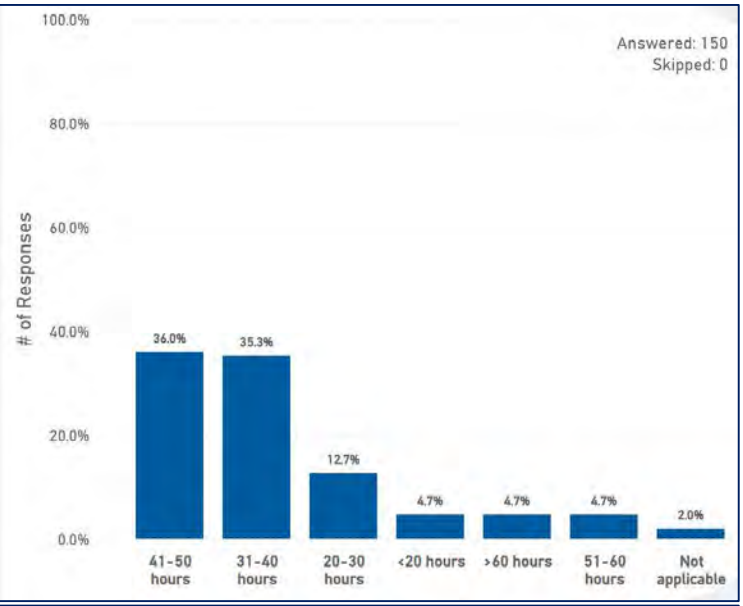
Survey Responses	# Responses	% Responses
41-50 hours	193	40.3%
31-40 hours	164	34.2%
>60 hours	33	6.9%
51-60 hours	31	6.5%
20-30 hours	29	6.1%
<20 hours	18	3.8%
Not applicable	11	2.3%
Total	**479**	**100.0%**

Retail Chain Pharmacist



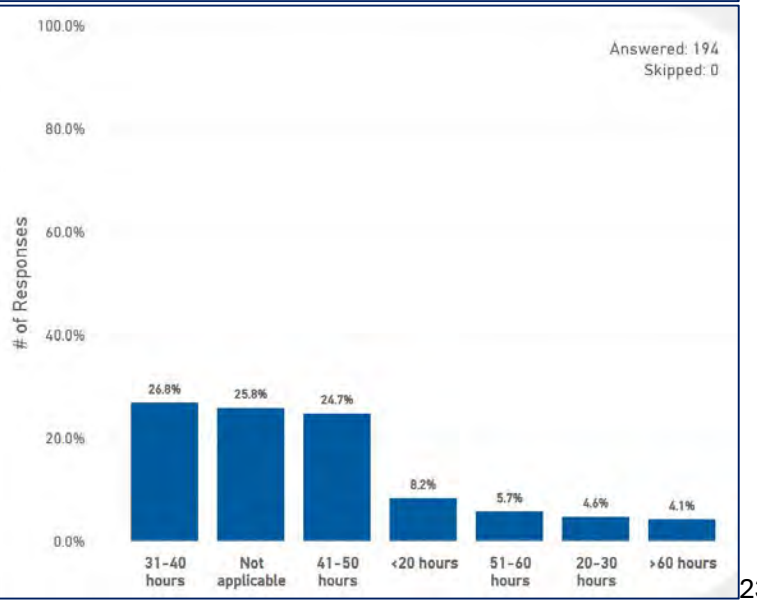
Survey Responses	# Responses	% Responses
41-50 hours	54	36.0%
31-40 hours	53	35.3%
20-30 hours	19	12.7%
<20 hours	7	4.7%
>60 hours	7	4.7%
51-60 hours	7	4.7%
Not applicable	3	2.0%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
31-40 hours	52	26.8%
Not applicable	50	25.8%
41-50 hours	48	24.7%
<20 hours	16	8.2%
51-60 hours	11	5.7%
20-30 hours	9	4.6%
>60 hours	8	4.1%
Total	**194**	**100.0%**

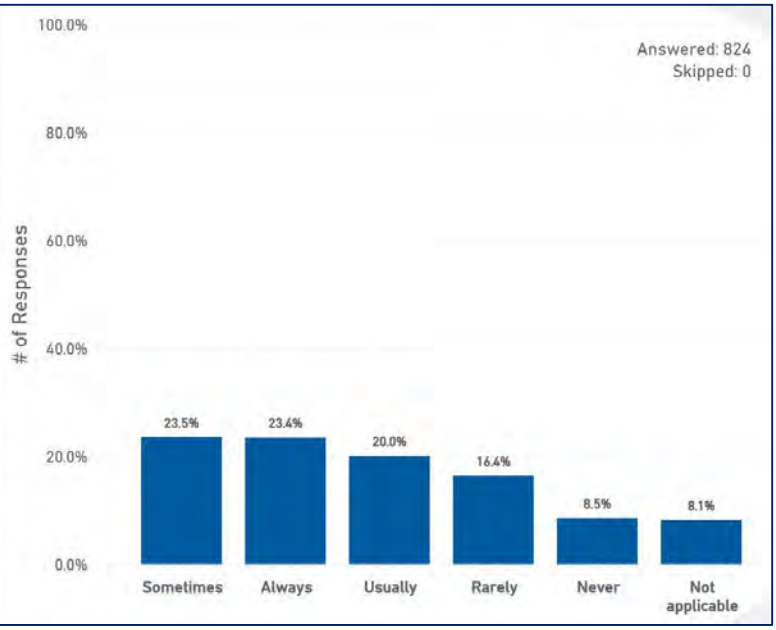
Other



7. To keep up with work related tasks, how often do you continue working after your scheduled/paid shift hours have been completed?

Survey Responses	# Responses	% Responses
Sometimes	194	23.5%
Always	193	23.4%
Usually	165	20.0%
Rarely	135	16.4%
Never	70	8.5%
Not applicable	67	8.1%
Total	**824**	**100.0%**

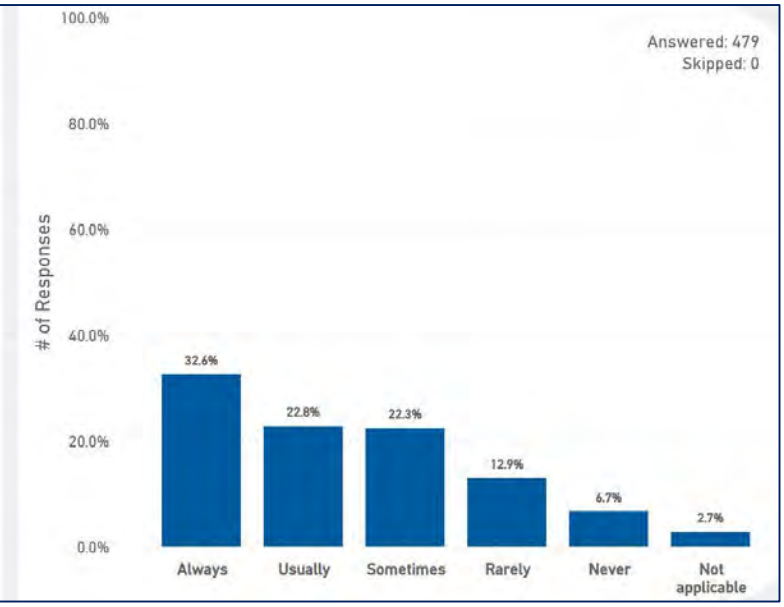
All Responses



7. To keep up with work related tasks, how often do you continue working after your scheduled/paid shift hours have been completed?

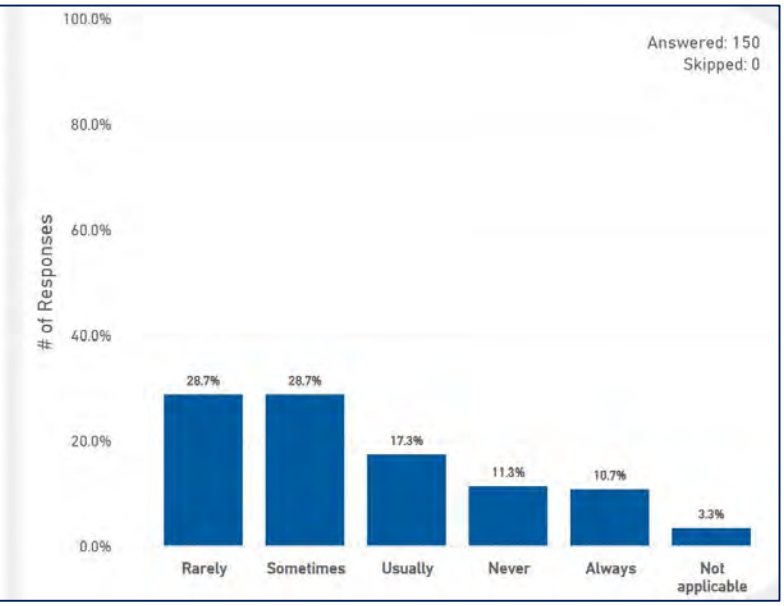
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Always	156	32.6%
Usually	109	22.8%
Sometimes	107	22.3%
Rarely	62	12.9%
Never	32	6.7%
Not applicable	13	2.7%
Total	**479**	**100.0%**



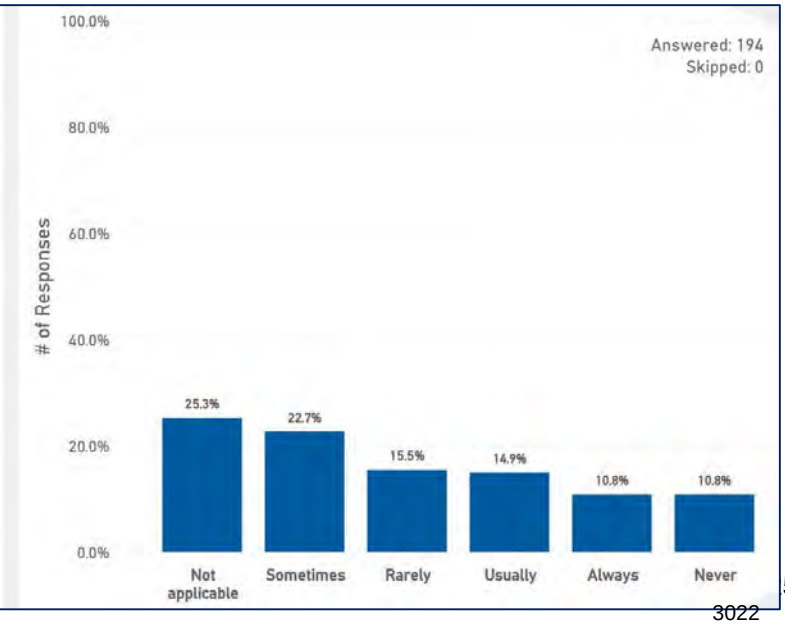
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Rarely	43	28.7%
Sometimes	43	28.7%
Usually	26	17.3%
Never	17	11.3%
Always	16	10.7%
Not applicable	5	3.3%
Total	**150**	**100.0%**



Other

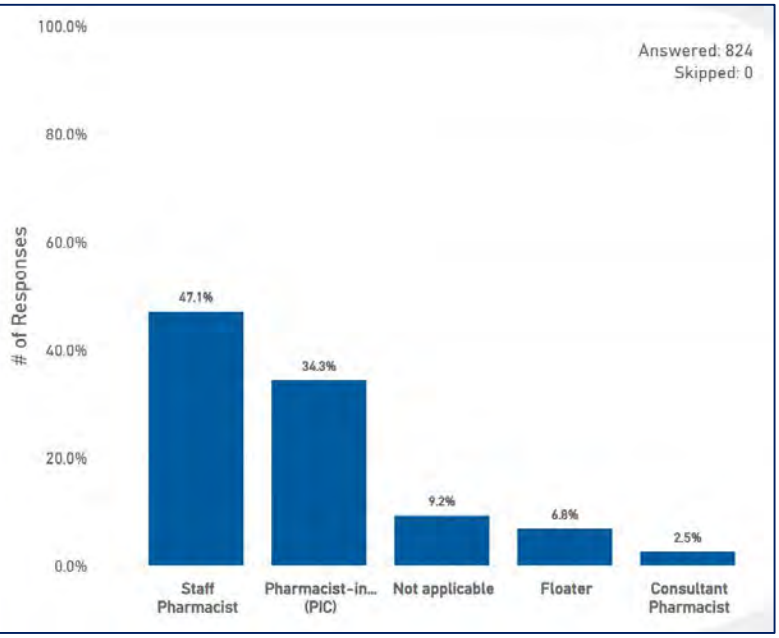
Survey Responses	# Responses	% Responses
Not applicable	49	25.3%
Sometimes	44	22.7%
Rarely	30	15.5%
Usually	29	14.9%
Always	21	10.8%
Never	21	10.8%
Total	**194**	**100.0%**



8. What is your role at your primary practice setting?

Survey Responses	# Responses	% Responses
Staff Pharmacist	388	47.1%
Pharmacist-in-charge (PIC)	283	34.3%
Not applicable	76	9.2%
Floater	56	6.8%
Consultant Pharmacist	21	2.5%
Total	**824**	**100.0%**

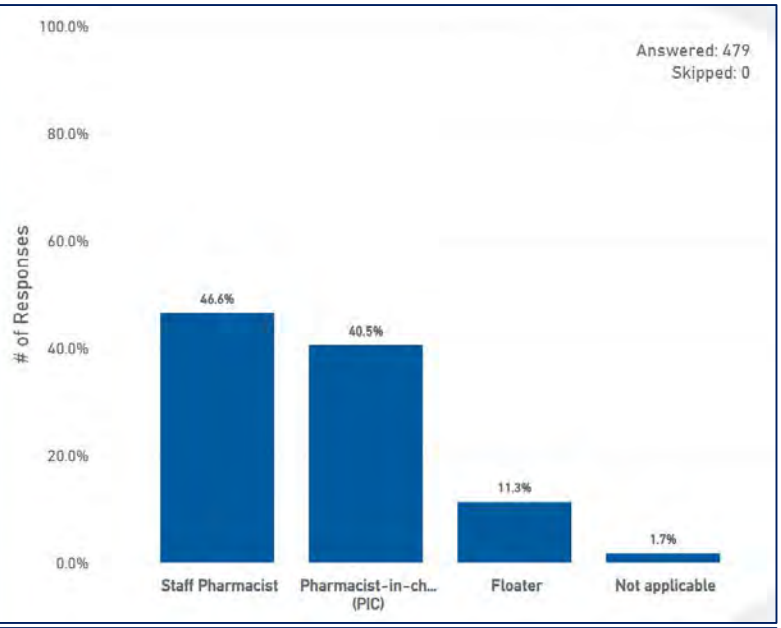
All Responses



8. What is your role at your primary practice setting?

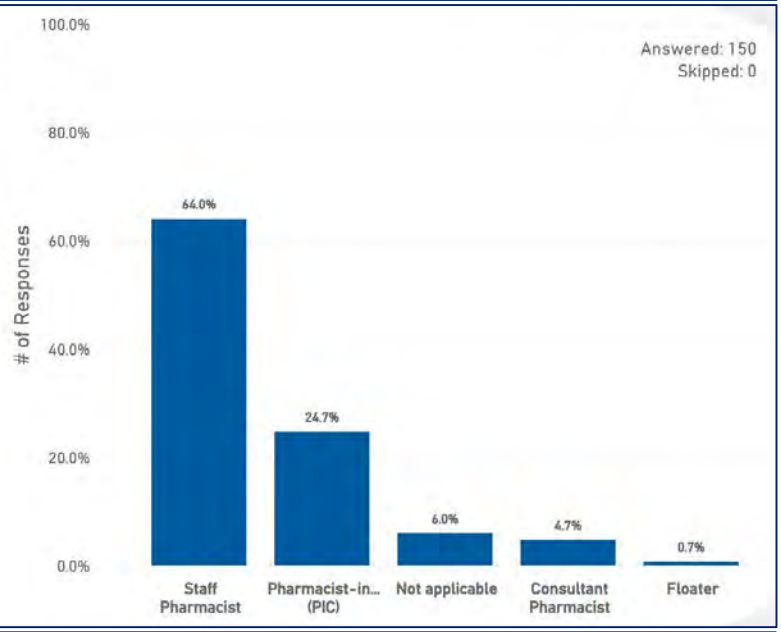
Survey Responses	# Responses	% Responses
Staff Pharmacist	223	46.6%
Pharmacist-in-charge (PIC)	194	40.5%
Floater	54	11.3%
Not applicable	8	1.7%
Total	**479**	**100.0%**

Retail Chain Pharmacist



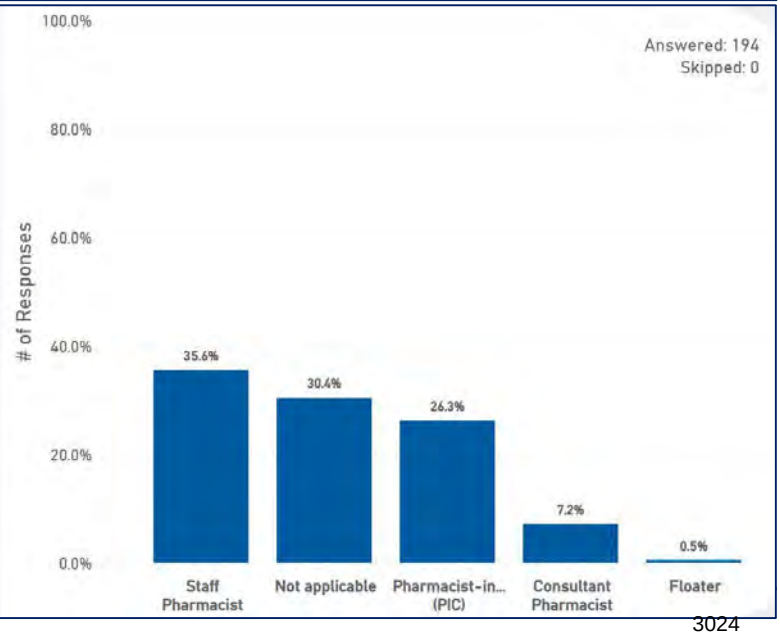
Survey Responses	# Responses	% Responses
Staff Pharmacist	96	64.0%
Pharmacist-in-charge (PIC)	37	24.7%
Not applicable	9	6.0%
Consultant Pharmacist	7	4.7%
Floater	1	0.7%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Staff Pharmacist	69	35.6%
Not applicable	59	30.4%
Pharmacist-in-charge (PIC)	51	26.3%
Consultant Pharmacist	14	7.2%
Floater	1	0.5%
Total	**194**	**100.0%**

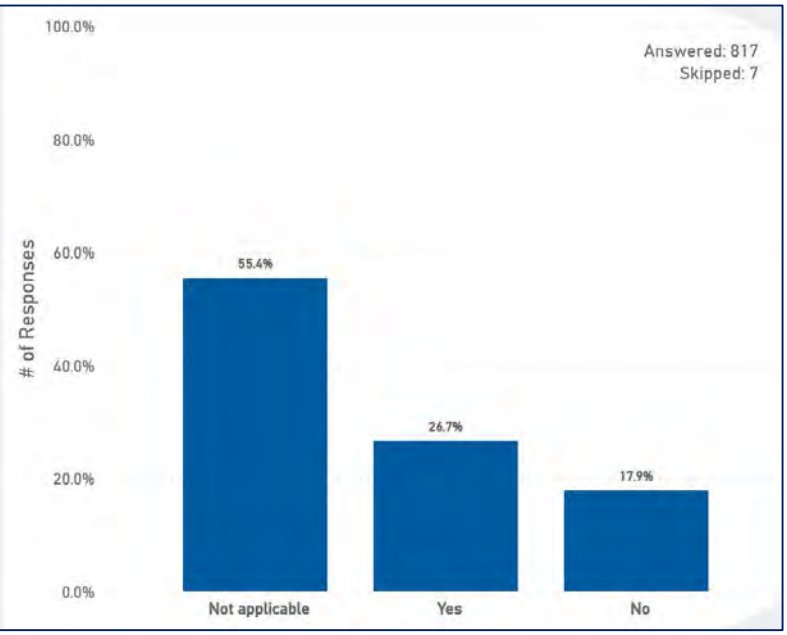
Other



9. If you are the designated PIC, do you feel you have sufficient autonomy and power to fulfill your duties as the PIC?

Survey Responses	# Responses	% Responses
Not applicable	453	55.4%
Yes	218	26.7%
No	146	17.9%
Total	**817**	**100.0%**

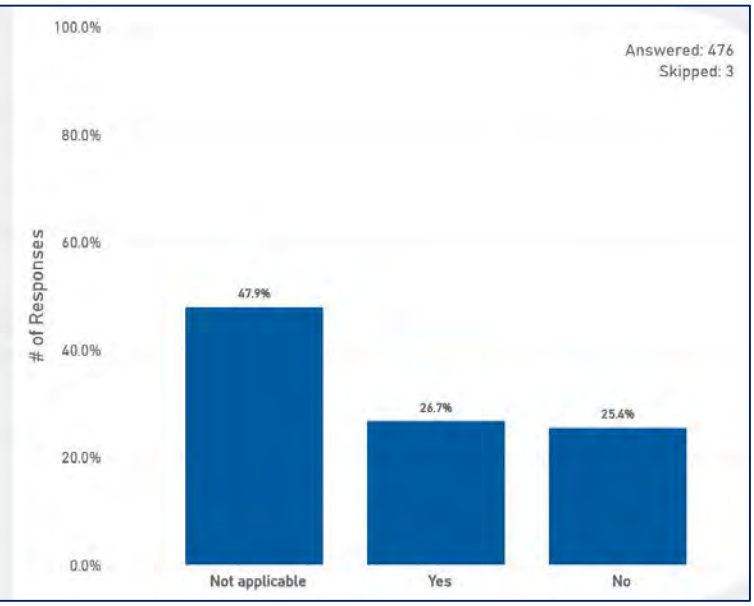
All Responses



9. If you are the designated PIC, do you feel you have sufficient autonomy and power to fulfill your duties as the PIC?

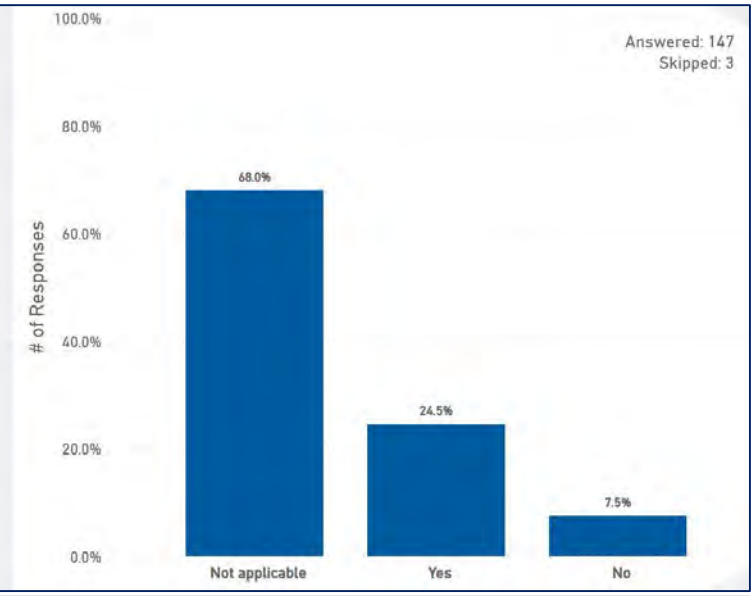
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Not applicable	228	47.9%
Yes	127	26.7%
No	121	25.4%
Total	**476**	**100.0%**



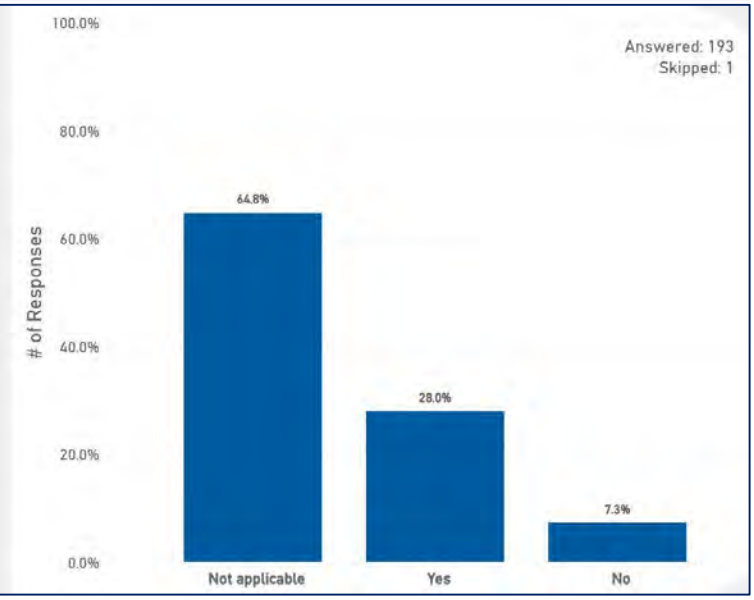
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Not applicable	100	68.0%
Yes	36	24.5%
No	11	7.5%
Total	**147**	**100.0%**



Other

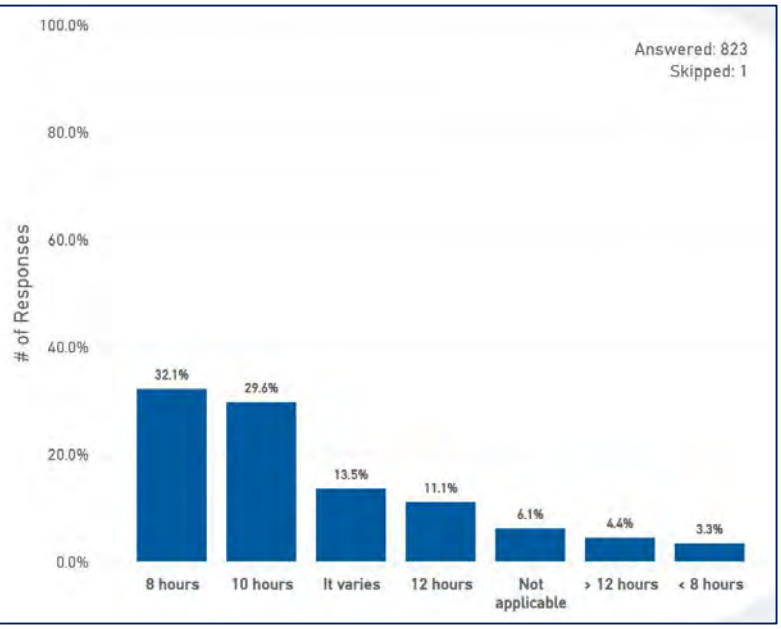
Survey Responses	# Responses	% Responses
Not applicable	125	64.8%
Yes	54	28.0%
No	14	7.3%
Total	**193**	**100.0%**



10. How long is a typical work shift at your primary practice setting?

Survey Responses	# Responses	% Responses
8 hours	264	32.1%
10 hours	244	29.6%
It varies	111	13.5%
12 hours	91	11.1%
Not applicable	50	6.1%
› 12 hours	36	4.4%
‹ 8 hours	27	3.3%
Total	**823**	**100.0%**

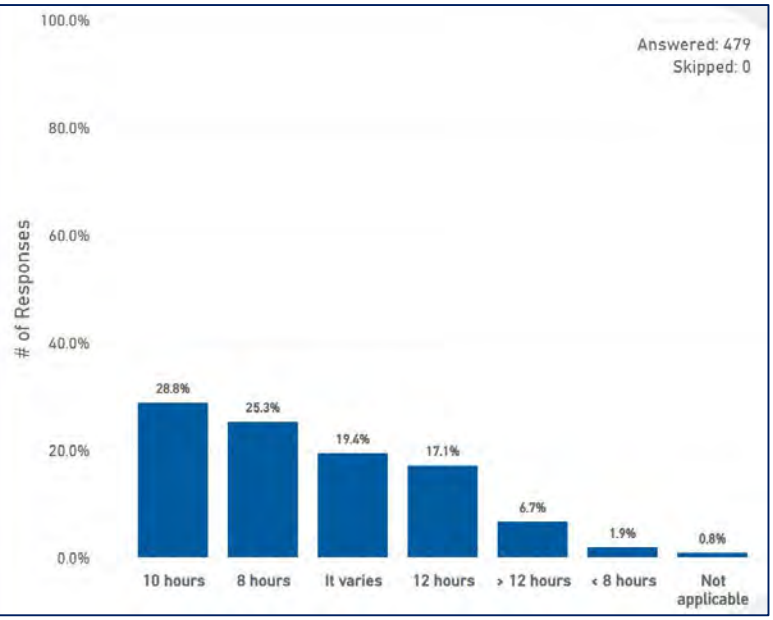
All Responses



10. How long is a typical work shift at your primary practice setting?

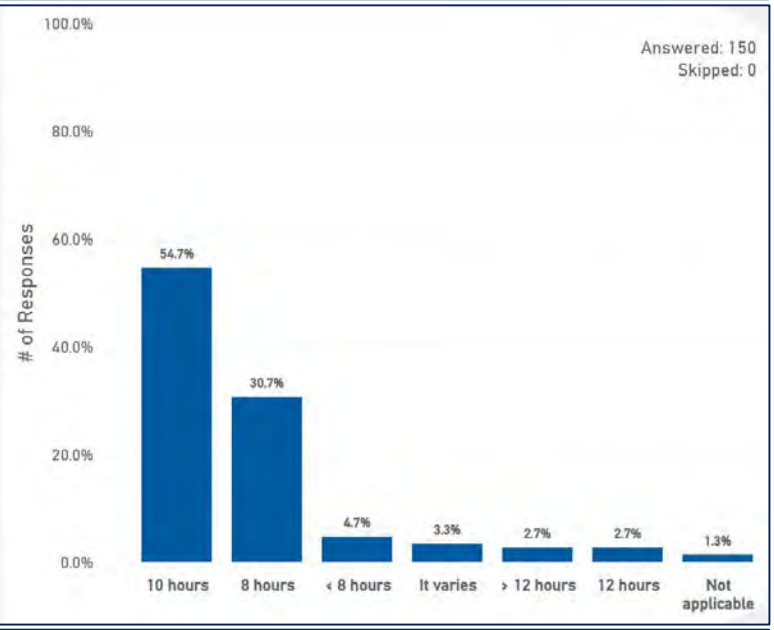
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
10 hours	138	28.8%
8 hours	121	25.3%
It varies	93	19.4%
12 hours	82	17.1%
› 12 hours	32	6.7%
‹ 8 hours	9	1.9%
Not applicable	4	0.8%
Total	**479**	**100.0%**



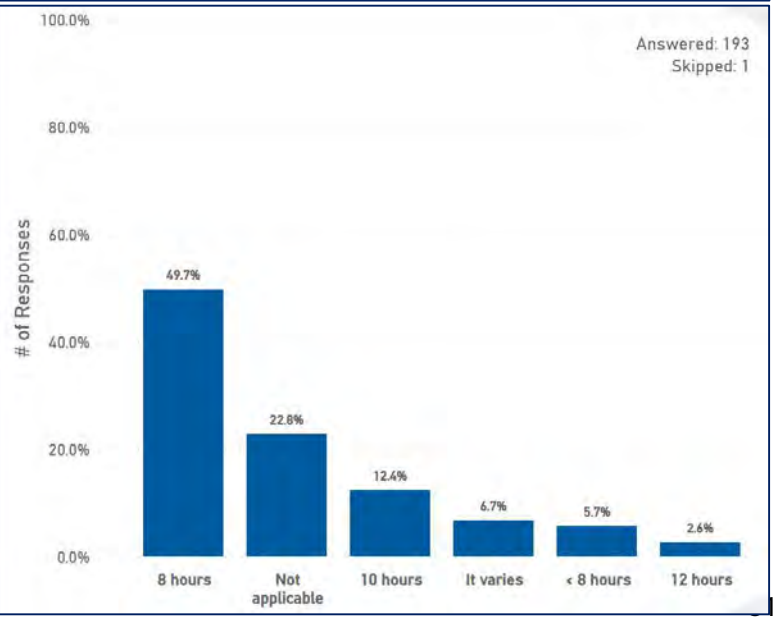
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
10 hours	82	54.7%
8 hours	46	30.7%
‹ 8 hours	7	4.7%
It varies	5	3.3%
› 12 hours	4	2.7%
12 hours	4	2.7%
Not applicable	2	1.3%
Total	**150**	**100.0%**



Other

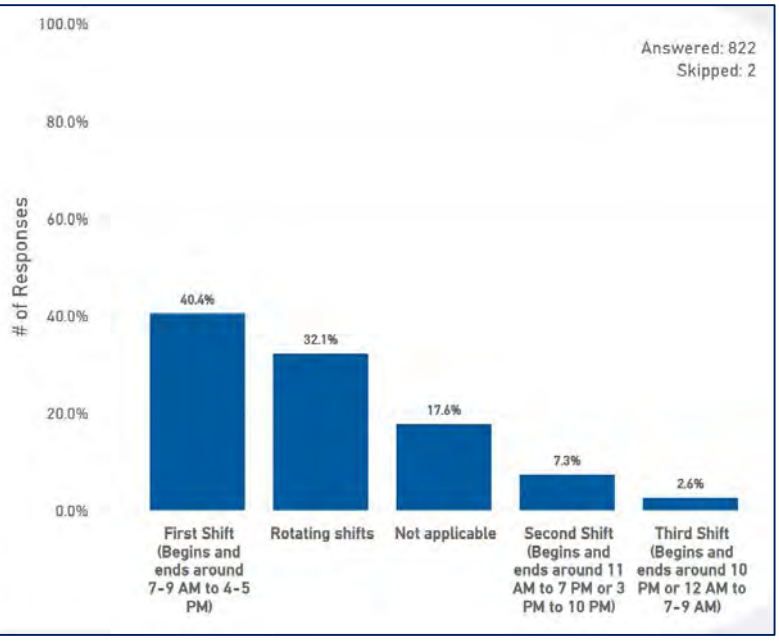
Survey Responses	# Responses	% Responses
8 hours	96	49.7%
Not applicable	44	22.8%
10 hours	24	12.4%
It varies	13	6.7%
‹ 8 hours	11	5.7%
12 hours	5	2.6%
Total	**193**	**100.0%**



11. Which of the following most closely describes the shift you work at your primary practice setting?

Survey Responses	# Responses	% Responses
First Shift (Begins and ends around 7-9 AM to 4-5 PM)	332	40.4%
Rotating shifts	264	32.1%
Not applicable	145	17.6%
Second Shift (Begins and ends around 11 AM to 7 PM or 3 PM to 10 PM)	60	7.3%
Third Shift (Begins and ends around 10 PM or 12 AM to 7-9 AM)	21	2.6%
Total	**822**	**100.0%**

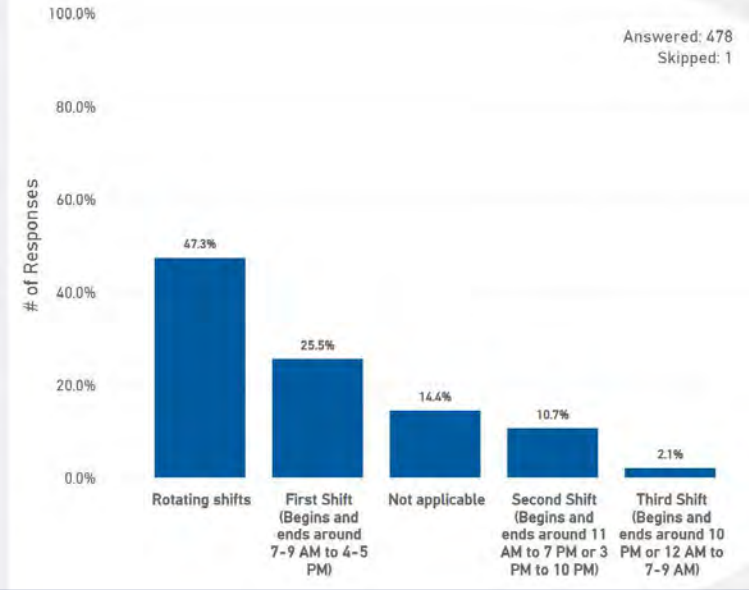
All Responses



11. Which of the following most closely describes the shift you work at your primary practice setting?

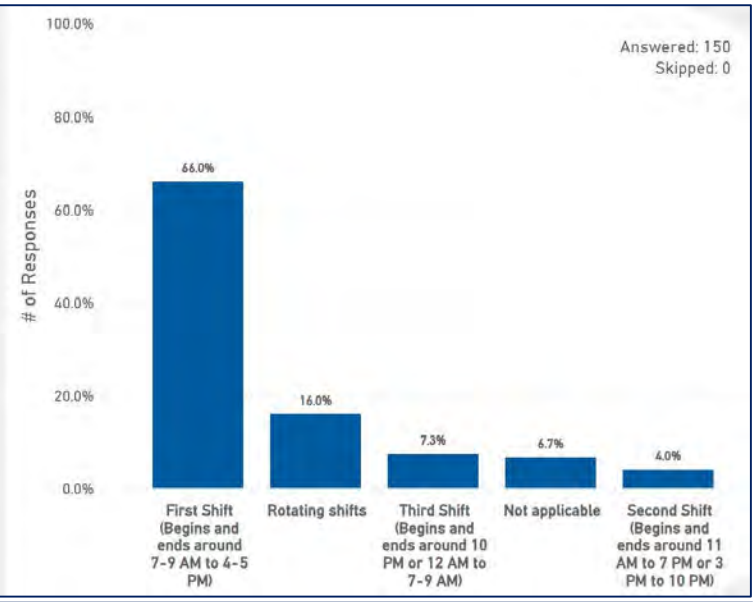
Survey Responses	# Responses	% Responses
Rotating shifts	226	47.3%
First Shift (Begins and ends around 7-9 AM to 4-5 PM)	122	25.5%
Not applicable	69	14.4%
Second Shift (Begins and ends around 11 AM to 7 PM or 3 PM to 10 PM)	51	10.7%
Third Shift (Begins and ends around 10 PM or 12 AM to 7-9 AM)	10	2.1%
Total	**478**	**100.0%**

Retail Chain Pharmacist



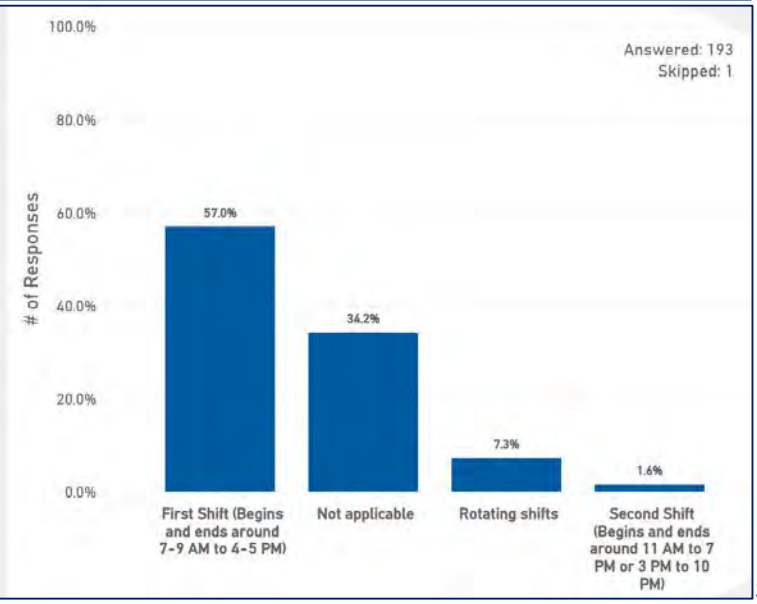
Survey Responses	# Responses	% Responses
First Shift (Begins and ends around 7-9 AM to 4-5 PM)	99	66.0%
Rotating shifts	24	16.0%
Third Shift (Begins and ends around 10 PM or 12 AM to 7-9 AM)	11	7.3%
Not applicable	10	6.7%
Second Shift (Begins and ends around 11 AM to 7 PM or 3 PM to 10 PM)	6	4.0%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
First Shift (Begins and ends around 7-9 AM to 4-5 PM)	110	57.0%
Not applicable	66	34.2%
Rotating shifts	14	7.3%
Second Shift (Begins and ends around 11 AM to 7 PM or 3 PM to 10 PM)	3	1.6%
Total	**193**	**100.0%**

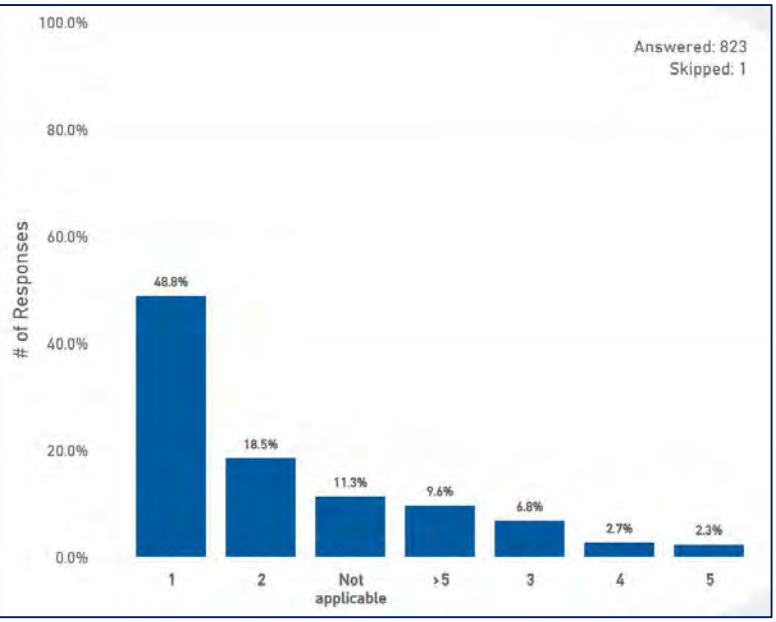
Other



12. Provide the number of pharmacists that work during your shift?

Survey Responses	# Responses	% Responses
1	402	48.8%
2	152	18.5%
Not applicable	93	11.3%
>5	79	9.6%
3	56	6.8%
4	22	2.7%
5	19	2.3%
Total	**823**	**100.0%**

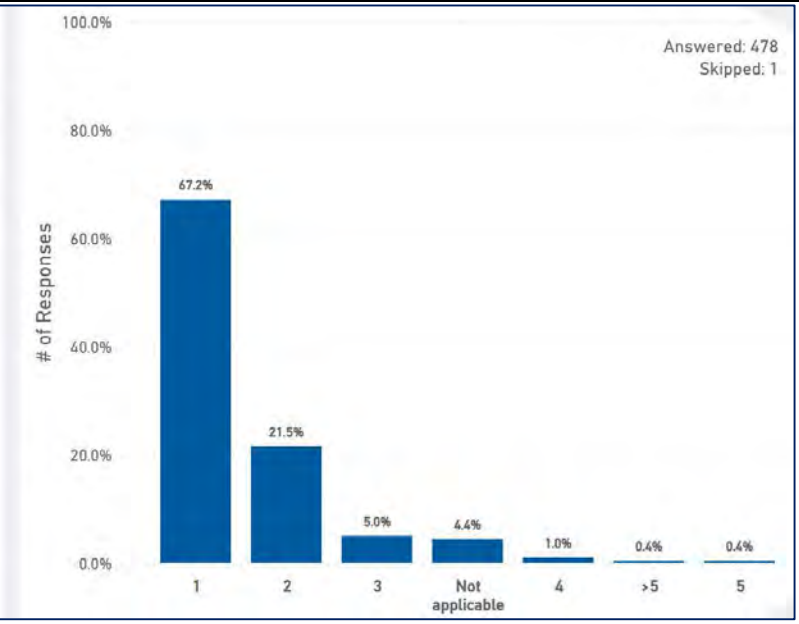
All Responses



12. Provide the number of pharmacists that work during your shift?

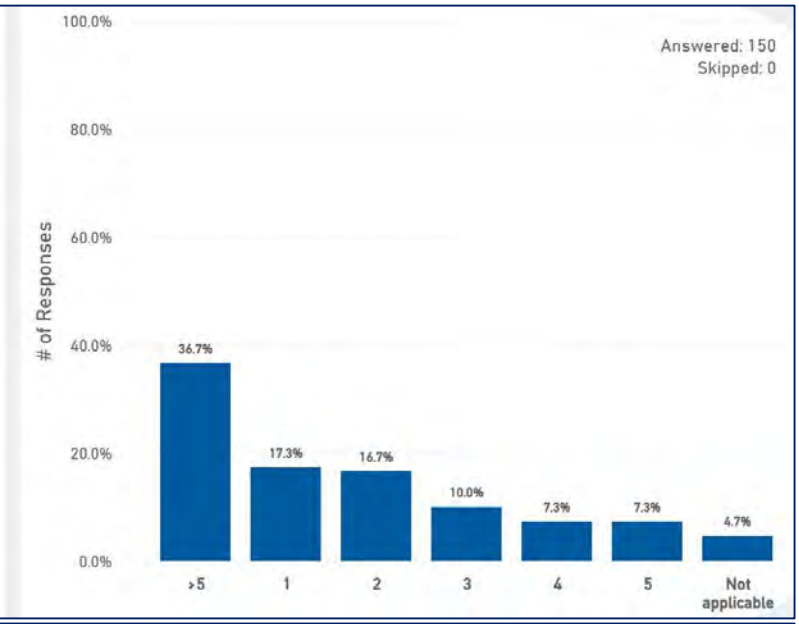
Survey Responses	# Responses	% Responses
1	321	67.2%
2	103	21.5%
3	24	5.0%
Not applicable	21	4.4%
4	5	1.0%
>5	2	0.4%
5	2	0.4%
Total	**478**	**100.0%**

Retail Chain Pharmacist



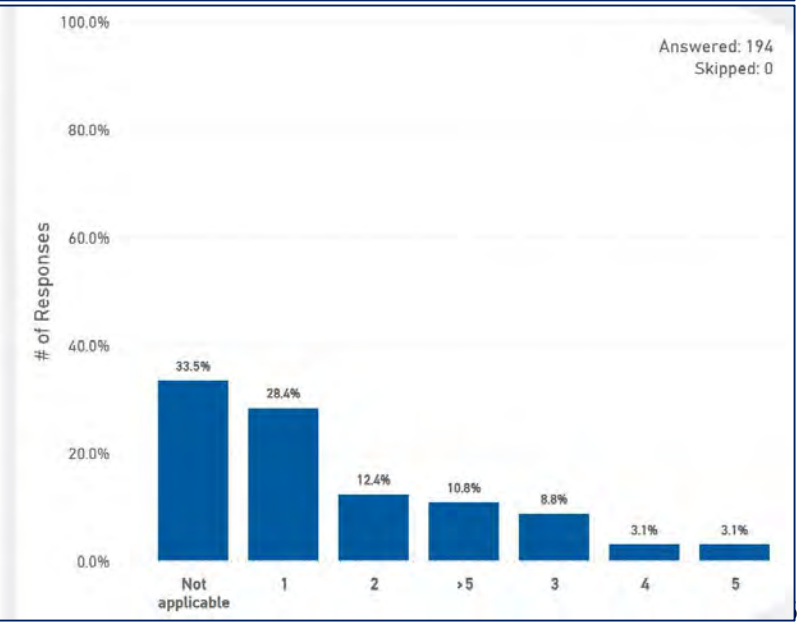
Survey Responses	# Responses	% Responses
>5	55	36.7%
1	26	17.3%
2	25	16.7%
3	15	10.0%
4	11	7.3%
5	11	7.3%
Not applicable	7	4.7%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	65	33.5%
1	55	28.4%
2	24	12.4%
>5	21	10.8%
3	17	8.8%
4	6	3.1%
5	6	3.1%
Total	**194**	**100.0%**

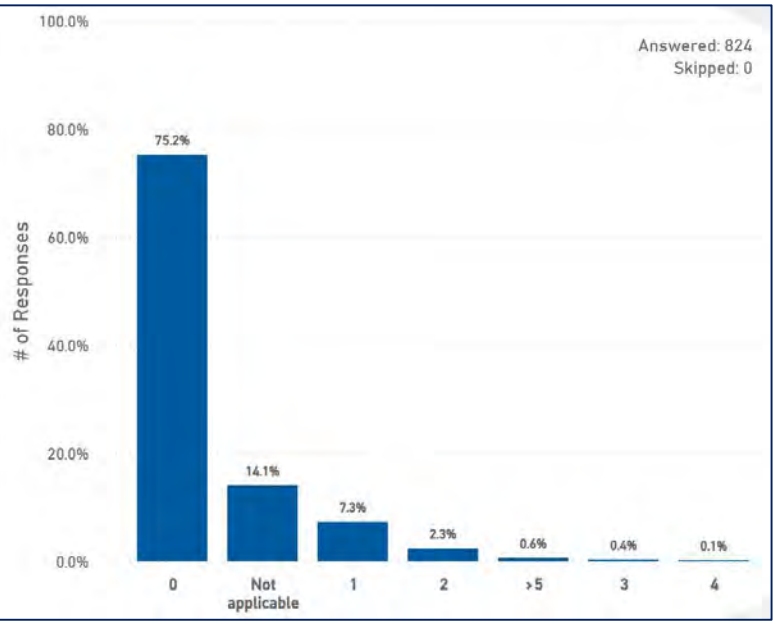
Other



13. Provide the number of interns that work during your shift?

Survey Responses	# Responses	% Responses
0	620	75.2%
Not applicable	116	14.1%
1	60	7.3%
2	19	2.3%
>5	5	0.6%
3	3	0.4%
4	1	0.1%
Total	**824**	**100.0%**

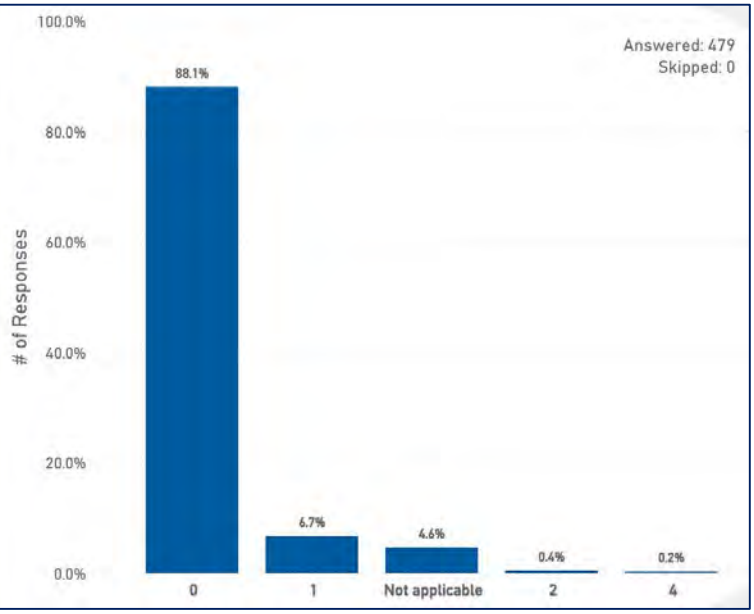
All Responses



13. Provide the number of interns that work during your shift?

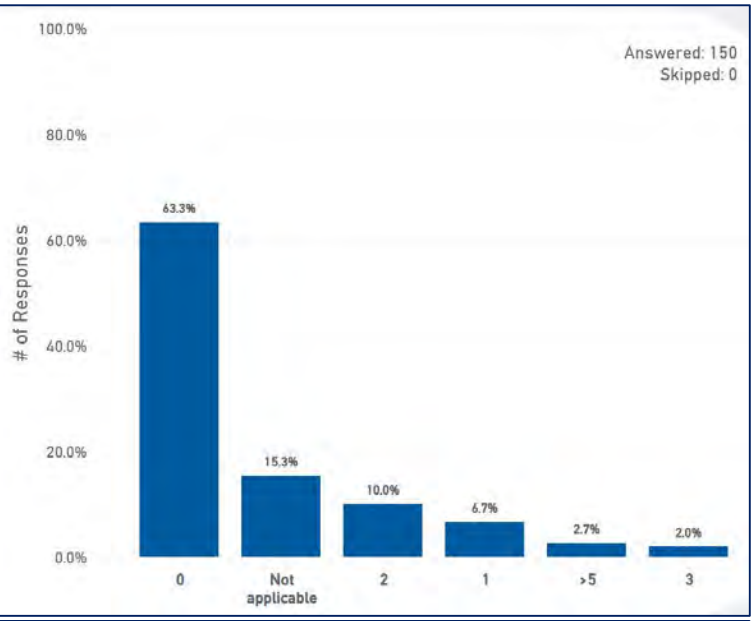
Survey Responses	# Responses	% Responses
0	422	88.1%
1	32	6.7%
Not applicable	22	4.6%
2	2	0.4%
4	1	0.2%
Total	**479**	**100.0%**

Retail Chain Pharmacist



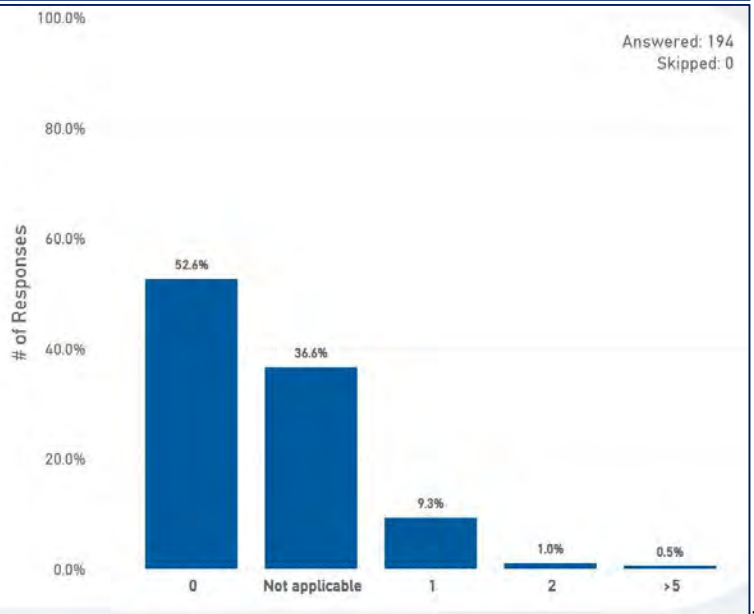
Survey Responses	# Responses	% Responses
0	95	63.3%
Not applicable	23	15.3%
2	15	10.0%
1	10	6.7%
>5	4	2.7%
3	3	2.0%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
0	102	52.6%
Not applicable	71	36.6%
1	18	9.3%
2	2	1.0%
>5	1	0.5%
Total	**194**	**100.0%**

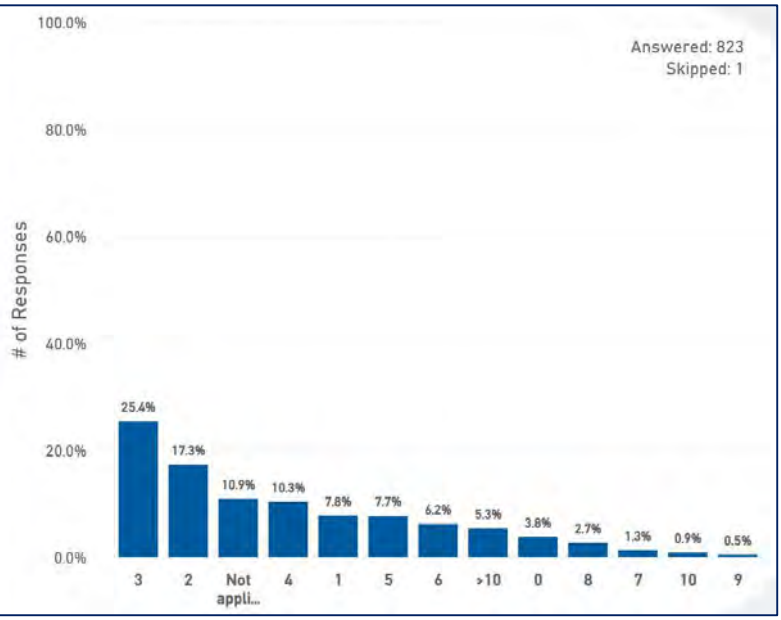
Other



14. Provide the number of pharmaceutical technicians and pharmaceutical technicians in training that work during your shift?

Survey Responses	# Responses	% Responses
3	209	25.4%
2	142	17.3%
Not applicable	90	10.9%
4	85	10.3%
1	64	7.8%
5	63	7.7%
6	51	6.2%
>10	44	5.3%
0	31	3.8%
8	22	2.7%
7	11	1.3%
10	7	0.9%
9	4	0.5%
Total	**823**	**100.0%**

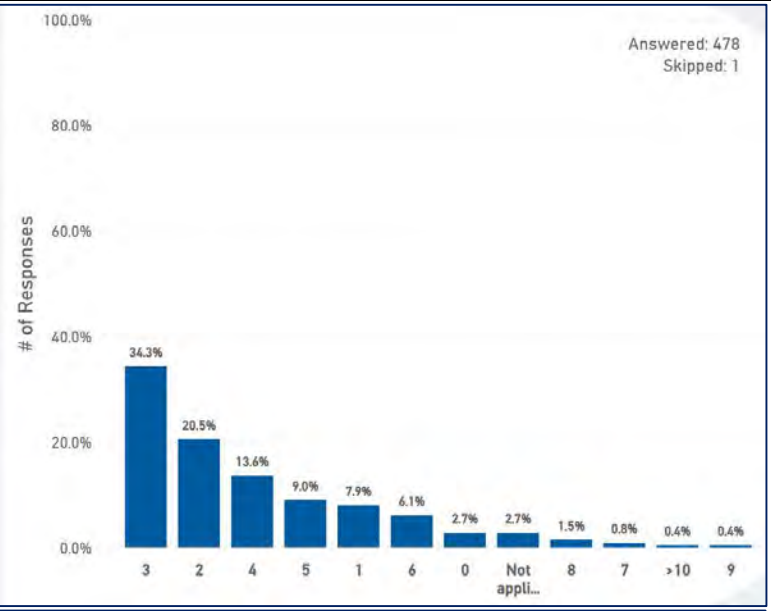
All Responses



14. Provide the number of pharmaceutical technicians and pharmaceutical technicians in training that work during your shift?

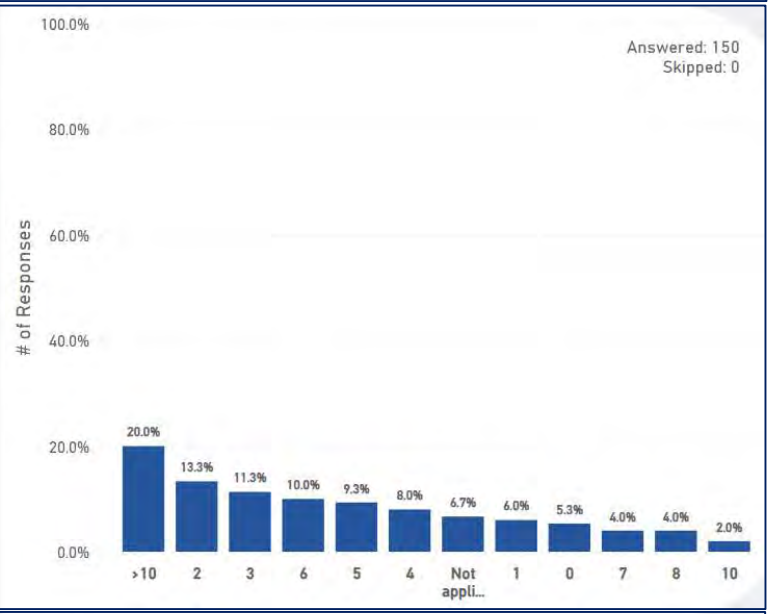
Survey Responses	# Responses	% Responses
3	164	34.3%
2	98	20.5%
4	65	13.6%
5	43	9.0%
1	38	7.9%
6	29	6.1%
0	13	2.7%
Not applicable	13	2.7%
8	7	1.5%
7	4	0.8%
>10	2	0.4%
9	2	0.4%
Total	**478**	**100.0%**

Retail Chain Pharmacist



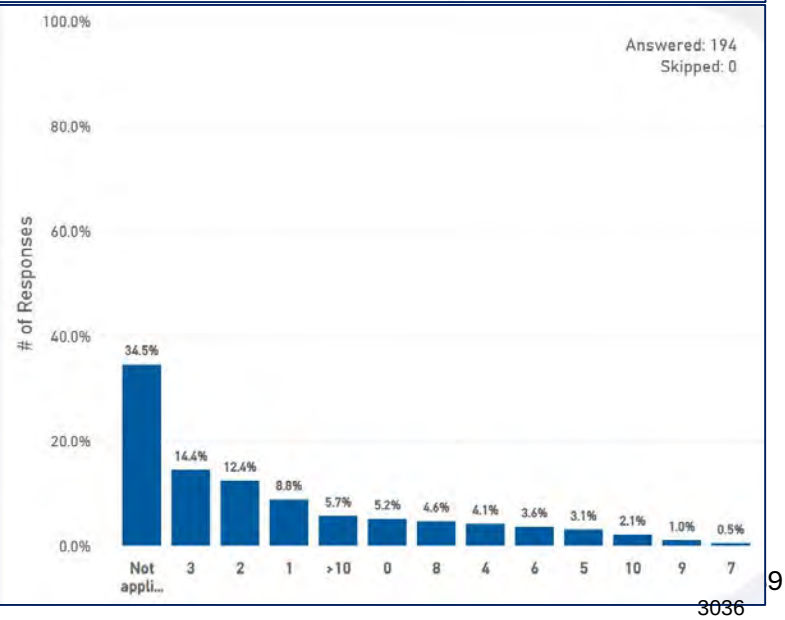
Survey Responses	# Responses	% Responses
>10	30	20.0%
2	20	13.3%
3	17	11.3%
6	15	10.0%
5	14	9.3%
4	12	8.0%
Not applicable	10	6.7%
1	9	6.0%
0	8	5.3%
7	6	4.0%
8	6	4.0%
10	3	2.0%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	67	34.5%
3	28	14.4%
2	24	12.4%
1	17	8.8%
>10	11	5.7%
0	10	5.2%
8	9	4.6%
4	8	4.1%
6	7	3.6%
5	6	3.1%
10	4	2.1%
9	2	1.0%
7	1	0.5%
Total	**194**	**100.0%**

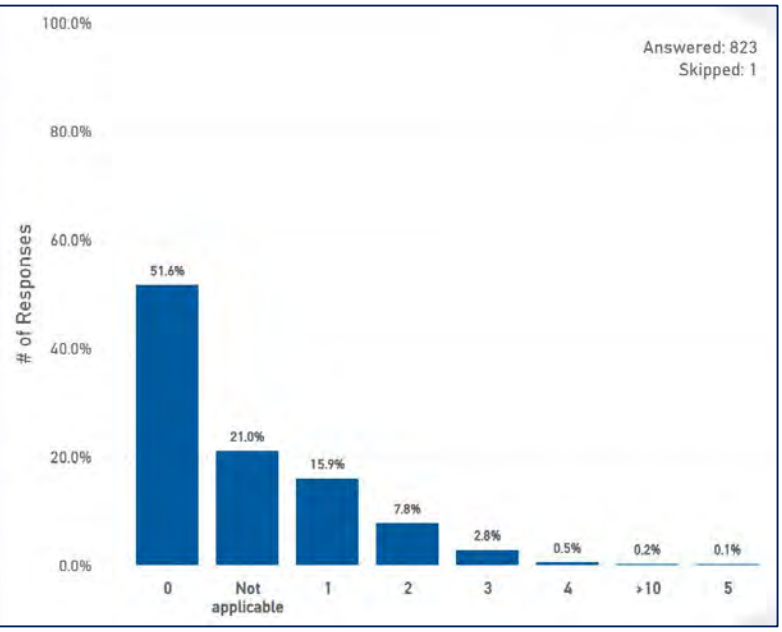
Other



15. Provide the number of clerks/cashiers that work during your shift.

Survey Responses	# Responses	% Responses
0	425	51.6%
Not applicable	173	21.0%
1	131	15.9%
2	64	7.8%
3	23	2.8%
4	4	0.5%
>10	2	0.2%
5	1	0.1%
Total	**823**	**100.0%**

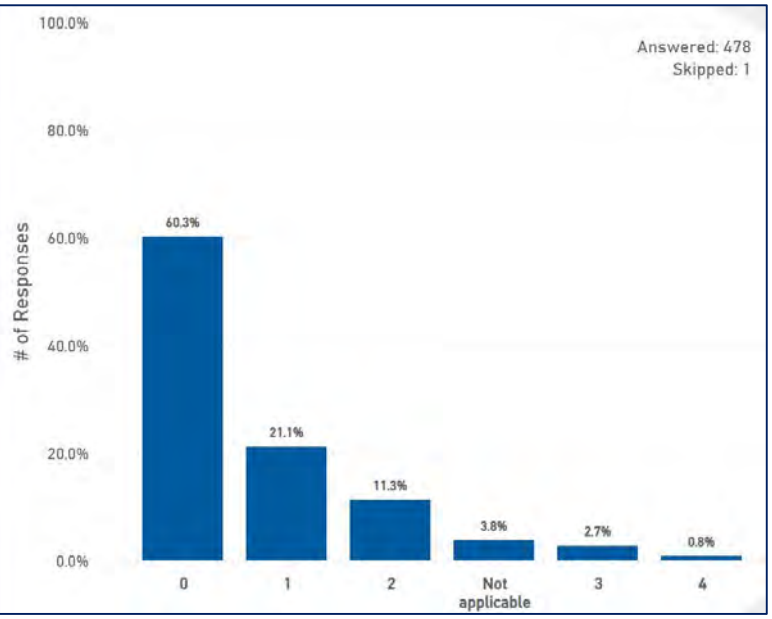
All Responses



15. Provide the number of clerks/cashiers that work during your shift.

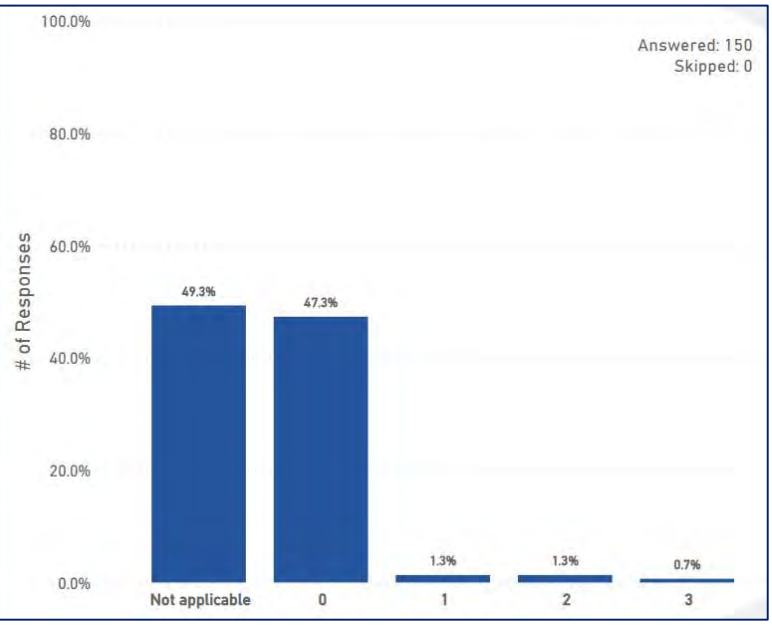
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
0	288	60.3%
1	101	21.1%
2	54	11.3%
Not applicable	18	3.8%
3	13	2.7%
4	4	0.8%
Total	**478**	**100.0%**



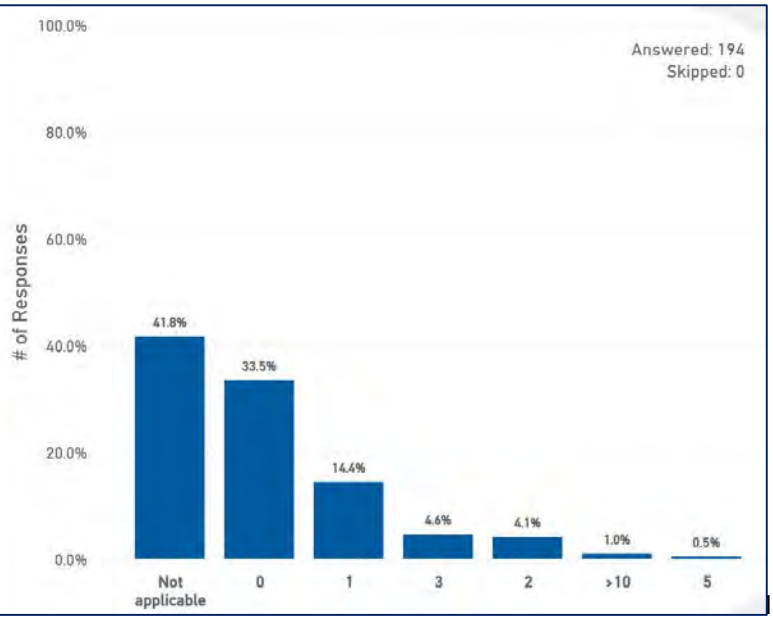
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Not applicable	74	49.3%
0	71	47.3%
1	2	1.3%
2	2	1.3%
3	1	0.7%
Total	**150**	**100.0%**



Other

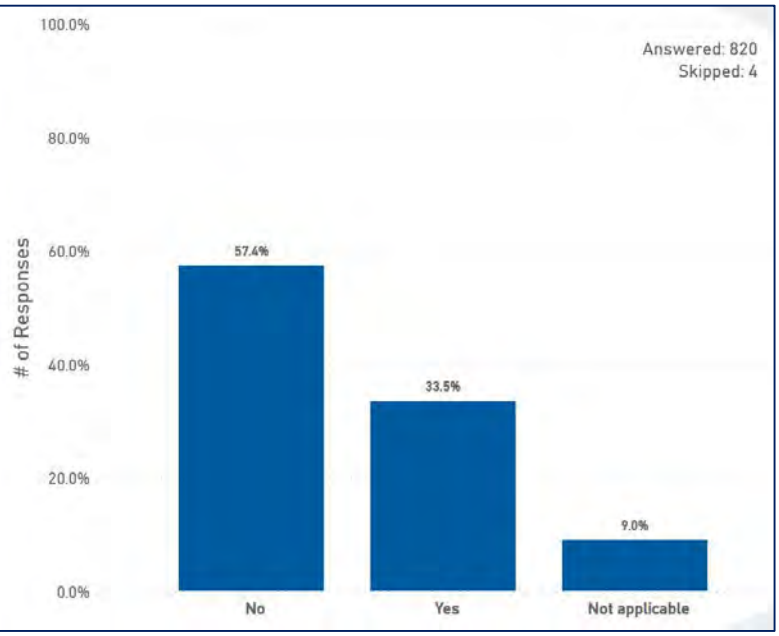
Survey Responses	# Responses	% Responses
Not applicable	81	41.8%
0	65	33.5%
1	28	14.4%
3	9	4.6%
2	8	4.1%
>10	2	1.0%
5	1	0.5%
Total	**194**	**100.0%**



16. Do you believe your primary practice setting is sufficiently staffed to meet the demands of the pharmacy while meeting patient care and safety standards?

Survey Responses	# Responses	% Responses
No	471	57.4%
Yes	275	33.5%
Not applicable	74	9.0%
Total	**820**	**100.0%**

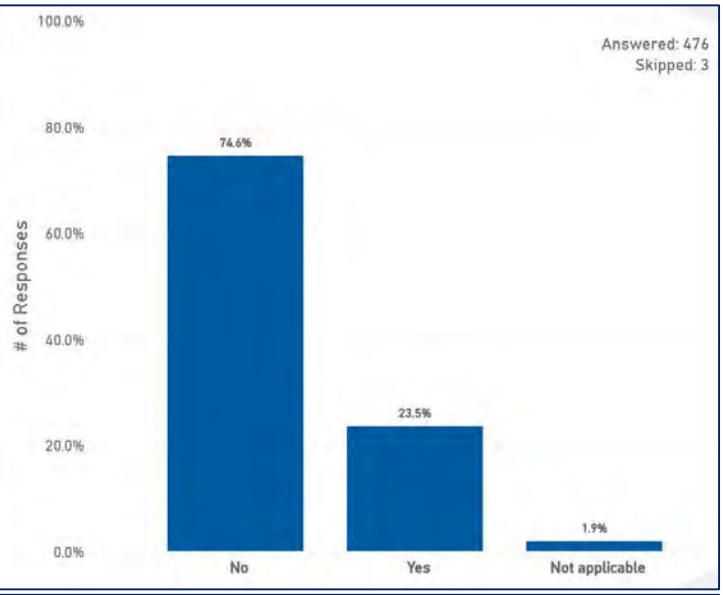
All Responses



16. Do you believe your primary practice setting is sufficiently staffed to meet the demands of the pharmacy while meeting patient care and safety standards?

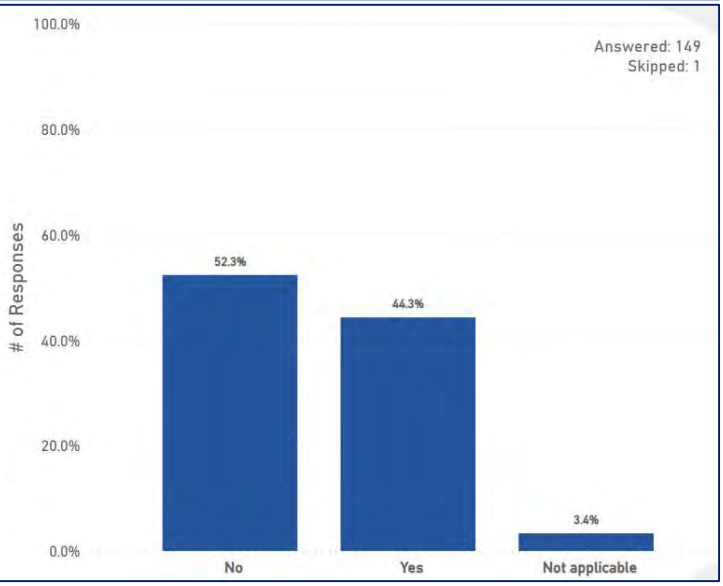
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
No	355	74.6%
Yes	112	23.5%
Not applicable	9	1.9%
Total	**476**	**100.0%**



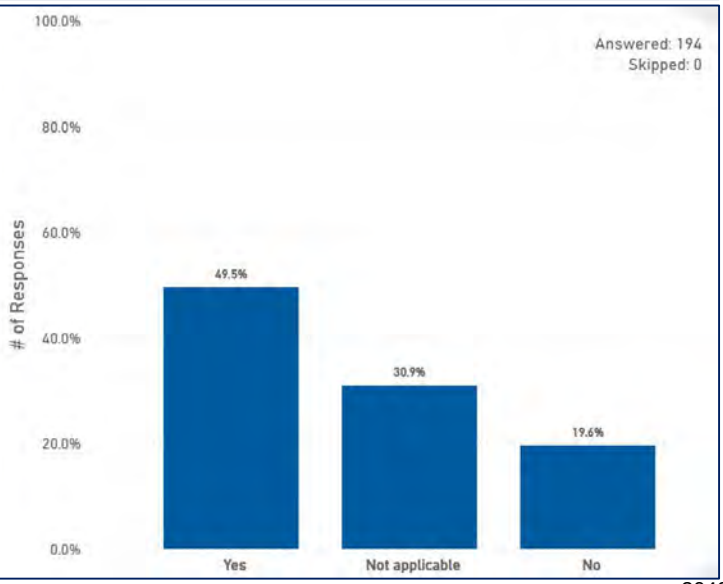
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
No	78	52.3%
Yes	66	44.3%
Not applicable	5	3.4%
Total	**149**	**100.0%**



Other

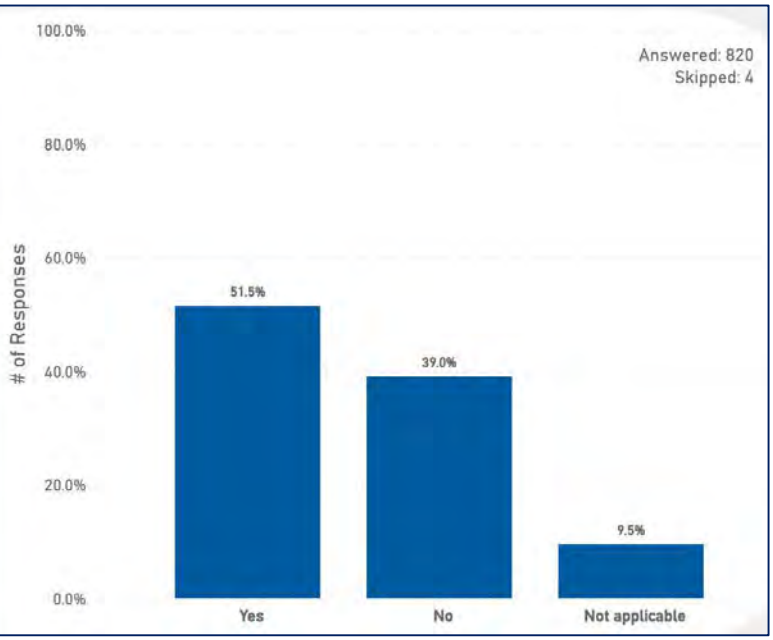
Survey Responses	# Responses	% Responses
Yes	96	49.5%
Not applicable	60	30.9%
No	38	19.6%
Total	**194**	**100.0%**



17. Do you believe the current staffing in your primary practice setting poses a risk to patient safety?

Survey Responses	# Responses	% Responses
Yes	422	51.5%
No	320	39.0%
Not applicable	78	9.5%
Total	**820**	**100.0%**

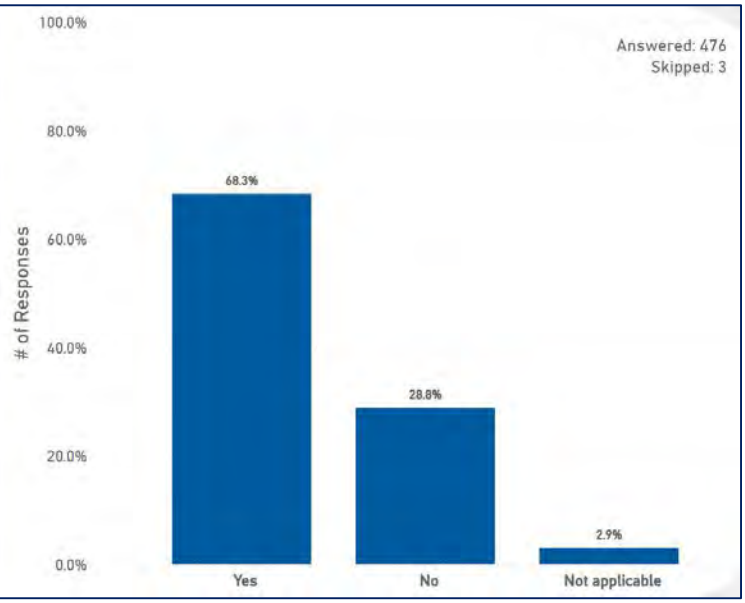
All Responses



17. Do you believe the current staffing in your primary practice setting poses a risk to patient safety?

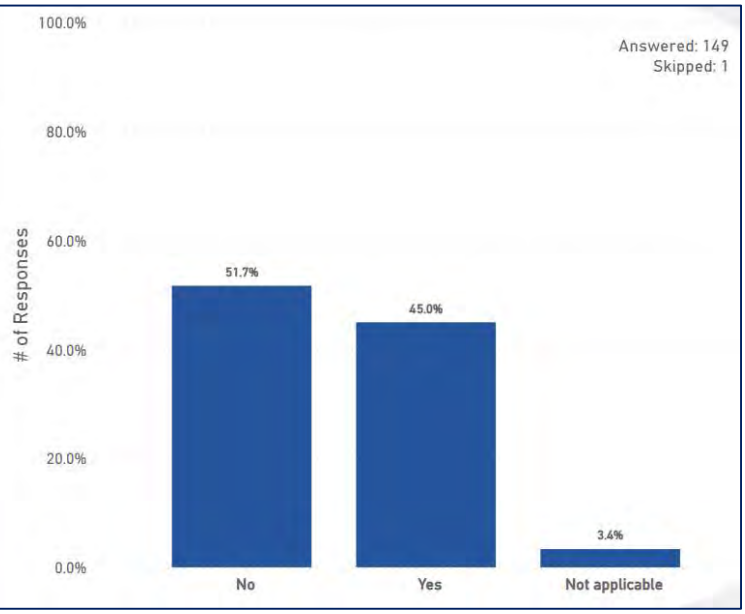
Survey Responses	# Responses	% Responses
Yes	325	68.3%
No	137	28.8%
Not applicable	14	2.9%
Total	**476**	**100.0%**

Retail Chain Pharmacist



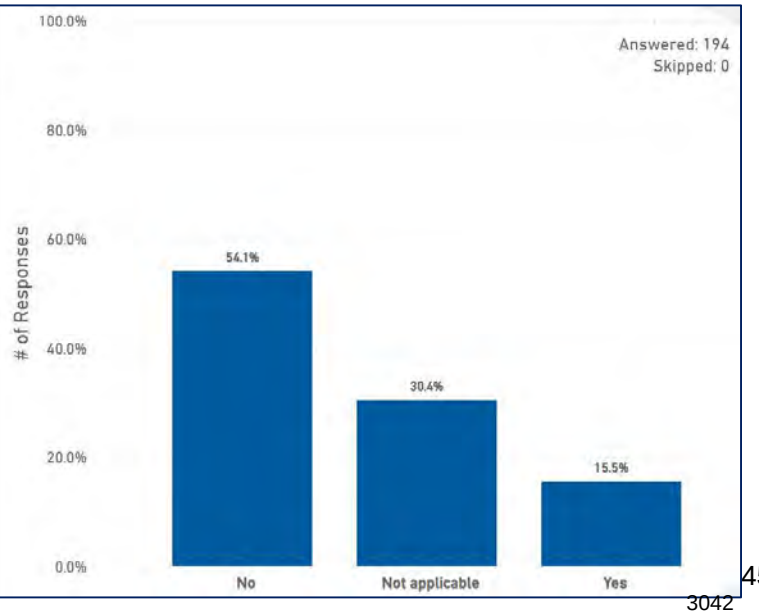
Survey Responses	# Responses	% Responses
No	77	51.7%
Yes	67	45.0%
Not applicable	5	3.4%
Total	**149**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
No	105	54.1%
Not applicable	59	30.4%
Yes	30	15.5%
Total	**194**	**100.0%**

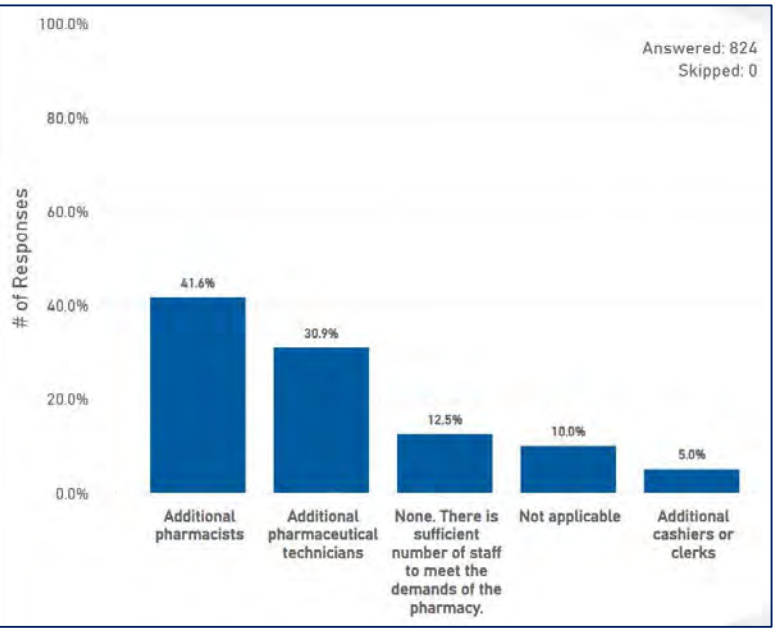
Other



18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?

Survey Responses	# Responses	% Responses
Additional pharmacists	343	41.6%
Additional pharmaceutical technicians	255	30.9%
None. There is sufficient number of staff to meet the demands of the pharmacy.	103	12.5%
Not applicable	82	10.0%
Additional cashiers or clerks	41	5.0%
Total	**824**	**100.0%**

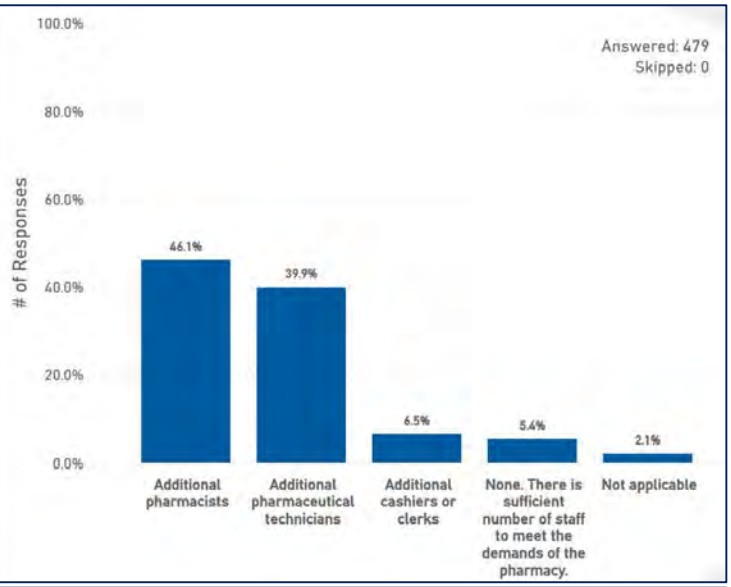
All Responses



18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?

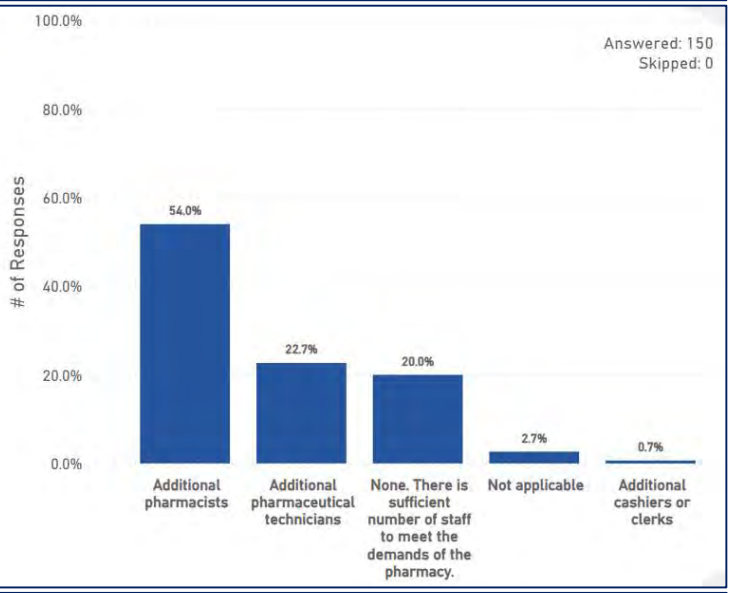
Survey Responses	# Responses	% Responses
Additional pharmacists	221	46.1%
Additional pharmaceutical technicians	191	39.9%
Additional cashiers or clerks	31	6.5%
None. There is sufficient number of staff to meet the demands of the pharmacy.	26	5.4%
Not applicable	10	2.1%
Total	**479**	**100.0%**

Retail Chain Pharmacist



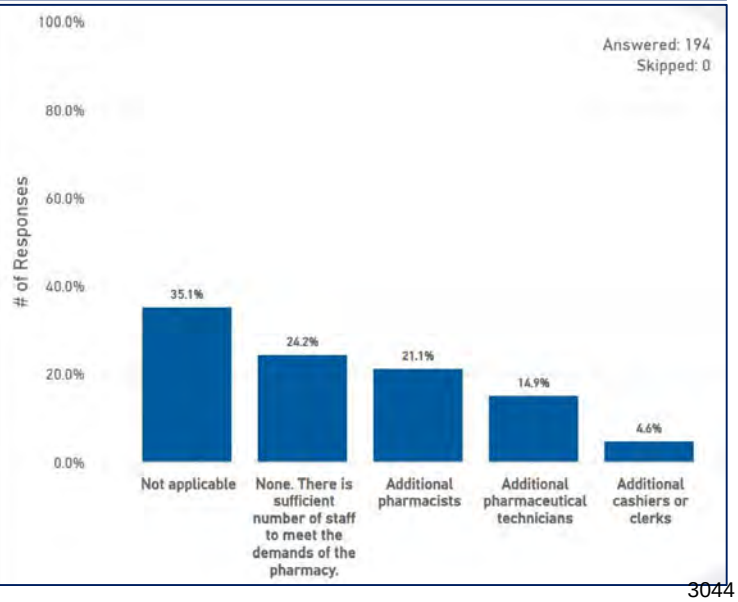
Survey Responses	# Responses	% Responses
Additional pharmacists	81	54.0%
Additional pharmaceutical technicians	34	22.7%
None. There is sufficient number of staff to meet the demands of the pharmacy.	30	20.0%
Not applicable	4	2.7%
Additional cashiers or clerks	1	0.7%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	68	35.1%
None. There is sufficient number of staff to meet the demands of the pharmacy.	47	24.2%
Additional pharmacists	41	21.1%
Additional pharmaceutical technicians	29	14.9%
Additional cashiers or clerks	9	4.6%
Total	**194**	**100.0%**

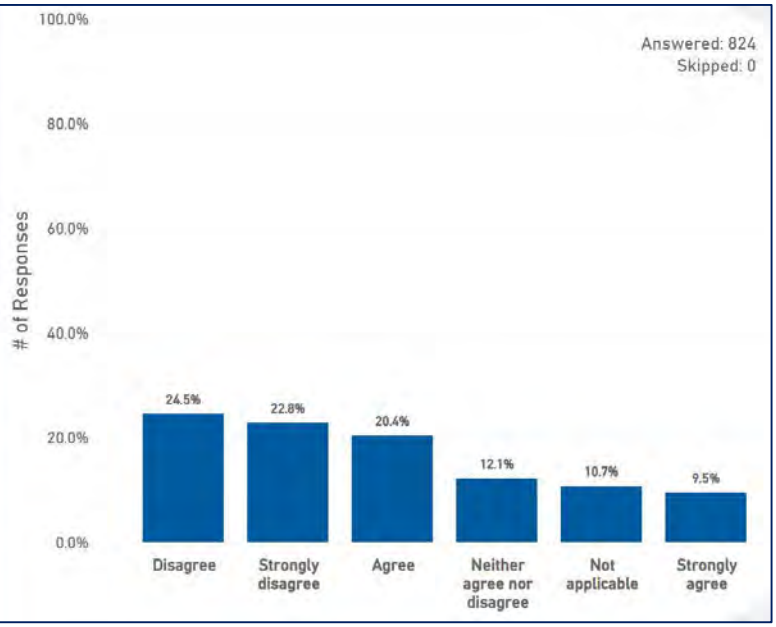
Other



19. I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care.

Survey Responses	# Responses	% Responses
Disagree	202	24.5%
Strongly disagree	188	22.8%
Agree	168	20.4%
Neither agree nor disagree	100	12.1%
Not applicable	88	10.7%
Strongly agree	78	9.5%
Total	**824**	**100.0%**

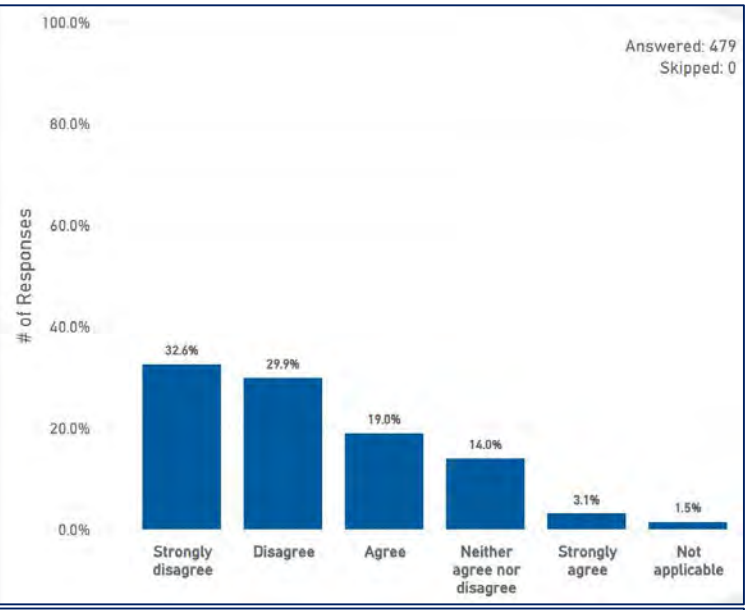
All Responses



19. I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care.

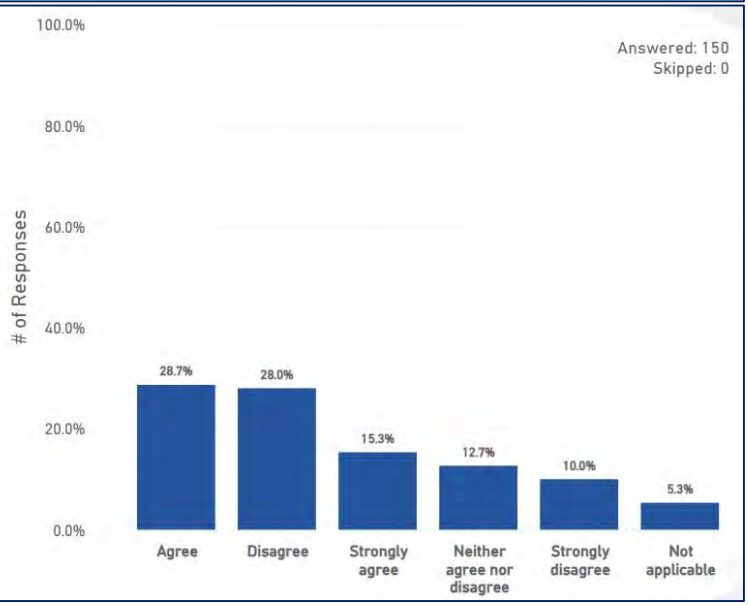
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Strongly disagree	156	32.6%
Disagree	143	29.9%
Agree	91	19.0%
Neither agree nor disagree	67	14.0%
Strongly agree	15	3.1%
Not applicable	7	1.5%
Total	**479**	**100.0%**



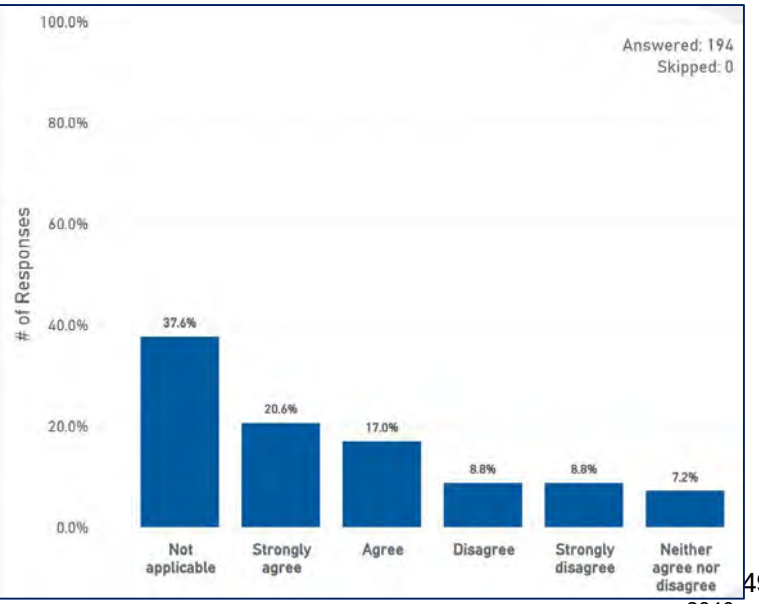
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Agree	43	28.7%
Disagree	42	28.0%
Strongly agree	23	15.3%
Neither agree nor disagree	19	12.7%
Strongly disagree	15	10.0%
Not applicable	8	5.3%
Total	**150**	**100.0%**



Other

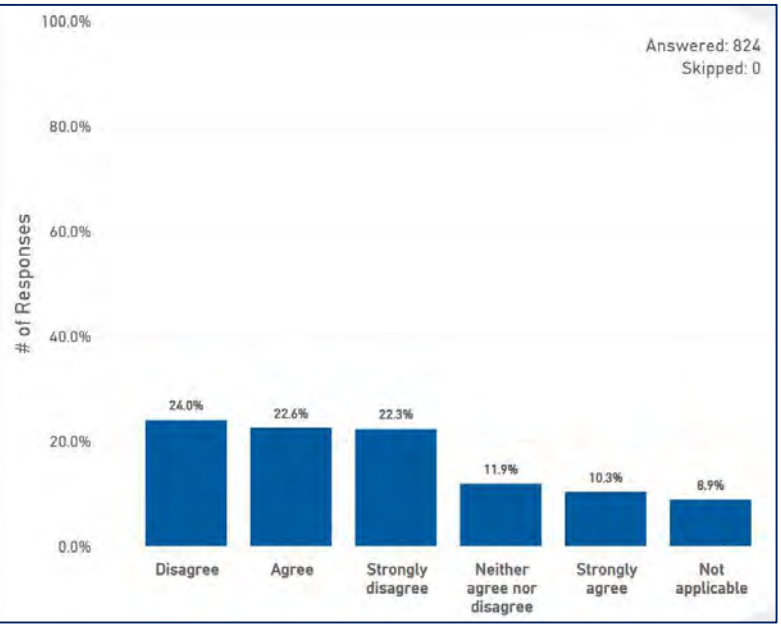
Survey Responses	# Responses	% Responses
Not applicable	73	37.6%
Strongly agree	40	20.6%
Agree	33	17.0%
Disagree	17	8.8%
Strongly disagree	17	8.8%
Neither agree nor disagree	14	7.2%
Total	**194**	**100.0%**



20. I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care.

Survey Responses	# Responses	% Responses
Disagree	198	24.0%
Agree	186	22.6%
Strongly disagree	184	22.3%
Neither agree nor disagree	98	11.9%
Strongly agree	85	10.3%
Not applicable	73	8.9%
Total	**824**	**100.0%**

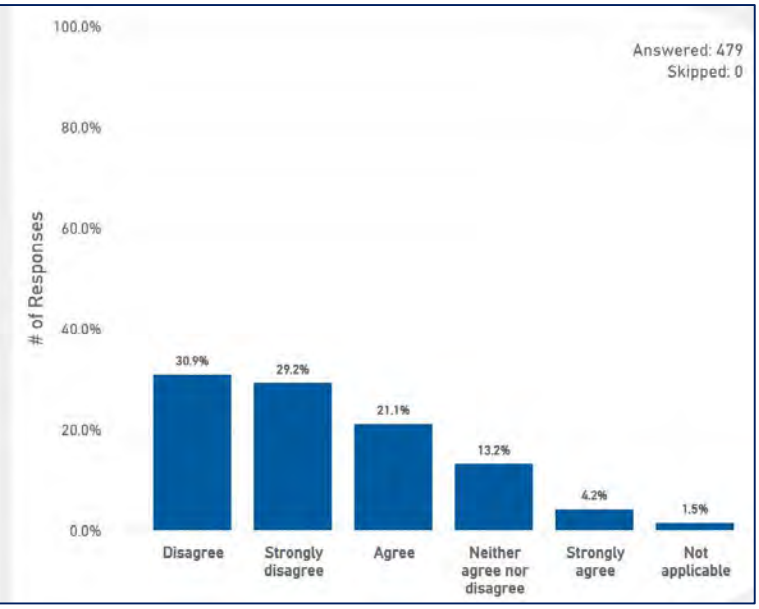
All Responses



20. I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care.

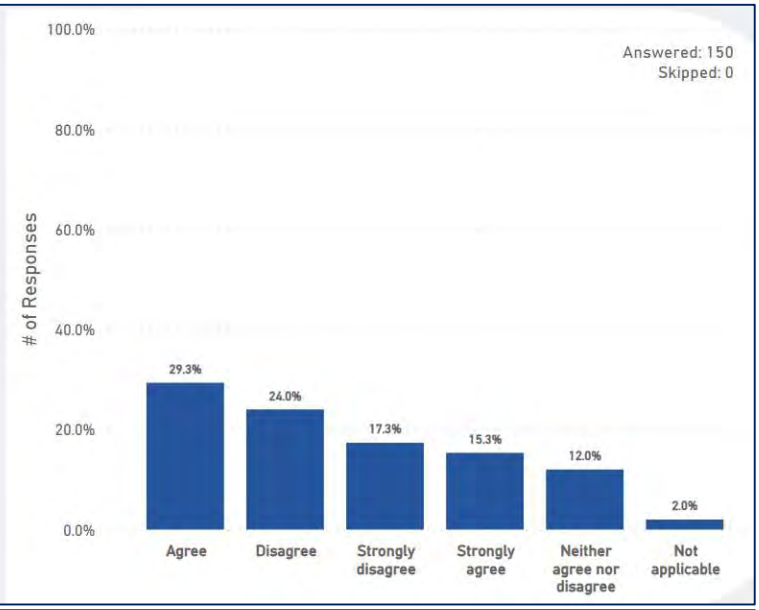
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Disagree	148	30.9%
Strongly disagree	140	29.2%
Agree	101	21.1%
Neither agree nor disagree	63	13.2%
Strongly agree	20	4.2%
Not applicable	7	1.5%
Total	**479**	**100.0%**



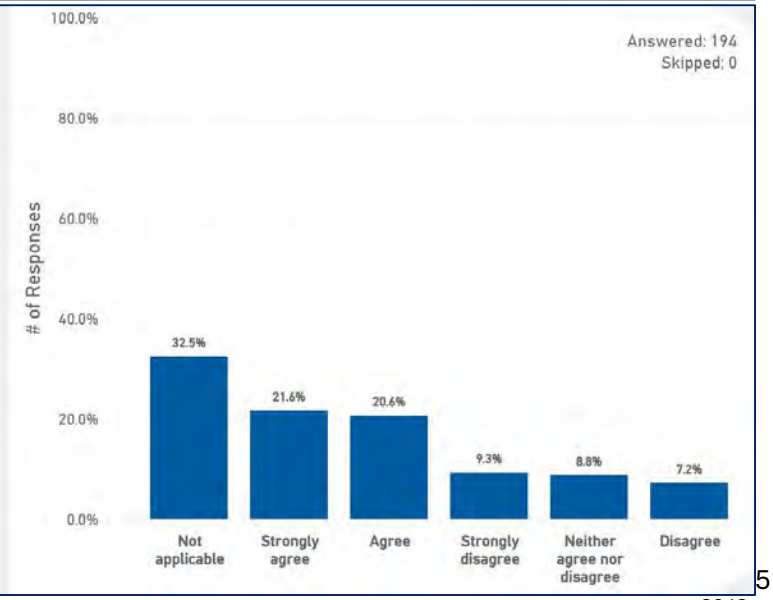
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Agree	44	29.3%
Disagree	36	24.0%
Strongly disagree	26	17.3%
Strongly agree	23	15.3%
Neither agree nor disagree	18	12.0%
Not applicable	3	2.0%
Total	**150**	**100.0%**



Other

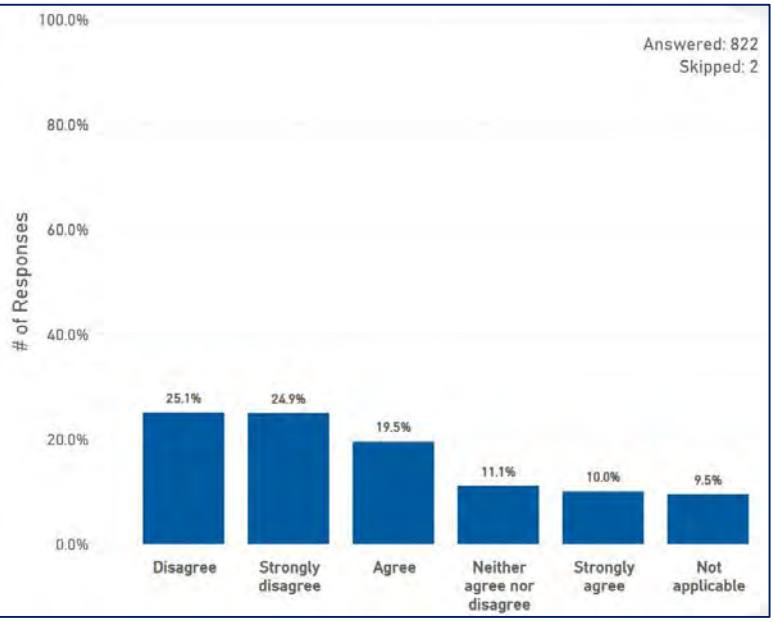
Survey Responses	# Responses	% Responses
Not applicable	63	32.5%
Strongly agree	42	21.6%
Agree	40	20.6%
Strongly disagree	18	9.3%
Neither agree nor disagree	17	8.8%
Disagree	14	7.2%
Total	**194**	**100.0%**



21. I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner.

Survey Responses	# Responses	% Responses
Disagree	206	25.1%
Strongly disagree	205	24.9%
Agree	160	19.5%
Neither agree nor disagree	91	11.1%
Strongly agree	82	10.0%
Not applicable	78	9.5%
Total	**822**	**100.0%**

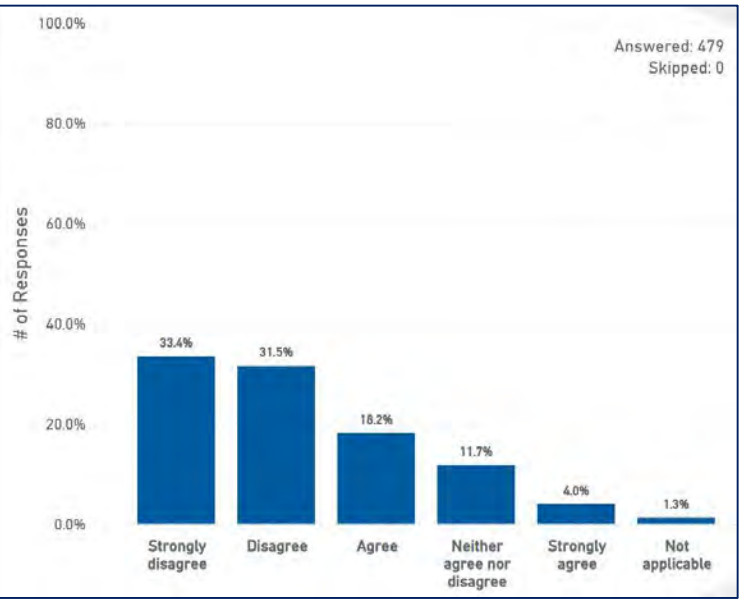
All Responses



21. I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner.

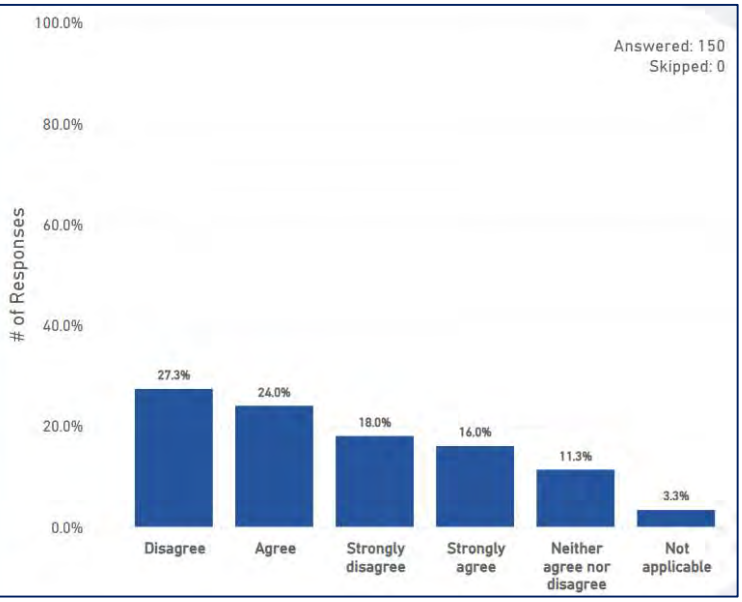
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Strongly disagree	160	33.4%
Disagree	151	31.5%
Agree	87	18.2%
Neither agree nor disagree	56	11.7%
Strongly agree	19	4.0%
Not applicable	6	1.3%
Total	**479**	**100.0%**



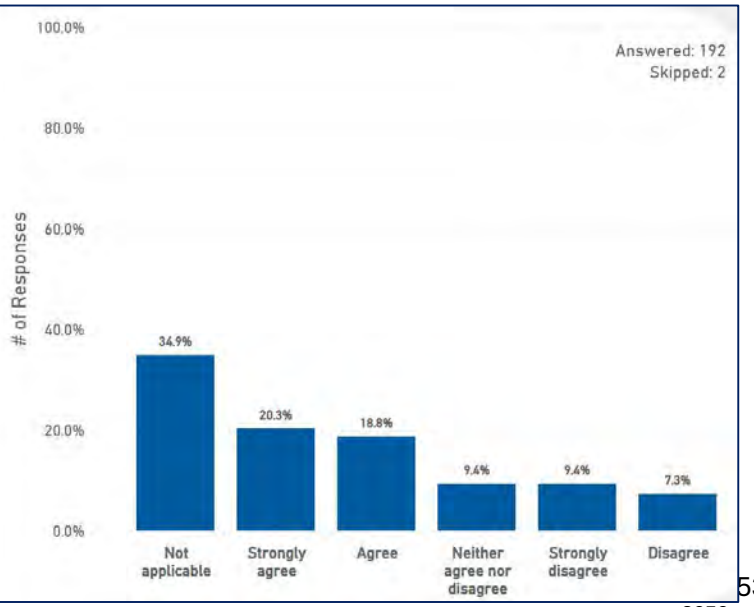
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Disagree	41	27.3%
Agree	36	24.0%
Strongly disagree	27	18.0%
Strongly agree	24	16.0%
Neither agree nor disagree	17	11.3%
Not applicable	5	3.3%
Total	**150**	**100.0%**



Other

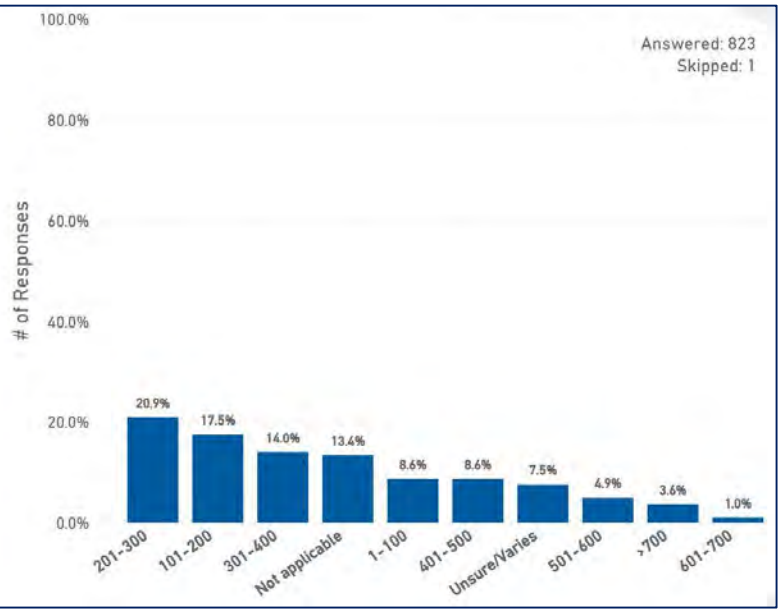
Survey Responses	# Responses	% Responses
Not applicable	67	34.9%
Strongly agree	39	20.3%
Agree	36	18.8%
Neither agree nor disagree	18	9.4%
Strongly disagree	18	9.4%
Disagree	14	7.3%
Total	**192**	**100.0%**



22. On average, what number of prescriptions or chart orders do YOU process during your shift?

Survey Responses	# Responses	% Responses
201-300	172	20.9%
101-200	144	17.5%
301-400	115	14.0%
Not applicable	110	13.4%
1-100	71	8.6%
401-500	71	8.6%
Unsure/Varies	62	7.5%
501-600	40	4.9%
>700	30	3.6%
601-700	8	1.0%
Total	**823**	**100.0%**

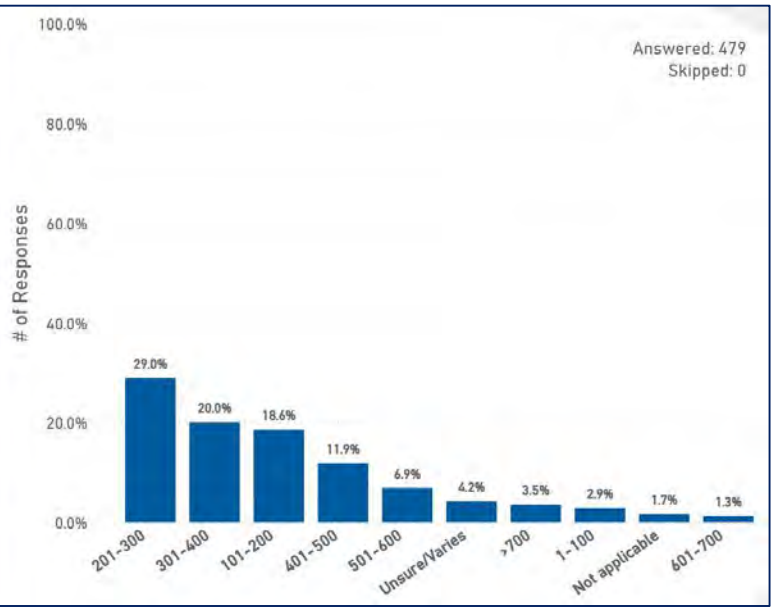
All Responses



22. On average, what number of prescriptions or chart orders do YOU process during your shift?

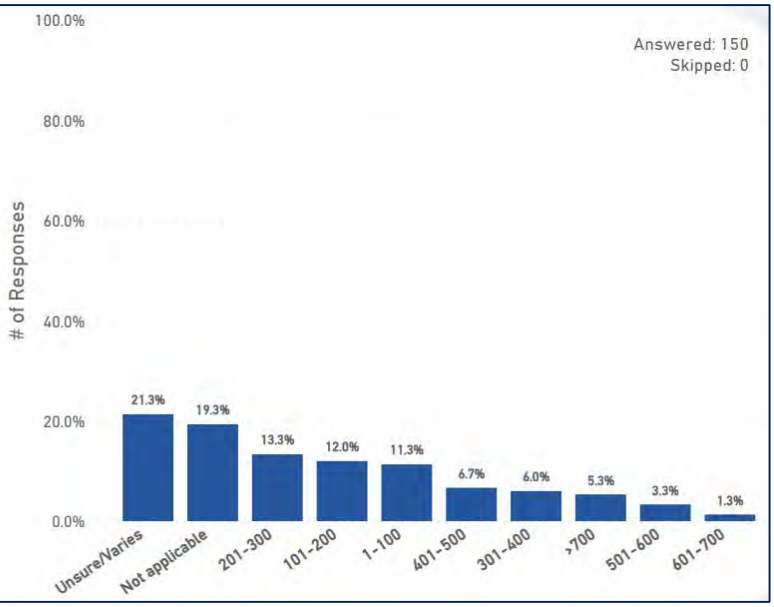
Survey Responses	# Responses	% Responses
201-300	139	29.0%
301-400	96	20.0%
101-200	89	18.6%
401-500	57	11.9%
501-600	33	6.9%
Unsure/Varies	20	4.2%
>700	17	3.5%
1-100	14	2.9%
Not applicable	8	1.7%
601-700	6	1.3%
Total	**479**	**100.0%**

Retail Chain Pharmacist



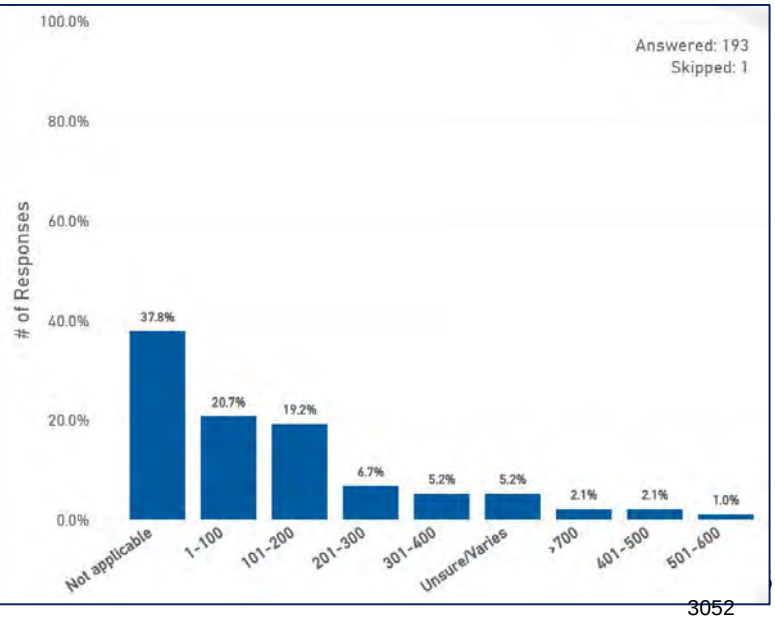
Survey Responses	# Responses	% Responses
Unsure/Varies	32	21.3%
Not applicable	29	19.3%
201-300	20	13.3%
101-200	18	12.0%
1-100	17	11.3%
401-500	10	6.7%
301-400	9	6.0%
>700	8	5.3%
501-600	5	3.3%
601-700	2	1.3%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	73	37.8%
1-100	40	20.7%
101-200	37	19.2%
201-300	13	6.7%
301-400	10	5.2%
Unsure/Varies	10	5.2%
>700	4	2.1%
401-500	4	2.1%
501-600	2	1.0%
Total	**193**	**100.0%**

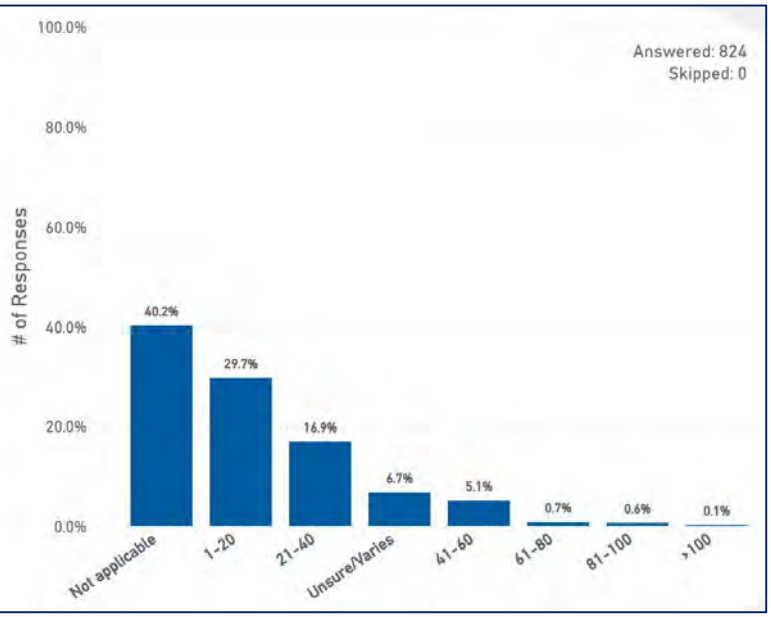
Other



23. On average, how many vaccines do YOU administer or supervise the administration of during your shift?

Survey Responses	# Responses	% Responses
Not applicable	331	40.2%
1-20	245	29.7%
21-40	139	16.9%
Unsure/Varies	55	6.7%
41-60	42	5.1%
61-80	6	0.7%
81-100	5	0.6%
>100	1	0.1%
Total	**824**	**100.0%**

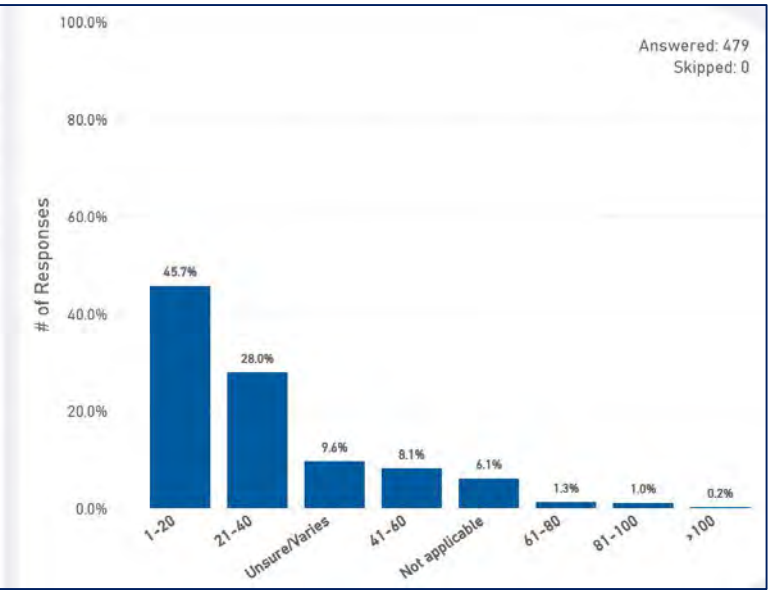
All Responses



23. On average, how many vaccines do YOU administer or supervise the administration of during your shift?

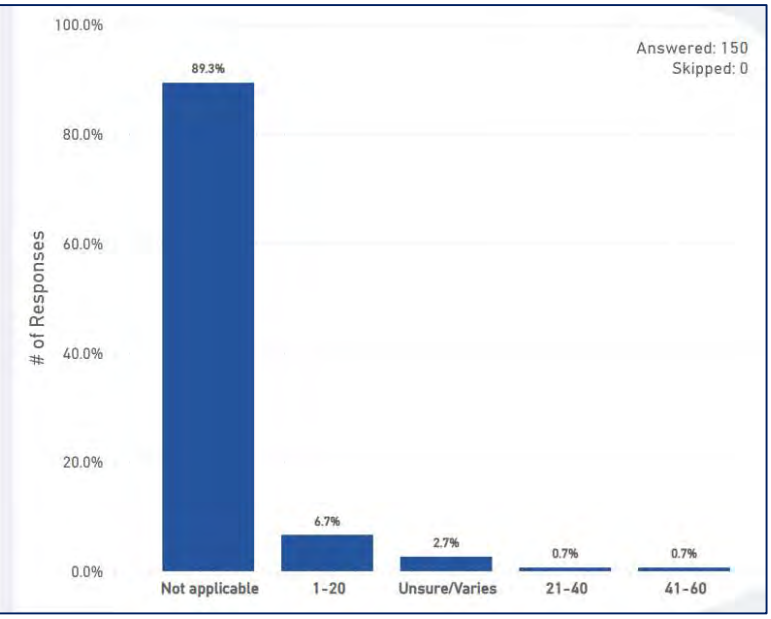
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
1-20	219	45.7%
21-40	134	28.0%
Unsure/Varies	46	9.6%
41-60	39	8.1%
Not applicable	29	6.1%
61-80	6	1.3%
81-100	5	1.0%
>100	1	0.2%
Total	**479**	**100.0%**



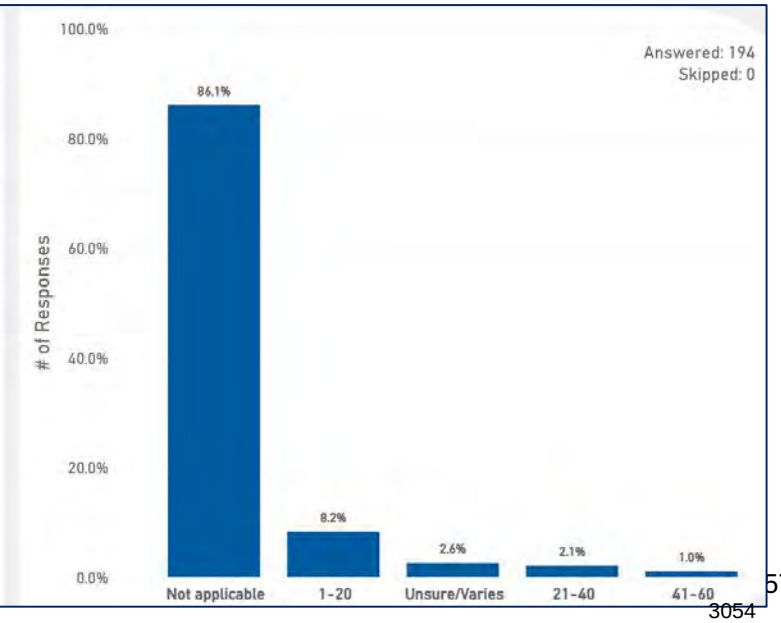
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Not applicable	134	89.3%
1-20	10	6.7%
Unsure/Varies	4	2.7%
21-40	1	0.7%
41-60	1	0.7%
Total	**150**	**100.0%**



Other

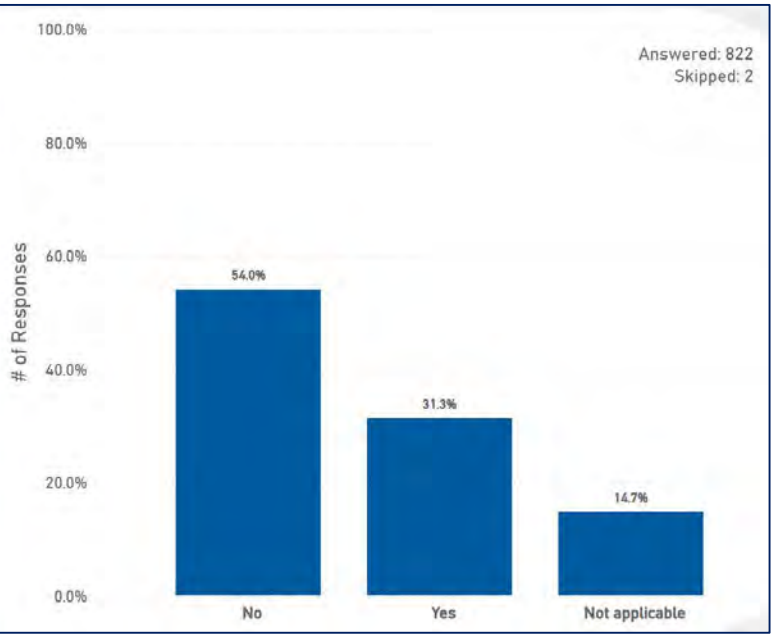
Survey Responses	# Responses	% Responses
Not applicable	167	86.1%
1-20	16	8.2%
Unsure/Varies	5	2.6%
21-40	4	2.1%
41-60	2	1.0%
Total	**194**	**100.0%**



24. Does your primary practice setting perform sterile or non-sterile compounding?

Survey Responses	# Responses	% Responses
No	444	54.0%
Yes	257	31.3%
Not applicable	121	14.7%
Total	**822**	**100.0%**

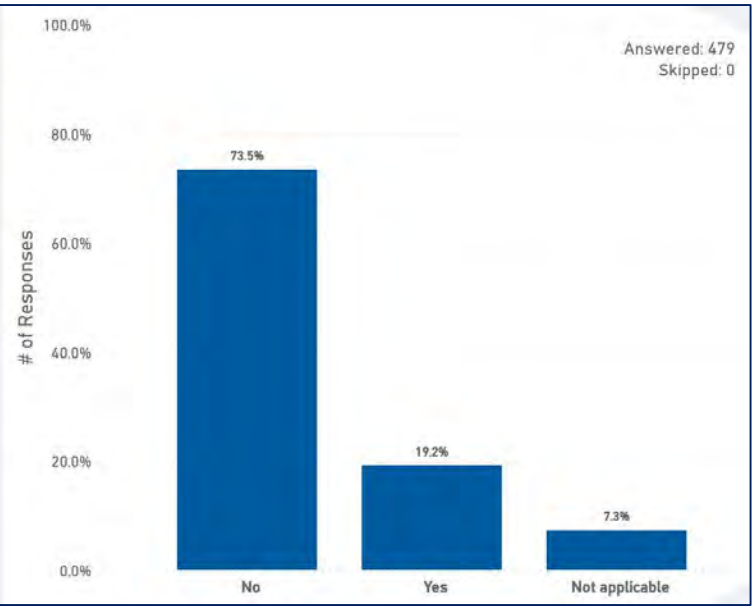
All Responses



24. Does your primary practice setting perform sterile or non-sterile compounding?

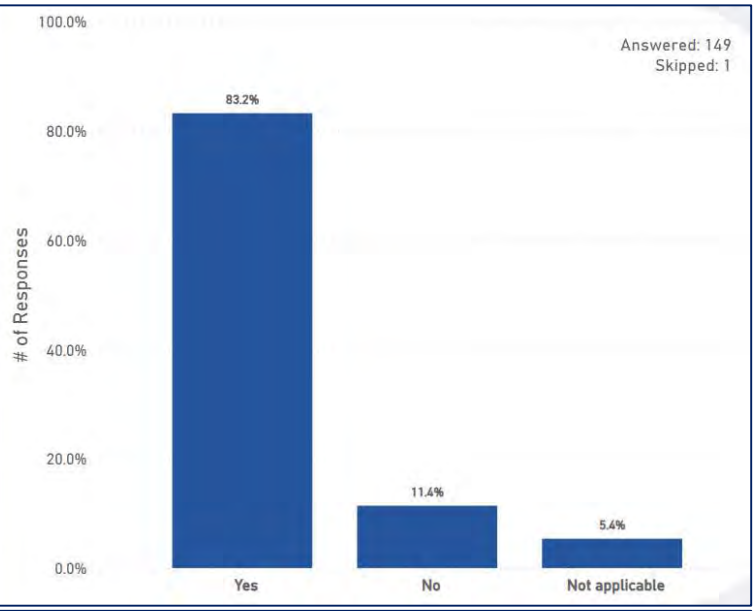
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
No	352	73.5%
Yes	92	19.2%
Not applicable	35	7.3%
Total	**479**	**100.0%**



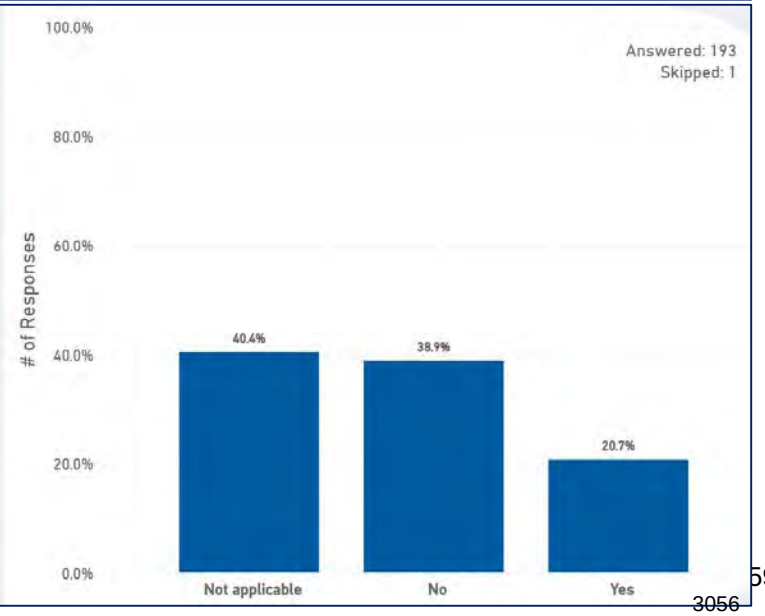
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Yes	124	83.2%
No	17	11.4%
Not applicable	8	5.4%
Total	**149**	**100.0%**



Other

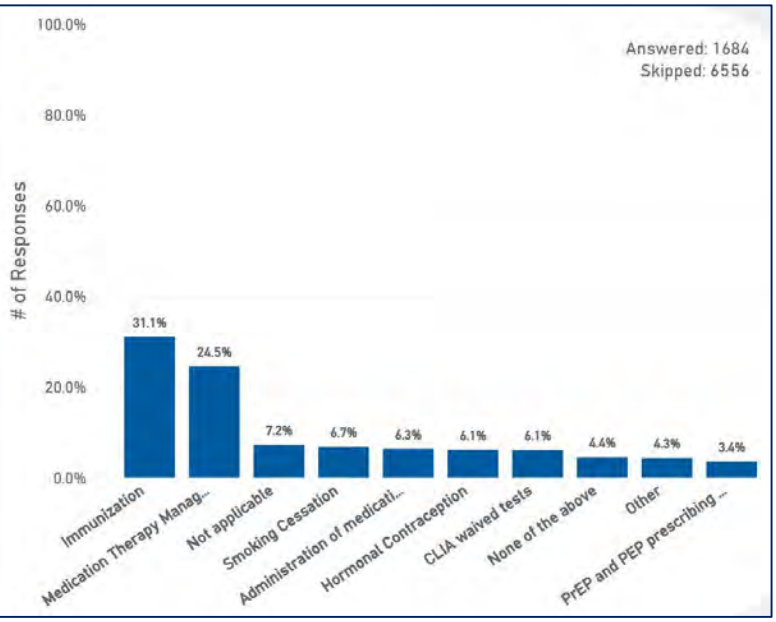
Survey Responses	# Responses	% Responses
Not applicable	78	40.4%
No	75	38.9%
Yes	40	20.7%
Total	**193**	**100.0%**



25. Which of the following services are provided at your primary practice setting?

Survey Responses	# Responses	% Responses
Immunization	523	31.1%
Medication Therapy Management	412	24.5%
Not applicable	121	7.2%
Smoking Cessation	113	6.7%
Administration of medications and biologics	106	6.3%
Hormonal Contraception	103	6.1%
CLIA waived tests	102	6.1%
None of the above	74	4.4%
Other	72	4.3%
PrEP and PEP prescribing and dispensing	58	3.4%
Total	**1684**	**100.0%**

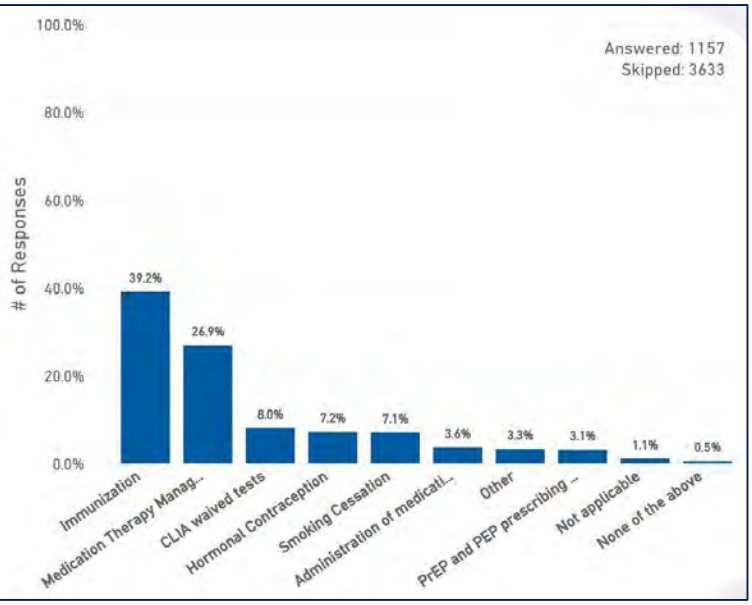
All Responses



25. Which of the following services are provided at your primary practice setting?

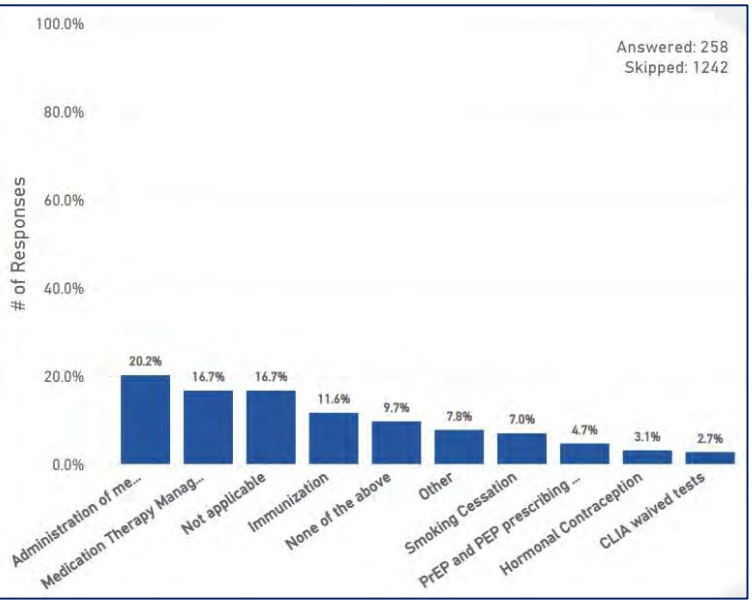
Survey Responses	# Responses	% Responses
Immunization	453	39.2%
Medication Therapy Management	311	26.9%
CLIA waived tests	93	8.0%
Hormonal Contraception	83	7.2%
Smoking Cessation	82	7.1%
Administration of medications and biologics	42	3.6%
Other	38	3.3%
PrEP and PEP prescribing and dispensing	36	3.1%
Not applicable	13	1.1%
None of the above	6	0.5%
Total	**1157**	**100.0%**

Retail Chain Pharmacist



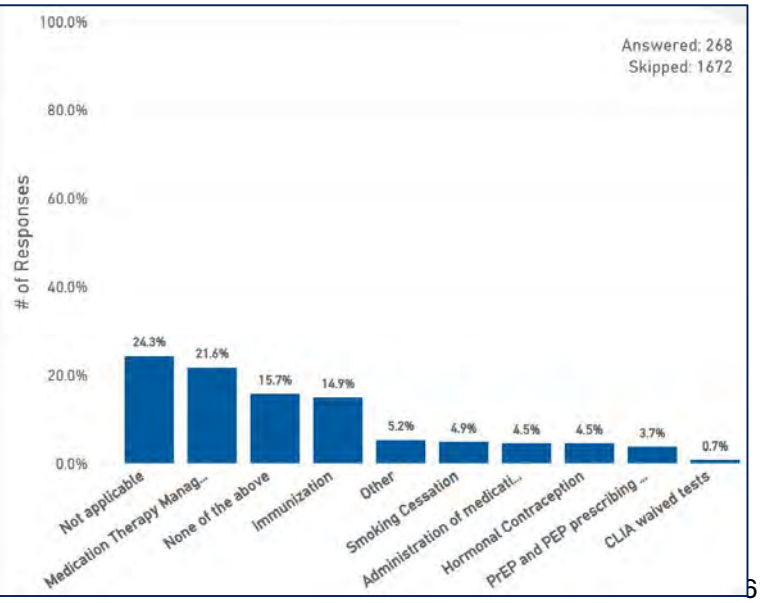
Survey Responses	# Responses	% Responses
Administration of medications and biologics	52	20.2%
Medication Therapy Management	43	16.7%
Not applicable	43	16.7%
Immunization	30	11.6%
None of the above	25	9.7%
Other	20	7.8%
Smoking Cessation	18	7.0%
PrEP and PEP prescribing and dispensing	12	4.7%
Hormonal Contraception	8	3.1%
CLIA waived tests	7	2.7%
Total	**258**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	65	24.3%
Medication Therapy Management	58	21.6%
None of the above	42	15.7%
Immunization	40	14.9%
Other	14	5.2%
Smoking Cessation	13	4.9%
Administration of medications and biologics	12	4.5%
Hormonal Contraception	12	4.5%
PrEP and PEP prescribing and dispensing	10	3.7%
CLIA waived tests	2	0.7%
Total	**268**	**100.0%**

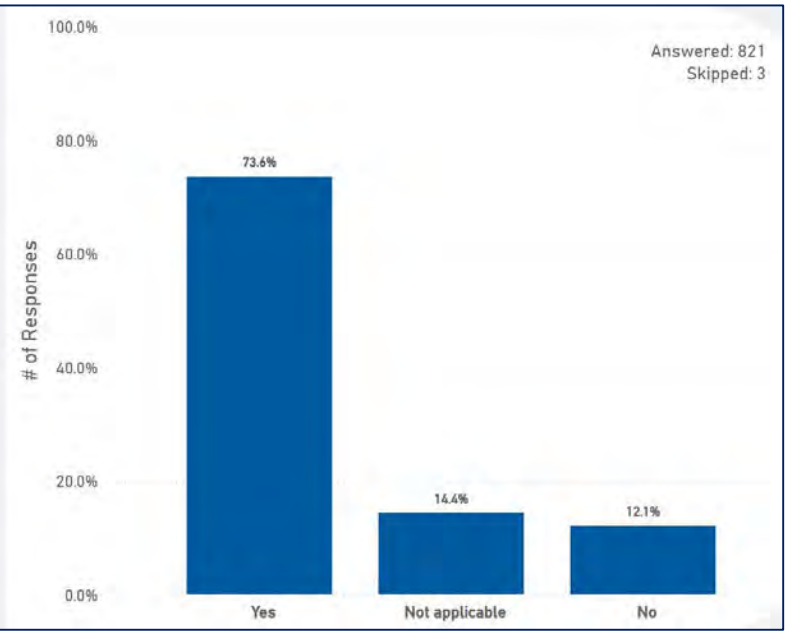
Other



26. Does your employer require you to complete non-dispensing related services, such as medication therapy management, vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects?

Survey Responses	# Responses	% Responses
Yes	604	73.6%
Not applicable	118	14.4%
No	99	12.1%
Total	**821**	**100.0%**

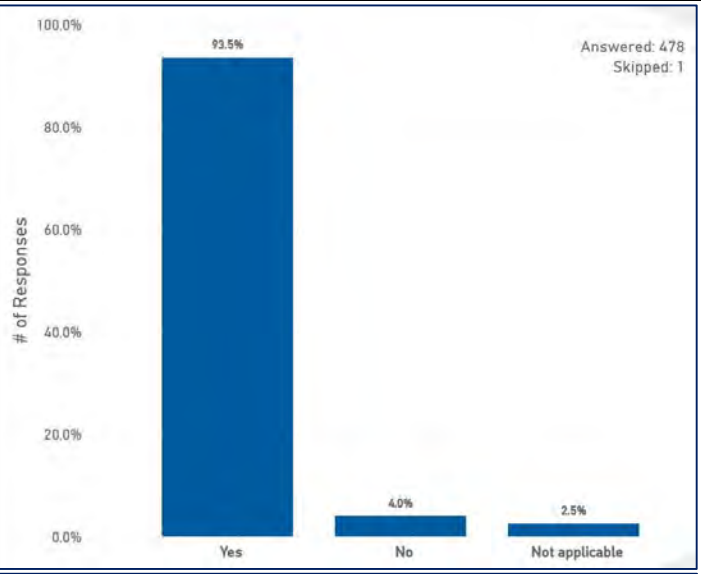
All Responses



26. Does your employer require you to complete non-dispensing related services, such as medication therapy management, vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects?

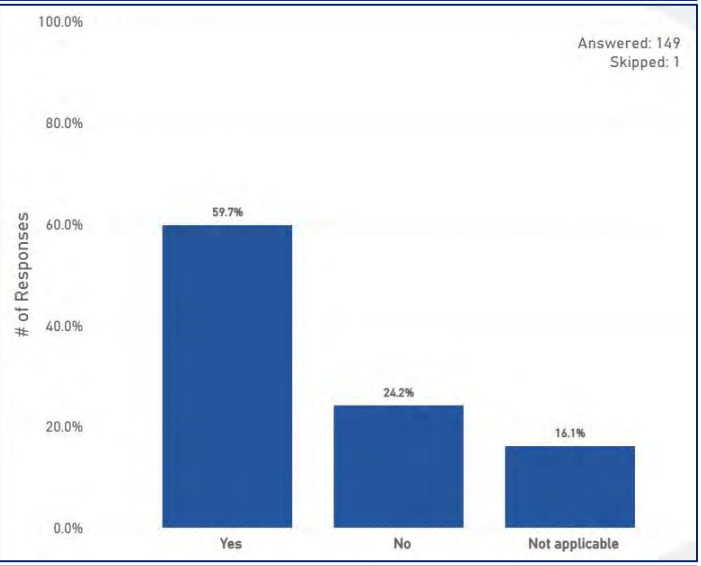
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	447	93.5%
No	19	4.0%
Not applicable	12	2.5%
Total	**478**	**100.0%**



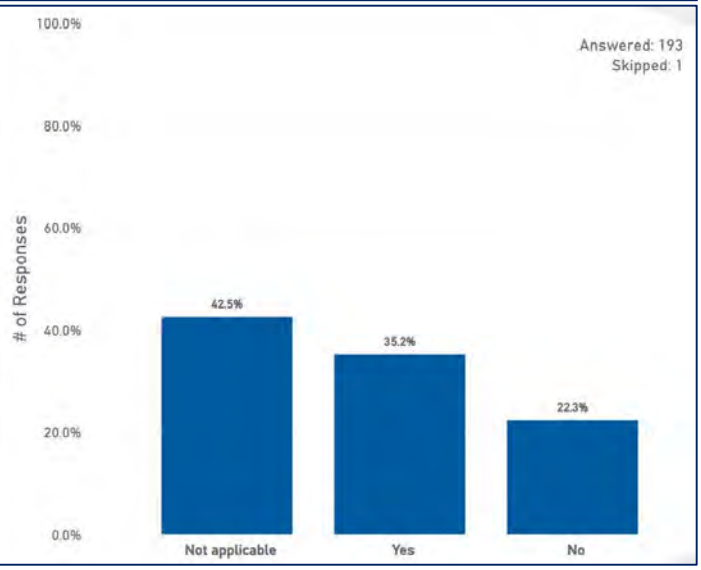
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Yes	89	59.7%
No	36	24.2%
Not applicable	24	16.1%
Total	**149**	**100.0%**



Other

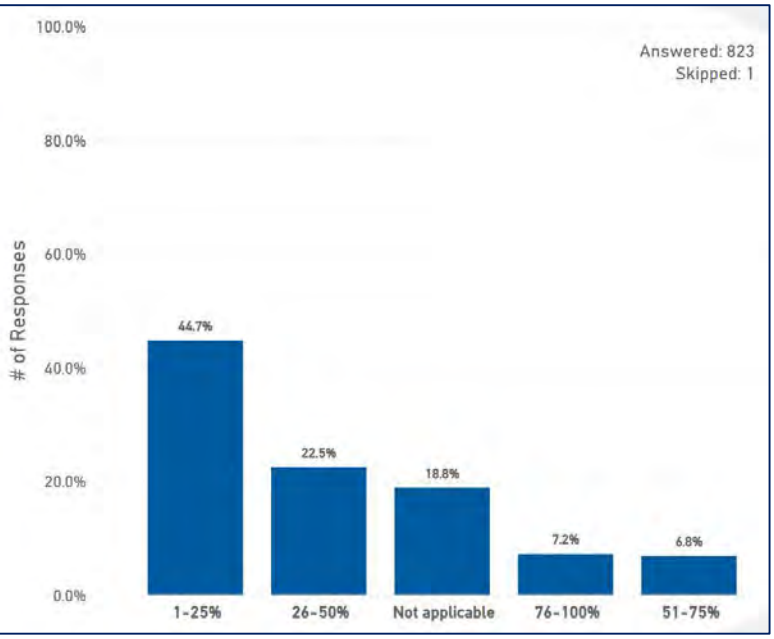
Survey Responses	# Responses	% Responses
Not applicable	82	42.5%
Yes	68	35.2%
No	43	22.3%
Total	**193**	**100.0%**



27. On average, what percentage of your time is spent on non-dispensing services?

Survey Responses	# Responses	% Responses
1-25%	368	44.7%
26-50%	185	22.5%
Not applicable	155	18.8%
76-100%	59	7.2%
51-75%	56	6.8%
Total	**823**	**100.0%**

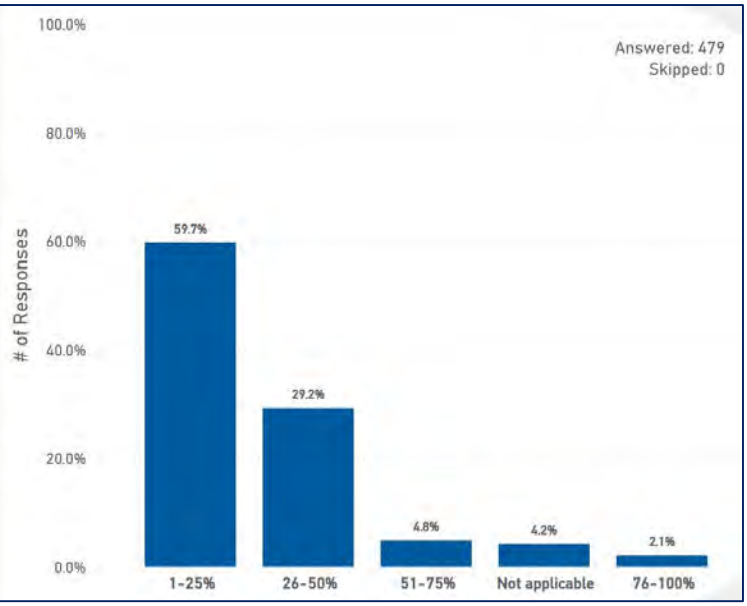
All Responses



27. On average, what percentage of your time is spent on non-dispensing services?

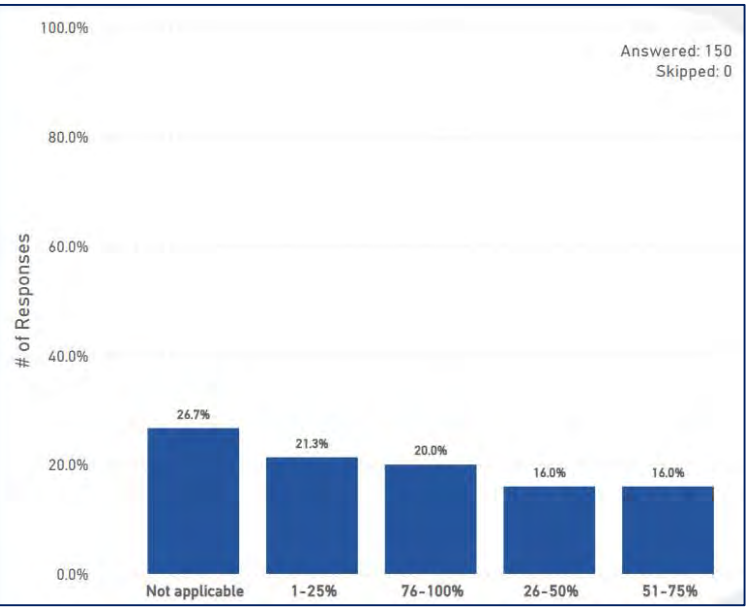
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
1-25%	286	59.7%
26-50%	140	29.2%
51-75%	23	4.8%
Not applicable	20	4.2%
76-100%	10	2.1%
Total	**479**	**100.0%**



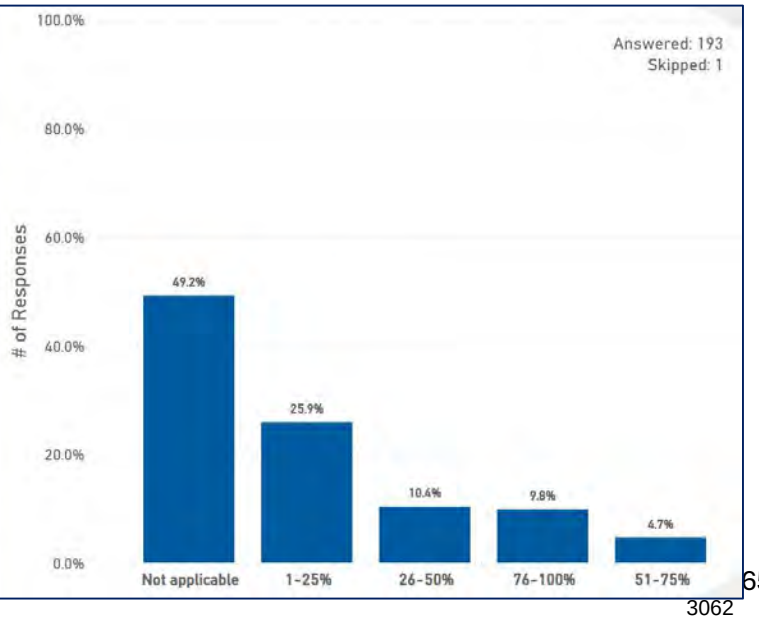
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Not applicable	40	26.7%
1-25%	32	21.3%
76-100%	30	20.0%
26-50%	24	16.0%
51-75%	24	16.0%
Total	**150**	**100.0%**



Other

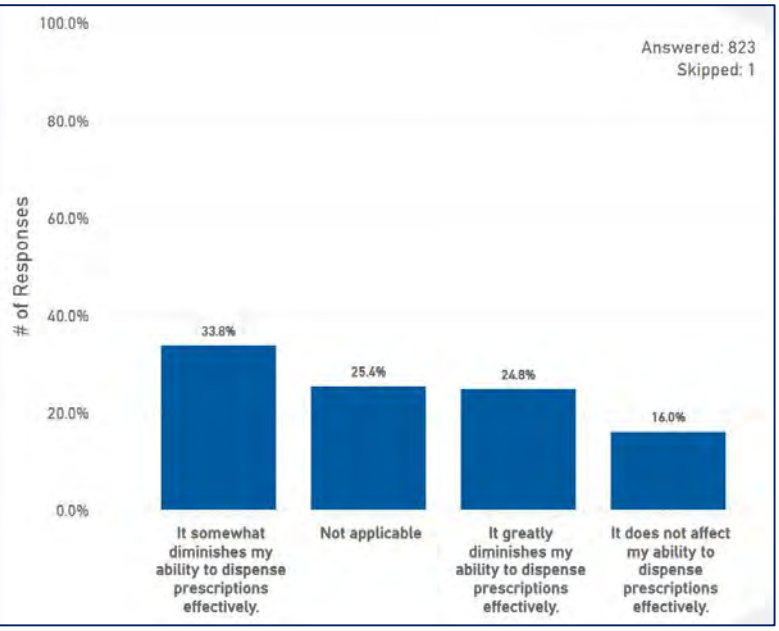
Survey Responses	# Responses	% Responses
Not applicable	95	49.2%
1-25%	50	25.9%
26-50%	20	10.4%
76-100%	19	9.8%
51-75%	9	4.7%
Total	**193**	**100.0%**



28. In your opinion, how does completing non-dispensing services affect your ability to dispense prescriptions effectively?

Survey Responses	# Responses	% Responses
It somewhat diminishes my ability to dispense prescriptions effectively.	278	33.8%
Not applicable	209	25.4%
It greatly diminishes my ability to dispense prescriptions effectively.	204	24.8%
It does not affect my ability to dispense prescriptions effectively.	132	16.0%
Total	**823**	**100.0%**

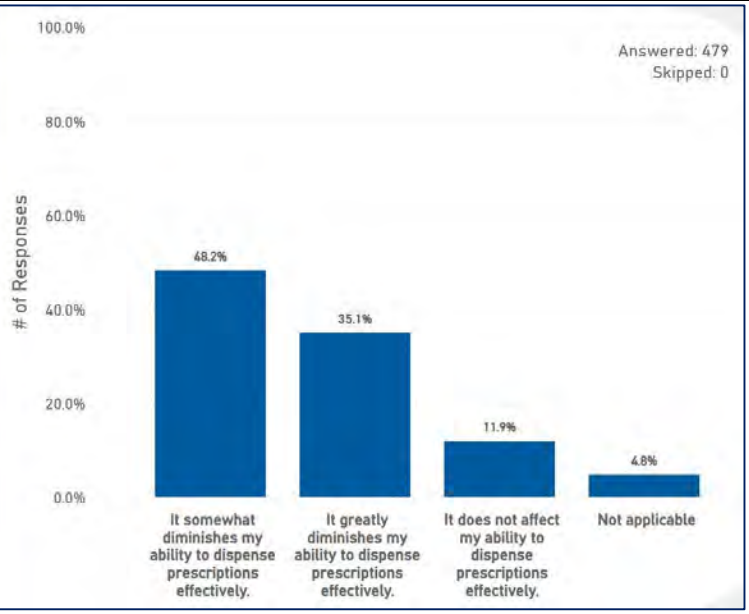
All Responses



28. In your opinion, how does completing non-dispensing services affect your ability to dispense prescriptions effectively?

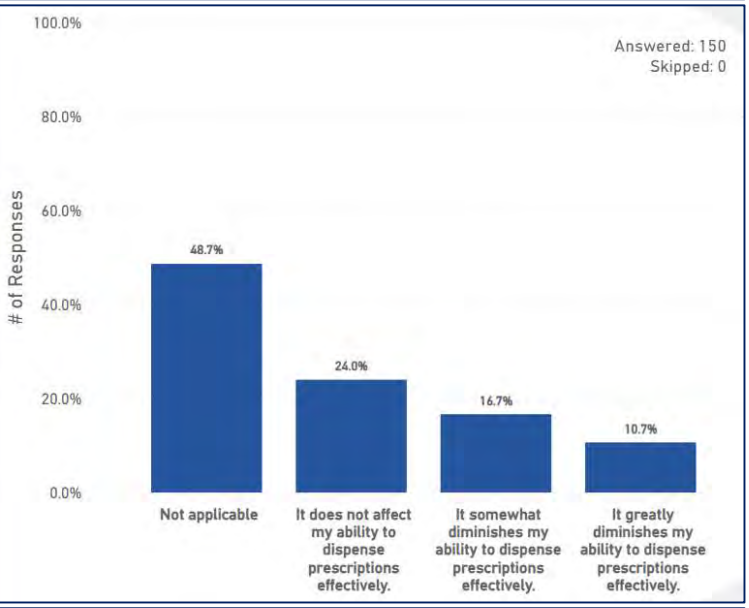
Survey Responses	# Responses	% Responses
It somewhat diminishes my ability to dispense prescriptions effectively.	231	48.2%
It greatly diminishes my ability to dispense prescriptions effectively.	168	35.1%
It does not affect my ability to dispense prescriptions effectively.	57	11.9%
Not applicable	23	4.8%
Total	**479**	**100.0%**

Retail Chain Pharmacist



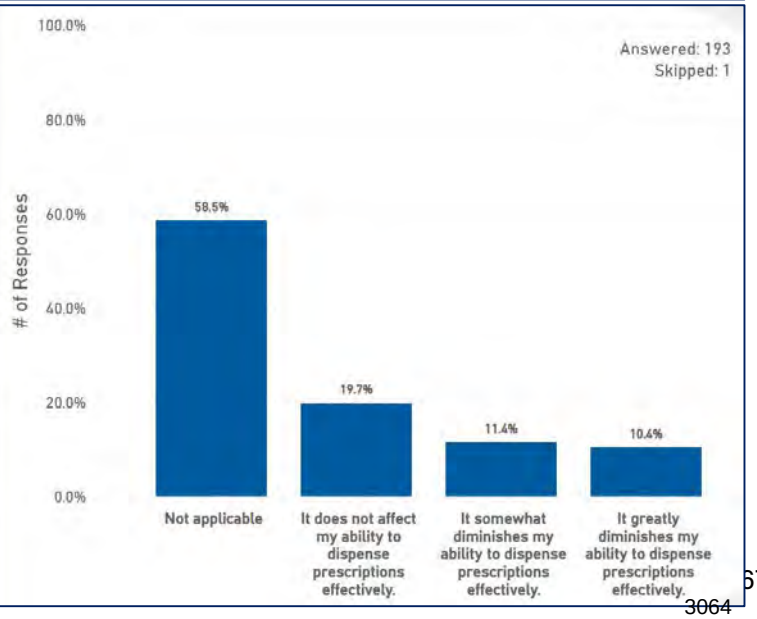
Survey Responses	# Responses	% Responses
Not applicable	73	48.7%
It does not affect my ability to dispense prescriptions effectively.	36	24.0%
It somewhat diminishes my ability to dispense prescriptions effectively.	25	16.7%
It greatly diminishes my ability to dispense prescriptions effectively.	16	10.7%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	113	58.5%
It does not affect my ability to dispense prescriptions effectively.	38	19.7%
It somewhat diminishes my ability to dispense prescriptions effectively.	22	11.4%
It greatly diminishes my ability to dispense prescriptions effectively.	20	10.4%
Total	**193**	**100.0%**

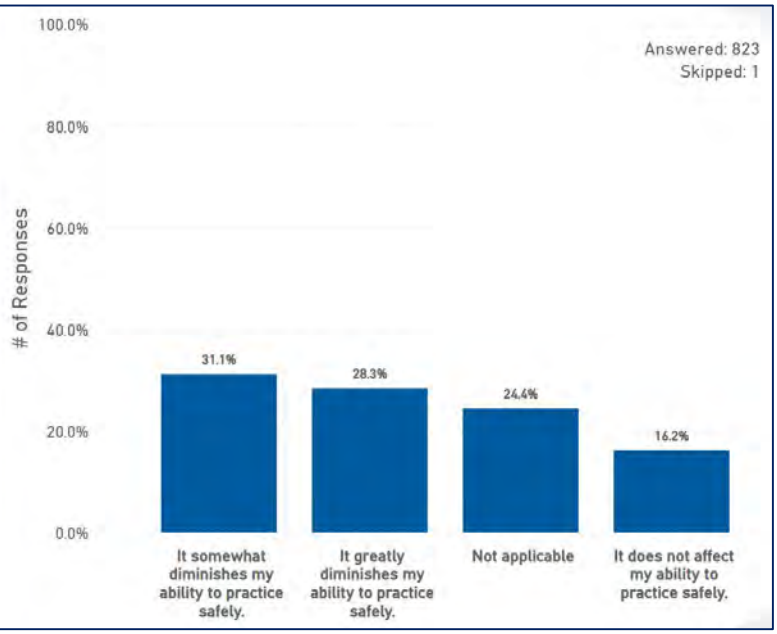
Other



29. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect your ability to practice safely?

Survey Responses	# Responses	% Responses
It somewhat diminishes my ability to practice safely.	256	31.1%
It greatly diminishes my ability to practice safely.	233	28.3%
Not applicable	201	24.4%
It does not affect my ability to practice safely.	133	16.2%
Total	**823**	**100.0%**

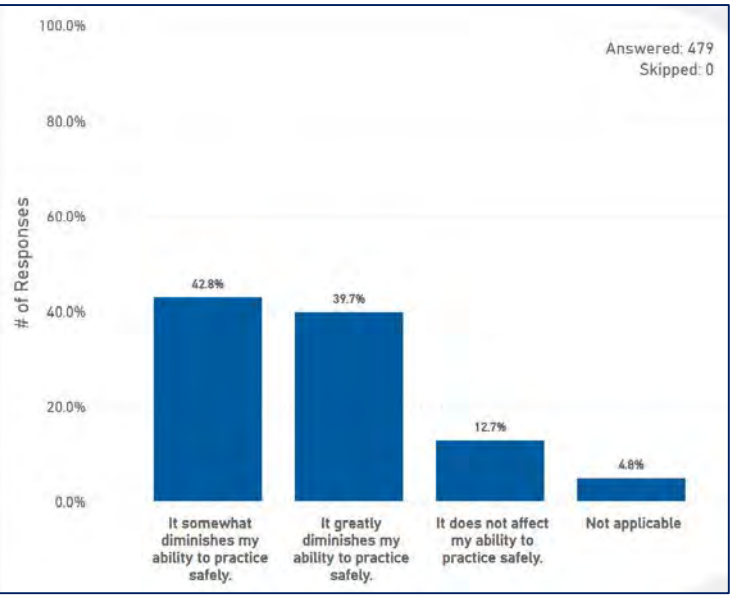
All Responses



29. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect your ability to practice safely?

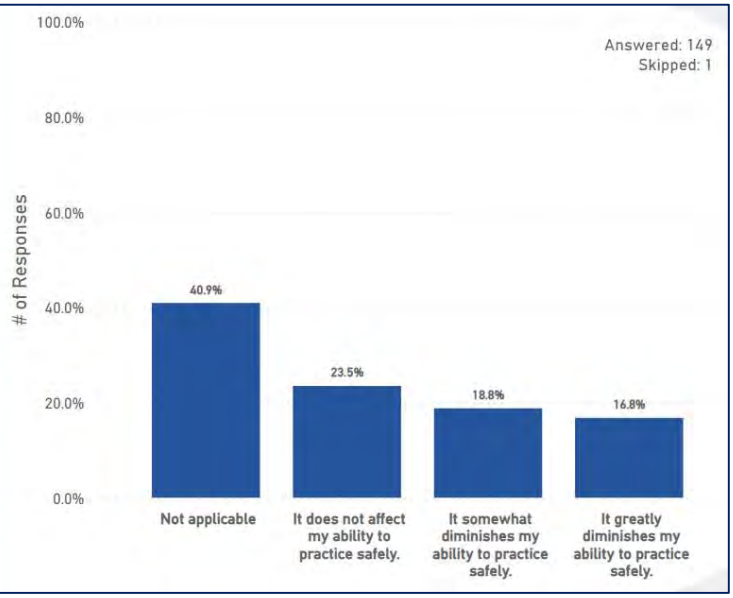
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
It somewhat diminishes my ability to practice safely.	205	42.8%
It greatly diminishes my ability to practice safely.	190	39.7%
It does not affect my ability to practice safely.	61	12.7%
Not applicable	23	4.8%
Total	**479**	**100.0%**



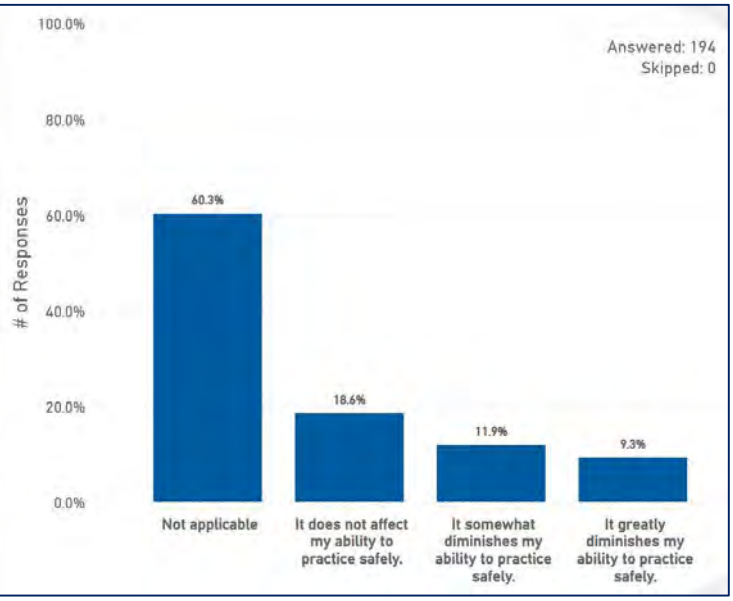
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Not applicable	61	40.9%
It does not affect my ability to practice safely.	35	23.5%
It somewhat diminishes my ability to practice safely.	28	18.8%
It greatly diminishes my ability to practice safely.	25	16.8%
Total	**149**	**100.0%**



Other

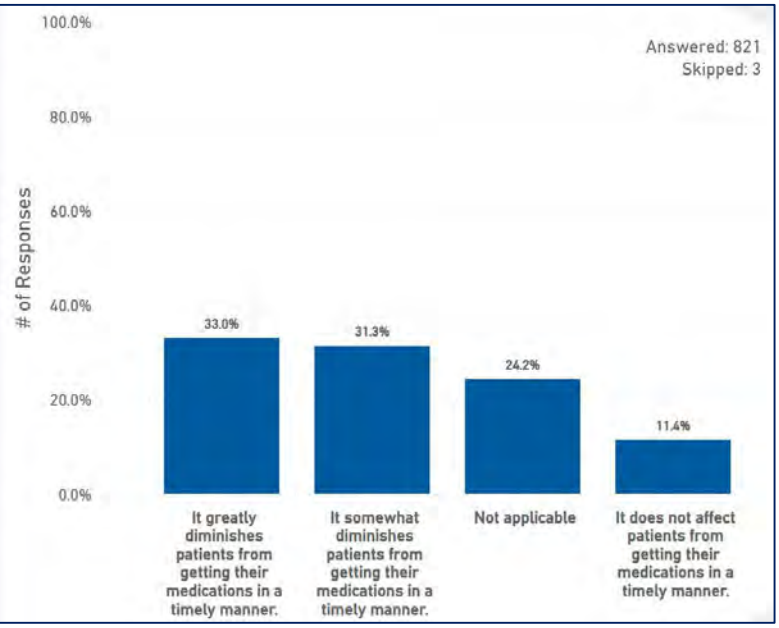
Survey Responses	# Responses	% Responses
Not applicable	117	60.3%
It does not affect my ability to practice safely.	36	18.6%
It somewhat diminishes my ability to practice safely.	23	11.9%
It greatly diminishes my ability to practice safely.	18	9.3%
Total	**194**	**100.0%**



30. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect patients from getting their medications in a timely manner?

Survey Responses	# Responses	% Responses
It greatly diminishes patients from getting their medications in a timely manner.	271	33.0%
It somewhat diminishes patients from getting their medications in a timely manner.	257	31.3%
Not applicable	199	24.2%
It does not affect patients from getting their medications in a timely manner.	94	11.4%
Total	**821**	**100.0%**

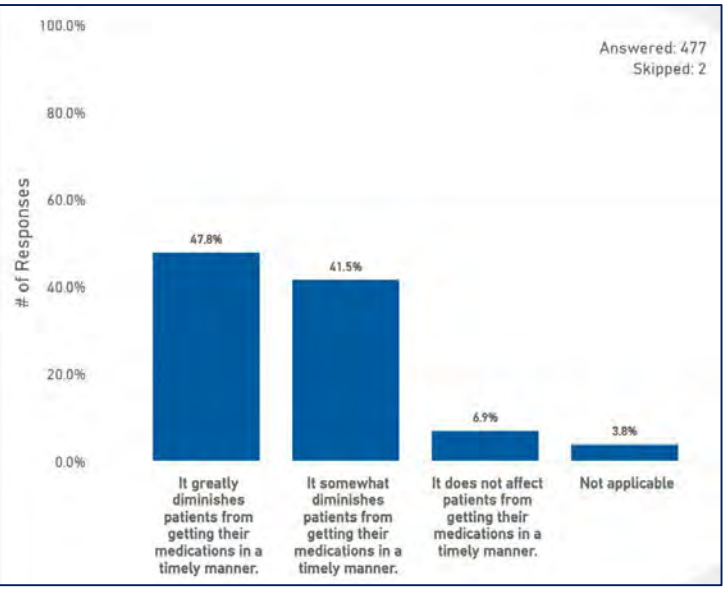
All Responses



30. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect patients from getting their medications in a timely manner?

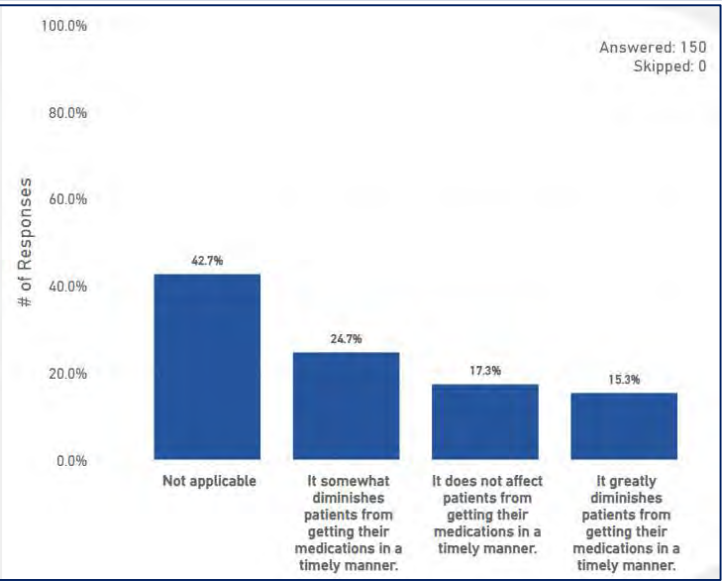
Survey Responses	# Responses	% Responses
It greatly diminishes patients from getting their medications in a timely manner.	228	47.8%
It somewhat diminishes patients from getting their medications in a timely manner.	198	41.5%
It does not affect patients from getting their medications in a timely manner.	33	6.9%
Not applicable	18	3.8%
Total	**477**	**100.0%**

Retail Chain Pharmacist



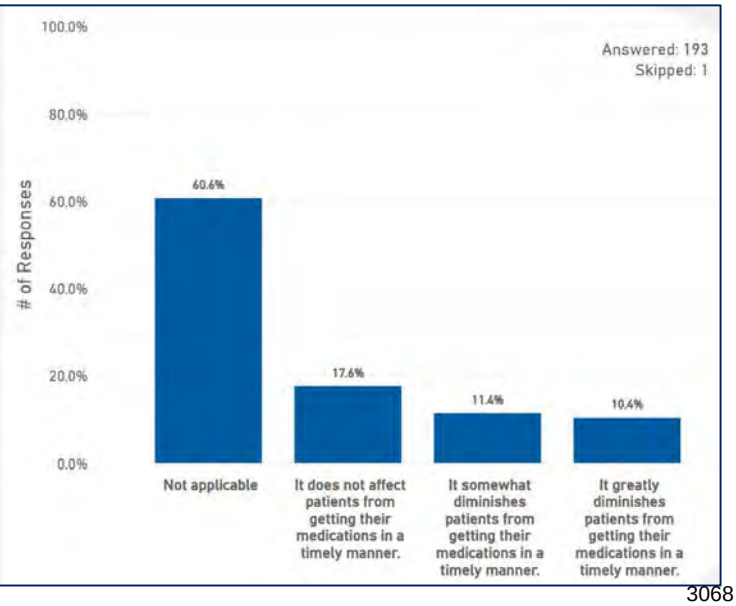
Survey Responses	# Responses	% Responses
Not applicable	64	42.7%
It somewhat diminishes patients from getting their medications in a timely manner.	37	24.7%
It does not affect patients from getting their medications in a timely manner.	26	17.3%
It greatly diminishes patients from getting their medications in a timely manner.	23	15.3%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	117	60.6%
It does not affect patients from getting their medications in a timely manner.	34	17.6%
It somewhat diminishes patients from getting their medications in a timely manner.	22	11.4%
It greatly diminishes patients from getting their medications in a timely manner.	20	10.4%
Total	**193**	**100.0%**

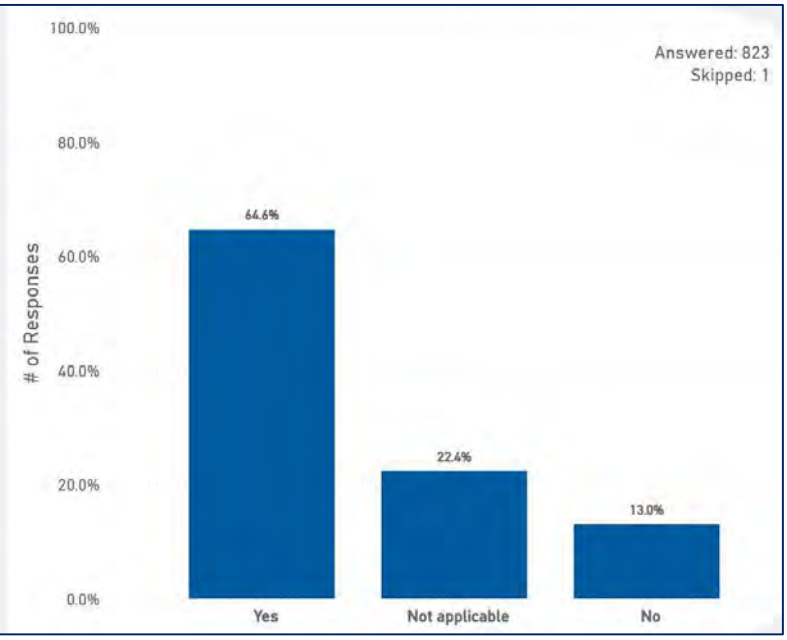
Other



31. Does your employer at your primary practice setting use workload metrics to measure one or more of following areas: number of immunizations, number of refill requests, number of patients enrolled in autofill, number of prescriptions filled, number of MTM services completed, average time to fill a new prescription, average time to fill a refill, average wait time for prescriptions, OR other metrics?

Survey Responses	# Responses	% Responses
Yes	532	64.6%
Not applicable	184	22.4%
No	107	13.0%
Total	**823**	**100.0%**

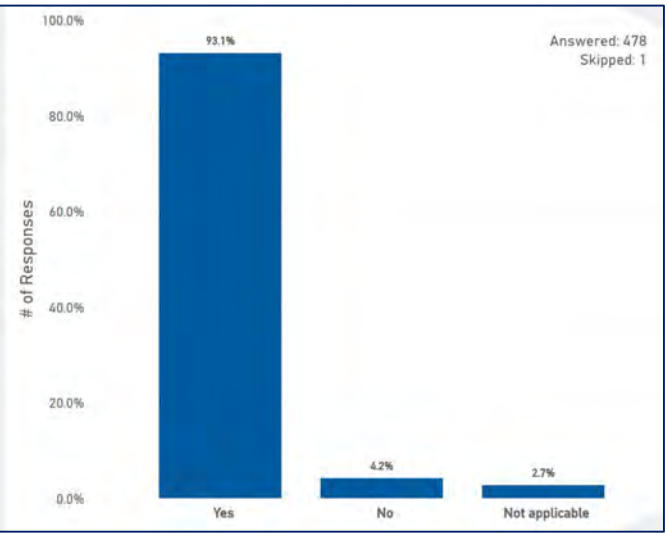
All Responses



31. Does your employer at your primary practice setting use workload metrics to measure one or more of following areas: number of immunizations, number of refill requests, number of patients enrolled in autofill, number of prescriptions filled, number of MTM services completed, average time to fill a new prescription, average time to fill a refill, average wait time for prescriptions, OR other metrics?

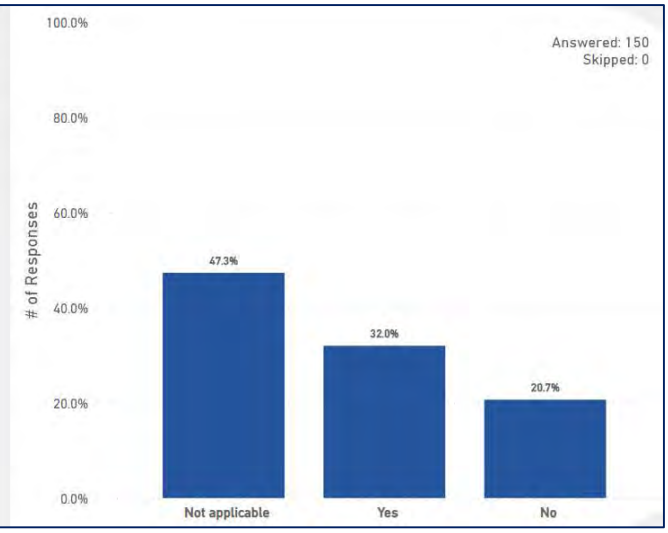
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	445	93.1%
No	20	4.2%
Not applicable	13	2.7%
Total	**478**	**100.0%**



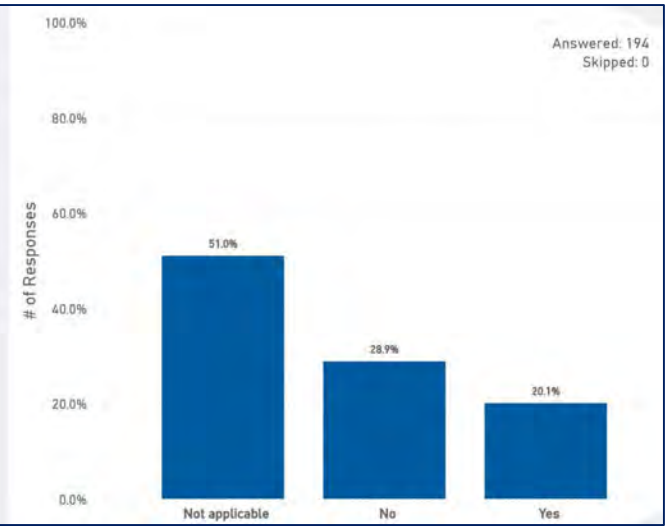
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Not applicable	71	47.3%
Yes	48	32.0%
No	31	20.7%
Total	**150**	**100.0%**



Other

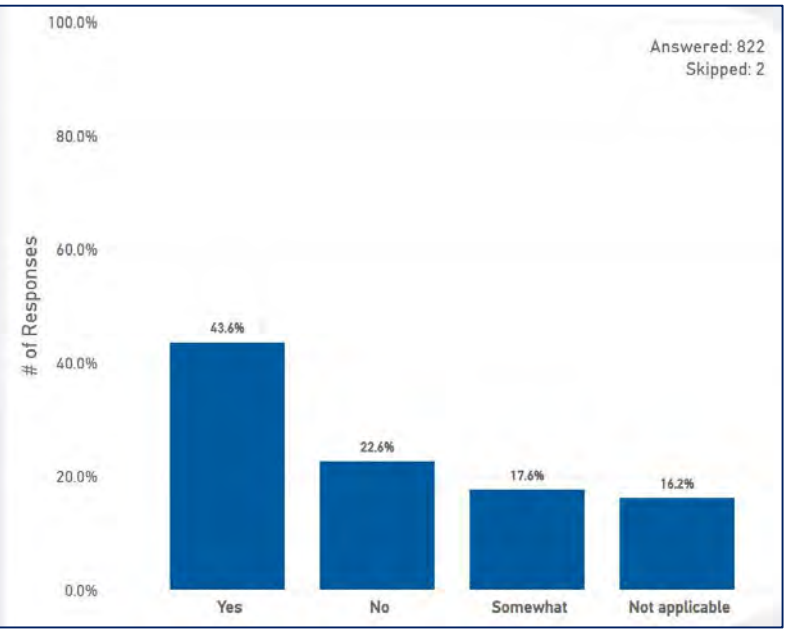
Survey Responses	# Responses	% Responses
Not applicable	99	51.0%
No	56	28.9%
Yes	39	20.1%
Total	**194**	**100.0%**



32. Do you feel that you have been pressured by your employer or supervisor to meet standards or metrics that may interfere with safe patient care?

Survey Responses	# Responses	% Responses
Yes	358	43.6%
No	186	22.6%
Somewhat	145	17.6%
Not applicable	133	16.2%
Total	**822**	**100.0%**

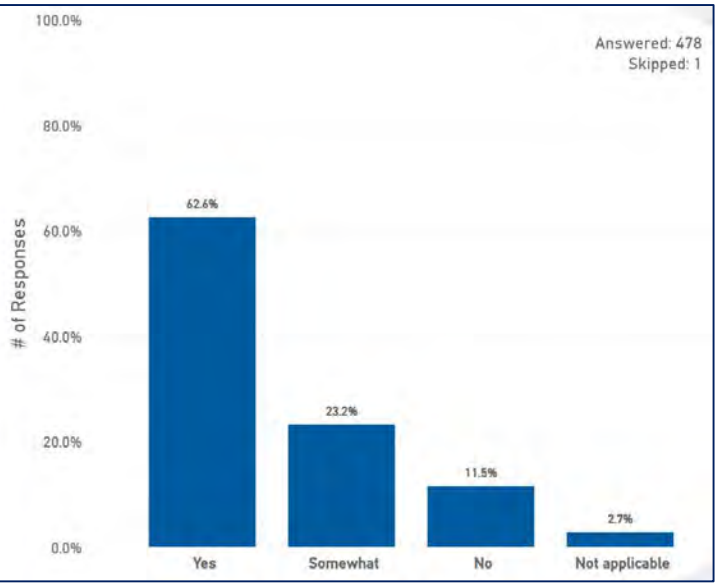
All Responses



32. Do you feel that you have been pressured by your employer or supervisor to meet standards or metrics that may interfere with safe patient care?

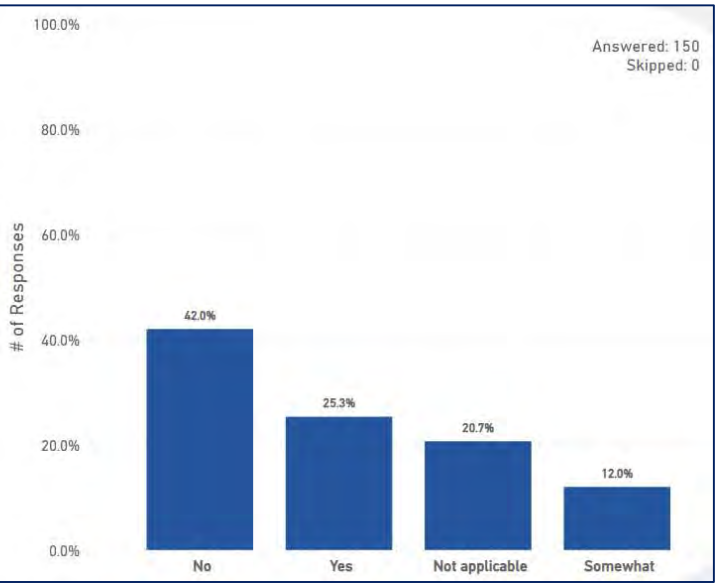
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	299	62.6%
Somewhat	111	23.2%
No	55	11.5%
Not applicable	13	2.7%
Total	**478**	**100.0%**



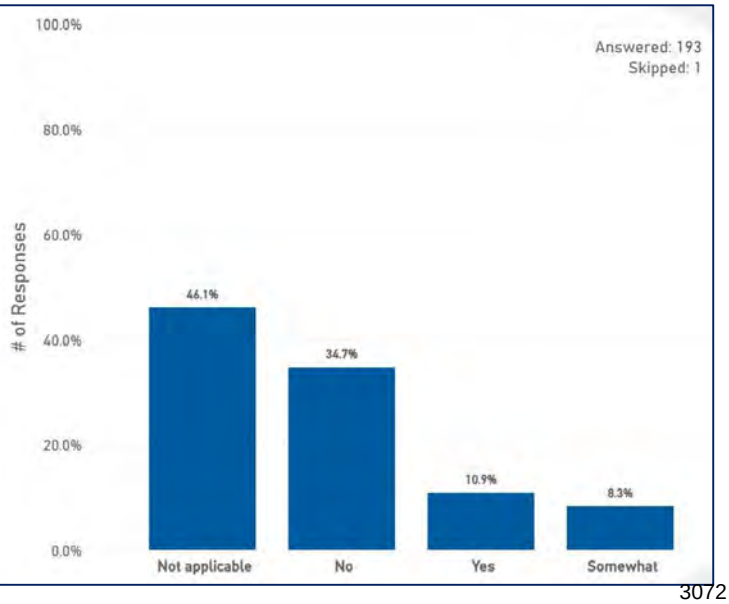
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
No	63	42.0%
Yes	38	25.3%
Not applicable	31	20.7%
Somewhat	18	12.0%
Total	**150**	**100.0%**



Other

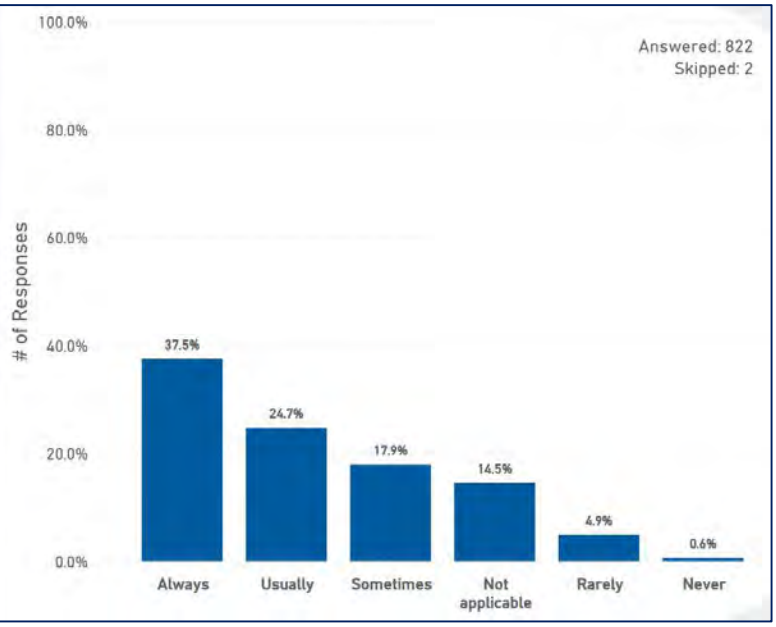
Survey Responses	# Responses	% Responses
Not applicable	89	46.1%
No	67	34.7%
Yes	21	10.9%
Somewhat	16	8.3%
Total	**193**	**100.0%**



33. On average, how frequently are you interrupted while processing a prescription?

Survey Responses	# Responses	% Responses
Always	308	37.5%
Usually	203	24.7%
Sometimes	147	17.9%
Not applicable	119	14.5%
Rarely	40	4.9%
Never	5	0.6%
Total	**822**	**100.0%**

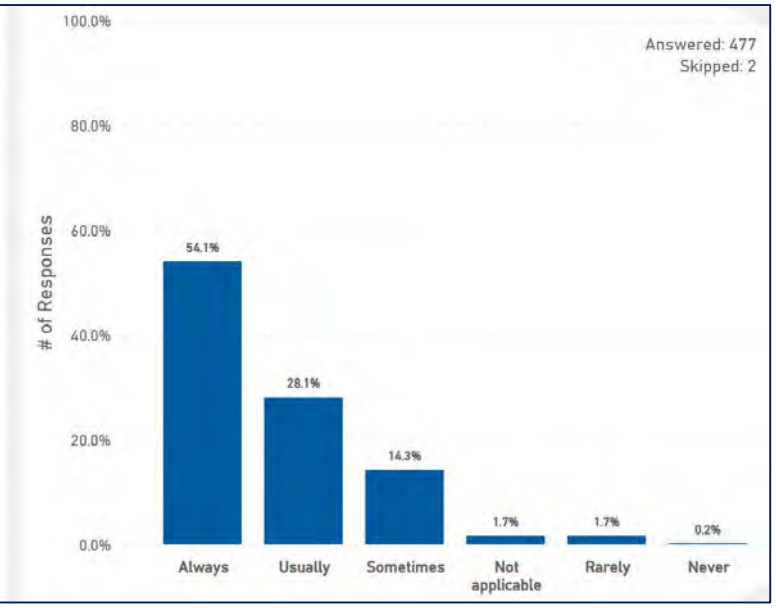
All Responses



33. On average, how frequently are you interrupted while processing a prescription?

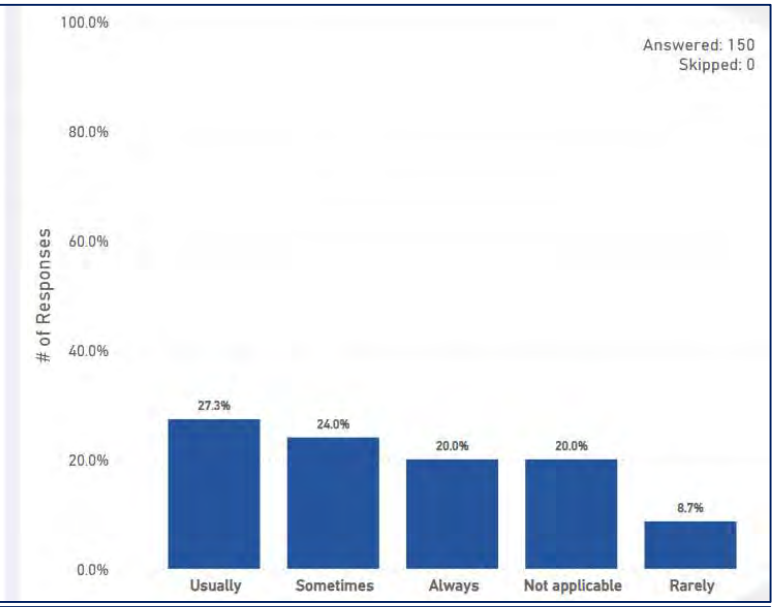
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Always	258	54.1%
Usually	134	28.1%
Sometimes	68	14.3%
Not applicable	8	1.7%
Rarely	8	1.7%
Never	1	0.2%
Total	**477**	**100.0%**



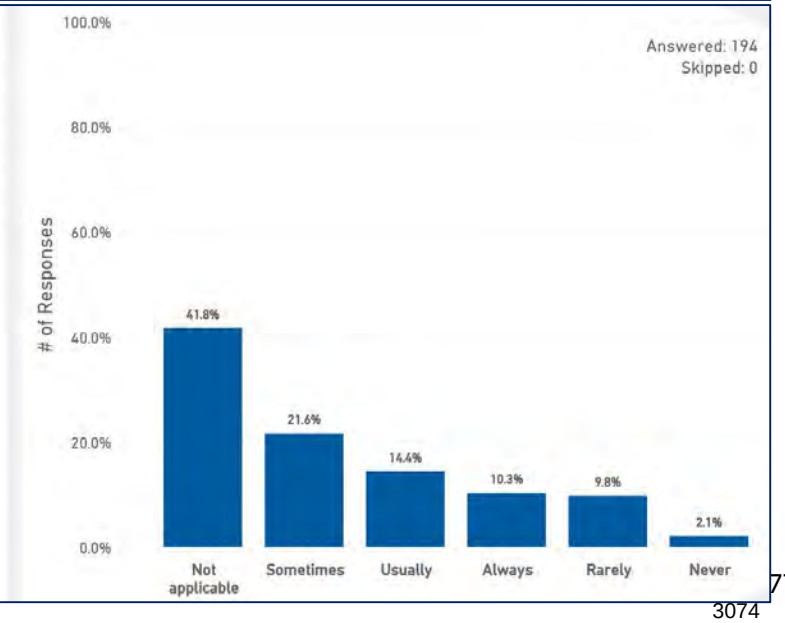
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Usually	41	27.3%
Sometimes	36	24.0%
Always	30	20.0%
Not applicable	30	20.0%
Rarely	13	8.7%
Total	**150**	**100.0%**



Other

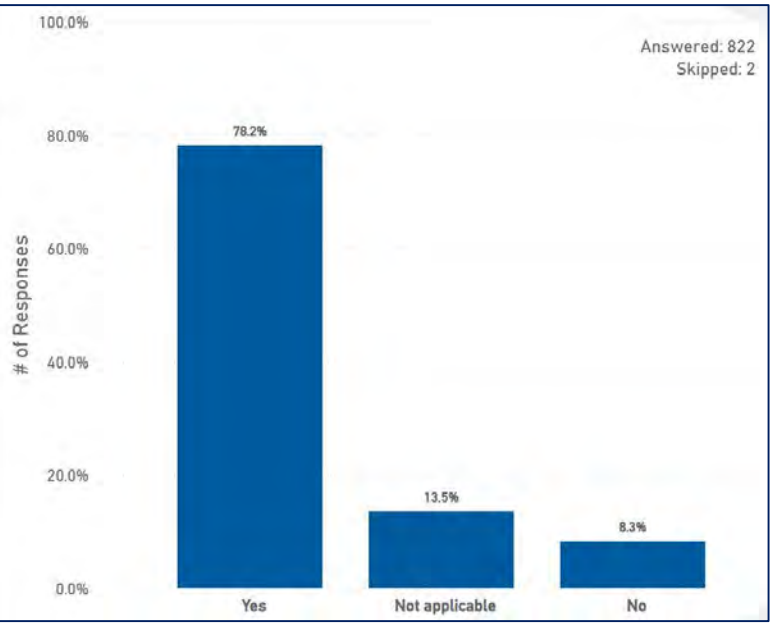
Survey Responses	# Responses	% Responses
Not applicable	81	41.8%
Sometimes	42	21.6%
Usually	28	14.4%
Always	20	10.3%
Rarely	19	9.8%
Never	4	2.1%
Total	**194**	**100.0%**



34. Do you fear that interruptions while processing a prescription may lead to a medication error?

Survey Responses	# Responses	% Responses
Yes	643	78.2%
Not applicable	111	13.5%
No	68	8.3%
Total	**822**	**100.0%**

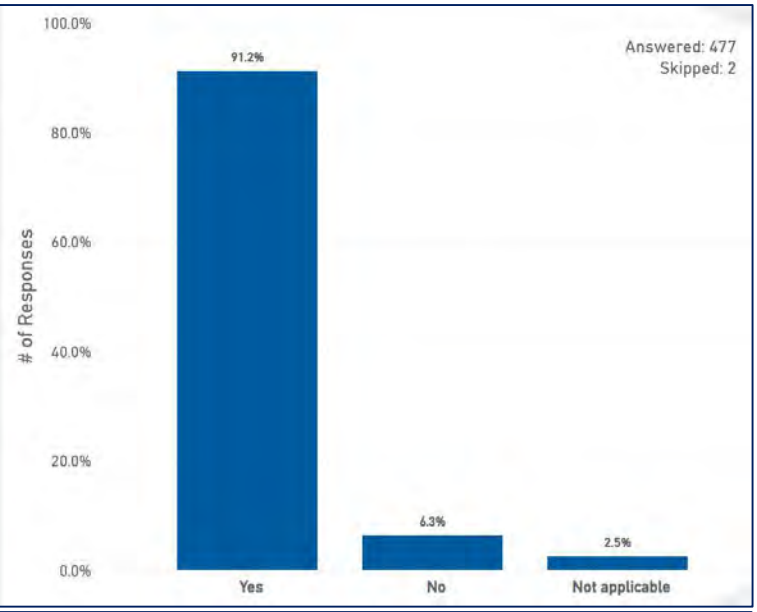
All Responses



34. Do you fear that interruptions while processing a prescription may lead to a medication error?

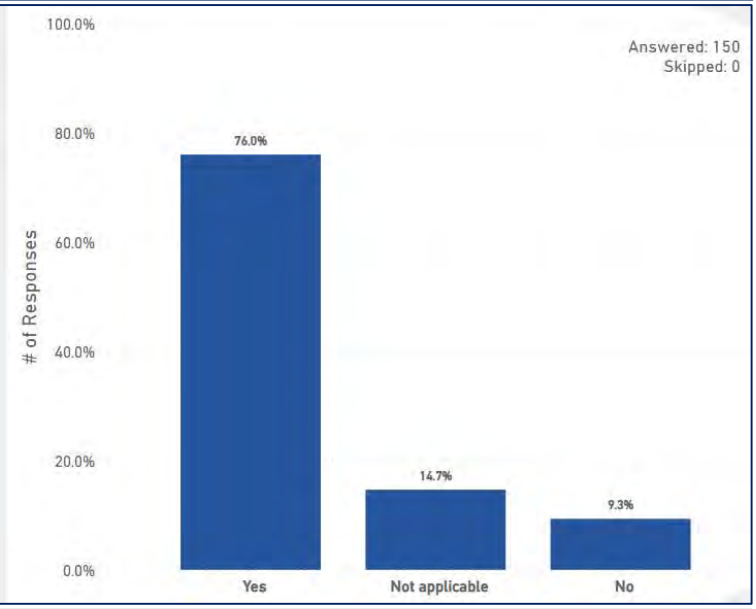
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	435	91.2%
No	30	6.3%
Not applicable	12	2.5%
Total	**477**	**100.0%**



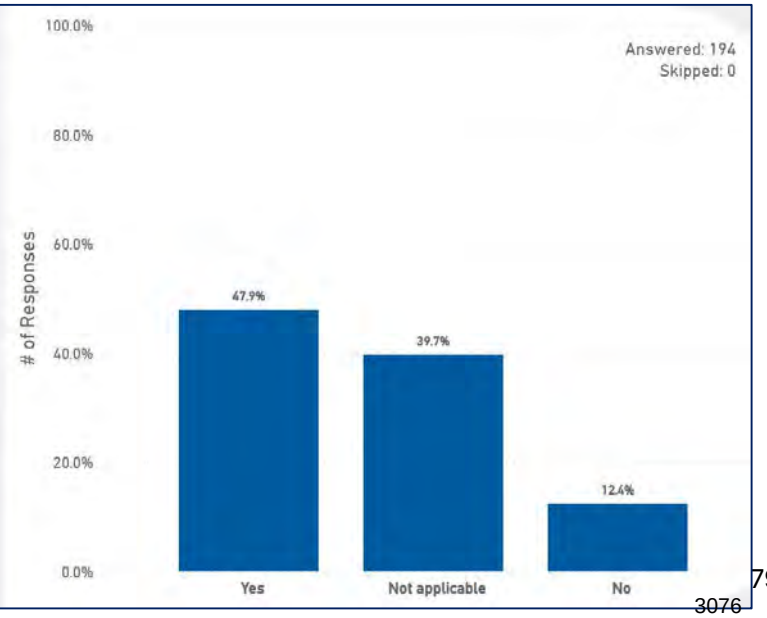
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Yes	114	76.0%
Not applicable	22	14.7%
No	14	9.3%
Total	**150**	**100.0%**



Other

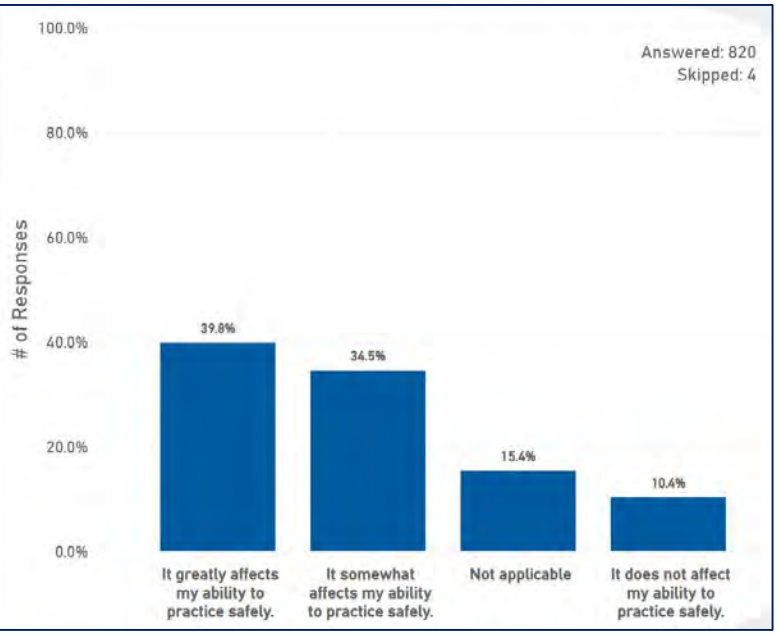
Survey Responses	# Responses	% Responses
Yes	93	47.9%
Not applicable	77	39.7%
No	24	12.4%
Total	**194**	**100.0%**



35. In your opinion, how do interruptions while processing a prescription affect your ability to practice safely?

Survey Responses	# Responses	% Responses
It greatly affects my ability to practice safely.	326	39.8%
It somewhat affects my ability to practice safely.	283	34.5%
Not applicable	126	15.4%
It does not affect my ability to practice safely.	85	10.4%
Total	**820**	**100.0%**

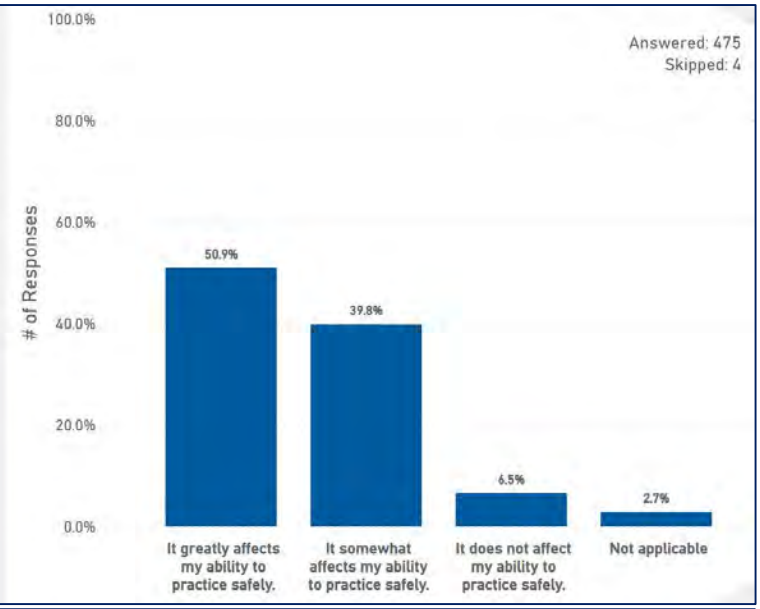
All Responses



35. In your opinion, how do interruptions while processing a prescription affect your ability to practice safely?

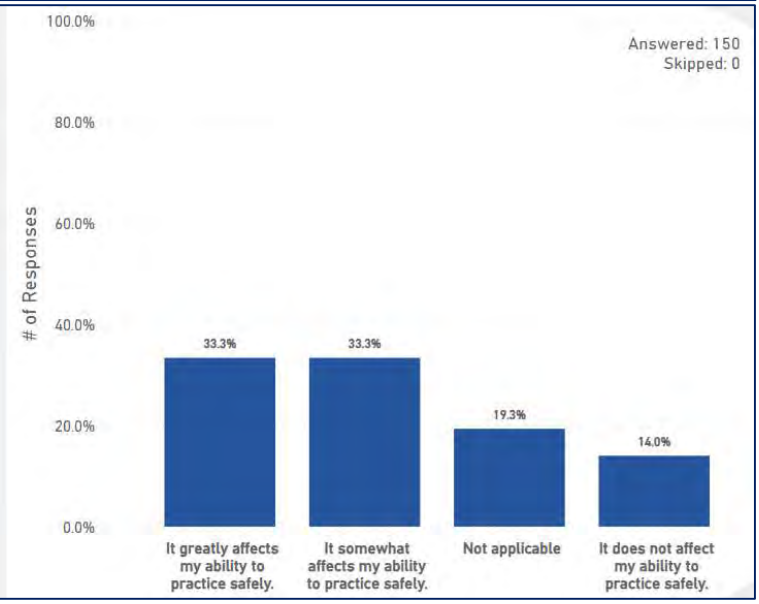
Survey Responses	# Responses	% Responses
It greatly affects my ability to practice safely.	242	50.9%
It somewhat affects my ability to practice safely.	189	39.8%
It does not affect my ability to practice safely.	31	6.5%
Not applicable	13	2.7%
Total	**475**	**100.0%**

Retail Chain Pharmacist



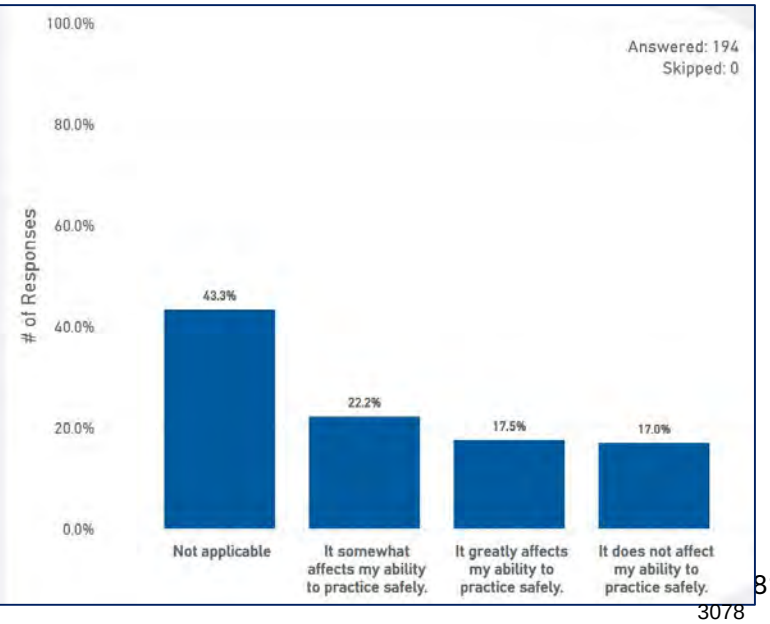
Survey Responses	# Responses	% Responses
It greatly affects my ability to practice safely.	50	33.3%
It somewhat affects my ability to practice safely.	50	33.3%
Not applicable	29	19.3%
It does not affect my ability to practice safely.	21	14.0%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	84	43.3%
It somewhat affects my ability to practice safely.	43	22.2%
It greatly affects my ability to practice safely.	34	17.5%
It does not affect my ability to practice safely.	33	17.0%
Total	**194**	**100.0%**

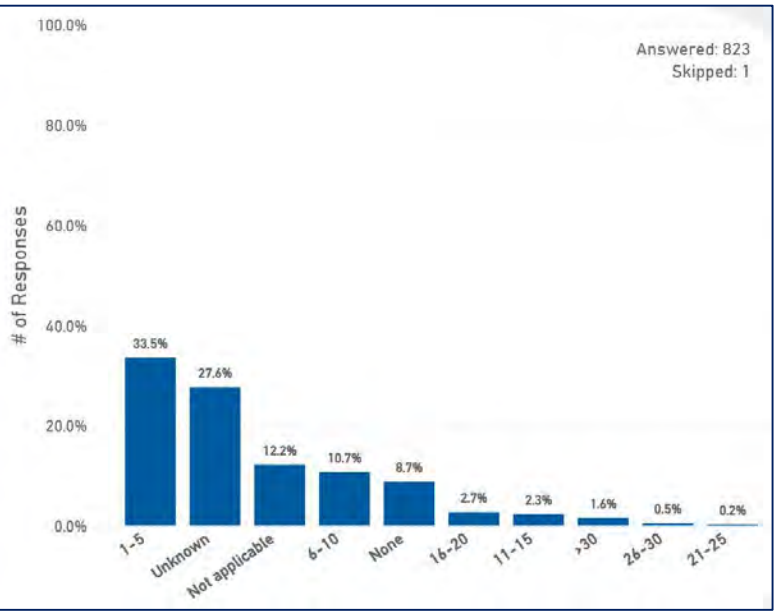
Other



36. What is the average number of medication errors that leave the pharmacy, if any, do you believe occur monthly at your primary practice setting?

Survey Responses	# Responses	% Responses
1-5	276	33.5%
Unknown	227	27.6%
Not applicable	100	12.2%
6-10	88	10.7%
None	72	8.7%
16-20	22	2.7%
11-15	19	2.3%
>30	13	1.6%
26-30	4	0.5%
21-25	2	0.2%
Total	**823**	**100.0%**

All Responses

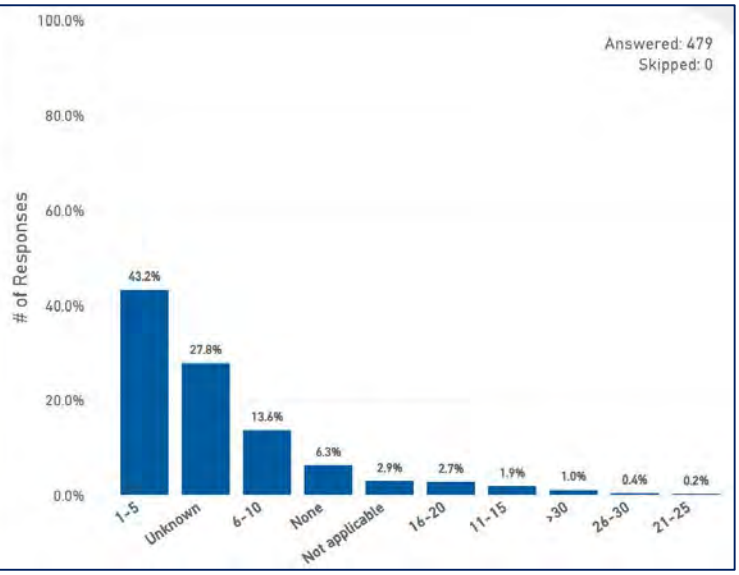


According to the National Coordinating Council for Medication Error Reporting and Prevention, a "medication error" is defined as "any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use."

36. What is the average number of medication errors that leave the pharmacy, if any, do you believe occur monthly at your primary practice setting?

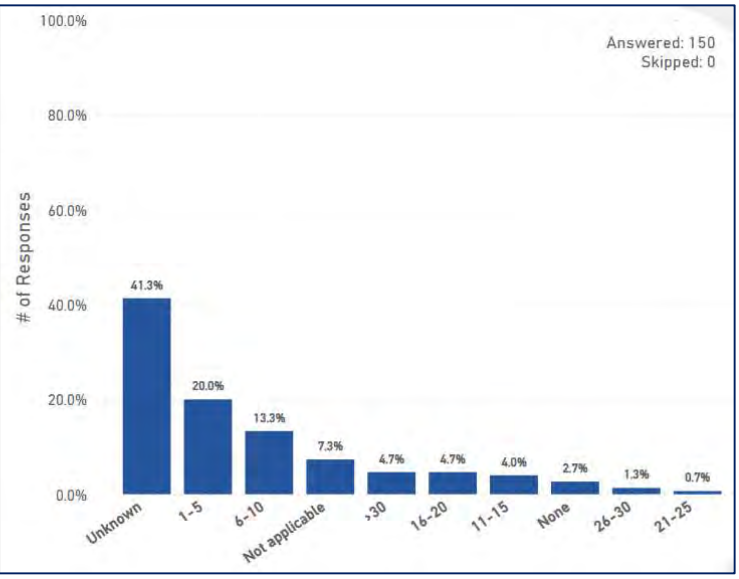
Survey Responses	# Responses	% Responses
1-5	207	43.2%
Unknown	133	27.8%
6-10	65	13.6%
None	30	6.3%
Not applicable	14	2.9%
16-20	13	2.7%
11-15	9	1.9%
>30	5	1.0%
26-30	2	0.4%
21-25	1	0.2%
Total	**479**	**100.0%**

Retail Chain Pharmacist



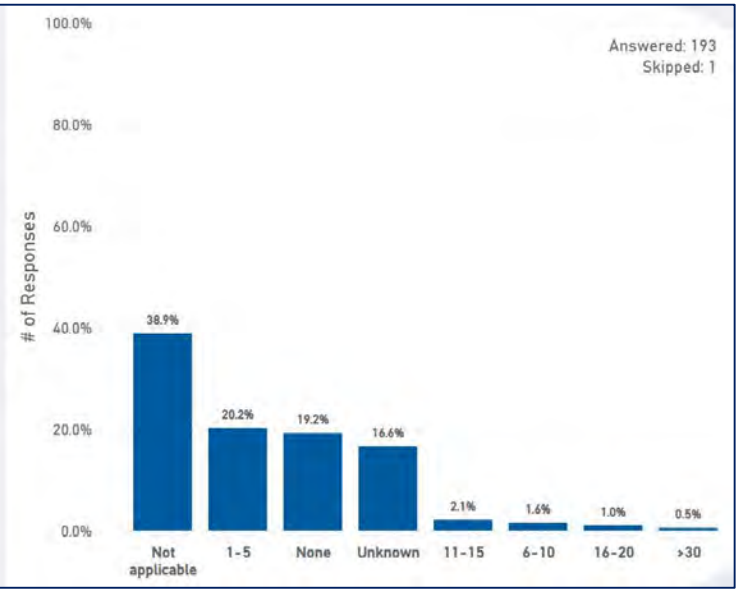
Survey Responses	# Responses	% Responses
Unknown	62	41.3%
1-5	30	20.0%
6-10	20	13.3%
Not applicable	11	7.3%
>30	7	4.7%
16-20	7	4.7%
11-15	6	4.0%
None	4	2.7%
26-30	2	1.3%
21-25	1	0.7%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	75	38.9%
1-5	39	20.2%
None	37	19.2%
Unknown	32	16.6%
11-15	4	2.1%
6-10	3	1.6%
16-20	2	1.0%
>30	1	0.5%
Total	**193**	**100.0%**

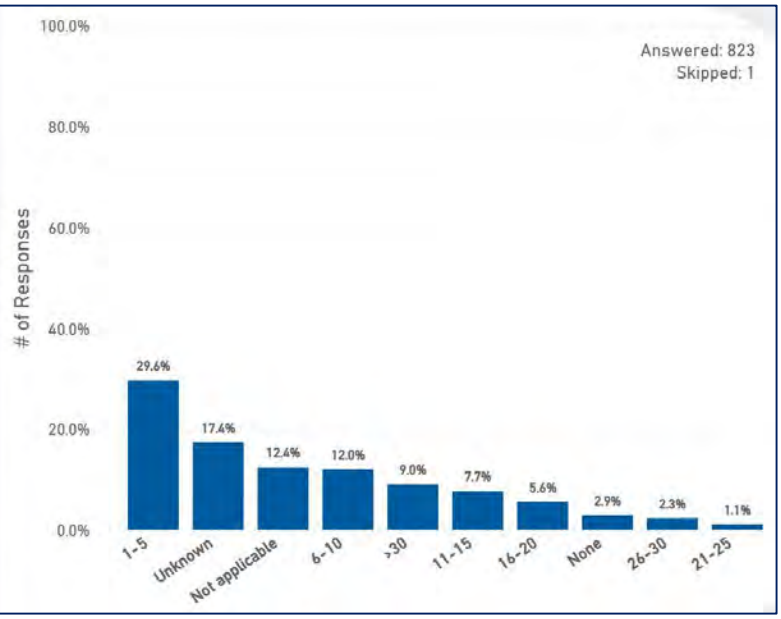
Other



37. What is the average number of medication errors that were caught before it left the pharmacy, if any, do you believe occur monthly at your primary practice setting?

Survey Responses	# Responses	% Responses
1-5	244	29.6%
Unknown	143	17.4%
Not applicable	102	12.4%
6-10	99	12.0%
>30	74	9.0%
11-15	63	7.7%
16-20	46	5.6%
None	24	2.9%
26-30	19	2.3%
21-25	9	1.1%
Total	**823**	**100.0%**

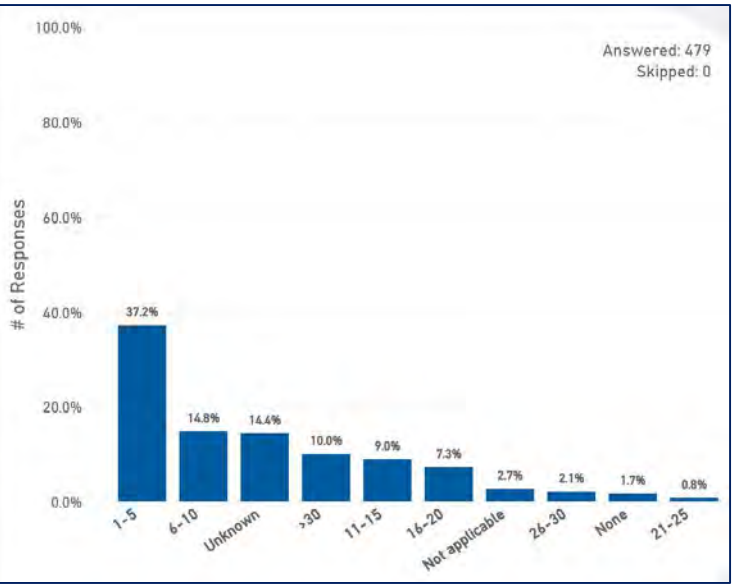
All Responses



37. What is the average number of medication errors that were caught before it left the pharmacy, if any, do you believe occur monthly at your primary practice setting?

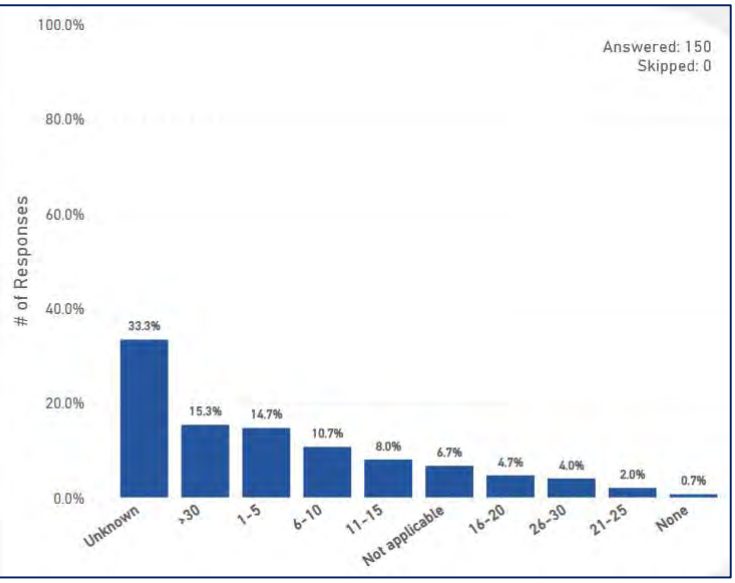
Survey Responses	# Responses	% Responses
1-5	178	37.2%
6-10	71	14.8%
Unknown	69	14.4%
>30	48	10.0%
11-15	43	9.0%
16-20	35	7.3%
Not applicable	13	2.7%
26-30	10	2.1%
None	8	1.7%
21-25	4	0.8%
Total	**479**	**100.0%**

Retail Chain Pharmacist



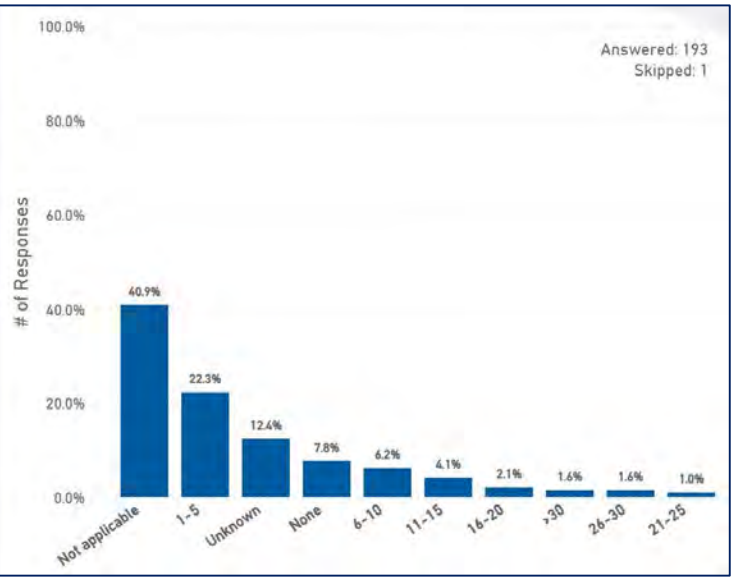
Survey Responses	# Responses	% Responses
Unknown	50	33.3%
>30	23	15.3%
1-5	22	14.7%
6-10	16	10.7%
11-15	12	8.0%
Not applicable	10	6.7%
16-20	7	4.7%
26-30	6	4.0%
21-25	3	2.0%
None	1	0.7%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	79	40.9%
1-5	43	22.3%
Unknown	24	12.4%
None	15	7.8%
6-10	12	6.2%
11-15	8	4.1%
16-20	4	2.1%
>30	3	1.6%
26-30	3	1.6%
21-25	2	1.0%
Total	**193**	**100.0%**

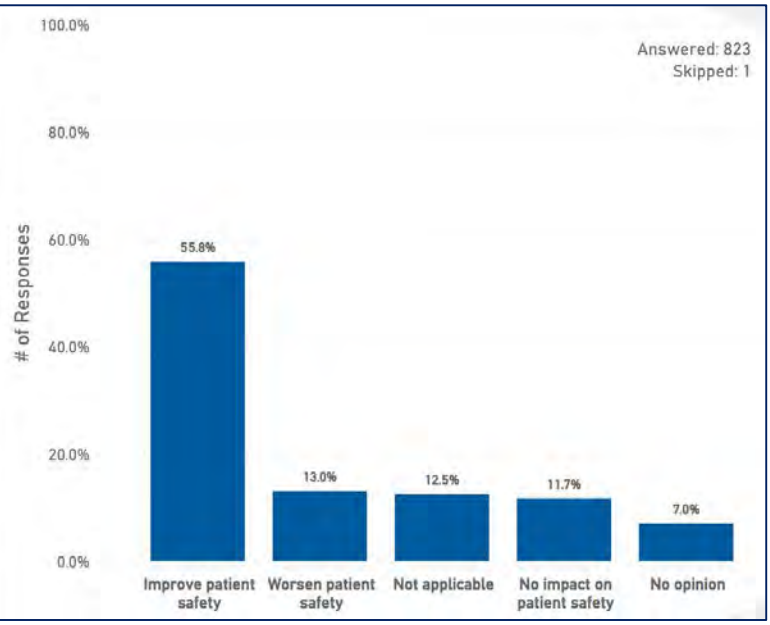
Other



38. In your opinion, how would an increase in the number of Pharmaceutical Technicians (PT) and Pharmaceutical Technicians in Training (PTT) you may supervise in your primary practice setting affect patient safety?

Survey Responses	# Responses	% Responses
Improve patient safety	459	55.8%
Worsen patient safety	107	13.0%
Not applicable	103	12.5%
No impact on patient safety	96	11.7%
No opinion	58	7.0%
Total	**823**	**100.0%**

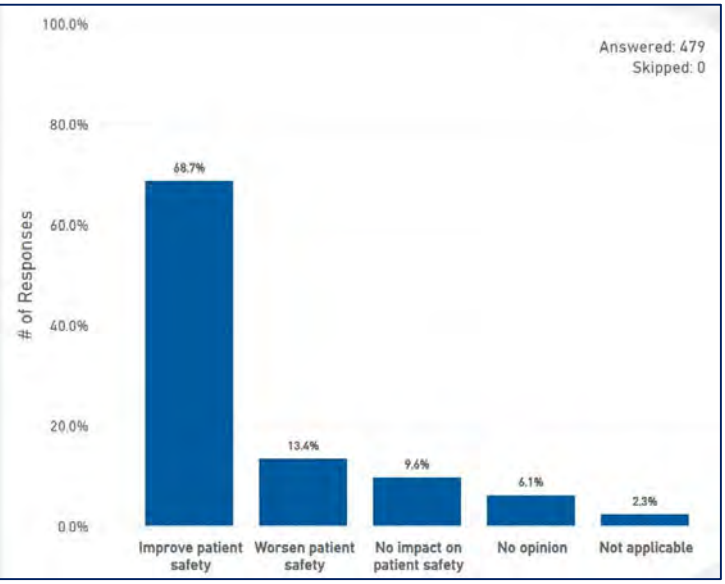
All Responses



38. In your opinion, how would an increase in the number of Pharmaceutical Technicians (PT) and Pharmaceutical Technicians in Training (PTT) you may supervise in your primary practice setting affect patient safety?

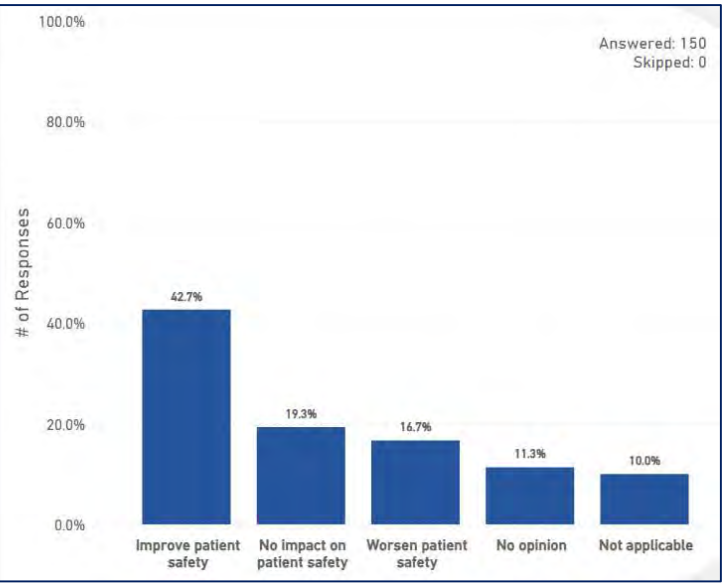
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Improve patient safety	329	68.7%
Worsen patient safety	64	13.4%
No impact on patient safety	46	9.6%
No opinion	29	6.1%
Not applicable	11	2.3%
Total	**479**	**100.0%**



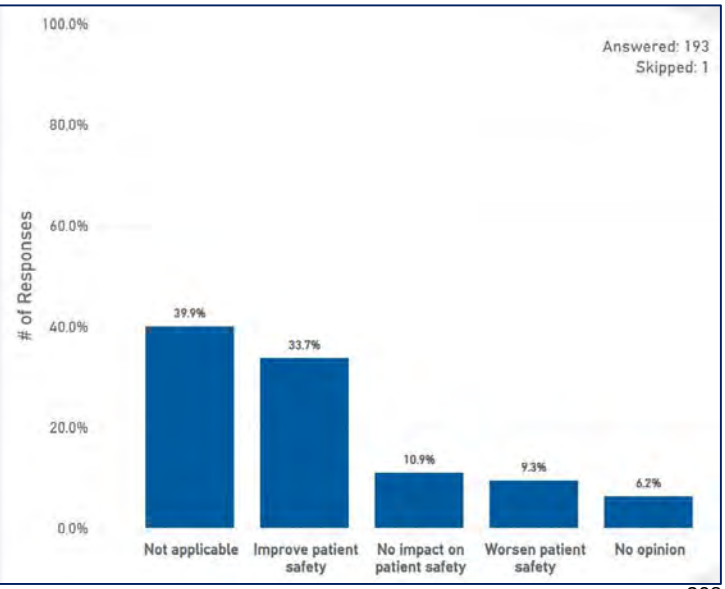
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Improve patient safety	64	42.7%
No impact on patient safety	29	19.3%
Worsen patient safety	25	16.7%
No opinion	17	11.3%
Not applicable	15	10.0%
Total	**150**	**100.0%**



Other

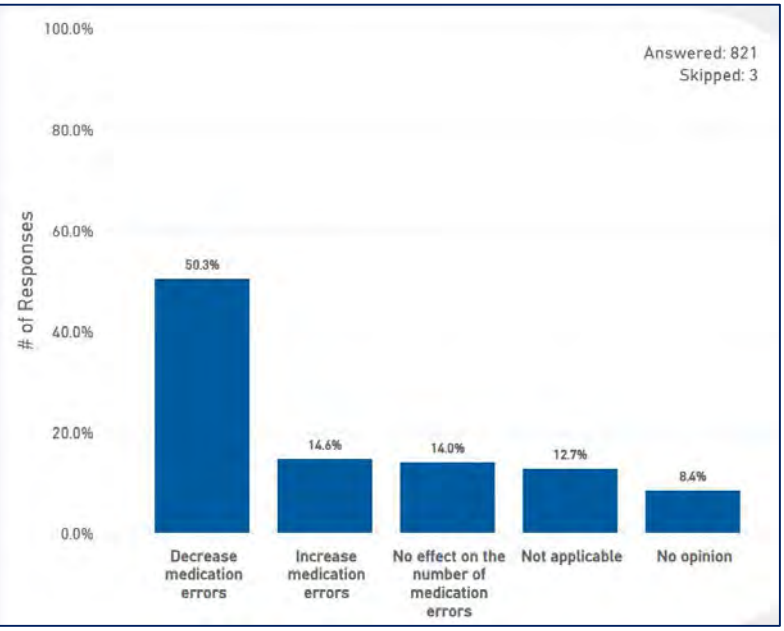
Survey Responses	# Responses	% Responses
Not applicable	77	39.9%
Improve patient safety	65	33.7%
No impact on patient safety	21	10.9%
Worsen patient safety	18	9.3%
No opinion	12	6.2%
Total	**193**	**100.0%**



39. In your opinion, how would an increase in the number of PTs and PTTs you may supervise in your primary practice setting affect medication errors?

Survey Responses	# Responses	% Responses
Decrease medication errors	413	50.3%
Increase medication errors	120	14.6%
No effect on the number of medication errors	115	14.0%
Not applicable	104	12.7%
No opinion	69	8.4%
Total	**821**	**100.0%**

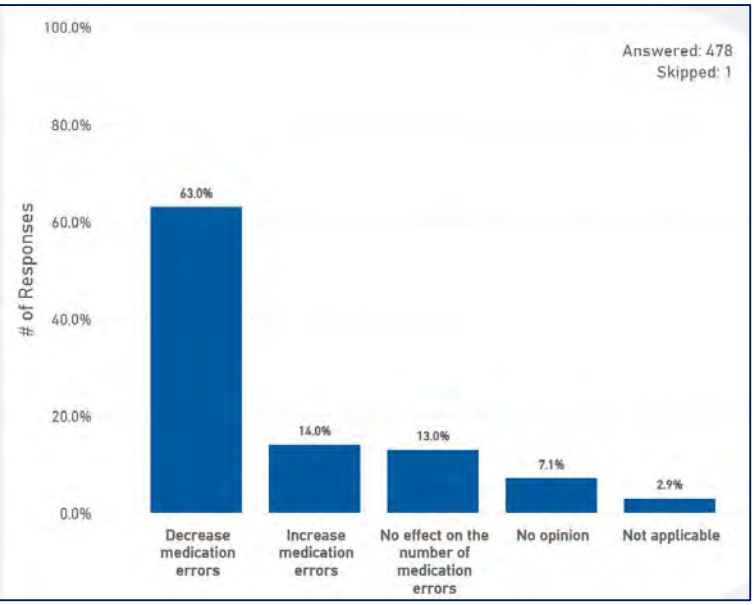
All Responses



39. In your opinion, how would an increase in the number of PTs and PTTs you may supervise in your primary practice setting affect medication errors?

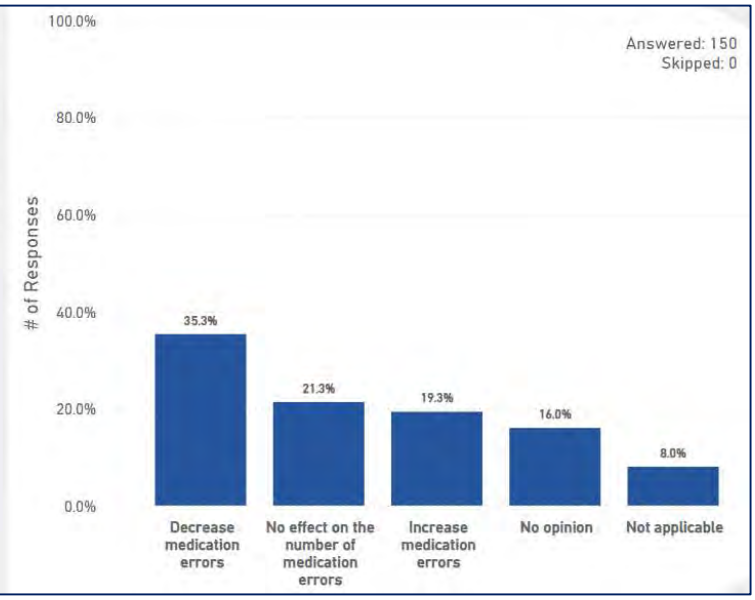
Survey Responses	# Responses	% Responses
Decrease medication errors	301	63.0%
Increase medication errors	67	14.0%
No effect on the number of medication errors	62	13.0%
No opinion	34	7.1%
Not applicable	14	2.9%
Total	**478**	**100.0%**

Retail Chain Pharmacist



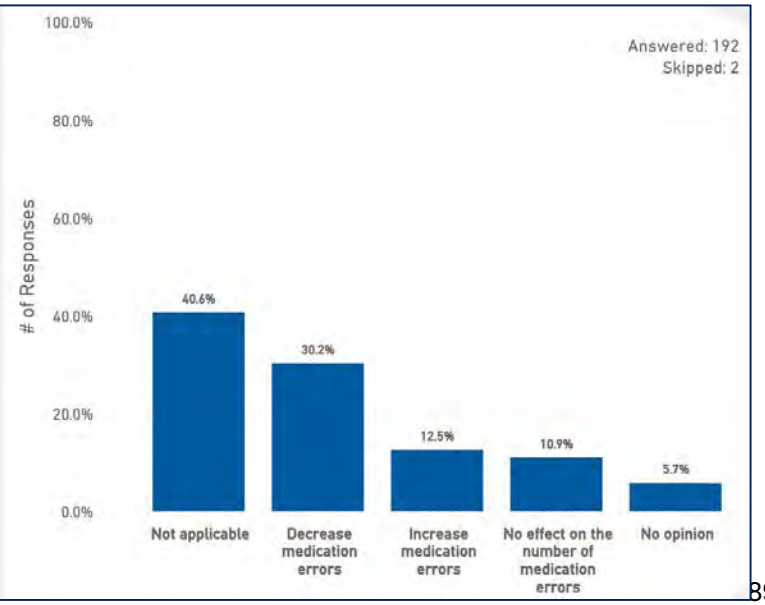
Survey Responses	# Responses	% Responses
Decrease medication errors	53	35.3%
No effect on the number of medication errors	32	21.3%
Increase medication errors	29	19.3%
No opinion	24	16.0%
Not applicable	12	8.0%
Total	**150**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	78	40.6%
Decrease medication errors	58	30.2%
Increase medication errors	24	12.5%
No effect on the number of medication errors	21	10.9%
No opinion	11	5.7%
Total	**192**	**100.0%**

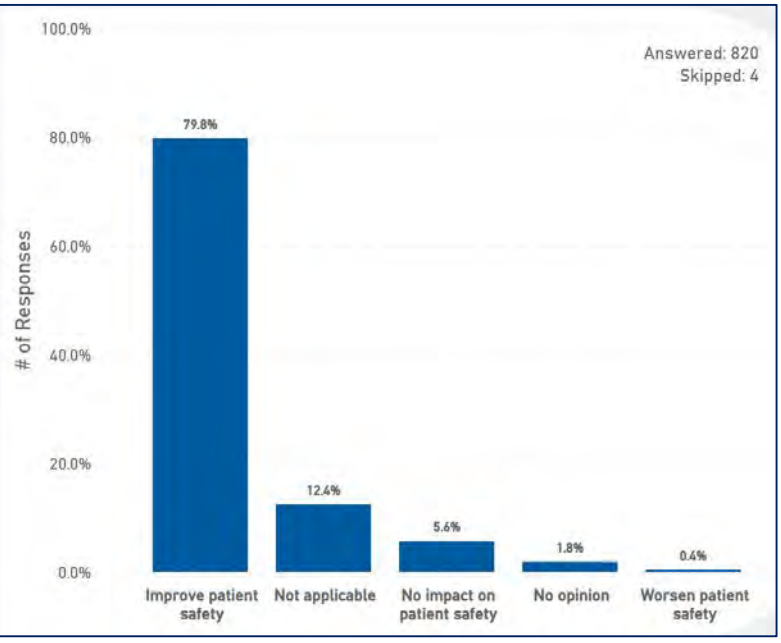
Other



40. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect patient safety?

Survey Responses	# Responses	% Responses
Improve patient safety	654	79.8%
Not applicable	102	12.4%
No impact on patient safety	46	5.6%
No opinion	15	1.8%
Worsen patient safety	3	0.4%
Total	**820**	**100.0%**

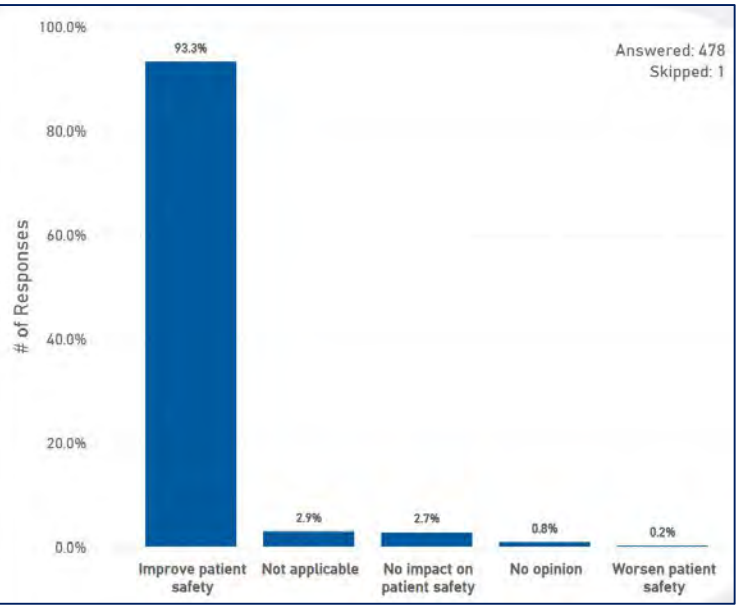
All Responses



40. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect patient safety?

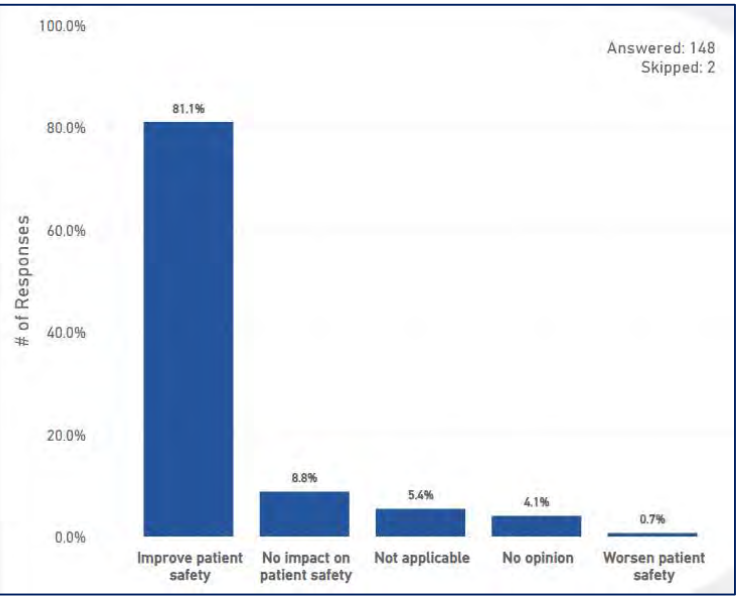
Survey Responses	# Responses	% Responses
Improve patient safety	446	93.3%
Not applicable	14	2.9%
No impact on patient safety	13	2.7%
No opinion	4	0.8%
Worsen patient safety	1	0.2%
Total	**478**	**100.0%**

Retail Chain Pharmacist



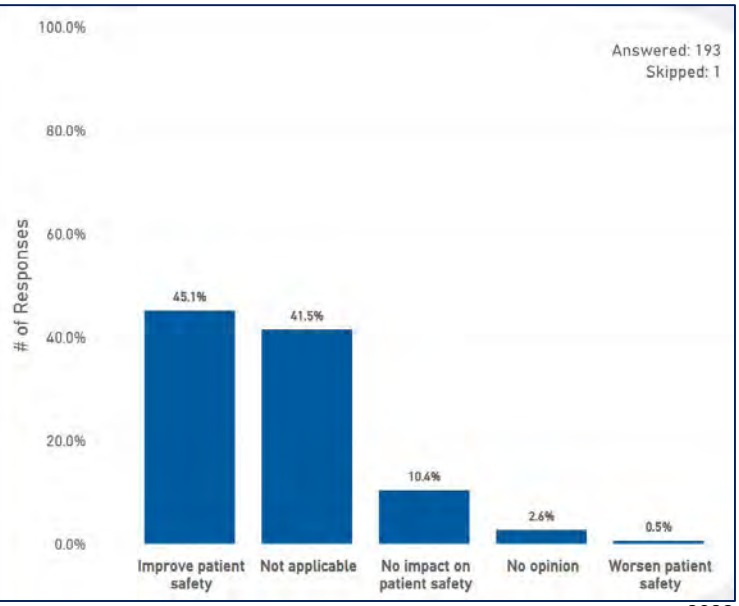
Survey Responses	# Responses	% Responses
Improve patient safety	120	81.1%
No impact on patient safety	13	8.8%
Not applicable	8	5.4%
No opinion	6	4.1%
Worsen patient safety	1	0.7%
Total	**148**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Improve patient safety	87	45.1%
Not applicable	80	41.5%
No impact on patient safety	20	10.4%
No opinion	5	2.6%
Worsen patient safety	1	0.5%
Total	**193**	**100.0%**

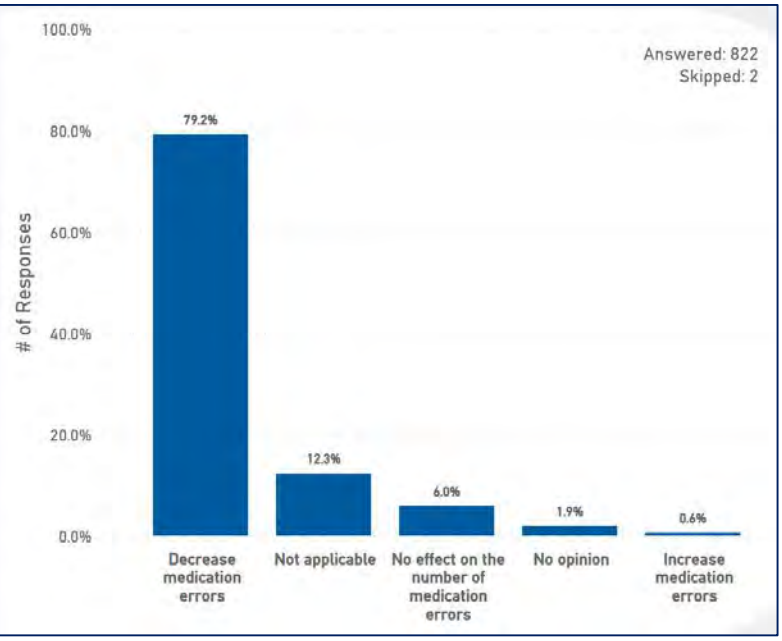
Other



41. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect medication errors?

Survey Responses	# Responses	% Responses
Decrease medication errors	651	79.2%
Not applicable	101	12.3%
No effect on the number of medication errors	49	6.0%
No opinion	16	1.9%
Increase medication errors	5	0.6%
Total	**822**	**100.0%**

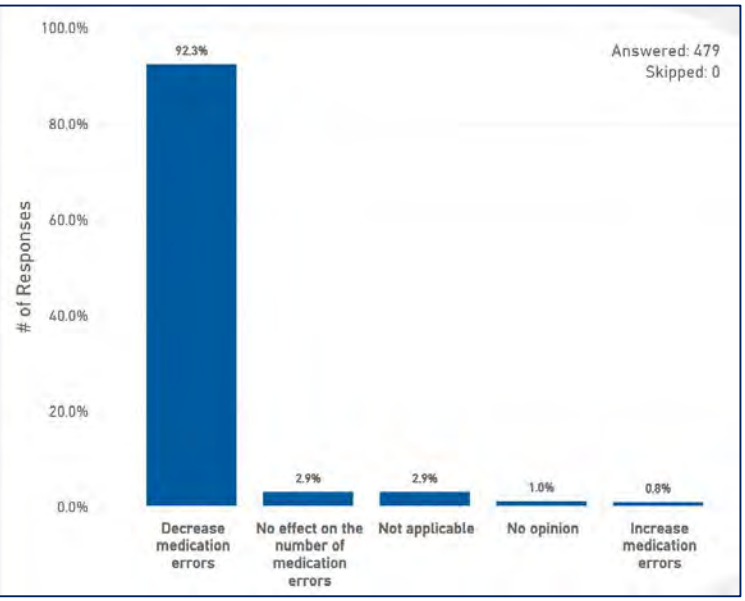
All Responses



41. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect medication errors?

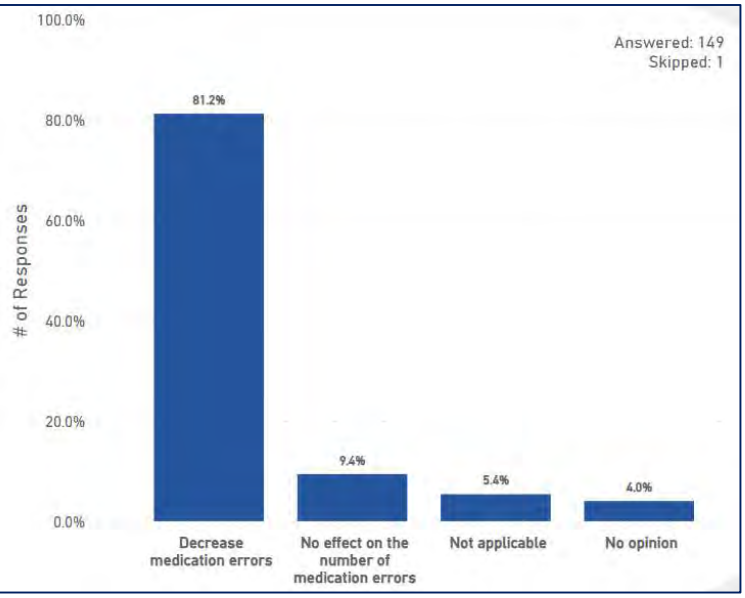
Survey Responses	# Responses	% Responses
Decrease medication errors	442	92.3%
No effect on the number of medication errors	14	2.9%
Not applicable	14	2.9%
No opinion	5	1.0%
Increase medication errors	4	0.8%
Total	**479**	**100.0%**

Retail Chain Pharmacist



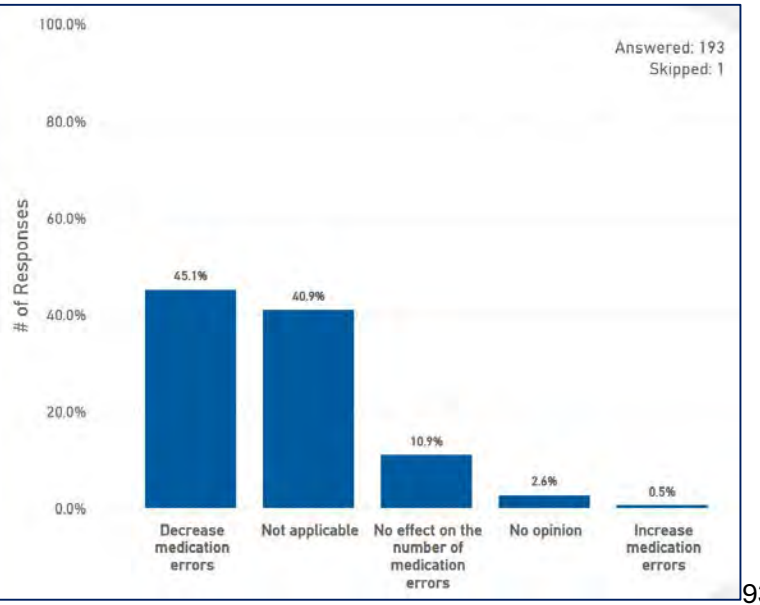
Survey Responses	# Responses	% Responses
Decrease medication errors	121	81.2%
No effect on the number of medication errors	14	9.4%
Not applicable	8	5.4%
No opinion	6	4.0%
Total	**149**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Decrease medication errors	87	45.1%
Not applicable	79	40.9%
No effect on the number of medication errors	21	10.9%
No opinion	5	2.6%
Increase medication errors	1	0.5%
Total	**193**	**100.0%**

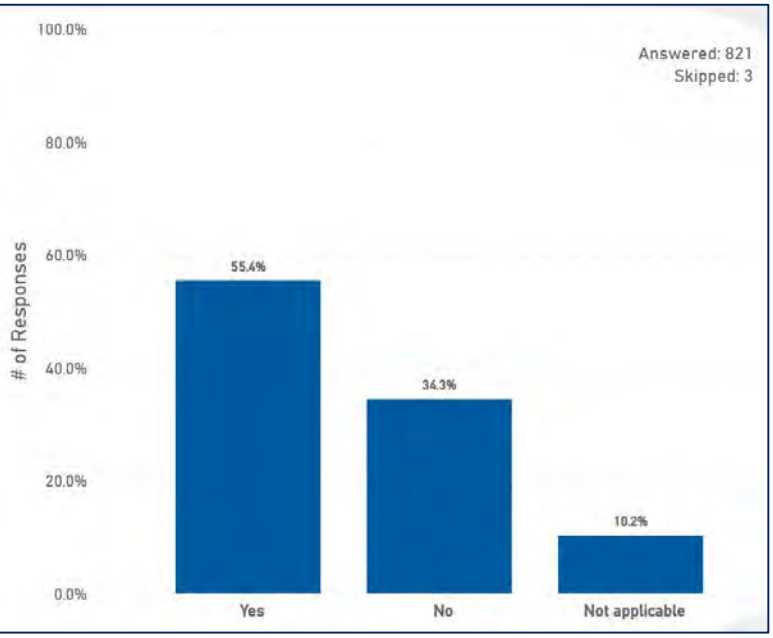
Other



42. In your opinion, is your primary practice setting a safe work environment that prioritizes patient care and safety?

Survey Responses	# Responses	% Responses
Yes	455	55.4%
No	282	34.3%
Not applicable	84	10.2%
Total	**821**	**100.0%**

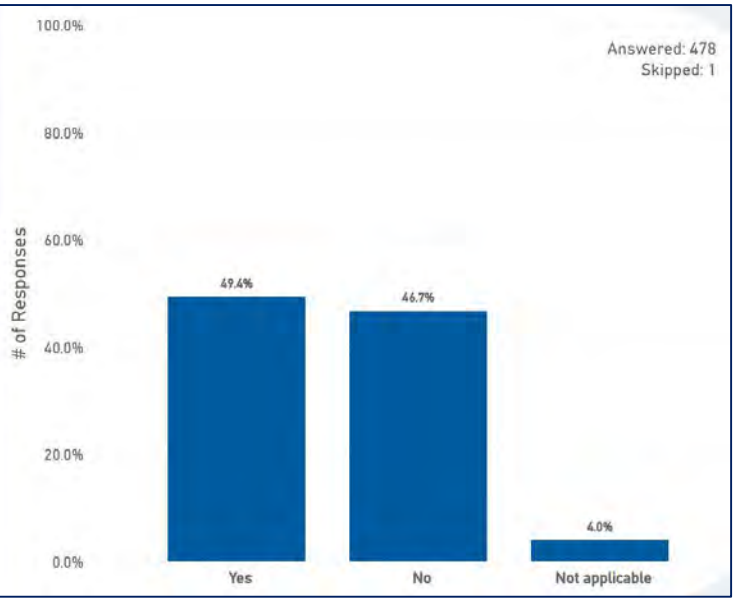
All Responses



42. In your opinion, is your primary practice setting a safe work environment that prioritizes patient care and safety?

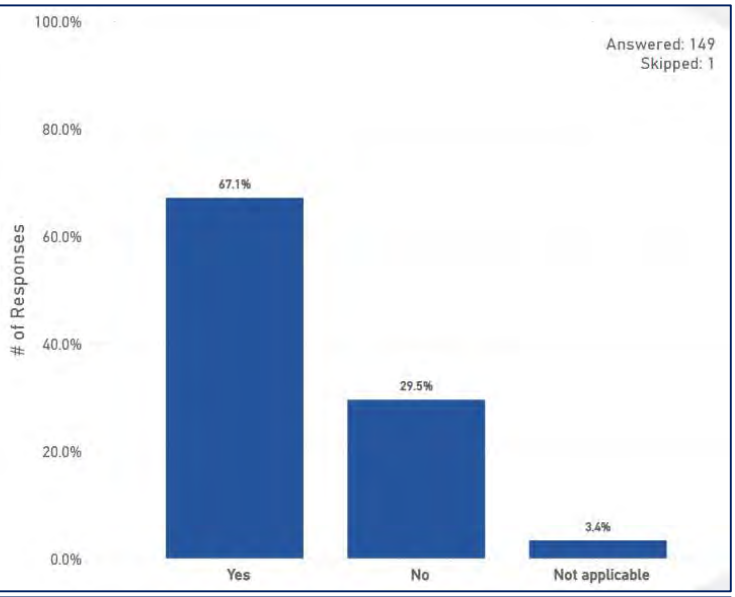
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	236	49.4%
No	223	46.7%
Not applicable	19	4.0%
Total	**478**	**100.0%**



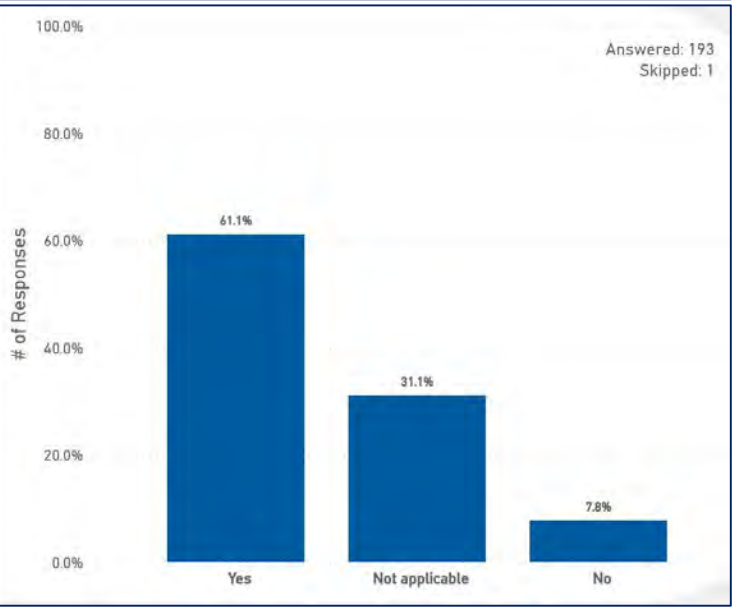
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Yes	100	67.1%
No	44	29.5%
Not applicable	5	3.4%
Total	**149**	**100.0%**



Other

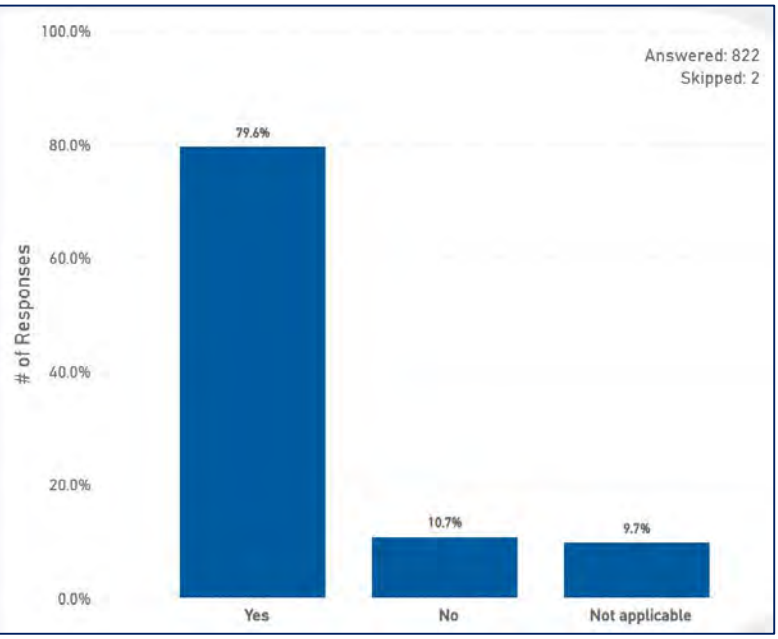
Survey Responses	# Responses	% Responses
Yes	118	61.1%
Not applicable	60	31.1%
No	15	7.8%
Total	**193**	**100.0%**



43. Does your pharmacy employer provide you with meal periods and rest periods?

Survey Responses	# Responses	% Responses
Yes	654	79.6%
No	88	10.7%
Not applicable	80	9.7%
Total	**822**	**100.0%**

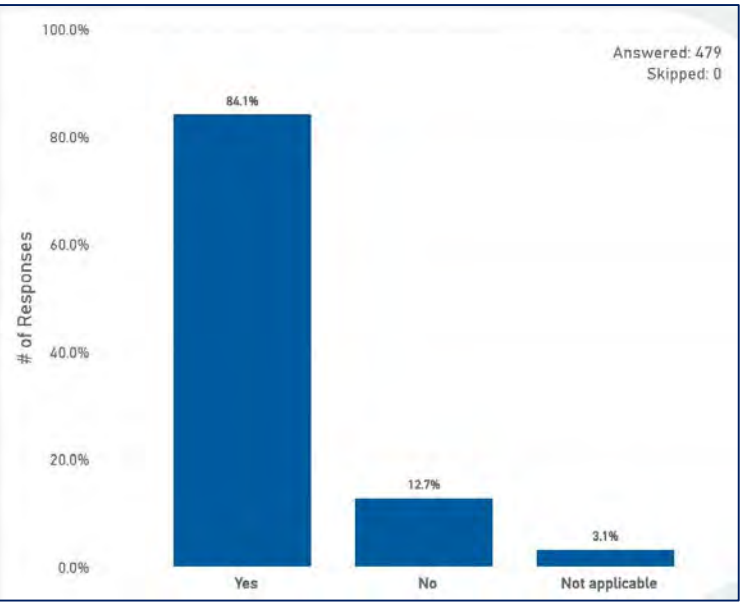
All Responses



43. Does your pharmacy employer provide you with meal periods and rest periods?

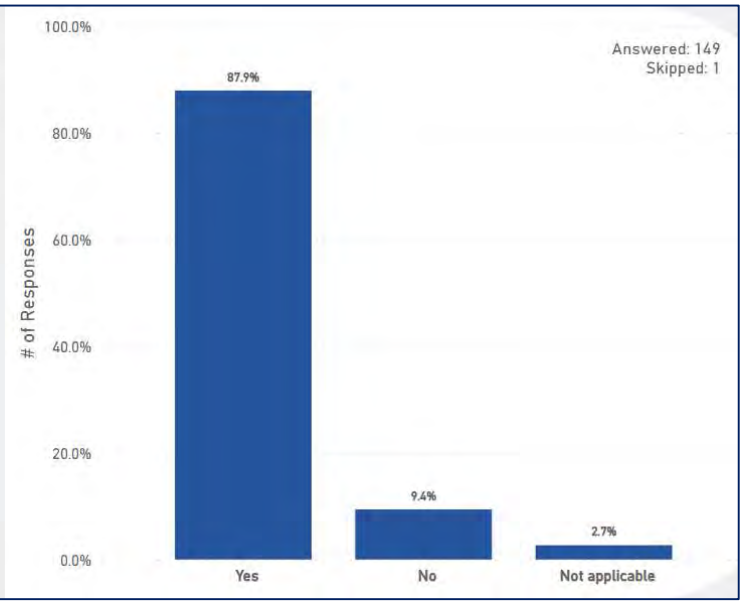
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	403	84.1%
No	61	12.7%
Not applicable	15	3.1%
Total	**479**	**100.0%**



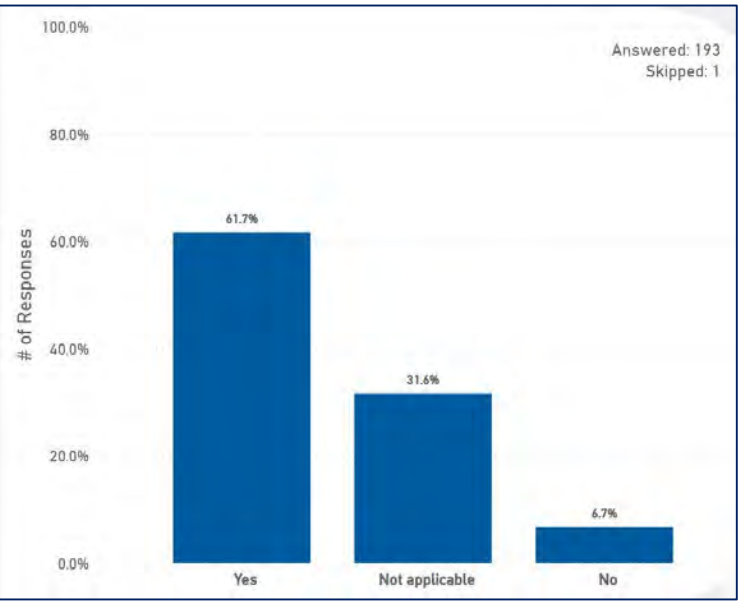
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Yes	131	87.9%
No	14	9.4%
Not applicable	4	2.7%
Total	**149**	**100.0%**



Other

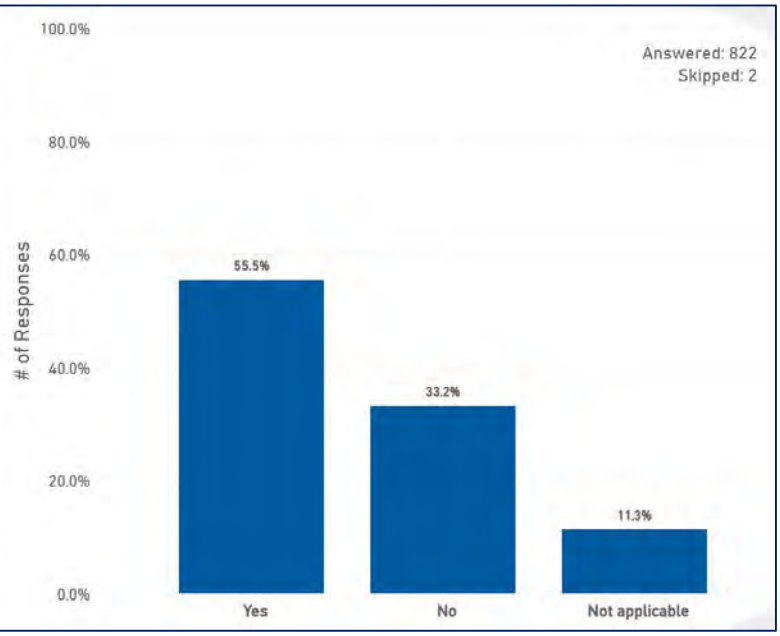
Survey Responses	# Responses	% Responses
Yes	119	61.7%
Not applicable	61	31.6%
No	13	6.7%
Total	**193**	**100.0%**



44. Are your meal periods and rest periods uninterrupted?

Survey Responses	# Responses	% Responses
Yes	456	55.5%
No	273	33.2%
Not applicable	93	11.3%
Total	**822**	**100.0%**

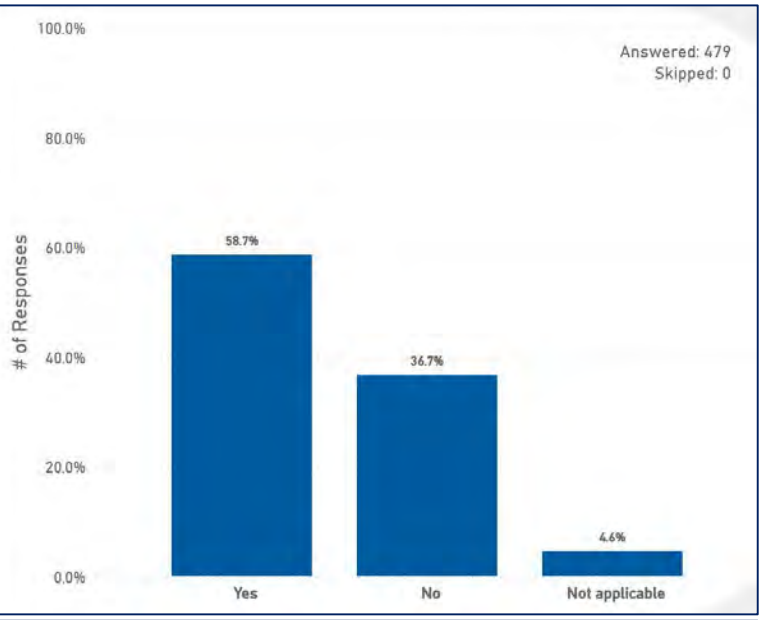
All Responses



44. Are your meal periods and rest periods uninterrupted?

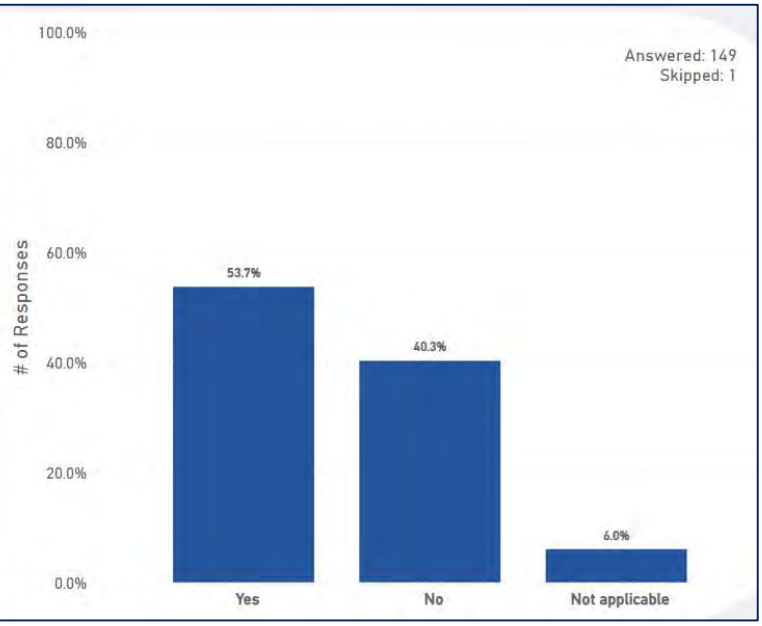
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	281	58.7%
No	176	36.7%
Not applicable	22	4.6%
Total	**479**	**100.0%**



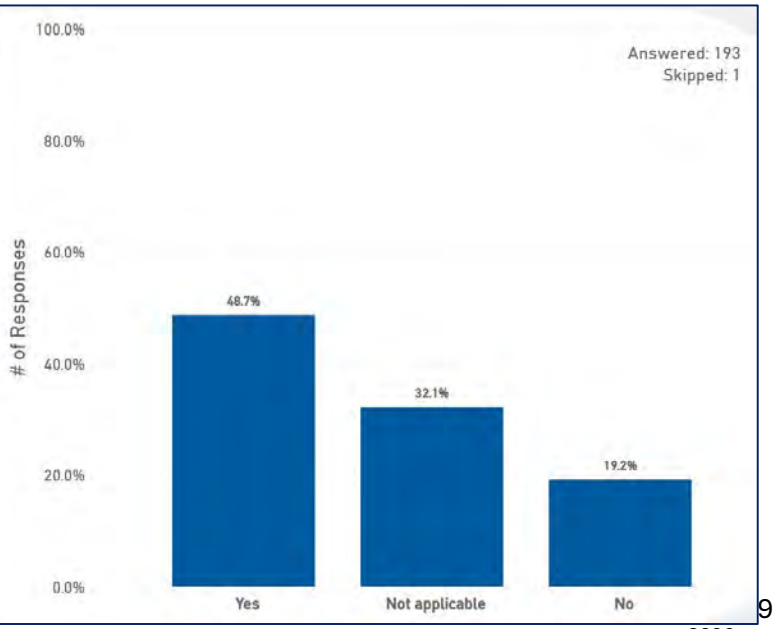
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Yes	80	53.7%
No	60	40.3%
Not applicable	9	6.0%
Total	**149**	**100.0%**



Other

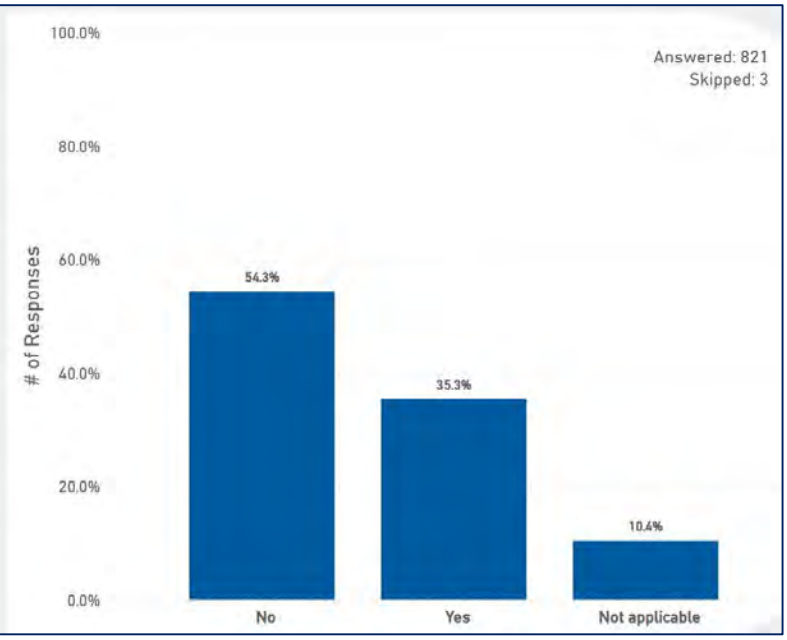
Survey Responses	# Responses	% Responses
Yes	94	48.7%
Not applicable	62	32.1%
No	37	19.2%
Total	**193**	**100.0%**



45. In your opinion, are you able to comfortably take meals and rest periods without feeling like you will fall behind or compromise patient care or safety?

Survey Responses	# Responses	% Responses
No	446	54.3%
Yes	290	35.3%
Not applicable	85	10.4%
Total	**821**	**100.0%**

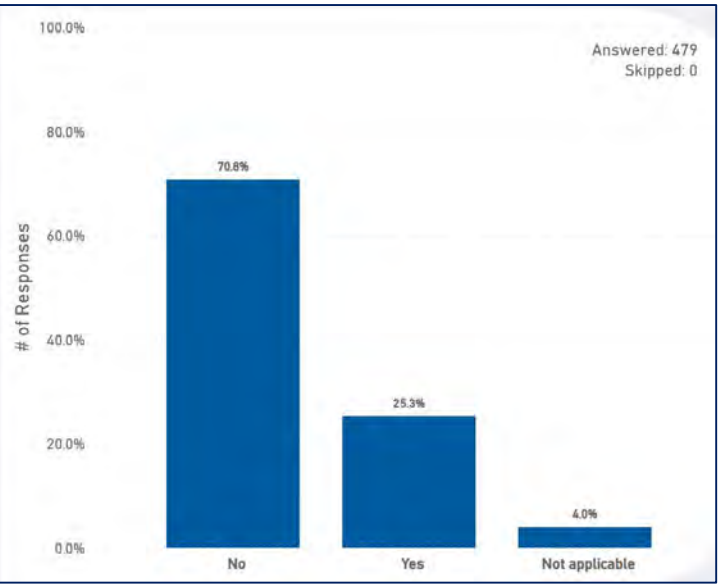
All Responses



45. In your opinion, are you able to comfortably take meals and rest periods without feeling like you will fall behind or compromise patient care or safety?

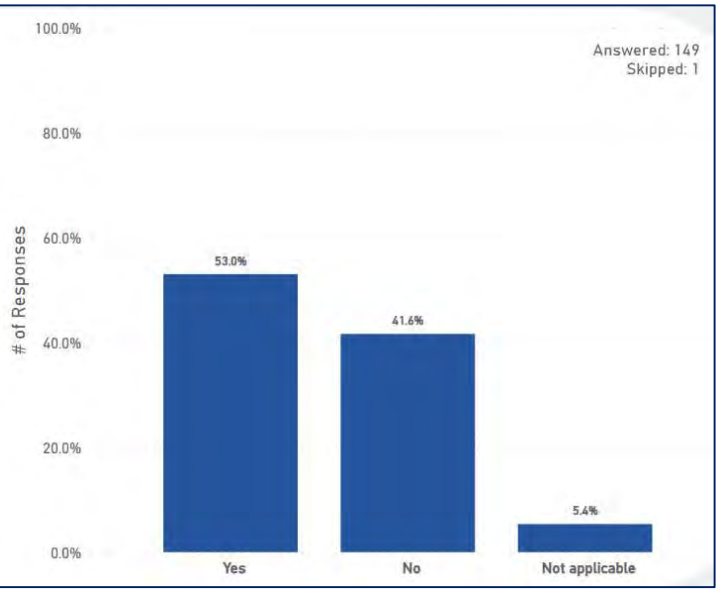
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
No	339	70.8%
Yes	121	25.3%
Not applicable	19	4.0%
Total	**479**	**100.0%**



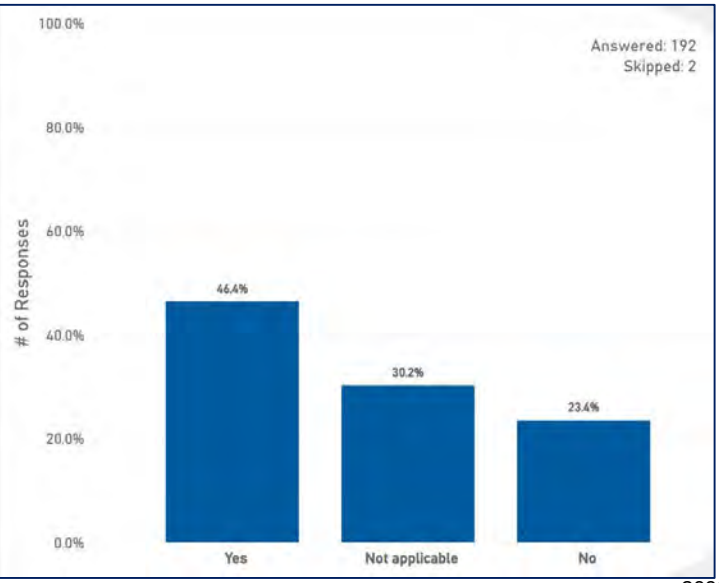
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Yes	79	53.0%
No	62	41.6%
Not applicable	8	5.4%
Total	**149**	**100.0%**



Other

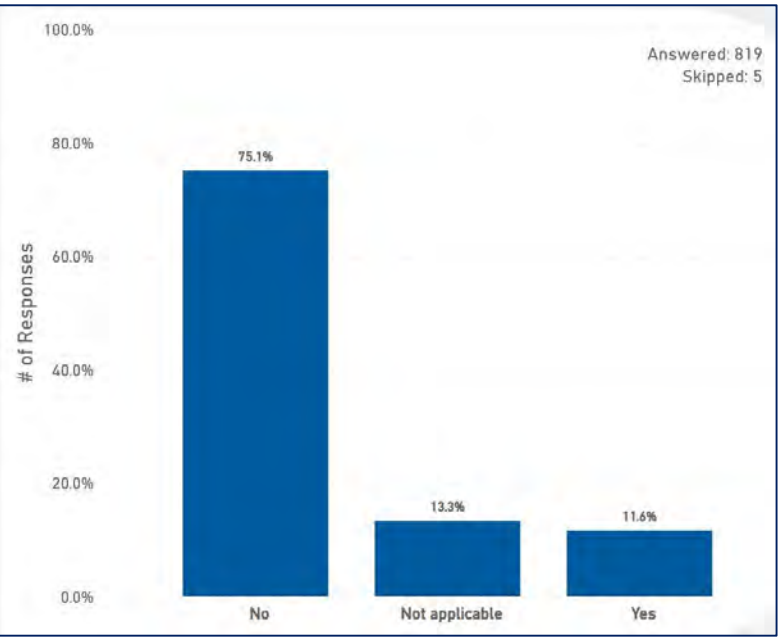
Survey Responses	# Responses	% Responses
Yes	89	46.4%
Not applicable	58	30.2%
No	45	23.4%
Total	**192**	**100.0%**



46. Did your employer require you to voluntarily agree to forego any rest period or meal period as a condition of your employment?

Survey Responses	# Responses	% Responses
No	615	75.1%
Not applicable	109	13.3%
Yes	95	11.6%
Total	**819**	**100.0%**

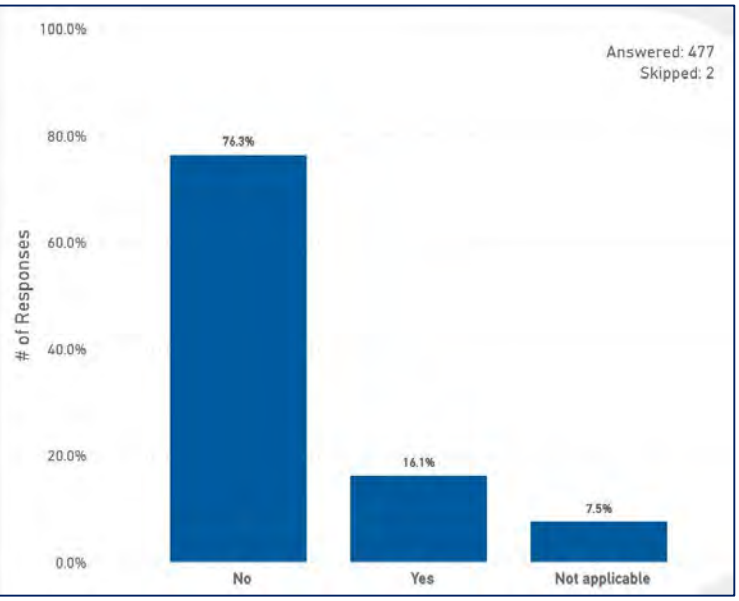
All Responses



46. Did your employer require you to voluntarily agree to forego any rest period or meal period as a condition of your employment?

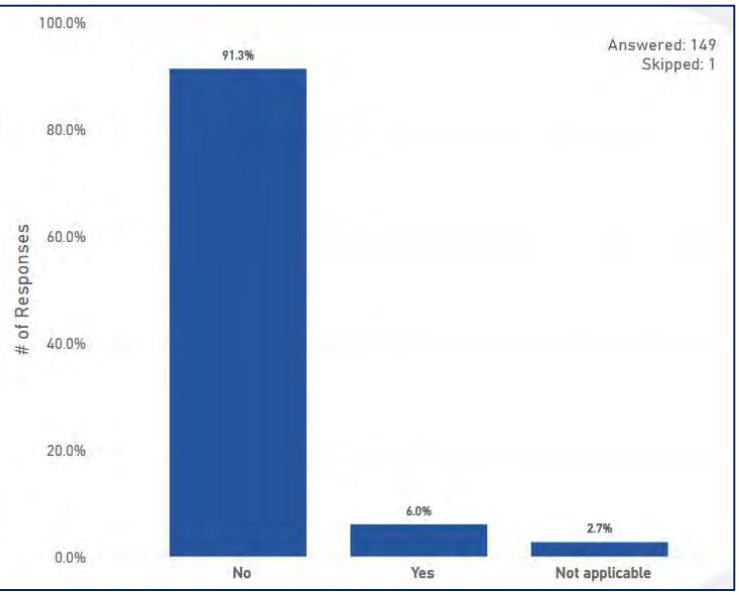
Survey Responses	# Responses	% Responses
No	364	76.3%
Yes	77	16.1%
Not applicable	36	7.5%
Total	**477**	**100.0%**

Retail Chain Pharmacist



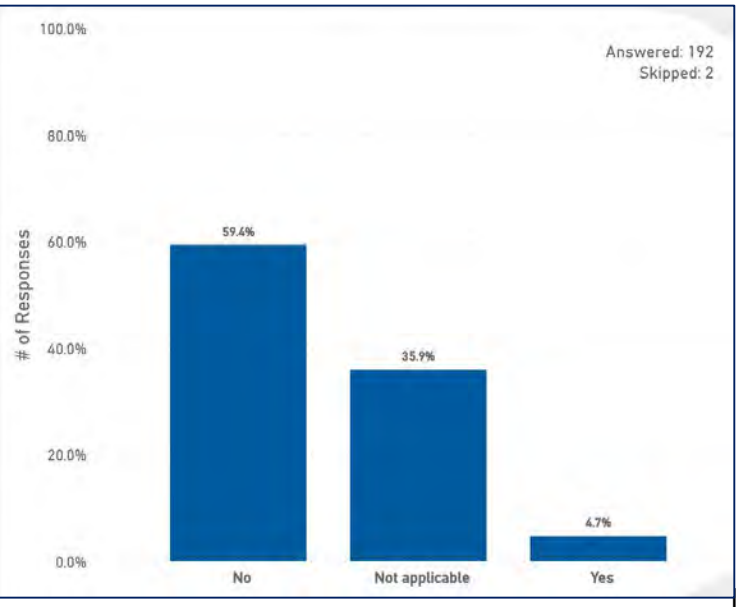
Survey Responses	# Responses	% Responses
No	136	91.3%
Yes	9	6.0%
Not applicable	4	2.7%
Total	**149**	**100.0%**

Institutional/Hospital Pharmacist



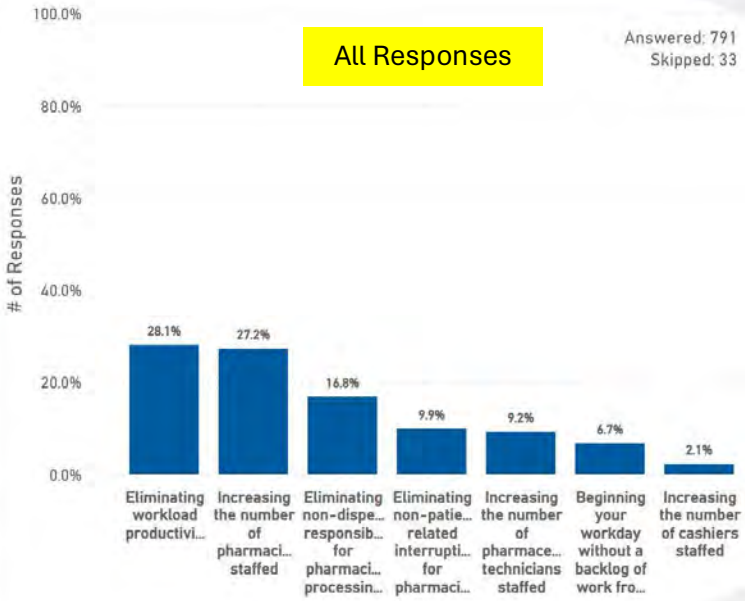
Survey Responses	# Responses	% Responses
No	114	59.4%
Not applicable	69	35.9%
Yes	9	4.7%
Total	**192**	**100.0%**

Other



47. Please rank the following from 1 to 7 on their impact on patient safety (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety). *The responses below were ranked as 1.*

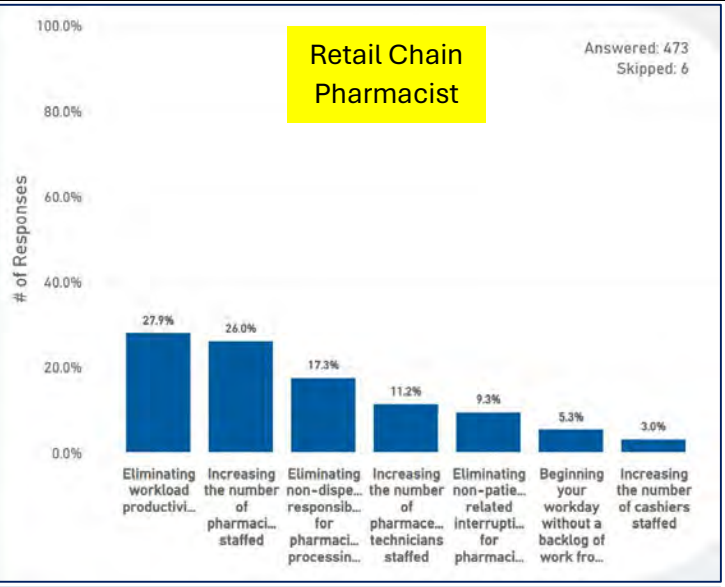
Survey Responses	# Responses	% Responses
Eliminating workload productivity	222	28.1%
Increasing the number of pharmacists staffed	215	27.2%
Eliminating non-dispensing responsibilities for pharmacists processing prescriptions	133	16.8%
Eliminating non-patient related interruptions for pharmacists processing prescriptions	78	9.9%
Increasing the number of pharmaceutical technicians staffed	73	9.2%
Beginning your workday without a backlog of work from the previous shift or day	53	6.7%
Increasing the number of cashiers staffed	17	2.1%
Total	**791**	**100.0%**



47. Please rank the following from 1 to 7 on their impact on patient safety (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety). *The responses below were ranked as 1.*

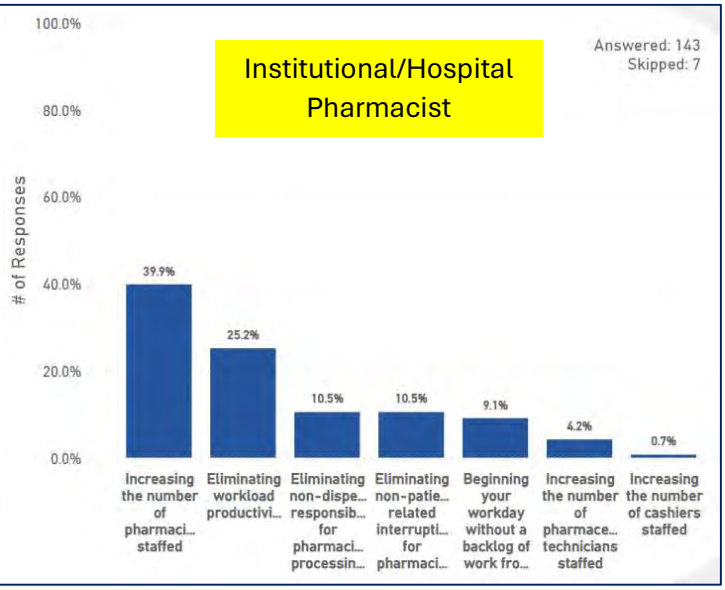
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Eliminating workload productivity	132	27.9%
Increasing the number of pharmacists staffed	123	26.0%
Eliminating non-dispensing responsibilities for pharmacists processing prescriptions	82	17.3%
Increasing the number of pharmaceutical technicians staffed	53	11.2%
Eliminating non-patient related interruptions for pharmacists processing prescriptions	44	9.3%
Beginning your workday without a backlog of work from the previous shift or day	25	5.3%
Increasing the number of cashiers staffed	14	3.0%
Total	**473**	**100.0%**



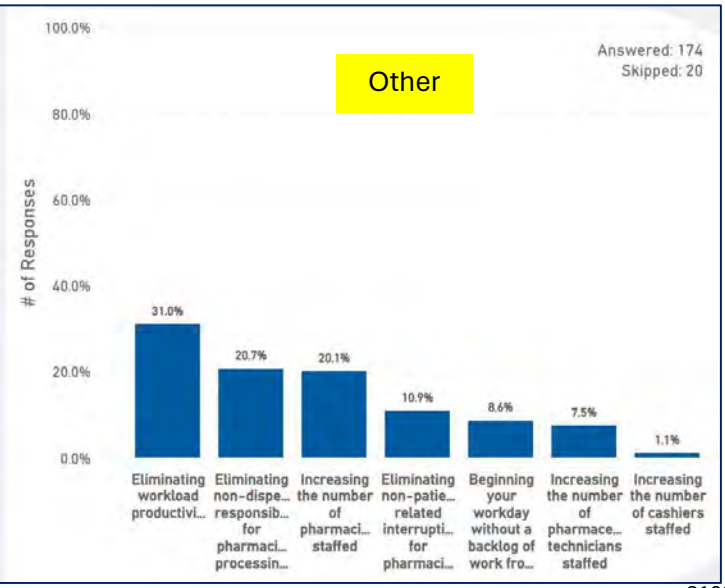
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Increasing the number of pharmacists staffed	57	39.9%
Eliminating workload productivity	36	25.2%
Eliminating non-dispensing responsibilities for pharmacists processing prescriptions	15	10.5%
Eliminating non-patient related interruptions for pharmacists processing prescriptions	15	10.5%
Beginning your workday without a backlog of work from the previous shift or day	13	9.1%
Increasing the number of pharmaceutical technicians staffed	6	4.2%
Increasing the number of cashiers staffed	1	0.7%
Total	**143**	**100.0%**



Other

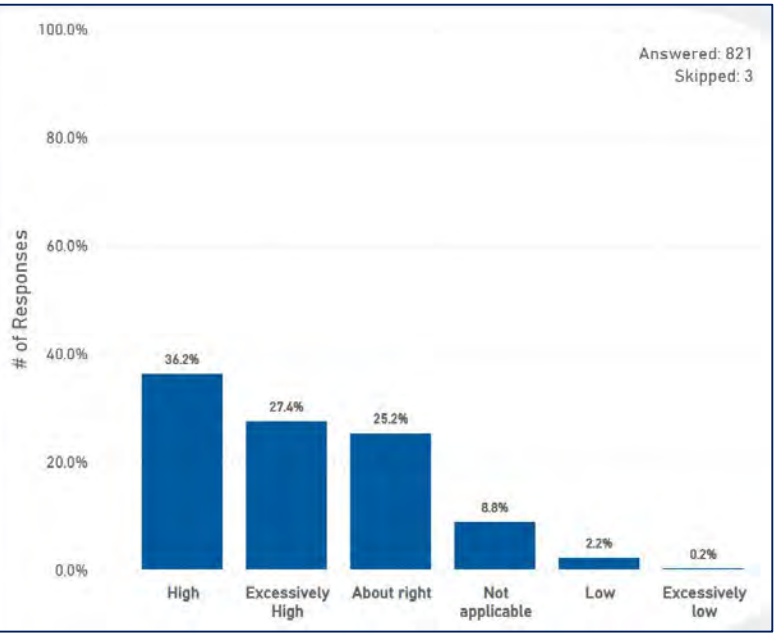
Survey Responses	# Responses	% Responses
Eliminating workload productivity	54	31.0%
Eliminating non-dispensing responsibilities for pharmacists processing prescriptions	36	20.7%
Increasing the number of pharmacists staffed	35	20.1%
Eliminating non-patient related interruptions for pharmacists processing prescriptions	19	10.9%
Beginning your workday without a backlog of work from the previous shift or day	15	8.6%
Increasing the number of pharmaceutical technicians staffed	13	7.5%
Increasing the number of cashiers staffed	2	1.1%
Total	**174**	**100.0%**



48. My current workload is:

Survey Responses	# Responses	% Responses
High	297	36.2%
Excessively High	225	27.4%
About right	207	25.2%
Not applicable	72	8.8%
Low	18	2.2%
Excessively low	2	0.2%
Total	**821**	**100.0%**

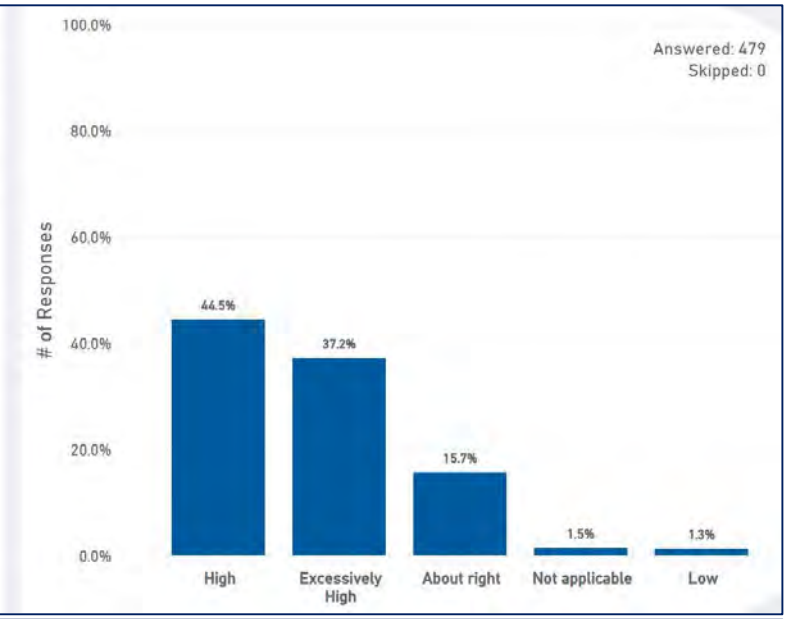
All Responses



48. My current workload is:

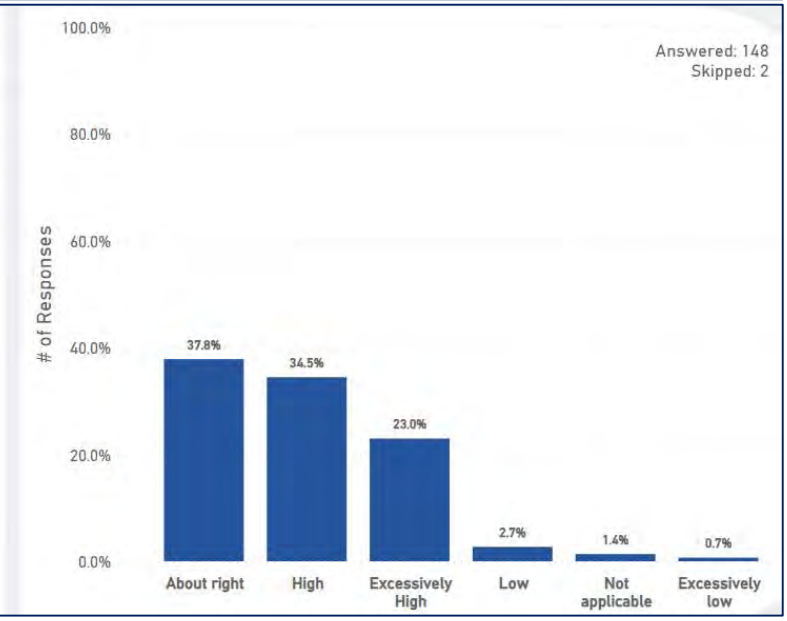
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
High	213	44.5%
Excessively High	178	37.2%
About right	75	15.7%
Not applicable	7	1.5%
Low	6	1.3%
Total	**479**	**100.0%**



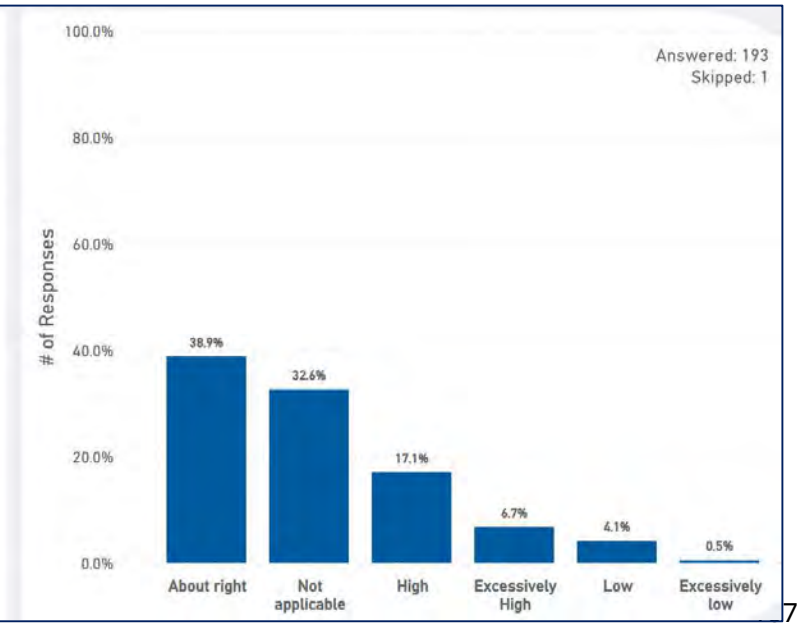
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
About right	56	37.8%
High	51	34.5%
Excessively High	34	23.0%
Low	4	2.7%
Not applicable	2	1.4%
Excessively low	1	0.7%
Total	**148**	**100.0%**



Other

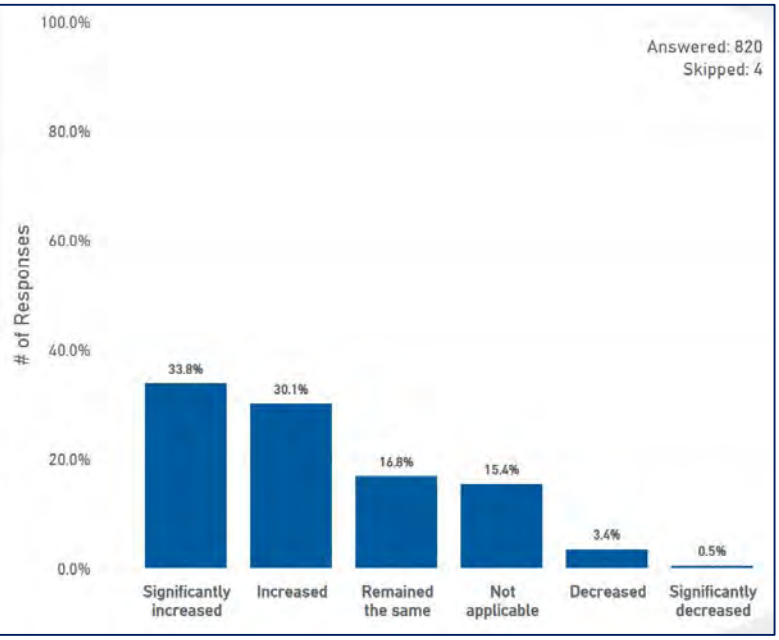
Survey Responses	# Responses	% Responses
About right	75	38.9%
Not applicable	63	32.6%
High	33	17.1%
Excessively High	13	6.7%
Low	8	4.1%
Excessively low	1	0.5%
Total	**193**	**100.0%**



49. Compared to pre-pandemic, my workload has:

Survey Responses	# Responses	% Responses
Significantly increased	277	33.8%
Increased	247	30.1%
Remained the same	138	16.8%
Not applicable	126	15.4%
Decreased	28	3.4%
Significantly decreased	4	0.5%
Total	**820**	**100.0%**

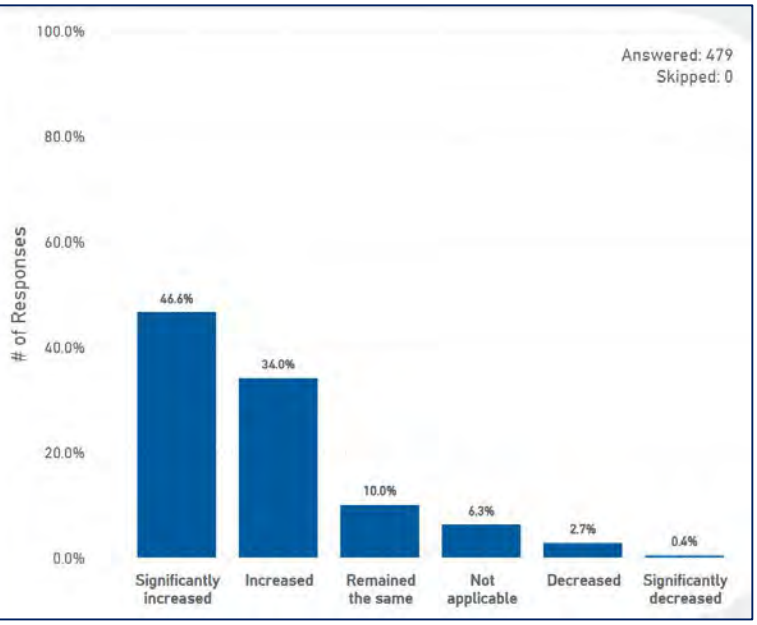
All Responses



49. Compared to pre-pandemic, my workload has:

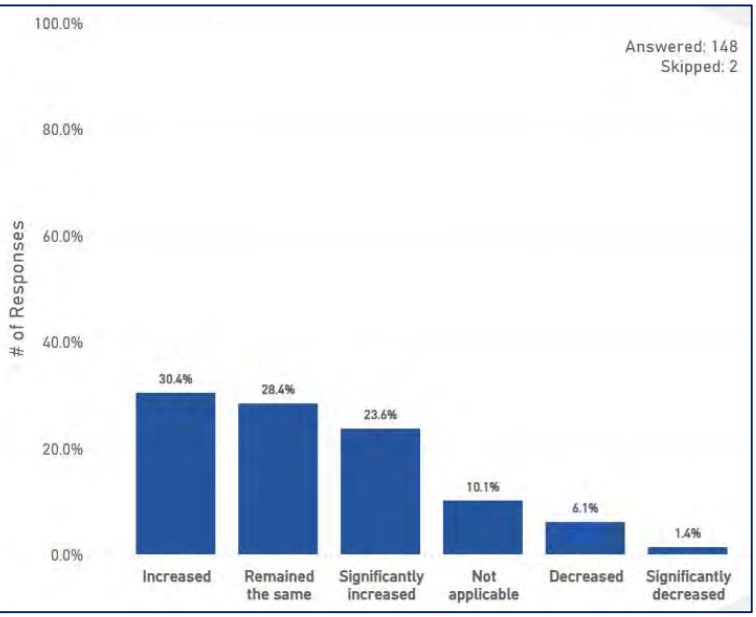
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Significantly increased	223	46.6%
Increased	163	34.0%
Remained the same	48	10.0%
Not applicable	30	6.3%
Decreased	13	2.7%
Significantly decreased	2	0.4%
Total	**479**	**100.0%**



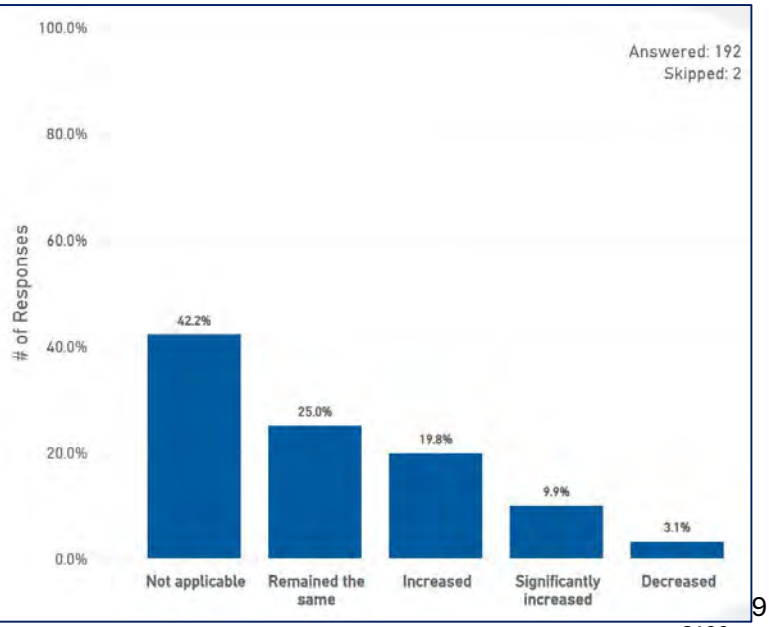
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Increased	45	30.4%
Remained the same	42	28.4%
Significantly increased	35	23.6%
Not applicable	15	10.1%
Decreased	9	6.1%
Significantly decreased	2	1.4%
Total	**148**	**100.0%**



Other

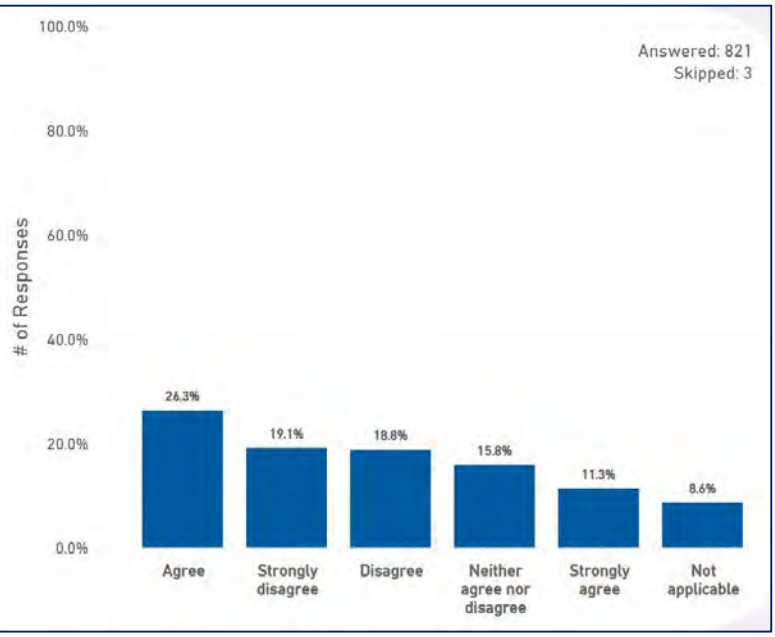
Survey Responses	# Responses	% Responses
Not applicable	81	42.2%
Remained the same	48	25.0%
Increased	38	19.8%
Significantly increased	19	9.9%
Decreased	6	3.1%
Total	**192**	**100.0%**



50. I feel my employer provides a work environment that allows for safe patient care.

Survey Responses	# Responses	% Responses
Agree	216	26.3%
Strongly disagree	157	19.1%
Disagree	154	18.8%
Neither agree nor disagree	130	15.8%
Strongly agree	93	11.3%
Not applicable	71	8.6%
Total	**821**	**100.0%**

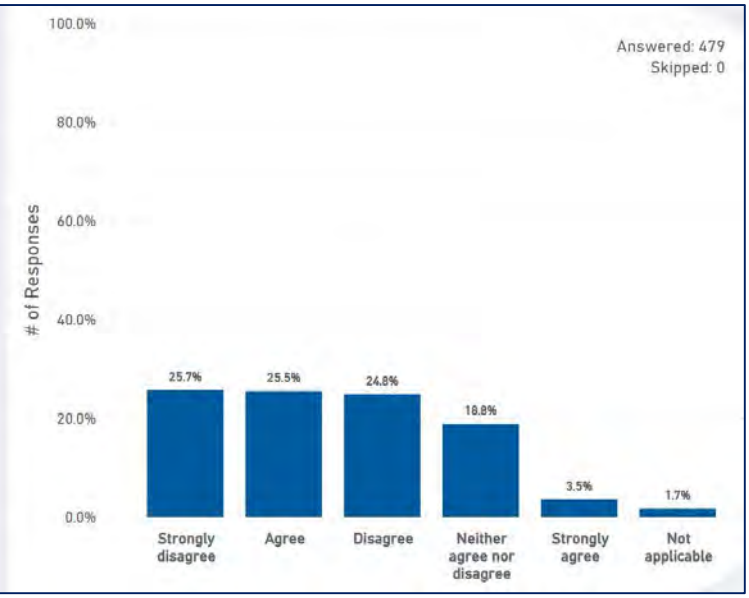
All Responses



50. I feel my employer provides a work environment that allows for safe patient care.

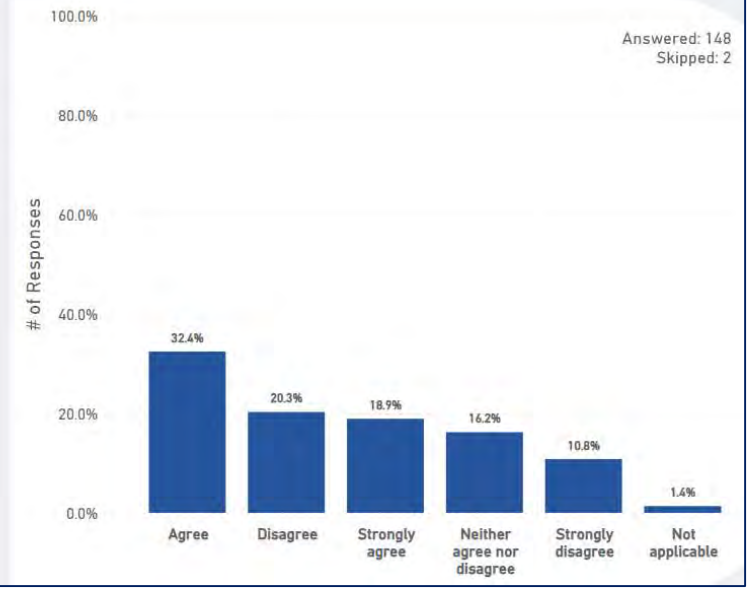
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Strongly disagree	123	25.7%
Agree	122	25.5%
Disagree	119	24.8%
Neither agree nor disagree	90	18.8%
Strongly agree	17	3.5%
Not applicable	8	1.7%
Total	**479**	**100.0%**



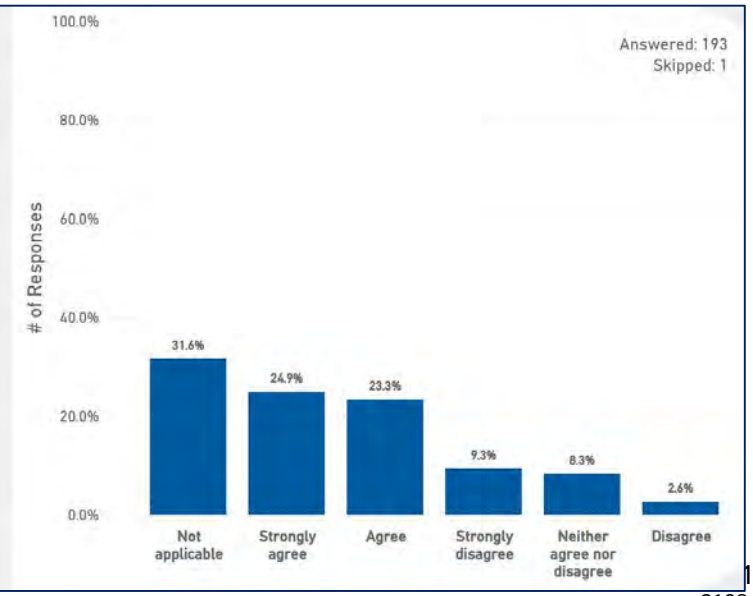
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Agree	48	32.4%
Disagree	30	20.3%
Strongly agree	28	18.9%
Neither agree nor disagree	24	16.2%
Strongly disagree	16	10.8%
Not applicable	2	1.4%
Total	**148**	**100.0%**



Other

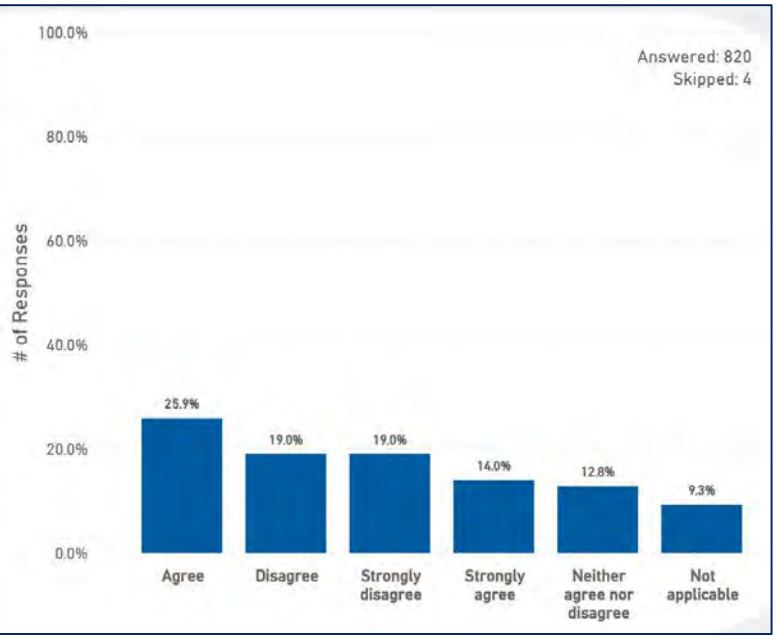
Survey Responses	# Responses	% Responses
Not applicable	61	31.6%
Strongly agree	48	24.9%
Agree	45	23.3%
Strongly disagree	18	9.3%
Neither agree nor disagree	16	8.3%
Disagree	5	2.6%
Total	**193**	**100.0%**



51. I feel safe voicing any workplace concerns to my employer.

Survey Responses	# Responses	% Responses
Agree	212	25.9%
Disagree	156	19.0%
Strongly disagree	156	19.0%
Strongly agree	115	14.0%
Neither agree nor disagree	105	12.8%
Not applicable	76	9.3%
Total	**820**	**100.0%**

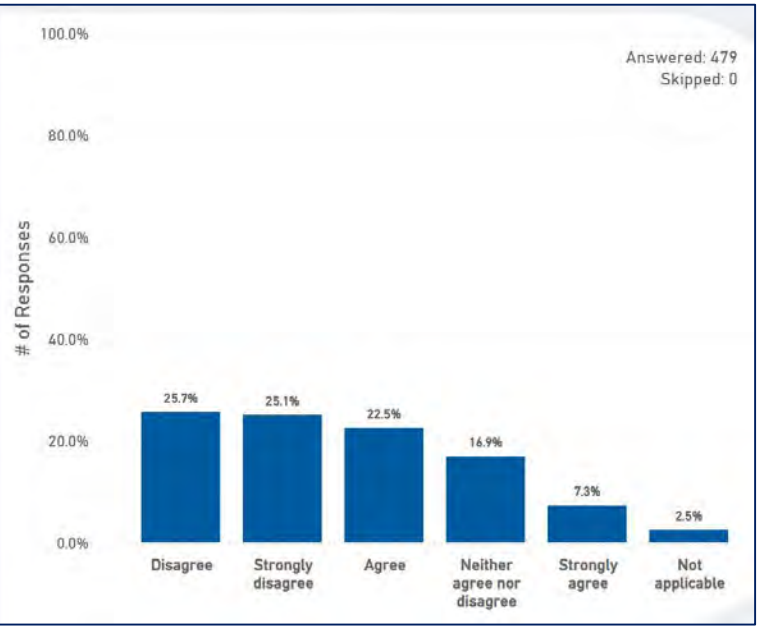
All Responses



51. I feel safe voicing any workplace concerns to my employer.

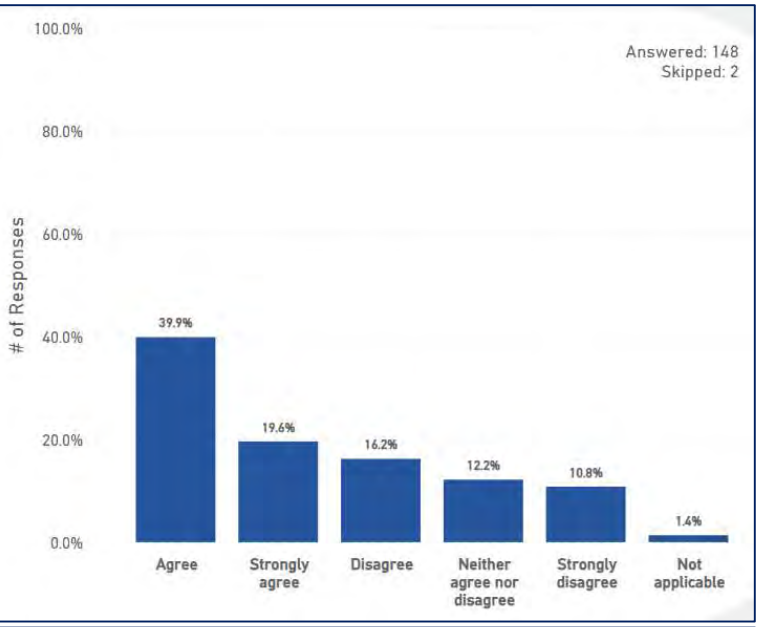
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Disagree	123	25.7%
Strongly disagree	120	25.1%
Agree	108	22.5%
Neither agree nor disagree	81	16.9%
Strongly agree	35	7.3%
Not applicable	12	2.5%
Total	**479**	**100.0%**



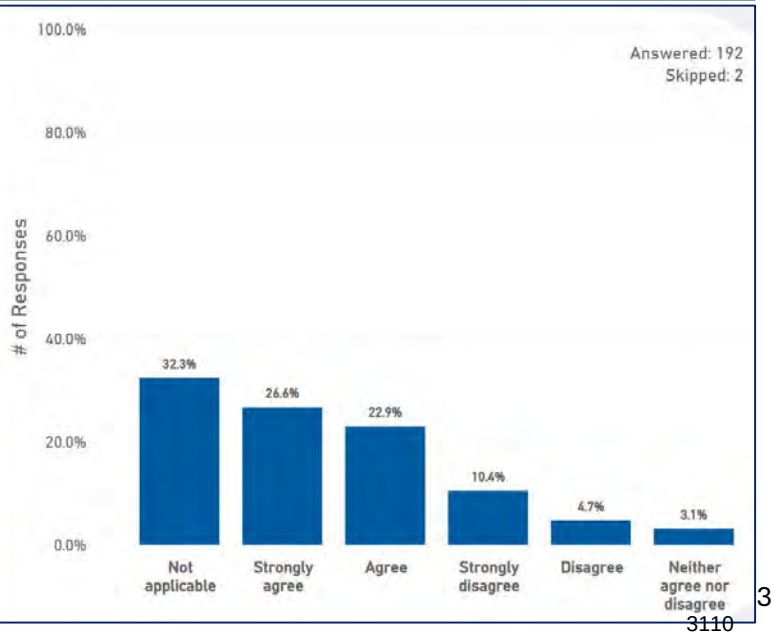
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Agree	59	39.9%
Strongly agree	29	19.6%
Disagree	24	16.2%
Neither agree nor disagree	18	12.2%
Strongly disagree	16	10.8%
Not applicable	2	1.4%
Total	**148**	**100.0%**



Other

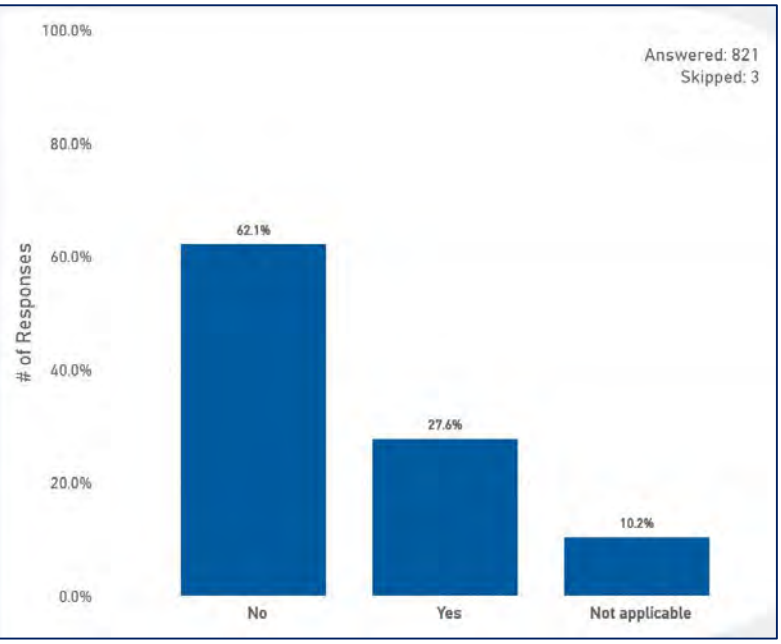
Survey Responses	# Responses	% Responses
Not applicable	62	32.3%
Strongly agree	51	26.6%
Agree	44	22.9%
Strongly disagree	20	10.4%
Disagree	9	4.7%
Neither agree nor disagree	6	3.1%
Total	**192**	**100.0%**



52. Have you quit or left a pharmacy employment due to patient safety concerns?

Survey Responses	# Responses	% Responses
No	510	62.1%
Yes	227	27.6%
Not applicable	84	10.2%
Total	**821**	**100.0%**

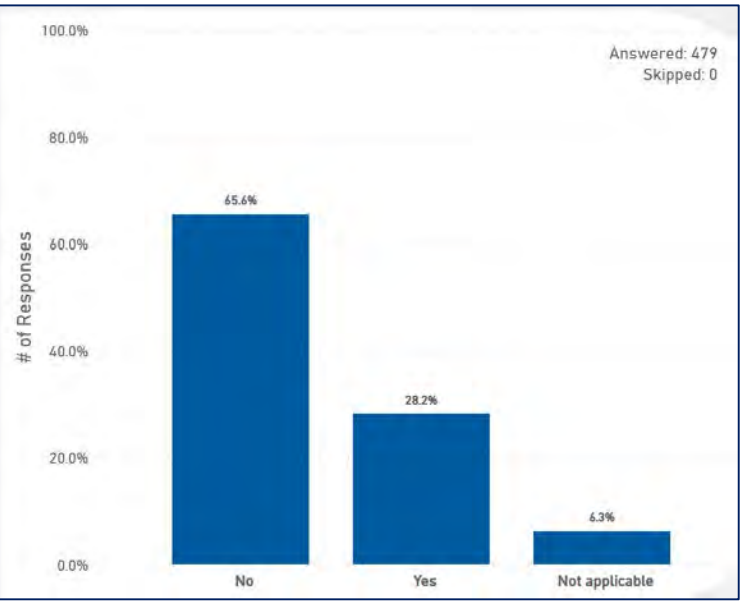
All Responses



52. Have you quit or left a pharmacy employment due to patient safety concerns?

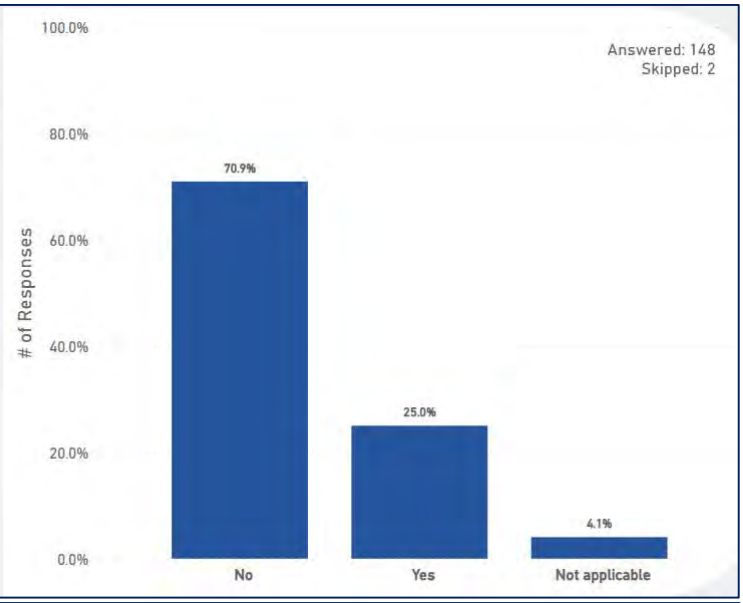
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
No	314	65.6%
Yes	135	28.2%
Not applicable	30	6.3%
Total	**479**	**100.0%**



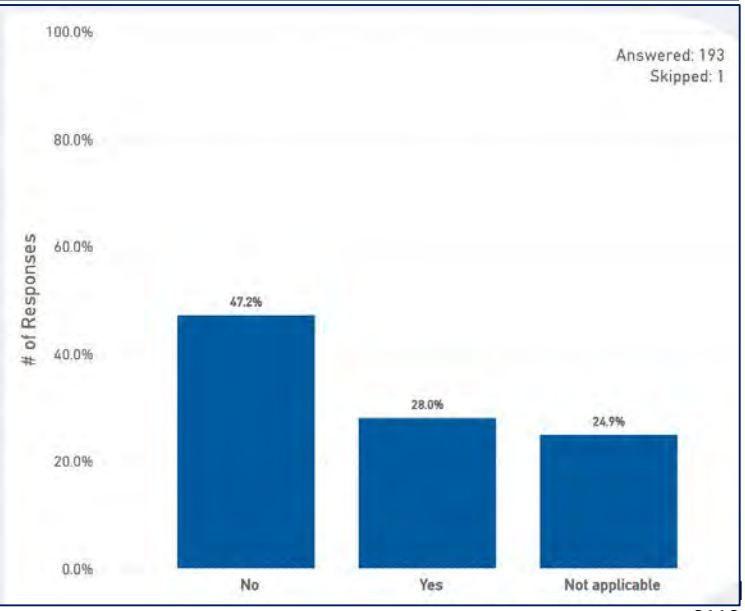
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
No	105	70.9%
Yes	37	25.0%
Not applicable	6	4.1%
Total	**148**	**100.0%**



Other

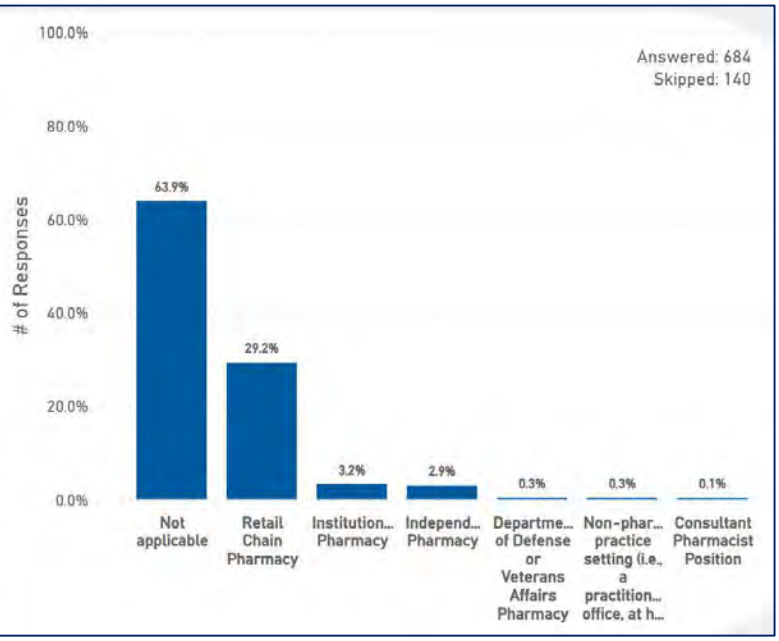
Survey Responses	# Responses	% Responses
No	91	47.2%
Yes	54	28.0%
Not applicable	48	24.9%
Total	**193**	**100.0%**



53. If you answered “yes” to question 52, what pharmacy practice setting did you leave?

Survey Responses	# Responses	% Responses
Not applicable	437	63.9%
Retail Chain Pharmacy	200	29.2%
Institutional/Hospital Pharmacy	22	3.2%
Independent Pharmacy	20	2.9%
Department of Defense or Veterans Affairs Pharmacy	2	0.3%
Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)	2	0.3%
Consultant Pharmacist Position	1	0.1%
Total	**684**	**100.0%**

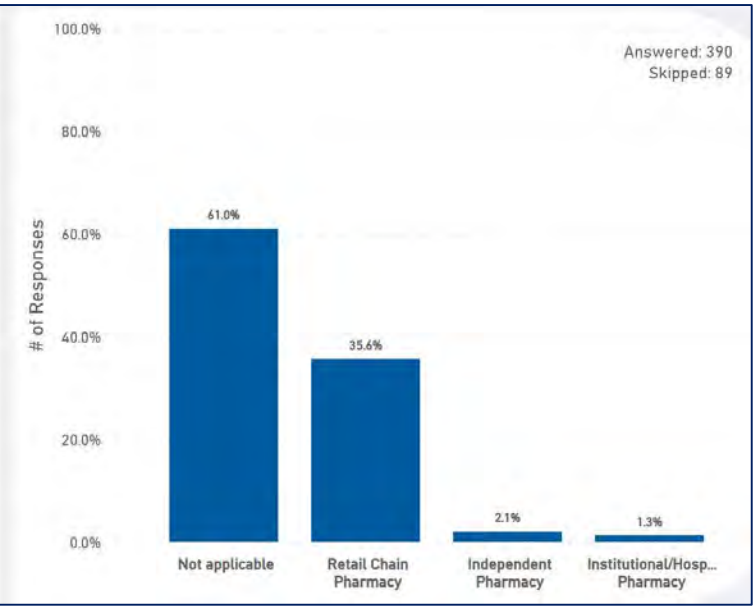
All Responses



53. If you answered “yes” to question 52, what pharmacy practice setting did you leave?

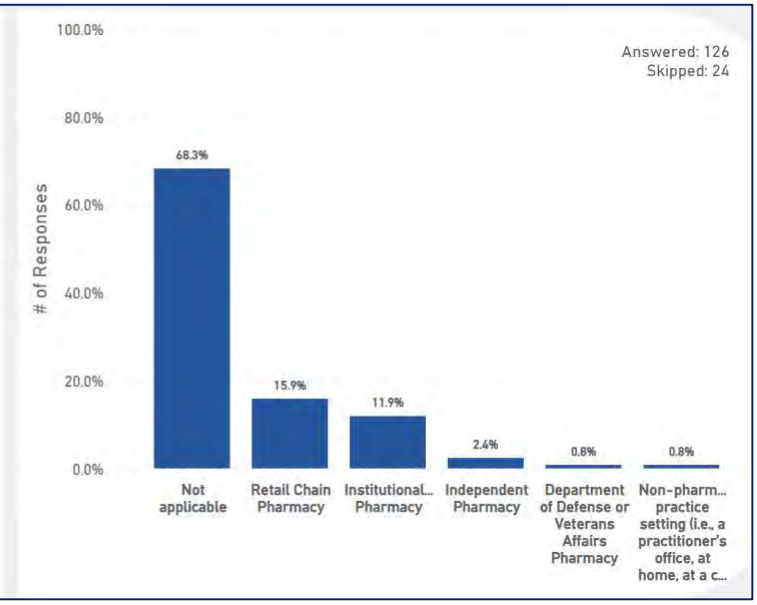
Survey Responses	# Responses	% Responses
Not applicable	238	61.0%
Retail Chain Pharmacy	139	35.6%
Independent Pharmacy	8	2.1%
Institutional/Hospital Pharmacy	5	1.3%
Total	**390**	**100.0%**

Retail Chain Pharmacist



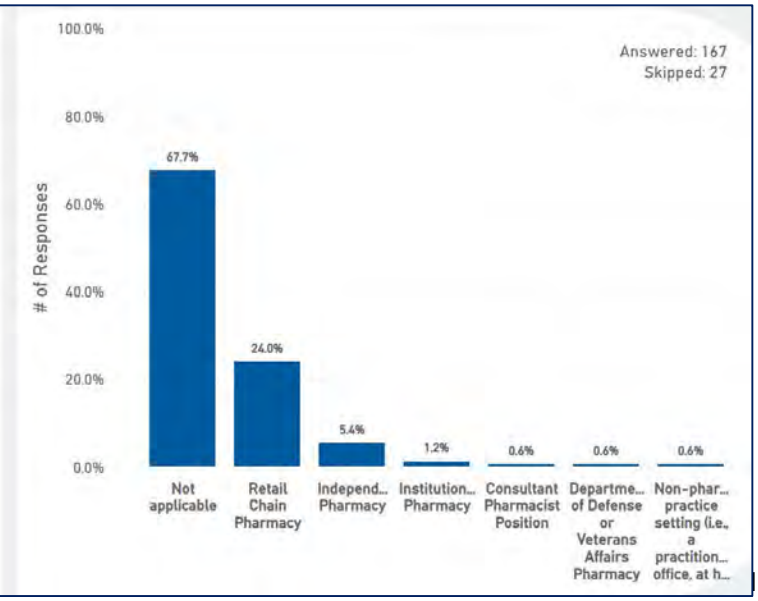
Survey Responses	# Responses	% Responses
Not applicable	86	68.3%
Retail Chain Pharmacy	20	15.9%
Institutional/Hospital Pharmacy	15	11.9%
Independent Pharmacy	3	2.4%
Department of Defense or Veterans Affairs Pharmacy	1	0.8%
Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)	1	0.8%
Total	**126**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Not applicable	113	67.7%
Retail Chain Pharmacy	40	24.0%
Independent Pharmacy	9	5.4%
Institutional/Hospital Pharmacy	2	1.2%
Consultant Pharmacist Position	1	0.6%
Department of Defense or Veterans Affairs Pharmacy	1	0.6%
Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)	1	0.6%
Total	**167**	**100.0%**

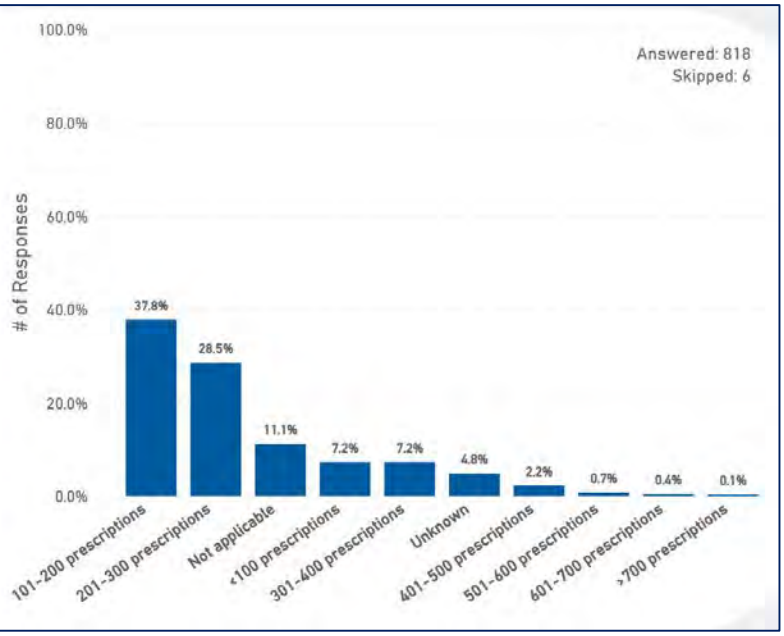
Other



54. In your opinion, what is the number of prescriptions ONE pharmacist should be able to reasonably and safely fill on a given weekday, working from 9am to 7pm, in a general retail pharmacy setting, with the assistance of one to three pharmaceutical technicians or pharmaceutical technicians in training IF non-dispensing services such as medication therapy management, vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects ARE EXCLUDED?

Survey Responses	# Responses	% Responses
101-200 prescriptions	309	37.8%
201-300 prescriptions	233	28.5%
Not applicable	91	11.1%
<100 prescriptions	59	7.2%
301-400 prescriptions	59	7.2%
Unknown	39	4.8%
401-500 prescriptions	18	2.2%
501-600 prescriptions	6	0.7%
601-700 prescriptions	3	0.4%
>700 prescriptions	1	0.1%
Total	**818**	**100.0%**

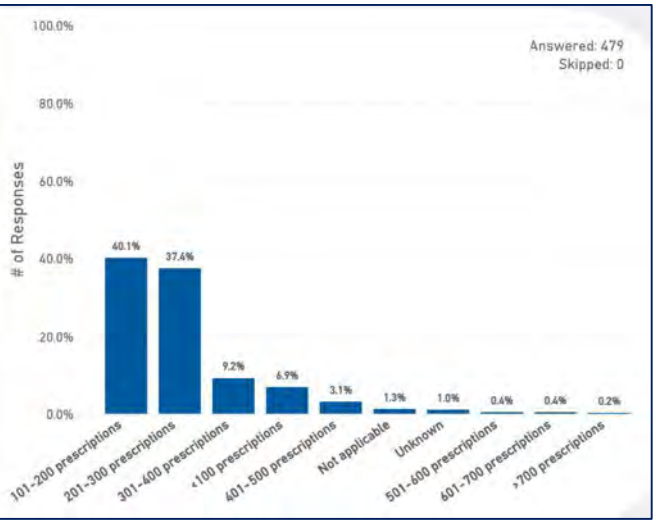
All Responses



54. In your opinion, what is the number of prescriptions ONE pharmacist should be able to reasonably and safely fill on a given weekday, working from 9am to 7pm, in a general retail pharmacy setting, with the assistance of one to three pharmaceutical technicians or pharmaceutical technicians in training IF non-dispensing services such as medication therapy management, vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects ARE EXCLUDED?

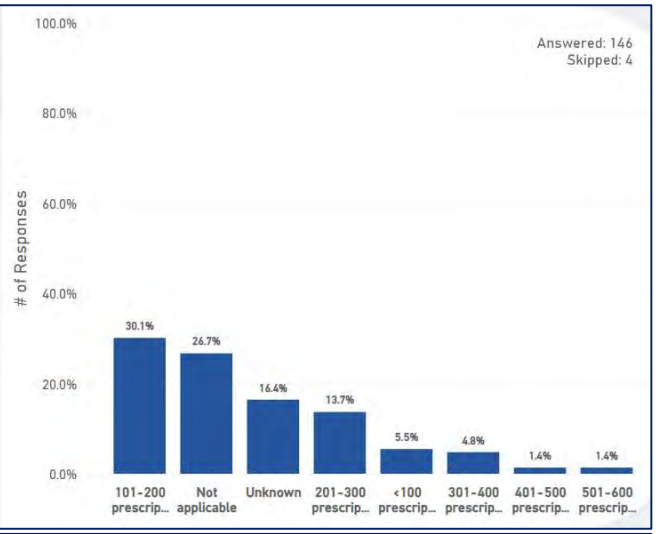
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
101-200 prescriptions	192	40.1%
201-300 prescriptions	179	37.4%
301-400 prescriptions	44	9.2%
<100 prescriptions	33	6.9%
401-500 prescriptions	15	3.1%
Not applicable	6	1.3%
Unknown	5	1.0%
501-600 prescriptions	2	0.4%
601-700 prescriptions	2	0.4%
>700 prescriptions	1	0.2%
Total	479	100.0%



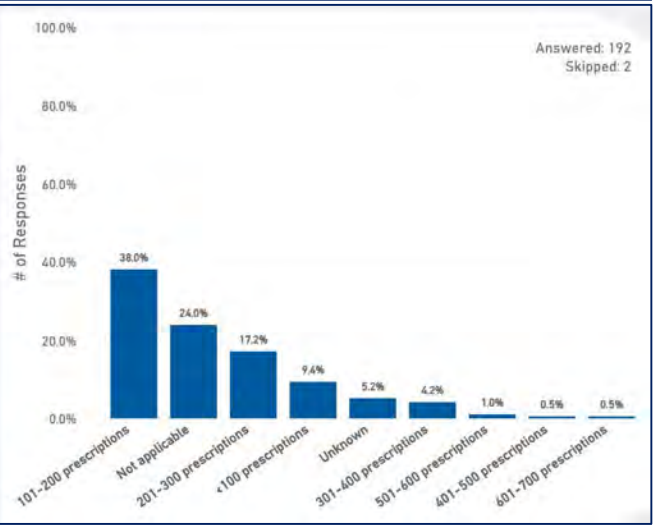
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
101-200 prescriptions	44	30.1%
Not applicable	39	26.7%
Unknown	24	16.4%
201-300 prescriptions	20	13.7%
<100 prescriptions	8	5.5%
301-400 prescriptions	7	4.8%
401-500 prescriptions	2	1.4%
501-600 prescriptions	2	1.4%
Total	146	100.0%



Other

Survey Responses	# Responses	% Responses
101-200 prescriptions	73	38.0%
Not applicable	46	24.0%
201-300 prescriptions	33	17.2%
<100 prescriptions	18	9.4%
Unknown	10	5.2%
301-400 prescriptions	8	4.2%
501-600 prescriptions	2	1.0%
401-500 prescriptions	1	0.5%
601-700 prescriptions	1	0.5%
Total	192	100.0%



55. What workplace conditions, if any, do you believe should be addressed at your primary practice setting to promote patient safety? What suggestions do you have for improving the condition?

Results to this question begins on page 128.

56. What other recommendations for changes do you have that you believe would lead to improved patient care or patient safety?

Results to this question begins on page 148.

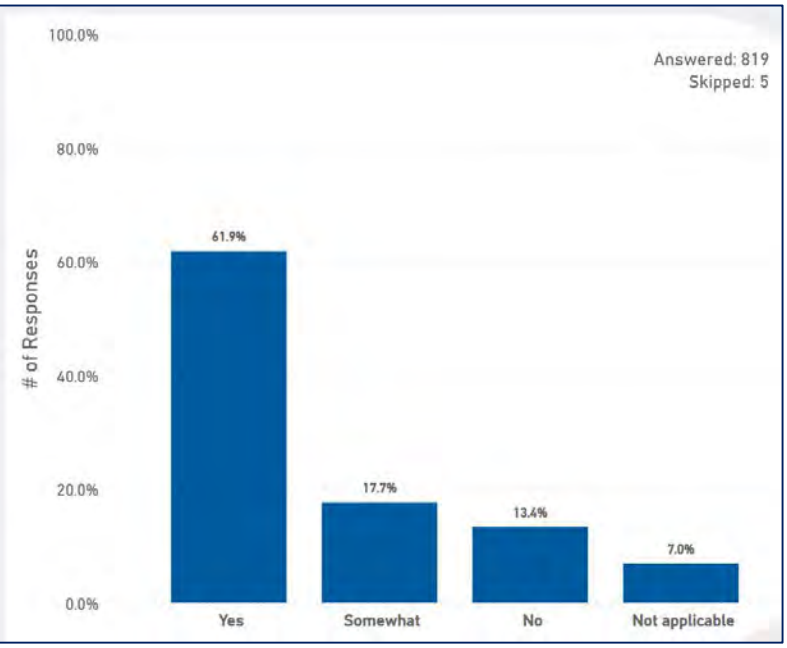
57. Please share any other comments you may have:

Results to this question begins on page 165.

58. Have you felt burned out from your work?

Survey Responses	# Responses	% Responses
Yes	507	61.9%
Somewhat	145	17.7%
No	110	13.4%
Not applicable	57	7.0%
Total	**819**	**100.0%**

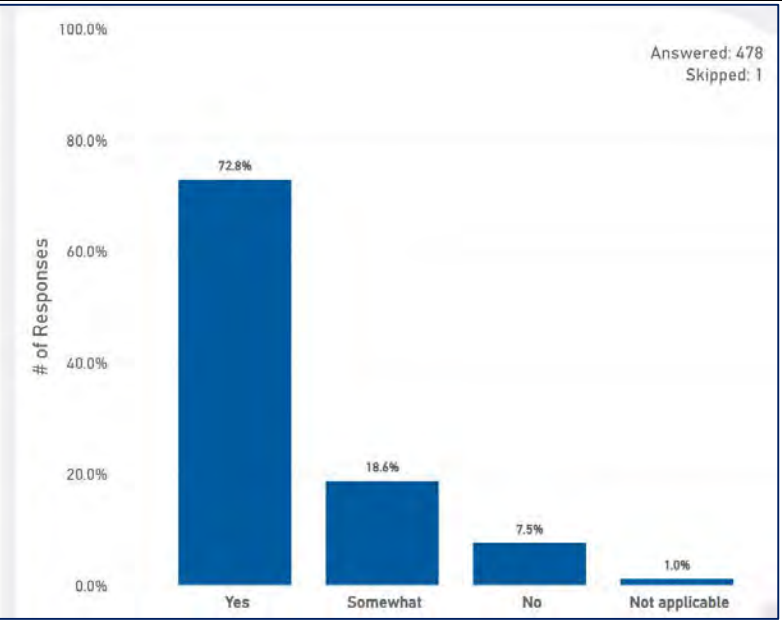
All Responses



58. Have you felt burned out from your work?

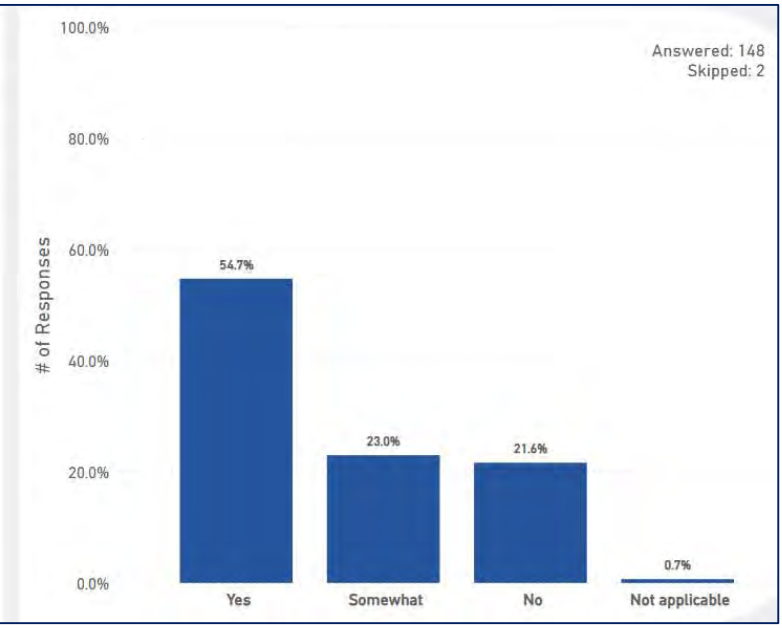
Survey Responses	# Responses	% Responses
Yes	348	72.8%
Somewhat	89	18.6%
No	36	7.5%
Not applicable	5	1.0%
Total	**478**	**100.0%**

Retail Chain Pharmacist



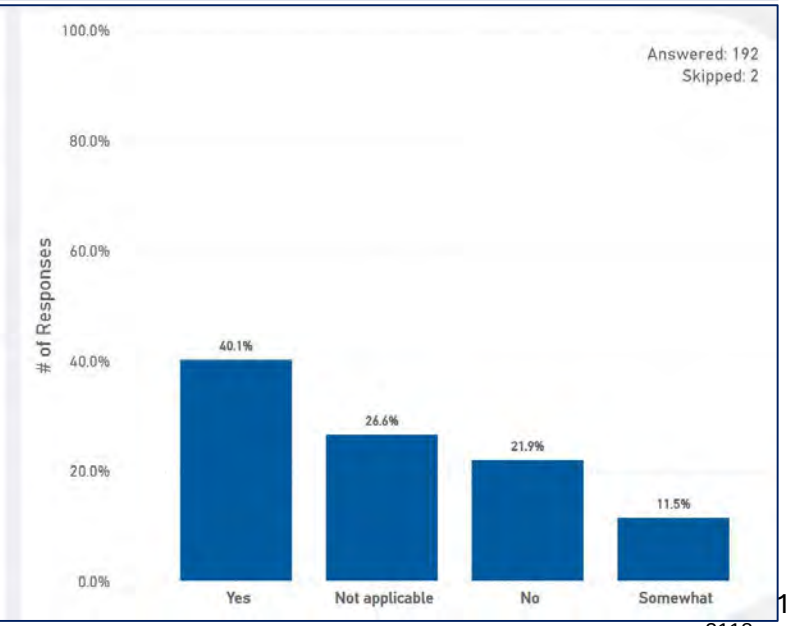
Survey Responses	# Responses	% Responses
Yes	81	54.7%
Somewhat	34	23.0%
No	32	21.6%
Not applicable	1	0.7%
Total	**148**	**100.0%**

Institutional/Hospital Pharmacist



Survey Responses	# Responses	% Responses
Yes	77	40.1%
Not applicable	51	26.6%
No	42	21.9%
Somewhat	22	11.5%
Total	**192**	**100.0%**

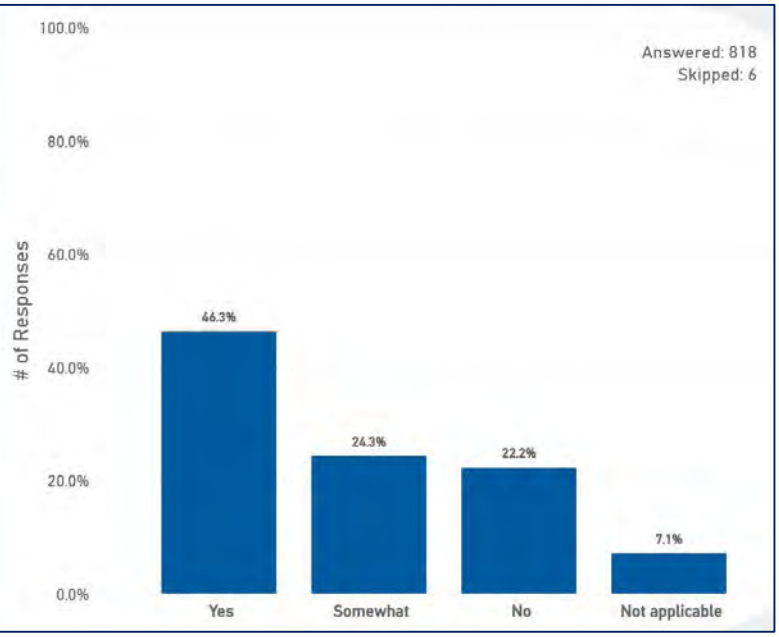
Other



59. Does your job often negatively affect your mental or physical health?

Survey Responses	# Responses	% Responses
Yes	379	46.3%
Somewhat	199	24.3%
No	182	22.2%
Not applicable	58	7.1%
Total	**818**	**100.0%**

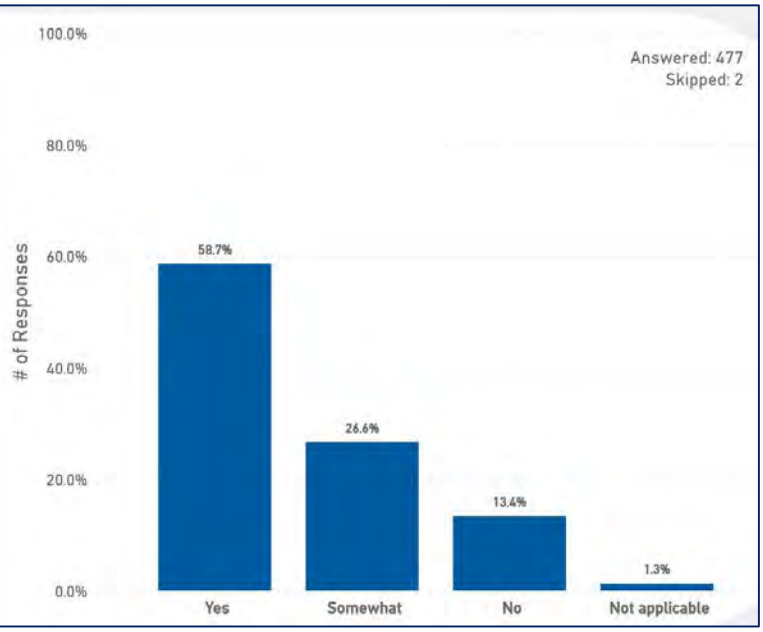
All Responses



59. Does your job often negatively affect your mental or physical health?

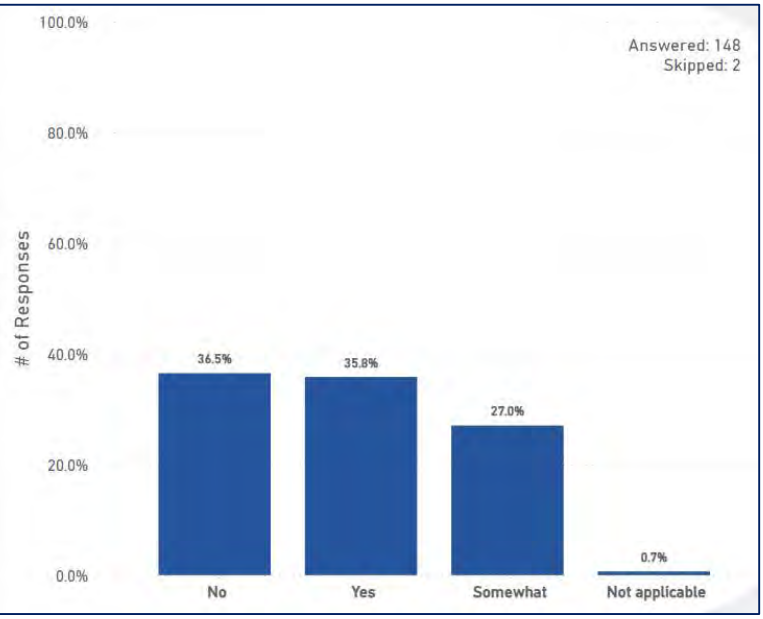
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	280	58.7%
Somewhat	127	26.6%
No	64	13.4%
Not applicable	6	1.3%
Total	**477**	**100.0%**



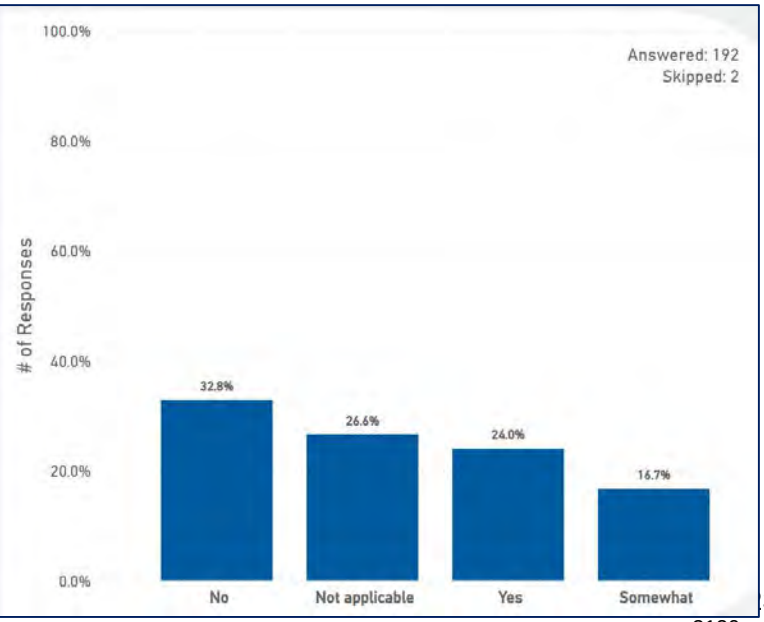
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
No	54	36.5%
Yes	53	35.8%
Somewhat	40	27.0%
Not applicable	1	0.7%
Total	**148**	**100.0%**



Other

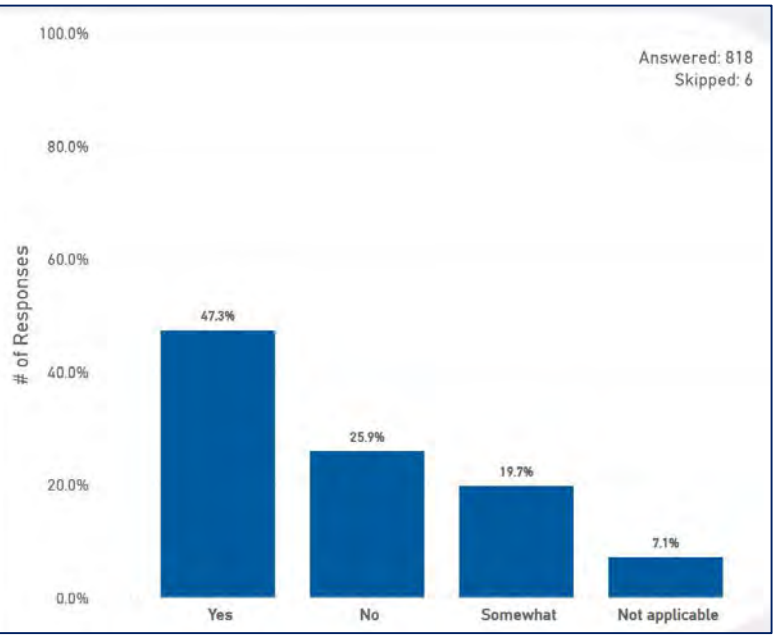
Survey Responses	# Responses	% Responses
No	63	32.8%
Not applicable	51	26.6%
Yes	46	24.0%
Somewhat	32	16.7%
Total	**192**	**100.0%**



60. Have you often been bothered by feeling down, anxious, irritable, depressed, or hopeless because of work?

Survey Responses	# Responses	% Responses
Yes	387	47.3%
No	212	25.9%
Somewhat	161	19.7%
Not applicable	58	7.1%
Total	**818**	**100.0%**

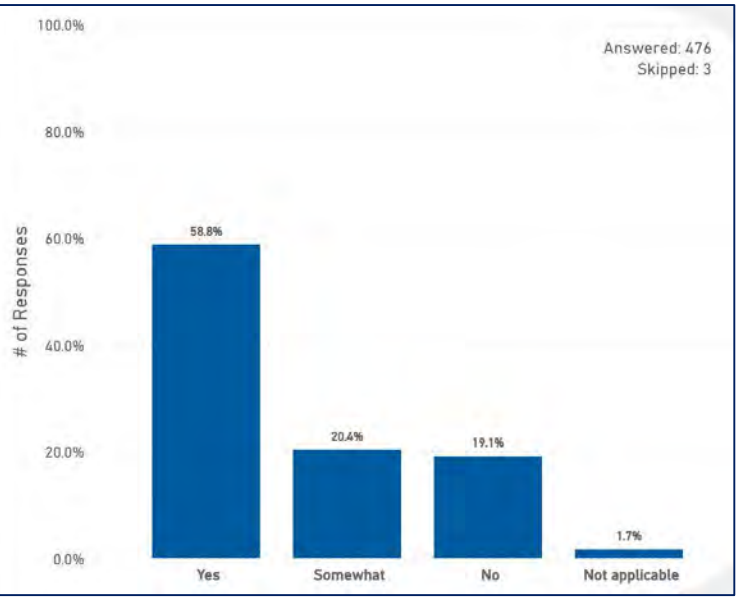
All Responses



60. Have you often been bothered by feeling down, anxious, irritable, depressed, or hopeless because of work?

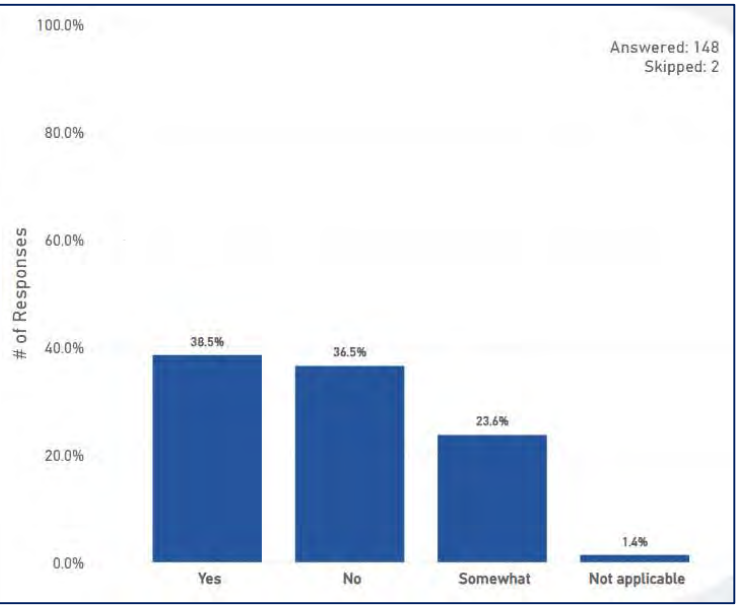
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	280	58.8%
Somewhat	97	20.4%
No	91	19.1%
Not applicable	8	1.7%
Total	**476**	**100.0%**



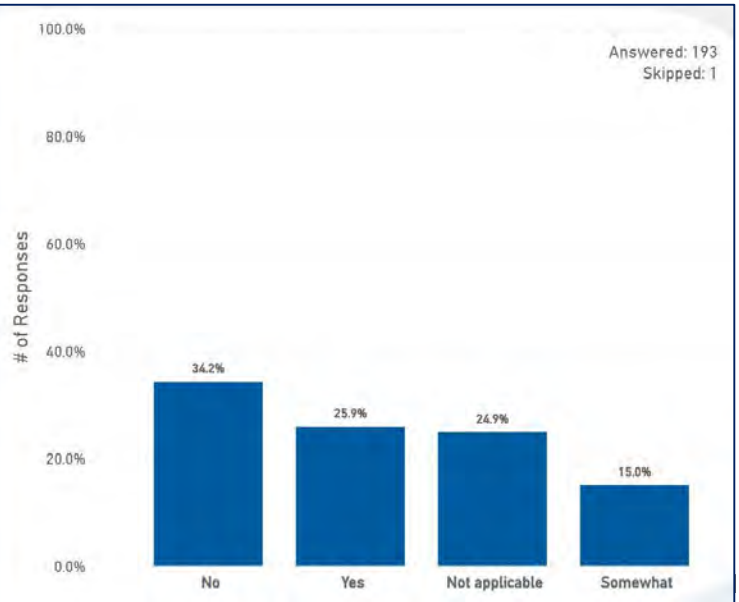
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
Yes	57	38.5%
No	54	36.5%
Somewhat	35	23.6%
Not applicable	2	1.4%
Total	**148**	**100.0%**



Other

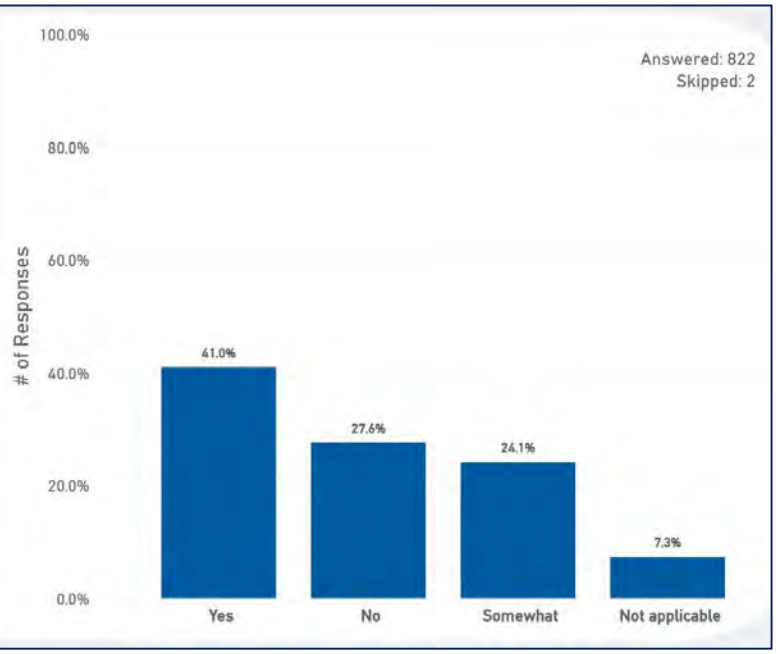
Survey Responses	# Responses	% Responses
No	66	34.2%
Yes	50	25.9%
Not applicable	48	24.9%
Somewhat	29	15.0%
Total	**193**	**100.0%**



61. Have you felt all things you had to do at work were piling up so high you could not overcome them?

Survey Responses	# Responses	% Responses
Yes	337	41.0%
No	227	27.6%
Somewhat	198	24.1%
Not applicable	60	7.3%
Total	**822**	**100.0%**

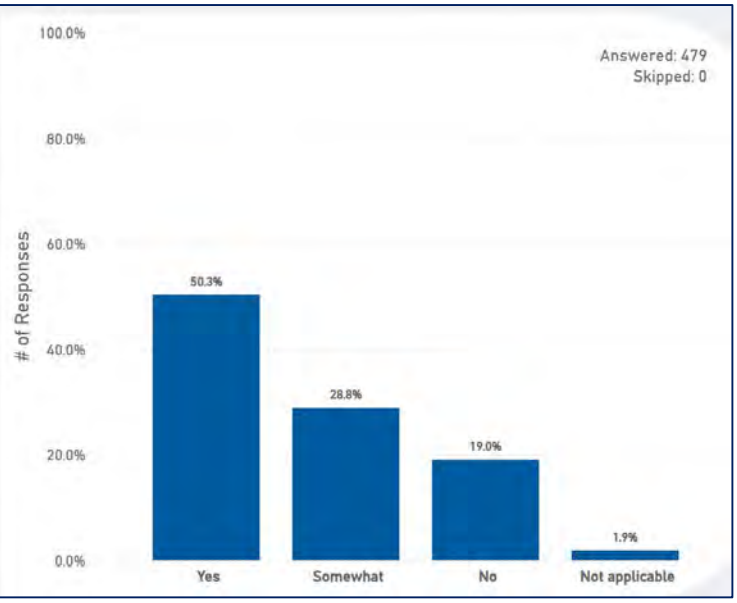
All Responses



61. Have you felt all things you had to do at work were piling up so high you could not overcome them?

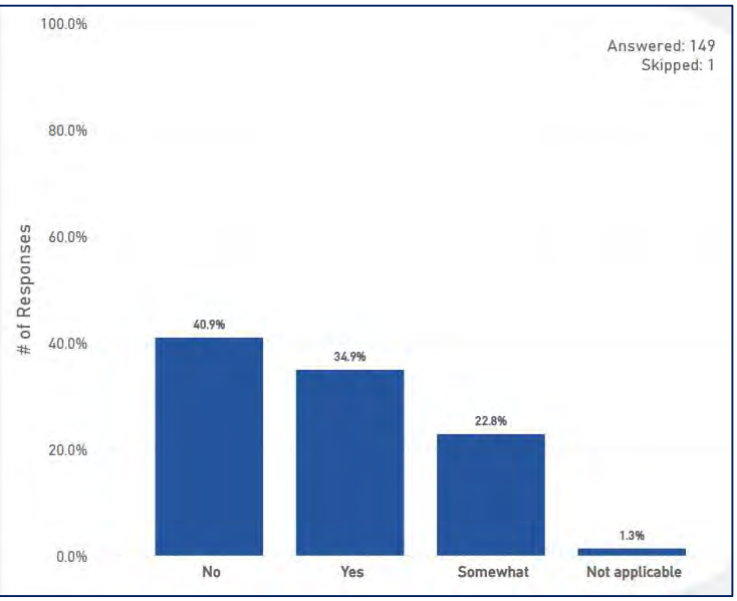
Retail Chain Pharmacist

Survey Responses	# Responses	% Responses
Yes	241	50.3%
Somewhat	138	28.8%
No	91	19.0%
Not applicable	9	1.9%
Total	**479**	**100.0%**



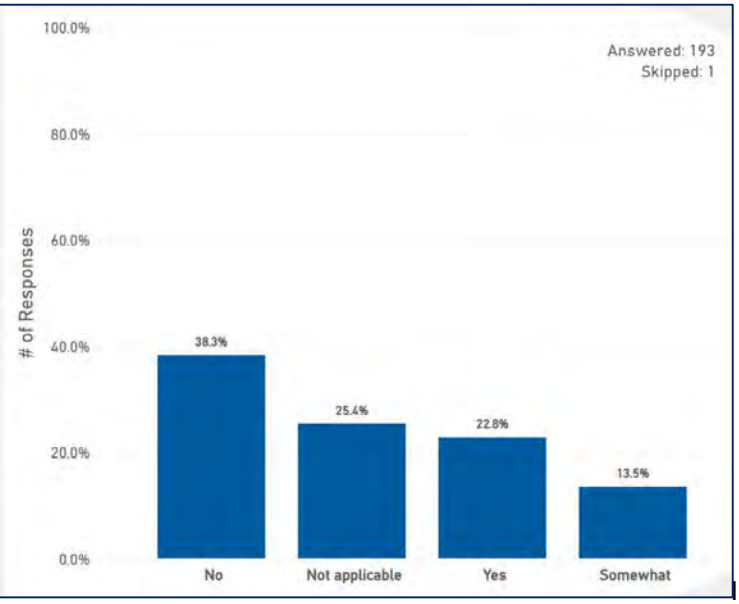
Institutional/Hospital Pharmacist

Survey Responses	# Responses	% Responses
No	61	40.9%
Yes	52	34.9%
Somewhat	34	22.8%
Not applicable	2	1.3%
Total	**149**	**100.0%**



Other

Survey Responses	# Responses	% Responses
No	74	38.3%
Not applicable	49	25.4%
Yes	44	22.8%
Somewhat	26	13.5%
Total	**193**	**100.0%**



	A
1	**Question 55: What workplace conditions, if any, do you believe should be addressed at your primary practice setting to promote patient safety? What suggestions do you have for improving the condition?**
2	**Question 3: Which of the following most closely describes your primary practice setting? b. Retail Chain Pharmacy**
3	**Responses**
4	1) increase rph and tech help. 2) move testing and vaccinations out of the pharmacy to it's own mini clinic.
5	1. Eliminate workload metrics (hours of tech help are being based on script counts/sales). Our community is primarily retired seniors and the volume/quality of patient care is more demanding/time consuming. Since the pandemic, Vons has "CUT" 10 hours of pharmacist on duty/week....leaving us very short staffed to upkeep the volume and demands which has increased tremendously with overwhelming vaccines, scripts, phone calls. Our location demands for more patient care, more questions, more EVERYTHING and with the cut of pharmacist hours, the entire staff is overwhelmed feeling defeated on the daily. 2. Our layout of the pharmacy is not safe for staff nor does it allow the pharmacy dept to safely and efficiently perform pharmacy tasks. The front counter is jumpable at 3 feet tall and wide open to encourage anyone to jump over at anytime. Majority of staff are females who works the night shift and we do not feel safe. Along with the wide open layout, the pharmacist and techs are widely displayed to welcome "all customers in sight" to stop and interrupt the staff in the middle of processing/dispensing prescriptions to ask where things (bread, cheese, soda, napkins, etc) are in the grocery store and being majority of clients elderly...you have to stop and go escort them to the item in the store. And this is a constant disruption in the pharmacy staff performing pharmacy tasks. Safety concerns of the floor plan has been voiced multiple times with State Board but still no result.
6	1:1 ratio of pharmacist:tech should be the LAW for safety so big companies cannot use shrinking of hours to minimize technician help for to forgo safety and maximize workload for profit
7	13 hours shifts Waived lunch breaks, no time to take breaks and not falling behind work load
8	A legal minimum of pharmacist to technician ratio based on the # of Rx filled on average for that day of the week. Techs in training do not count.
9	Add more technicians
10	Add pharmacist
11	Adding an additional Pharmacy Technician in order for me to not feel rushed in the verification of each prescription and medication dispensed.
12	Addition of staff and elimination of distractions would greatly improve patient safety. A closed room or section in the pharmacy for pharmacists especially in retail would be helpful in decreasing interruptions. A maximum limit of prescriptions processed by a pharmacist in a day would also be beneficial to decrease the pressure in filling prescriptions without further checking their efficacy and safety for the patients' therapies. Business metrics should not pressure pharmacists. Chairs for staff in retail pharmacies can also be helpful in reducing fatigue. There should be assigned staff separately for dispensing and non-dispensing services for the day.
13	Adequate experience technicians
14	Adequate pharmacy staff (cashiers,Pharmacy techs to take care inside store and DRIVE THROUGH Patients. There should be a day set for immunization and a pharmacist to do Immunization so that the verifying pharmacist can concentrate.
15	Allowing more pharmacist overlap
16	Allowing more time to address mild to moderate drug interactions when counseling
17	As a PIC at my current employer we are required to work 9.5 hours per day 5 days per week. This is a long day/week of high pace work and forceful concentration to not make any mistakes. There should be a limit to how many hours a day or how many hours per week a salaried pharmacist can work, 40 MAX! Either four 10 hour shifts or five 8 hour shifts, even as salaried. The employer mandates PIC work 45 hours per week - which is a safety concern in my opinion. By the end of the day I'm finding myself making more errors, and especially by the end of the week.
18	As pharmacists in retail chain, we often find ourselves in a relentless cycle of multitasking and extended work hours due to the demanding nature of our work, which is exacerbated by a shortage of pharmacy technicians. This shortage compels us to undertake additional roles, including technician tasks, administering vaccinations, and handling non-patient related interruptions, all while ensuring patient safety. The pressure to meet efficiency metrics further intensifies this issue, making breaks seem impractical. Consequently, I often forego rest and meal periods, not explicitly required by my employer, but out of necessity to manage the workload. This situation impacts both our well-being and the quality of patient care, underscoring the need for a more balanced and sustainable work environment in pharmacies.
19	Assign extra help
20	At my particular retail pharmacy, we are extremely understaffed and cannot even begin to keep up with the workflow. Corporate only cares about how we can keep up with imposed metrics, patient safety is secondary to everything. Patient safety and concerns are only validated when they start to affect metrics or the bottom dollar.

	A
21	At my workplace there is not enough staff at certain times of the day to support the inflow of prescriptions that come in, answer the calls, ship medication, et . There should a standard minimum number of staff at all times of the day. My company does not allow for sufficient hours for all staff to maintain the pharmacy. Employee hours are held hostage by how well we perform towards metrics (i.e. number of vaccine given, calls to patients get more vaccines, etc).
22	Being able to focus on one task at a time would be the biggest safety improvement. Not sure how to make it happen but better staffing would be a great place to start.
23	Being able to focus without interruption.
24	Being consistently understaffed needs to be addressed by retail chain pharmacies. A legal statute that requires a minimum number of techs on during business hours depending on script volume would make sure the pharmacy is staffed.
25	Better phone systems to deter basic functions that can be done electronically.
26	Better workflow with each patient's meds being grouped together. Little interruptions and distractions. The phone calls are out of control since it rings a lot and not enough bodies to be at many stations from register to drop off to fill and answering the 4 or 5 lines that constantly rings. We in the pharmacy world are burdened by metrics and workload and the lack of breaks. Somedays I work 7am to 8pm and w/o one single break. Prescriptions are lined up everywhere and it's easy to mix up meds among patients. Corporations want more money each yr to satisfy growth and PBM want to pay out less so easiest way for corp to grow each yr is to cut cut cut labor hours. It's sad and I wish I had gone into dentistry instead when I went to college for pharmacy. I am happy to hear enrollments are down and hopefully enrollment will decrease even more.
27	Bottom line is more pharmacist/technician help. or limit number of prescription for pharmacist to verify per 8 hour shift
28	Cap on the number of prescriptions a pharmacy can fill. Cap on the number of calls that can come in. Hundreds of calls come in
29	central phone system-off site phone employees
30	clerk help and phones not ringing every 6 seconds and mgmnt getting upset cause you cannot answer all the phone calls! better phone system easier to use
31	Coaching
32	Companies should not continue to pile up more and more duties on pharmacists and the techs without providing extra help, especially when it comes to higher volume stores. There is already enough work to be done filling 1000+ scripts daily, administering shots, counseling patients, giving OTC recommendations, and then there are more tasks being given as if there is not already enough work to do. The extra tasks are being given or added to a day without extra help. There should be more pharmacists to help, especially at busier stores. Having more technicians will help, but that also gets more stress on the pharmacist having to watch over 3 techs plus the cashiers.
33	Constant interruptions of Pharmacist only tasks along with unreasonable mandatory metric goals
34	constantly adding additional metrics and tasks. excessive pressuring to reach goals. Pushing for excessive amount of vaccines and comparing other stores. Constantly made to feel we are under performing even when doing more than last year with less help. It takes a toll on everyones mental health. Its about profits but pharmacists pay increases are not keeping up with inflation. Does not make any sense these days to take on 225k in student loans and spend 8 years going to school. Return on investment is better becoming a technician with no school, no loans. Techs might get a raise of 5-10%. Pharmacist are lucky to ever see 1%, and that is over a few years.
35	Consultations are not conducted confidently and effectively due to time constraints. A separate window or area should be made available for private consultations.
36	Continue to promote the use a of technology that is being developed and the Board should be more proactive to amend regulations to broadly allow the use of these technologies
37	Corporate and district managers should stop threatening pharmacists to fill all c2 medications without speaking to the prescriber about the patient's pain management therapy plan especially if it is their first time and they are starting off with a 30 day supply. Patient safety is important but corporate tells us not to delay therapy by talking to the prescriber first.
38	Decrease phone calls and patient traffic in the pharmacy so the pharmacy has more uninterrupted time to finish task in a timely and safe manner.
39	Decrease the required paperwork and excessive processing we have to do for all control prescriptions
40	Decrease workload for pharmacists, increase ratio of tech:pharmacist, decrease the interruption while pharmacist is verifying the prescriptions, no vaccination (we are pharmacy, not immunization clinic), increase tech hour (they cut hour so sometime pharmacist has to be alone in the pharmacy or just have 1 tech for 2 hours, or all day)
41	Decreasing or eliminating pharmacist interruptions, decreasing or eliminating the amount of non-dispensing responsibilities pharmacists have.
42	Designate 1 to 2 hours a day where we only do vaccines and then no other vaccines can be administered after that time window.
43	Do not have enough technician help, meeting metrics and provide non-dispensing work are greatly affecting patient safety. If corporation could eliminate metrics including flu shot goal that would help pharmacists have more time to focus on patient safety.

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44	Do the math it is simple. There is only one question to be asked and answered all of the previous questions were of no consequence. The only question is how long does it take to safely fill one prescription from data entry to final verification?Do the math genius.
45	Doing or testing that shouldn't be pharmacist like point of care and test to treat for flu , covid and strep throat testing
46	Don't give us the CVS corporate answer. Be honest that there is a problem by acknowledging it. Then fix the issue as opposed to sugar coating the issue with positivity. Workplace conditions that needs addressing are hour cuts, lack of help, & metrics quo
47	Due away with metrics and non-dispensing tasks. Without metrics being used to evaluation my performance, which affects paid rate and raises, I will be able to focus on patient safety and not have to worry about non-patient related tasks or concerns.
48	Eliminatating the need for the pharmacist to be the main person answering calls while doing so many other tasks, constant interruptions by working alone for 3-5 hours while answering every question, consultation, and maintaining workload plus metrics, having 2 or more pharmacists per shift to alleviate the stress and workload .
49	Eliminate all metrics.
50	Eliminate metrics
51	Eliminate mtm tasks, have a mid pharmacist with the volume we fill.
52	Eliminate non dispensing responsibilities for pharmacists and metrics.
53	eliminate phone calls and phone metrics, all phone related items.
54	Eliminate the practice of staffing the pharmacy with 1 pharmacist for a 12 hour shift. Provide adequate staffing (whether pharmacist or technician) to allow staff to take a break/meal period without totally overwhelming remaining staff. Eliminate the
55	Eliminate vaccine targets Script targets Rph overlap More tech hours
56	Eliminating COVID testing, strep testing and flu testing. These tests take up to 45 minutes to an hour
57	Eliminating high metric expectations regarding immunizations, as it creates many disturbances in workflow and encourages mistakes due to limited space within pharmacy; especially at peak hours.
58	Eliminating metrics and increasing pharmacy tech hours
59	Eliminating non-dispensing pharmacy related work
60	eliminating timing of checking and reviewing rxs
61	Eliminating workload metrics
62	Employee Burn out. Need. More techs
63	enough pharmacist and technician staffing
64	enough staff
65	Enough staffs
66	Even though the tech to pharmacist ratio is set by the State Board of Pharmacy, we get around it by saying the techs who are ringing out prescriptions are cashiers, thereby being in compliance with state regulations. The truth is they are techs.
67	Extra help
68	Faster response time with providers
69	For non-dispensing services should be scheduled on weekends ehen an extra pharmacist can give the said services so complete focus and attention can be given to appropriate services
70	Get rid of metric, increase number of pharmacist
71	Get rid of twelve hour shifts. Increase pharmacist hours. Allow for better pharmacist overlap of shifts to make calls, perform daily tasks and counsel patients.
72	Get supervision out of the practice of Pharmacy
73	Getting extra staff for Managing incoming phone calls..managing patients problems..
74	Give extra time to complete the requirements and training for for additional tasks that have been added.
75	Give more time for pharmacist to review and communicate with MD and patient

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76	Give pharmacist more power less bosses less accountability from people that are making $ from the pharmacy . There are numerous people that have never worked in a pharmacy , don't know the law or what it takes to fill a rx safely and completely . Many of these corporate executives , district managers , store managers , and assistant managers all make $ and have financial motive to push a pharmacist to fill a rx faster , give more vaccines , do more MTM's , sell more OTC's , get all your paper work done faster and many other duties that are irrelevant to the practice of filling actual rx's . All on the back of the pharmacist license . Why I ask ? What have not all but most of these people done to profit from me going through 6 yrs of pharmacy school ,busting my backside , coming in early ,staying late , and working in a very high stressed environment . At the very least NVBOP should make it law that Pharmacist clock in and out and get overtime pay for anything over 8 hrs/day and 40hrs/week . Salary should be done away with . 30 min for lunch is a joke . Every pharmacist should get a full hr lunch by law plus a 15 min break in AM and eve . No supervisor ,district manager or store manager should have any authority over a pharmacist if they are not licensed and approved by the NVBOP . With that the NVBOP should develop a set of rules and standards said supervisors have to follow. If someone is in charge of a pharmacist they are essentially in control of work load , quotas, and how much a pharmacist is pushed to meet financial goals . As it stands now pharmacist have to meet unreasonable goals or get reprimanded , bonus with held and or terminated . I know nothing will probably get done because this survey is probably just fluff for someone that wants to look good for there supervisor . Again someone thats making $ off of pharmacists . Very ironic .
77	Giving consideration to give enough time to focus and fill prescription
78	Have additional pharmacist working to share the workload of counseling, therefore limiting the times of being interrupted while verifying medication¨s and data verification
79	Have enough Rph and techs depending on how many scripts Pharmacy fills per day
80	Have more technicians trained for immunizations, especially during flu season.
81	Have non-pharmacy staff prohibited from assigning any tasks to PT , PTT and cashiers; also be prohibited to tell Pharmacist to change focus or priorities.
82	Have not worked in a pharmacy for over 10 years.
83	Having additonal help, prohibition of metrics/quotas, pharmacists shouldn't be required perform non dispensing duties that allow the retailer's bank account to grow exponentially without any regard for patient safety.
84	Having more technician hours, our pharmacist shouldn't be working alone at any one time during the day. Law should require a minimum amount of man hours based off of prescriptions filled to help prevent retail pharmacies from creating understaffed condit
85	Having more technicians and giving the PIC enough technician hours to be able to schedule them.
86	Having more technicians or another pharmacist to help process and fill prescriptions and answer phone calls would allow the verifying pharmacist to have more time and not feel œrushed when verifying prescriptions.
87	Having more than 1 pharmacist scheduled during weekdays .
88	Having one pharmacist doing non dispensing duties for a designated amount of time (ex: 10a-3p). Also having patients make appointment to this designated non dispensing clinic time and not accepting walk-ins. There's distractions as soon as someone walks up and requests this shot or that shot.
89	Having sufficient tech hours so that a pharmacist should NOT have to open or close or work any of their shift without at least 2 technician
90	Having the freedom to discharge patients who are abusive to pharmacy staff.
91	hire pharmacists to take care of the mtm tasks and other non-dispensing related services, such as vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects
92	Hours should be based on a yearly calendar. We should be able to utilize hours that are unused from one week to another and hours should be based on productivity. Meaning you should get more hours with newer staff as they cannot prefer at the same level as experienced technicians.
93	How many technicians are allowed per pharmacist.
94	I am answering survey questions based on my experience in retail pharmacy. I am currently at a remote hospital pharmacy where our only need is more pharmacists and uninterrupted breaks. In retail. Testing services should be completely separate from vaccination services (not the same building). Testing should not be allowed to be done through the drive-thru. Testing should be outside or have a separate entrance from all other patients and have a separate staff for all these procedures with appropriate sizes of all PPE necessary.
95	I believe my employer should place the responsibility of their flu/vaccination models on someone else for flu seasons, or it needs to be wildly decreased. For the month of October, we were expected to do up to 150 vaccines per day on top of meeting pharmacy demands
96	I believe patient care calls and prescriber follow-up calls are an over burdensome metric. In my practice setting, we communicate with patients via automated phone calls and text messages. There is redundancy all ready built into the system. We communica

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97	I believe that the addition of technician hours would be most beneficial to my practice. Starting this year, the budget was significantly cut, leaving the pharmacist alone most of the time the pharmacy was open.
98	I believe there should be a 1:1 ratio of pharmacist:technician at all times. A lot of times as a pharmacist, I am working alone for 6 out of the 10 hours I am there. It is hard to promote patient safety when I'm being pulled to do 6 different things duri
99	I do not want or think it is a good idea to have patients come into retail stores for disease testing.
100	I feel like most stresses are coming from corporate pushing for us to meet certain goals (metrics) ei, increasing our script count, vaccine goals, Clinical numbers, autorefill, 90 days fills, Medication Therapy Management. I spend most days worrying about meeting metrics rather than focusing what I went to pharmacy school for, taking care of patients, drug interactions and accuracy. Hopefully the board can step in and do something about this issue.
101	I feel that it is important to take breaks and we are not able to do that. My store is busier now than when I first took over the store. Before the pandemic we use to have 3 pharmacist scheduled Monday through Friday, now that I am busier because we even
102	I need one pharmacist just for consulting with all the medications we are expected to consult on, then another pharmacist just for vaccines and phone calls, and then a third pharmacist just for verifying and product review of medications. Sure, technicians can vaccinate but they do not want to without being incentivized as they feel they do not get paid enough for the risks that come with being a vaccinator. I think it should be a requirement for companies to have a cleaning service to clean the pharmacy. There is not enough time in the day for pharmacists and/or technicians to clean and it is also not our job. We are a health care environment that should have a cleanliness standard. My pharmacy has reeked of sewage for months. This smell is so bad that we wear masks and are getting headaches. I have put in ticket after ticket with our fix it center. Plumbers have come by to check on it with no help. Finally someone came to smoke out the pipes to see if there was a leak and the whole pharmacy became so smoky that the staff members could not breathe. Higher up members were upset when the floating pharmacist shut down the pharmacy while the smoke was in there. These conditions are not workable sometimes. I do not know any patient that would want their medications that they ingest to come from a pharmacy that reeks of sewage and has smoke everywhere.
103	I think every chain should have a call center about pt counseling over the phone
104	I think the company that I work at is great and it gives us a huge support.
105	I was a pharmacy manager for 14 years. At first I would have three technicians scheduled throughout the day. Around 2015, I was down to being able to only schedule one pharmacy technician every day and I was doing more prescriptions and more non-dispensing tasks. I feel that I am a very good pharmacist that can multi-task. With one technician, there is no way that I can handle the in-window, out-window, phones, typing prescriptions, filling prescriptions, checking them, and doing vaccinations. I simply can't be in each spot at the same time. When you have a line of patients staring at you and the phone ringing, your stress level goes way up and mistakes are made. I had to quit and move to another pharmacy setting, even though I feel that community pharmacy is my calling. Towards the end of my time as a community pharmacist I started to have panic attacks while driving to the pharmacy. I knew that I would not have enough help and that I would be under stress all day. (Don't forget, I was trying to do all of these things by myself before and after the technicians shift or when they were on break and lunch. Also, the technicians called out a lot because the way that they were treated by the company.) Patient safety was clearly affected by the lack of concern by the company.
106	If additional responsibilities are given to the pharmacists extra overlap and technician help should be given right away not told it will get adjusted in a few months automatically by the system
107	If our PIC/Rxmanager would stop being rude and disrespectful to our patients.
108	If we are going to be expected to be clinicians with our patients and counseling is being required, then an adequate amount of time needs to be given to actually review patient's info, contact doctor's, review guidelines, etc. We should not be held resp
109	If we became hourly then we'd be entitled to our breaks and 30 min lunches right now technicans are allowed but for us no one cares but it doesn't make sense we need them more to catch mistakes , or make mandatory brakes after two hours even as salary, r
110	If we can have 4 techs/ 1 pharmacist ratio
111	illegally be asked by corporate to increase the number of vaccination and metrics, and have nonstop cut technicians hours.
112	Immunization technician on schedule all day to eliminate pharmacist doing all vaccinations 4 or more technicians on schedule or another pharmacist
113	Impossible to meet payroll standards. Front end store using rx payroll dollars and forcing rx to cut help. Minimum staffing requirements enforced by state.
114	Improve staffing levels and allow for proper training of technicians
115	Improve staffing, preferably a midshift pharmacist, and adding at least one more technician to the afternoon/night shift to allow prescriptions to get filled continuously throughout the day and not leave a large load on the following day.
116	Improved staffing will help with the work load. As well as reducing non-dispensing duties like numerous calls that should be replaced with electronic communication.

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117	Improved telephone answering system, more automation
118	Improvements to the computer system to help prevent errors
119	in our setting, at our current fill level, we need to have 2 techs (8 hr shifts) per day. I think a single tech on the weekend is sufficient at the fill levels we are at. currently we are at 1 tech per day and 1 pharmacist trying to fill 160 average per day, including all duties. fill, dispense, phone, shots, counseling ect. there is a real question about making so many split second decisions in the course of a day is did i make every one correctly? I sincerely hope so. however the stress on some days due to work load can be overwilling.
120	In the beginning, I would like to discuss the pressure from the pharmacy manager. There is pressure that will lead to better improvement, but there is pressure that will lead to an unsafe environment to work. This exactly happened at the retail pharmacy currently. The pharmacy manager demanded staff pharmacists verify the prescriptions at unusual and inappropriate times. Staff pharmacist had to verify and work faster than normal process, so the pharmacy manager could get the payment bonus from the corporation. This leads to extreme events that can cause medication errors and an unsafe environment to work. The pharmacy manager demanded staff pharmacists counsel prescriptions and give vaccinations as quick as possible in as few seconds. This is not the right way to practice pharmacy, pharmacy manager should understand the importance of the necessary steps to practice pharmacy. In the normal process, the pharmacist needs to take time to discuss with the patient the usage of the medication, side effects, the dosage, drug-drug interaction, allergies, the history of the vaccinations, and so on. The pharmacy manager forced the staff pharmacist to skip most of the steps and work as fast as possible. There is a very high risk for staff pharmacists to practice and work in this condition. Secondly, I would like to mention pharmacy manager did not know how to train a new technician or technician-in-training. As a new hire, technicians will need several months to practice and perform hands-on experience at the pharmacy. The pharmacy manager forced them to work faster and threatened to write them up for any mistakes at the pharmacy. This contributed greatly to the medication errors that can lead to serious events. As a result, I would like to recommend not putting pressure on the new staff and letting them have enough time to practice and get used to the environment. In addition, the pharmacy manager did not know how to divide tasks between the staff. The staff pharmacist had to take on more responsibilities than normal due to the new staff did not have enough train. As a result, the normal process of the pharmacist such as typing the prescriptions, pre-verification of the prescriptions, product dispensing, final verification, and even the insurance process. The staff pharmacist had to do all the steps instead of dividing the tasks among all the staff. This contributed to medication errors as well. Lastly, the pharmacy manager kept track of how many times the staff went to the restroom every day at work. I do not know why the pharmacy manager was doing it as her policy. This is an unusual policy compared to other retail chain pharmacies, and it leads to unexpected pressure on the mentality of all staff at the pharmacy.
121	Increase help in the pharmacy, i.e more staffing. Removal of metrics and non pharmacist related tasks.
122	Increase hours
123	Increase in pharmacist overlap/ hours. Increase in technician hours. Maybe Increase the tech ratio to 4 to 1 but nothing more than that. I believe more would lead to a bottle neck and errors.
124	Increase in technicians and cashiers hours all throughout the day. Not just mornings, but evenings as well
125	Increase in the pharmacist staffed. there should be an opening, mid, and closing pharmacist every day except the weekends to ensure adequate overlap to help ensure more patient safety and better clinical conversations between patient and pharmacist.
126	increase internet speed computer systems/programs, better organization for medication pick up
127	Increase number of pharmacists staffed, allow for budget to do so, bonuses or salary raises that are greater than the cost of living percentage increase
128	Increase number of pharmacy technicians
129	Increase number of technicians, proper training of technicians before engaging in working in the pharmacy, move some of the non prescription dispensing activities to call centers.
130	Increase of immunizing pharmacy technicians.
131	Increase pharmachy technician and add a midshift pharmacist. The other day we did over 800 prescriptions with four technicians and two pharmacist with no overlapping schedule. In addition, we are required to do patient calls for mtms, adherence calls, de
132	Increase pharmacist staffing or overlapping shifts.
133	Increase Pharmacist staffing. CVS Walgreens Walmart need to be accountable
134	Increase staff
135	increase tech help. solve the problem of patients using good rx because their prices dont match pharmacy prices. It disrupts flow and increases chances of mistakes
136	Increase tech ratio. This will support rph in being able to reduce distractions, provide best patient care and practice at the top of your license while still providing essential services for the community.
137	Increase technician and pharmacist hours so that no one has to overwork and get burnt out.

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138	INCREASE TECHNICIAN HOURS, PAY THEM A FAIR WAGE, AND STOP INTENTIONALLY AND REGULARLY USING SALARIED PHARMACISTS TO WORK OVER BASE HOURS TO KEEP YOUR PROFITS HIGH.
139	Increase the number of techs who vaccinate. Pay techs more for vaccinating.
140	Increase work hours allocated to the week. Pharmacist, PT and PTT increased. You can have all the PT's in the country, but if you are short on staffing hours you're allowed, makes no difference.
141	Increased amount of technician help, Immunization clinics without designated immunizer should not be allowed
142	Increased pharmacist hours would help to alleviate the interruptions for the dispensing pharmacist.
143	Increased staff across the board to manage point of care services and prescription work load. Technician pay increased to increase retention and quality of work.
144	Increased staffing and directing non-dispensing and non-patient responsibilities away from pharmacists to improve patient safety. Suggest scheduling more shifts or more staff to focus on non-dispensing and non-patient responsibilities.
145	Increased staffing is a must. At the retail pharmacy we need time to call doctors to address interactions and the opioid epidemic. Instead we are making call after call to patients who have already expressed they don't want to be called for pharmacy programs such as MTM or Save a Trip refill. Metrics such as verified by promise time is insane. Time and time again I find myself taking short cuts in order to get the prescriptions done in time rather than prioritizing doing it safely.
146	Increasing pharmacist staffing would reduce interruption during verifying process that would promote patient safety.
147	Increasing ratio of technicians to pharmacists. Decreasing the non dispensing tasks that the dispensing pharmacist should do during the shift
148	Increasing Technician help to schedule every service offered at the pharmacy and manage waiting times accordingly. That will free the pharmacist to focus in patient care.
149	Increasing the pharmacy technicians allowed to work. Currently have 1 technician (maybe 2 if there's one overlap day) and they want us to cut an hour from each of them so the pharmacist is alone for an hour. I'm currently typing RX, verifying, filling co
150	Increasing the tech to rph ratio would be extremely helpful in assisting with removing tasks that technicians can do from the rphs
151	Interruptions by customers wanting to know the location of a product or to check out.
152	Interruptions coupled with excessive workload with added services required to be provided by pharmacists along with supervising technicians who are providing pt. care has dramatically increased the risk for medication errors. Chains insist they have SOPs and technology in place to alleviate the strain of the workload and ensure pt. safety however, they and the Board are well aware that IF these SOPs are followed, there are not enough hours in the day to dispense meds within the time they want with the pharmacist staffing provided. The management pressures the staff into complying with the imposed metrics (which increase year over year with a corresponding need to 'cut hours') with various penalties for non-compliance. Yet they will not hesitate to implicate the pharmacist before a Board hearing as being at fault and 'If they'd only followed our SOPs this wouldn't have happened'. This is true of ALL chains. With that said, pharmacist staffing must be addressed long before any contemplation of increasing the tech/pharmacist ratio as pharmacists are the rate limiting step in this process.
153	It would be great if we had pharmacies with a front of the house and back of the house design. The front of the house could handle interruptions, counseling and questions. The back of the house would just concentrate on verification, dispensing, etc
154	larger pharmacy with today's needs in mind
155	Less emphasis on non-dispensing responsibilities and increase emphasis on dispensing, counseling, and patient care with relation to medication accuracy, ADRs, safety and efficacy. (Which also happens to be what we went to school for).
156	Less focus on metrics
157	Less focus on vaccinations and other ancillary services. They make all the money now since the PBMs take all our profit, but it still doesn't make it right that we need to do them on top of actual pharmacy work. My primary concern is filling prescription
158	Less interruptions and with enough time to finish my IV infusions before I go back to benching
159	Less interruptions while processing prescriptions, less non- dispensing duties (manager likes to delegate her responsibilities to us without taking us out of the work flow to complete them, or not coming forward to take care an angry or difficult patient
160	Less interruptions with vaccines, fixing drug shortages, more staff to answer phone calls or having a call center. Well trained pharmacists, consistent scheduling to lessen burnout.
161	Less interruptions, better technology to help on prescription errors and more staff.
162	Less interruptions. Pharmacists are responsible for everything going on in and around the pharmacy area and keeping an eye out so people don't jump the counter or cut in line or pick fights with other people in line while working on filling prescriptions
163	Less restrictions on payroll.

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164	Lessen non prescription filling activities
165	Locked cases getting constant interruption by public about open locked cases
166	Longer lunch break. We usually work 11 hours a day with only 30 minutes lunch. Sometimes patients do show up 1 minute before lunchtime to pick up their medications. In that case we only have 25 minutes left to eat our lunch. That's not enough time.
167	Lunch breaks. Albertsons pharmacy refuses to allow me a lunch break on a 12 hour shift.
168	Mainly just enough staffing and extra pharmacist. Counseling requires time and with just 1 pharmacist, it's hard to not fall back on time.
169	Mainly to have adequate staffing. I believe if a pharmacy is filling over 300 RX's a day it should be mandatory to have to staff another RPH for at least an 8 hour shift.
170	Mandatory brakes for pharmacists . Additional manpower just to answer the phone calls .
171	Mandatory staffing requirements for cashiers in a retail setting and separation of non-dispensing activities from dispensing activities (additional pharmacist staffing specifically for the purpose of completing non-dispensing activities)
172	Metric pushing despite false claims that they are not monitored and stymieing promotion of œextra services to gain more profits and volume of patients that burdens safety due to numbers and workload
173	Metrics
174	Metrics are oppressive and staffing is too low
175	Metrics out of your control should be eliminated because prhs are evaluated on performance ot goal instead of focusing on safe prescription dispensing by continuous measurement for : 1) increased vaccines goals despite vaccine hesitancy after covid 2) increase in number of new patients to the pharmacy 3)number of patients that become rx filling patients that you converted after receiving immunization 4) MTM ratings determined by lost points from patients who do no answer the phone (avoiding spam calls), from patients that refuse to agree to a complete medication review and discuss their private medications from a pharmacist/pharmacy they have never used (cold calls), from not wanting to fill 90 days for adherence under insurance when they cannot afford or when the pharmacy's cash discount offers 30 days for free, from prescribers or patients who decline to add/change prescriptions based on disease state even despite having tried and failed therapy in the past . All of these metrics are used to evaluate performance and raise and are required to be completed within hours allotted to pharmacy in addition to administering vaccines and filling prescriptions
176	More bodies to take care of phones and patients picking up. The techs who fill and the pharmacists who verify should be the ones uninterrupted to focus on their tasks. Getting rid of metrics and timing how long it takes to complete a prescription order would also reduce stress levels and allow more focus on completing the order correctly.
177	More help
178	More help needed
179	More help, from pharmacists and techs. The high stress and low pay is not enough to convince anyone to work retail, and the best way to lower the stress is to have more employees. There should be mandated breaks for pharmacists (there is no period of time I can sit and eat a snack without a counsel or phone call needing me, my company does not let us close for lunch because we have one hour of shift overlap which could be avoided by increasing pharmacist hours) Even the locations that close for lunch do not have a break for the closing shift pharmacist that is still working 8 hours. My managing pharmacist and I are both stressed by the end of our shift and a small break could greatly reduce that and improve attentiveness.
180	More help,dedicated cashier,no metrics
181	More pharmacist help
182	More pharmacist overlap and more technicians
183	More pharmacist overlap, fewer interruptions, breaks, better training
184	More pharmacist overlap, less focus on metrics
185	More pharmacists
186	More pharmacists and pharmacy tech help, eliminate metrics.
187	More pharmacists and technicians
188	More pharmacists on duty to fulfill vital patient consultation function. All pharmacies must have a bilingual staffer on duty during all open hours.
189	More pharmacists to overlook technicians and interns. Better systems that help RPh with verification.
190	More RPH overlap
191	More staff, less focus on numbers more focus on patients
192	More staffing . And if we can actually take our break decency without worrying that we are behind and need to finish our food in a hurry to go back to work
193	More staffing both pharmacists and technicians
194	More staffing. Less daily non- dispensing responsibilities.

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195	More tech hours is a must! Or at least a minimum of 1 technician at all time while the pharmacy is open. On most days, in the middle of flu season, we are open for 10 hours and there's only 4 hours with a tech. The other 6 hrs, pharmacist is working alone due to tech hours cut by corporate.
196	More technicians so pharmacists can focus on pre-verifying and verifying prescriptions. The expectation that pharmacists should also be doing technician duties such as filling, insurance issues, and checking out patients at the register while also be able to do vaccines and MTM on top of our regular duties.
197	More techs
198	More techs trained to vaccinate. Offer monetary incentives for training
199	More than 1 pharmacist for at least most of the day because so many tasks are œpharmacist only and it is exhausting when all those go to solely you and lead to massive amounts of interruptions or frustrations without the ability to stop for a minute.
200	More than 1 pharmacist should be on duty when the prescription volume is higher than 400.
201	More than 1 pharmacist. Depending upon the diagram of the pharmacy, such as drive thru, counseling rooms, robotics etc, increase pharmacist overlap.
202	More training for technicians
203	My biggest concern currently is the volume of vaccinations we are performing. This is not year round but has greatly affected my practice from Sept to Dec. I highly recommend/encourage vaccinations but it is not feasible to do 60-100 vaccinations in one day, verify an average of 400 prescriptions, and all the other activities that are needed in a pharmacy when you are the ONLY pharmacist and immunizer. The proposed solution has been to allow technicians to immunize, which I am grateful for to an extent but it does not solve the problem as much as my employer would like to believe. Many of my technicians do not feel comfortable immunizing. They chose their professions for a reason and many of them did not expect to need to perform this task. My opinion is if my technician that day feels comfortable helping me, that is great but I will not pressure someone to do something they are not comfortable with. It is not good for the patient or my technician. For an example, if my technician is not comfortable giving a 5 year old a flu shot, it will result in me spending the next 10-15 min trying to calm the child down. This takes up a lot of time away from dispensing drugs and it all adds up. I wish we had another pharmacist/nurse that would purely do immunizations Sept to Dec.
204	My concern is Performance "meterics" and an insult to the profession. It creates the sense that one must work faster to move on to the next prescription to meet "expectations" from corporate. We have 15 seconds to perform data entry correctness (pt name,DOB, prescriber, Drug name and strength, Directions, qty, day supply and 5 seconds for clinical review which includes history review, drug directions and interactions. Considering some patients have 20+ medications one can consider that an absurd metric!
205	My current workplace, I am very happy with. My prior pharmacy, which was much busier, always felt like we needed more staffing to safely meet patient needs. I was not the PIC at my prior pharmacy and had no control over changing the situation.
206	N
207	N/A
208	Na
209	Need better pharmacist pay and technician pay due to inflation. Better staffing for hours and pay for overtime for pharmacy teams. Cut back on excess ready-fill prescriptions and eliminate more with corporate metric demands. Advocate for more supportive services and provide more technician support if there is a call-out. Provide better pharmacy training for new hires.
210	Need cashiers
211	Need extra tech Or even train clerks to handle constant line at the Rey or answer non stop phone
212	Need more technicians
213	Need to have more than 1 Rph on duty for a good portion of the day to meet duty to counsel requirements.
214	Need to schedule more technician to Help pharmacist to fulfill duty
215	None
216	NOT APPLICABLE; SMALL VOLUME PHARMACY
217	Not enough staff during flu season
218	Not having to do vaccines appointment every 10 minutes and also employer asking to add more vaccines or take walk in patients for immunizations
219	not interupted per phone call
220	Number of days a pharmacist can work in a row before having a day off..
221	Of course we would all benefit from more staffing, whether it be technicians or pharmacists. The pharmacoeconomics of retail pharmacy simply does not allow for the staffing levels that are needed to provide QUALITY patient care which will expand our prac
222	Of course, we need to have enough staffs for a busy store with high volume >300+

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223	On my opinion adding more Rphs and technicians would be beneficial. One Rph can't verify, fill, counsel, answer phone, doing immunization, calling patients if they have questions, doing exception counts and other added responsibilities all in just one s
224	On site test and treat services. We do not have appropriate pharmacist staffing available to do that and safely fill prescriptions for patients. We either need more staff or to do less non dispensing activities.
225	Only do prescriptions, eliminate vaccines and MTM to another location.
226	Our volume is increasing and our management is requiring that tech hours be cut. They are using a 15 year old of better labor grid which does not account for all the tasks we are required to do. Also if a tech calls out they office does not find us help. we are expected to work the pharmacy with one RPh and one tech which is completely UNSAFE and the patients cannot be taken care of in my eyes. Plus we have a great deal of failures of the computer system that burn our time. Some can even create errors that we have to address. I constantly ask for fixes but nothing ever gets done.
227	Overlapping hours for pharmacists to have adequate help from other pharmacists. More techs can help but at the end of the day they cannot verify prescriptions and they can make mistakes but not liable for them since pharmacists are still their supervisors. To promote patient safety we have to have pharmacists working and enough coverage for consultations, drug therapy checks, immunizations, calling doctor offices for changes, etc.
228	Periodic breaks for pharmacists where we can sit down and clear our minds. Uninterrupted meal breaks would be nice. More support for answering phone calls would be nice.
229	Pharmacist is too accessible leading to many interruptions
230	Pharmacist overalp
231	Pharmacist should be paid from the point of entry to the pharmacy to exit, including extra hours worked to create a smooth workflow. More pharmacist should be allocated based on rx processed per pharmacy. There is no incentive to work at a pharmacy that processes 600+ or 1000+ per day vs one that has 200 rx per day. Companies need to increase tech pay for better retention and quality candidates.
232	Pharmacist should have a place to work uninterrupted by the public. At my employment this is a constant problem. Non pharmacy questions interrupting my work. People asking where is the peanut butter, etc. The technician can obtain my attention when needed for counseling or a problem. (Not shoppers)
233	Pharmacist should never be in the pharmacy alone. For pharmacist safety and ensuring that there will not be an error bec the pharmacist will have to type the rx, fill the rx and verify everything. The pharmacist working on prescriptions received that day
234	Pharmacist should not be doing point of care testing on top of dispensing responsibility
235	Pharmacist should not have to work alone during operating hours
236	Pharmacist staffing - we regularly have only 1 pharmacist on duty per full day while filling 300+ (commonly close to 400 or more) prescriptions a day on top of non-prescription tasks while trying to man more stations than we have bodies for (ie. drop off, filling, pick up, drive-thru, and pharmacist queues, someone out giving immunizations, etc). Our own metric system for scheduling will suggest 4-5 techs a day with that single pharmacist, which is illegal per the current pharmacist:tech ratio laws. I think the Board should set a law for at what point is when pharmacist overlap is required (ie. certain number of rx's per day, certain number of immunizations in a week, etc) as well as potentially increase pharmacist:tech ration to 1:4.
237	Pharmacist to technician and technician in training ratio is often exceeded therefore more difficult to oversee all dispensing transactions. An additional pharmacist during a staff pharmacist's 12 hour shift will greatly improve workflow and patient care
238	Pharmacist to technician ratio should be reduced to 1:2, and employers should be prohibited from hiring cashiers. Employers should be required to hire 1 pharmacist for every 2 technicians on shift instead of sending more cashiers to help with workload. Supervising too many technicians and cashiers can cause more interruptions for pharmacists especially if not adequately trained, and there are too many tasks that only a pharmacist can complete. More technicians are needed in order to handle current workload however it is not helpful without more pharmacists.
239	Pharmacists are overly accessible. Instead of being seen as a resource for medical advice, we are now seen as the store directory and are interrupted constantly by questions regarding product location, complaints about OTC lockups or stock issues, and we can barely process a single prescription without an interruption. Certain chains are even cutting down on non-pharmacy staff with the expectation that pharmacy pick up the slack.
240	Pharmacists shouldnt be working over 8 hours per day. Due to fatigue more medication errors occur. Pharmacies like Costco, CVS and Walgreens have made it a common practice to require pharmacists to work mandatory 45 + hours every week. That is minumum 9 hours a day
241	Pharmacy has become too metric centered and companies apply pressure by constantly sending reminders of targets. The amount of non dispensing activities are increasing all the time without any addition of time to compete tasks. With the introduction of t

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242	Pharmacy tech help and ratio increase. Of course adding a pharmacist would help but I don't think it's realistic that companies could pay. Having any extra help is crucial. Non dispensing tasks need to be deferred to a specific tech/pharmacist. We have n
243	Pharmacy technicians are not compensated for providing vaccinations and putting themselves at risk for needle sticks and significant errors voluntarily without more pay. Technicians need to be compensated for the job they do so turnover is reduced. Turnover directly impacts patient care and more time must be spent to train new technicians, which also affects patients loyalty. More issues can arise it patients do not trust staff and use multiple pharmacies
244	Phone call center
245	Phone calls asking for pharmacist advice should be charged with a fee.
246	Phone calls should be handled by a different team.
247	Please Increase number or technicians and clerks. Please make it a legal requirement for the employer to follow minimum number of techs to at least 2 technicians/clerks per day. There were times we pharmacist working alone or with only 1 tech per day. That was very challenging to ensure patient safety when we had to rush to help eveyone.
248	Please remove non medication services from pharmacy and let pharmacist only focus on patient medication and safety
249	Please require pharmacies staff 2 pharmacists per shift.
250	Post fill audit to do one final check on high risk prescriptions before leaving the pharmacy
251	Prevent a pharmacist from working without a technician and having to receive, transcribe, review, fill, review and dispense prescriptions by themselves.
252	Provide adequate staffing. Smith's needs to increase pay and benefits for technicians to attract more competent applicants. This pharmacy has been working extremely shorthanded for over 3 years. Safety of patients is extremely compromised. Although management says patient safety is the most important, the metrics imposed and pharmacist/ tech hours earned based on metrics show otherwise.
253	Provide enough staffing
254	put more emphasis on doing things correctly the first time an individual works on a prescription
255	Realistic expectations for staffs and Rph's to adhere to: our job can not reflect base on numbers the board should put both the pharmacy staffs health and patient health at their priorities by protecting the healthcare sector equally! Given the pharmacy
256	Recruit and hire more Pharmacists. So , increase the salary and benefits of Pharmacists, which will help in the long run to decrease the turnover rate.
257	Reduce the amount of immunization appointments. Allow us to have at least 1 hour after opening and 2 hours before closing with no appointments to catch up on work or clean up the pharmacy. Reduce the amount of appointments to 1 person per appointment tim
258	Reduce the call volume to pharmacy so staff can concentrate on more urgent or critical tasks.
259	Removal of metrics, more technician help, adequate training
260	Remove corporate metrics
261	Remove metrics especially vaccination requirements. I would love to promote vaccinations without the pressure of a required number.
262	Remove metrics or have extra staff that can complete the needed metrics or items not pertaining to a patient care
263	Remove performance metrics. At least 2 pharmacists each day for locations that fill more than 200 scripts a day
264	removing metrics and increasing pharmacist staffing
265	Removing practice metrics. This is EXTREMELY important with respect to œnon-dispensing services"there should NEVER be time limits/quantity requirements on these direct patient care activities. This only leads directly to patient harm.
266	Removing the metric to answers phone calls in under 60 secs. We have 9 separate phone lines and they ring all the time.
267	Removing value of metrics. Patient safety is more essential than profit.
268	Required that employer provide more pharmacist if they are adding more none dispensing tasks such as immunization, point of care testing, doing diagnostic and prescribing
269	Review number and intensity of government regulations involved in each and every prescription
270	Scheduling overlap and days off
271	Separate area and staff for typing and billing insurance
272	Separate non-dispensing activities from processing prescriptions. Adding more pharmacists would make a huge difference. One could handle prescriptions and the other could handle MTM, vaccines and patient consults and questions. Every hour the pharmacy is open should have a minimum of 2 pharmacists on duty with additional pharmacists added for increasing volume. For example 1 RPh for every 200 Rxs.
273	Set hours to just do non dispensing tasks ...separate from a day of dispensing
274	Sit down station for pharmacists to reduce fatigue
275	Staff Training for new technicians - standardized requirement for training hours Rph overlap with high volume stores to help with counseling and imz

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276	Staffing
277	staffing for pharmacists, techs, cashiers
278	Staffing issues. People don't want to work, they know it's going to be a rough shift because of missing coworkers.
279	Staffing of both rph and techs have been anemic for years. Increase staff & find a way to keep good staff.
280	Staffing to meet patient needs. Most of the time you have multiple areas to assist with only a small number of staff.
281	Staffing, Workload,
282	Staffing,backlog of work,additional responsibilities. We have to stop the mindset of doing more with less. Yes, we have robots and tools to simplify and automate processes but they still need staff intervention to maintain and calibrate.
283	Stop all the Covid shots and all of the testing for Covid. Too many shots. PBMs stole all of the money so now pharmacies have no choice but to do all of this nonsense MTMs, infectious disease testing, vaccinations, just to stay in business. The actual work that we need to be doing (filling prescriptions) is falling by the wayside and patients are suffering as a result.
284	Stop basing performance reviews based off of metrics like verify by promised time, number of vaccinations, number of prescriptions sold, MTM engagement etc. the main focus should be of patient safety and engagement. When the company and higher ups are al
285	Supportive personnel metrics are not equal based on Rx volume. While I believe the company I work for is the best out there and is committed to pt safety and care for their associates, pt satisfaction will always be tied to getting their medications in a timely manor. Other stores which do less volume are allotted more supportive personnel hours. Having more cashiers and techs would improve outcomes.
286	Take away the metrics that leads to unrealistic expectations from the pharmacists.The staffing model that the company is implementing is unrealistic . Pharmacy staff should be treated like a human being not like a filling / dispensing machine. We need to
287	Tech hours. It is extremely unsafe to have a pharmacist work solely by themselves.
288	Technician help is a must at my workplace setting
289	The amount of Rx's that are expected to be filled before days end is excessive. There is constant pressure to meet our metrics that focus on Rxs filled, vaccinations, PCCs (so pointless), and patient surveys where the must indicate they would come back t
290	The amount of staffing they provide. Increasing staff would help with the high workload that is given and expected from us.
291	The biggest issue with retail pharmacies in Nevada is staffing issues and unrealistic expectations from corporate.
292	The emphasis on achieving increases on immunizations, travel medications, hormonal contraceptives and OTC sales growth often comes at the expense of dispensing prescriptions. From August to November, my pharmacy becomes an immunization clinic and completing the 3000+ prescriptions weekly in a timely manner becomes extremely challenging. The attitude that my staff and I "have to find a way to do it all" is becoming common place. I have been in pharmacy for over 30 years, am exceptional at finding ways to expand our practice and meet the needs of our community SAFELY AND EFFICIENTLY. I have been a top immunizer for the company. I have been at the top of the leaderboard for many corporate focuses. The current work environment and expectations tied to corporate goals has put me in a position to decide which goal to achieve: their numbers or patient's prescriptions completed in a timely and accurate manner while supporting my staff in efforts to prevent burn out. This year, with absurd goals, I chose my staff's well being. I was harassed for not being competitive, accused of not caring about my job, and threatened with disciplinary action.
293	The expectation of metrics, volume of prescriptions, control paperwork, vaccinations, and giving great service and being a great clinician is unreasonable. I think the first thing to go is outlawing metrics. Second is hiring more pharmacists. Third is changing the expectations of patients that pharmacists are pharmacy machines.
294	The expectations set by my current employer have raised significant red flags, particularly regarding the review of prescription data and drug utilization reviews. As a remote pharmacist, I find myself pressured to review prescription data within an average of 18 seconds per prescription and conduct drug utilization reviews within an average of 7 seconds per prescription. These metrics are not just impractical but pose a serious risk to patient safety. In the course of my daily responsibilities, I come across numerous errors made by technicians and pharmacists that, in my opinion, could be avoided if we were granted more reasonable time to thoroughly review prescriptions and patient profiles. The current metrics create an environment that prioritizes speed over accuracy, a perilous approach in the field of pharmacy. Moreover, the time restraints contribute significantly to a stressful environment, making it mentally draining to constantly operate under such high-pressure conditions. Patient well-being is our top priority, and the strain to adhere to such stringent timeframes not only jeopardizes our ability to ensure the safe dispensing of medications but also takes a toll on our mental well-being.

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295	The high amount of various tasks required to be completed daily. There is only one pharmacist who has to review (both data entry and product verification) scripts, take verbal scripts over the phone, sign off of new scripts going out at the register, provide patient consultation, performing MTM and new therapy follow-up patient calls, check-in controlled medication orders, verify vaccines (if not giving them), while also backing up the technicians on all their roles (data entry, production, answering phones, running the register) and any managing duties (PIC). Multitasking is required to work in this environment, but it's multitasking that leads to medication errors. That's a lot of things for one person to be expected to do normally, without patient safety involved. A second rph on duty would be the first thing to help with all of these tasks. It's hard to keep up with all of it normally, but especially when you're constantly falling behind. A call center to screen for calls that actually require pharmacy assistance/a call center to perform the numerous outgoing calls we are required to perform. Onsite testing and vaccines are fine, if there is a dedicated person to do them. Having the technicians be able to give vaccines is nice, but they are usually already busy doing their normal technician duties to really be able to help.
296	The number of pharmacists working at a site should never be 1. There should be at least 2 pharmacist, particularly during busy hours.
297	The pharmacist is the neck of the bottle for all tasks, overseeing technicians, counselling, verifying, immunizations, which leads to constant interruptions and multitasking. There is no time to do it all. Have to do this all while being monitored on everything from wait times, verified by promised, immunization goals, calling patients for PCQ/adherence calls in order to make goals and keep your job. Have to work through lunch to get caught up as the prescriptions are still coming in. and stay late an come in early so don't fall further behind. Technicians can help but are barely educated and trained. Therefore turnover is high. Get constant pressure from above, as more tasks are added no additional pharmacists are given. No overlap in order to get tasks done. Pharmacists should not be allowed work "off the clock" most pharmacists have to come in early (as prescriptions are DUE as early as 15 minutes after opening) and stay late as if they have carry over prescriptions can lead to discipline. this leads to dangerously long shifts. But since most pharmacists/managers are "salaried" it is allowed/expected.
298	The pharmacist verifying accuracy and f the scrips being entered and filled does not do any of the other requirements for patient care calls and or mtm
299	The pharmacy reduced the staff pharmacist hours from 40 to 32 and the pharmacy manager from 40 to 36 hours per week with same volume of prescriptions as before. We never get caught up.. running all day.Pharmacists should only do a certain number of prescriptions per hour. Air traffic controllers , doctors have a limit of workload..otherwise mistakes get made . The pharmacy chain corporations are still ending up with high profits after expenses are paid. Allowing more hours to do my job tasks would promote patient education and safety.The large pharmacy retail chains have made it a stressful environment. Money is the bottom line . Pharmacy career has become a big disappointment compared to 20 years ago. Thank you to the board for listening.
300	The pharmacy should have increased # of pharmacist and technician, with a dedicated phone service
301	The volume and pressure to fill 400 to 500 scripts in 1 day by 1 pharmacist.
302	The workload is so intense. Many technicians do not last because the workload is so intense and it's just not worth the money. Meanwhile the one pharmacist on duty is pulled in 6-12 different directions at any one time. Yesterday I had 6 phone calls all
303	There are too many interruptions when reviewing a patient's profile and new orders coming into the pharmacy. Sometimes I have to come back to the same prescription 3 or 4 times when doing data review (double checking what the technician entered with regards to correct patient, drug, strength, dose, directions and physician) More pharmacist hours would allow one RPh to focus on the data review while the other pharmacist could focus w/ speaking to patients and physicians.
304	There is not enough time to finish everything expected of us. A higher tech ratio or requiring a minimum amount of technicians on duty at any given time depending on script count or other factors.
305	There should be another pharmacist in between a 12.5 hour shift of the main pharmacist to help out with the workload (dispensing, vaccinations, MTM calls, verification)
306	There should be designated person for phone calls and mtm, vaccines . Techs and rph must be sufficiently trained
307	There should not be days where pharmacist is left alone for whole day without any technician help
308	They keep adding tasks only a pharmacist can do, but don't provide extra pharmacist coverage. Requiring two pharmacists at all times should help with this. One can focus on dispensing tasks and another one on counseling and non-dispensing tasks.
309	This surgery is exclusively for Walgreens. I worked as both a floater and a pharmacy manager. We do not have sufficient overlap. Many of us go without bathroom breaks, lunches, and 15 minute breaks because the company wants to save money on pharmacists.
310	Too much work load for 8 shifts for 1 Pharmacist (PIC/Staff duty) Need 3 technicians help OR 2 technicians +1 clerk
311	Understaff issues at chain retail are due to unfair compensation for techs. Their pay rate is so low compare to other industries but was expected to have many responsibilities. Even a fast food restaurant pay their cashier better than a tech that has 3 y

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312	Understaffed of pharmacists and technicians, the ridiculous metrics and number of questions at the cash register.
313	Understaffing needs to be addressed. [redacted] pharmacy supervisor for NV, needs to be replaced with someone who will be honest with pharmacists, someone more concerned with hiring pharmacists instead of forcing them into pic positions they don't want, and someone who assists in getting open shifts covered. Technician training programs need to be implemented and pay increased to encourage techs to stay through all the stress of pharmacy. It would be extremely helpful to have more than 1 pharmacist at an open pharmacy so that one may focus on dispensing functions and the other on vaccines/other tasks.
314	Unreasonable metrics/workload. Retaliation. Hostile management / work environment. Erratic schedules lacking work life balance.
315	Until non-dispensing interruptions and non-patient interruptions are eliminated or decreased, NOTHING will change or improve
316	Updated equipment (scanners, computers, filling machines)
317	Utilizing a software system that is completely integrated and not a cobbed array if modules that one must exit and access another portion, obtain an answer, write it down and re-enter is the original field. Simplify.
318	We are not provided with enough consistent technician hours to maintain a proper staff, so technician increase. Removing metrics. Removal of mandatory daily call lists
319	We have a space issue in our pharmacy. Too many bodies filling too many prescriptions combined with an inefficient work flow is cause for errors. Medications are stored in wrong places, too many hands are touching the medications, baskets are falling all over the place, not enough shelving for required documents. Our volume is too high and there's no room to add more technicians, pharmacists, or cashiers.
320	We need breaks, more staffing. Constantly being on œgo go go is mentally, emotionally, and physically exhausting.
321	We need mid shift Pharmacists because 1 pharmacists can't handle 3 cashier, 3 tech, plus phone call from patients with questions concerning their prescriptions.
322	We need more hours provided by the retail pharmacies to staff a pharmacy appropriately. It is unreasonable to have 1 pharmacist 1 technician to hold down a pharmacy doing 200-300+ scripts a day plus vaccinations and all other side tasks including regulatory, and inventory. Retail pharmacy companies need to supply the workforce to have a full functioning pharmacy that meets patient safety needs
323	We need more staffs like pharmacist to help with verify prescriptions and medication, also more technicians to help answer phone calls, ring up customers and help with vaccinations.
324	We need more technician hours and more pharmacist overlap to safely fill all prescriptions for the day. We should be able to schedule as many technicians as it's necessary to fully staff the pharmacy and perform our duties safely. Non-dispensing duties s
325	We need to have our allotted number of pharmacists daily. Most of the time our mid shift pharmacist gets pulled to another pharmacy due to staffing shortages. We also need permanent pharmacists staffing our location. We should have 5.4 pharmacists on staff but we only have 2.
326	Wearing of masks if coughing
327	Well Staffed at all times
328	when i was a pharmacy manager, i voiced my opinion on pharmacy workload was too heavy on annual pharmacy board inspection.
329	While I believe immunization and medication management are essential to patient care, retail pharmacy should not be the primary point of service. Interruptions and increased non-dispensing workload lead to dispensing errors. The level of patient attention is also diminished for non-dispensing tasks because there is not adequate time to spend. Increasing the number of pharmacists on duty when dispensing and non-dispensing tasks are to be performed would greatly decrease medication errors and increase patient care. Allowing Nevada pharmacists to work from home or not within the confines of a retail pharmacy to perform some duties may help reduce workloads.
330	With only one staff pharmacist on duty during a shift during which 400 prescriptions are filled, the expectations are: Clinical Services are discussed and offered to patients; Controlled Substance Stewardship, including detailed reports and contacts with Drs and Pts are documented; Immunizations are given, and we are pressed to do more; the new Test To Treat is being rolled out so that we now perform testing for Flu, Covid and Strep as well and write the prescription for needed medication and dispensing it. This in addition to standard procedures such as verifying Rx's and making sure medications are dispensed accurately.
331	Worked at cvs for a couple years and got burnt out quickly. They don't support pharmacist or technicians. Days at cvs 8819 would at times have one pharmacist fill at least 500-750, some days with one pharmacist and other days overlap for 4 hours. Still s
332	Workload
333	Workload metrics are dangerous, staffing hours need to be increased and [redacted] needs to put people before profits.
334	No response.

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1	**Question 55: What workplace conditions, if any, do you believe should be addressed at your primary practice setting to promote patient safety? What suggestions do you have for improving the condition?**
2	**Question 3: Which of the following most closely describes your primary practice setting?** **a. Institutional/Hospital Pharmacy**
3	**Responses**
4	Adequate breaks for retail folks
5	BETTER ACCESS TO PT EHRS
6	Better communication and training
7	Better communication between management and staff and firm standards that are clear and concise implemented.
8	BETTER EMAR. INCREASED STAFFING. PHARMACIST:PATIENT RATIO REDUCTION (CURRENTLY 1:200+)
9	Better software and computers
10	Better staffing of pharmacists. Less corporate metrics that are not aligned with patient safety, and instead aligned with profitability.
11	Bigger space, consolidating workload on each individual pharmacist, more uninterrupted workflow (the phones!), more staff for the amount of work we do
12	Break time
13	Competant Director who understands the workload and role of staff Rph with experience
14	Compliance with state and federal laws
15	Continue to focus on the work in front of you. Standardizing processes.
16	Decrease patient to pharmacist ratio; have clinical specialists being able to focus on their specialty
17	Decrease phone calls. Have a way to screen non pharmacist questions to technicians
18	Direct involvement of pharmacists in doing medication reconciliation. Provide the necessary hours to perform this function
19	Enough staff to do the work without being constantly rushed.
20	Equally distributing workload, amongst unit base pharmacists
21	Hard to say...the hospital is always trying to reduce safety issues, whether it's pharmacist or technician based concerns (ie, spreading out workload if a job becomes to big for one position, increasing staffing, improving new employee training, etc)
22	Having enough Pharmacists and technicians working. The staffing for the day in the hospital is based off of census. The census for the day is based off of patients admitted by midnight. It does not include the patients that come to the ER(emergency room) and the surgery patients. However, most of the stat medications are from these patients. The staffing should not only be based on census but also on how sick the patients are and requiring stat medications.
23	Having left [redacted] pharmacy at peak of COVID vaccine and testing administration it was difficult to verify prescriptions and maintain safety as the sole vaccinator. Oftentimes I would come into work an hour before my shift was set to begin in order to catch up from the numerous backlog that was left for me the day before. [redacted] notoriously will have one pharmacist work a 12-13 hour shift and expect them to verify 300+ prescriptions while vaccinating, consulting, and clarifying confusing prescriptions from providers. Oftentimes I would work through my lunch and find myself feeling incredibly anxious that I could not provide the level of care or customer service that I wanted to. Having additional pharmacist to complete tasks would have greatly increased work satisfaction and promote patient safety.
24	having managers who actually listen, build quality INTO each process
25	Hiring a cashier/clerk to do the check in and out
26	Hospital corporations should not rely on only the number of patients (œcensus) as the defining factor of how many pharmacist and technicians to staff but they should also account for severity of illness and number of prescription orders requiring veri
27	I think there should be a standard for operating systems. For example, our system is antiquated, it types different directions on the label vs the recording/ checking portion. There should be stricter and more regulated requirements for these systems
28	Improve ease of communications with the Licensed Medical Professional
29	In my previous experience within retail pharmacy, I encountered a multitude of challenges that significantly impacted workplace safety and ethics. The insufficient number of pharmacists and the excessive workload created an environment that compromised safety standards. This situation has led to a collective effort in various states to establish unions, reflecting the growing concern within the industry. One major concern that requires urgent attention is the conflict of interest within the Nevada Board of Pharmacy (NBOP). Members of this board simultaneously serve as representatives for large retail chains while also operating within the Board of Pharmacy. This dual role presents an evident conflict, potentially undermining the impartiality of decisions made. Retail chains are pursuing strategies that prioritize cost-cutting measures over employee welfare and patient safety. There's a concerning trend of advocating for reduced pharmacist wages, increased workloads, and the downsizing of experienced technicians in favor of hiring and training less experienced staff. Regrettably, many initiatives proposed by the Board of Pharmacy seem to align more with maximizing corporate profits rather than prioritizing safer work environments for employees or ensuring optimal patient care

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30	Increase in pay for technicians so we can focus on quality and retaining employees instead of constantly training and losing staff to higher paying jobs.
31	Increase in staffing. Overnight I am the only pharmacist responsible for all admitted adult patients of a hospital with nearly 800 beds. Some days I do not have the ability to take a lunch break. On top of verifying all orders, I also must check IVs, cover the pediatric and ED pharmacists lunch breaks, and answer telephones. A technician dedicated to the phone, like the day and swing shift have, has been requested and denied repeatedly. Even just that one technician would alleviate my tasks and help me focus on patient safety. Requests for any extra staffing is repeatedly denied due to budget and currently we are required to flex and attempt to work short staffed during what is typically the busiest time of year.
32	Increase number of pharmacists and remove nursing management over pharmacists
33	Increase number of pharmacists and technicians. Eliminate entirely metric system in Retail Pharmacy. In the retail setting, one pharmacist should not fill more than 200 Rx a day
34	increase staffing
35	Increase the number of staff.
36	Increased local pipeline of qualified pharmacists
37	Increased staffing based on a set minimum staffing grid. Productivity based on census does not appropriately reflect patient acuity or amount of orders being processed daily.
38	Increased staffing, possibly a requirement for a certain number of pharmacists per inpatient per day
39	It's not that we do not have enough employees most of the time. It's that work related duties aren't aligned the best to get the work done that needs to get done in an unfustrating manner.
40	Lack of pharmacy staffing for both pharmacists and technicians should be seriously addressed.
41	Lack of staffing and additional budget for additional pharmacists.
42	Learning environment , better staffed pharmacists and technicians
43	Making sure there is enough staffing and pharmacists and technicians with the specialized knowledge areas. For example, we need a tech who is Med Rec trained to do that in the ED, we need enough residency trained pharmacists to cover all the auditing, medication, patient safety and regulatory requirements. Currently so much is required that it is hard to balance it all while keeping patient's safe and making the needed interventions and follow up with prescribers to optimize patient care.
44	med rec
45	Medication education to staff including nurses, pharmacists, all providers; EHR system modifications
46	Medication History FTE, Oncology FTE, Antibiotic Stewardship FTE
47	More pharmacist to patient ratio on med surge units and ICUs. Right now there is 1 pharmacist to 100+ patients on gen floors, and up to 1 pharmacist to 36 icu patients, including rounding. With such large workloads, detailed work can just not get done.
48	More pharmacists
49	More pharmacists on nursing units.
50	More QUALIFIED staff, not just any staff hired out of desperation. Proper training, less concern for metrics.
51	More staff
52	More staffing
53	More staffing that are trained properly and motivated to work.
54	My new job is great. No issues
55	N/A
56	N/A. Many open positions for pharmacists with sign on bonus and referral bonus, no applicants.
57	Na
58	None
59	none my practice is safe
60	None.
61	Overall medication and order adherence. Multiple bodies of administration are aware of nursing protocols not being followed in terms of medication use and it is very slow moving to fix them, causing potential risk and harm.
62	Pharmacies should be properly staffed with 1 pharmacist and 3 techs for every 100 prescriptions filled per day. Example 400 prescriptions in a day equals 4 pharmacists and 12 techs
63	Pharmacist to patient ratio
64	Physical conditions can be improved by decreasing the amount of noise Provide enough FTE's to cover the hours needed, also to include coverage for vacations ~ the answer is not to just work short to allow for time off. Decrease constant interruptio
65	Prescribers should get popups for duplications , incorrect dose , nonformulary products. Error is allowed into the system because œ we don't want to bother the doctors œ. The pharmacist is to contact prescribers to notify of the error. But Pharmacis
66	provide needed staff, equipment, technology.

	A
67	Reasonable workloads for time allotted, less distractions by adding more pharmacists who will focus on different tasks so that each pharmacist will not be distracted much from their primary duty, doctors being required and held accountable for putting a diagnosis on each prescription for less medical errors, doctors being required and being held accountable for cancelling remaining refills on prescriptions they no longer want the patient to take (i have seen many patients taking duplicate medication or the wrong doses), caps on how many rxs a pharmacist can process a day requiring companies to hire more pharmacists depending on how busy they are and/or how many other non dispensing services they provide
68	Reduce the amount of continuing education required during work
69	Replace the current pharmacy software with more user friendly software
70	Retail pharmacy is a disaster. The chains have too much power and don't treat the pharmacists like health care professionals.
71	Schedule more help during busy times
72	Short staffing of pharmacists and technicians. EPIC is often not updated with correct medication builds and this can lead to serious med errors. Suggestions to improve including hiring more pharmacists and hiring an IT/EPIC pharmacist
73	Staffing of highly skilled clinical pharmacists.
74	Staffing. Training.
75	The amount of orders pharmacist have to process in the inpatient setting along with dispensing duties. More pharmacists in the inpatient setting and not allow manager pharmacist hours to contribute to productivity and technician/intern oversight. A law for minimum pharmacist to patient ratios inside a healthcare institution.
76	The primary goal is to get the meds to the patient safely. If we do not have the staff (due to call out etc), we need to cut back on rounding.
77	The promotion of patient safety will be enhanced by education and knowledge.
78	too much reliance of metrics instead of patient safety
79	Toxic positivity from managers prevents staff from speaking up about staffing concerns. More staff to accommodate increased workload. Need to be allowed to scale back services as staffing allows
80	We need to change to less manual paper work.
81	We need to have separate time to do the disease management and clinical pharmacy consults & infusions, rather than having a laptop open with a computer for reviewing scrips and having to go back and forth between the two in order to complete tasks. We used to have separation and would rotate between the office for patient management and going into workflow.
82	No response.

	A
1	**Question 55: What workplace conditions, if any, do you believe should be addressed at your primary practice setting to promote patient safety? What suggestions do you have for improving the condition?**
2	**Question 3: Which of the following most closely describes your primary practice setting?** **c. Independent Pharmacy** **d. Department of Defense or Veterans Affairs Pharmacy** **e. Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)** **f. Consultant Pharmacist** **g. None of the above, I am currently unemployed or retired.** **No Response**
3	**Responses**
4	1st) thank you for conducting this survey. 2nd) the order for question #47 is the correct order as it is listed in my opinion, so I didn't skip it, I left it in the order it was on purpose, 3rd) the attitude that I pay you a lot of money so I can work your ass off & don't complain is part of the causes of all of our misery as pharmacists. No, there is so much more to that is involved in the task of filling prescriptions in a retail pharmacy than what the bean counters do by looking at metrics of just lick, stick, count, & check prescriptions. There has to be a way for the board to use metrics to say enough is enough for abusing pharmacists. I say 200 rx's/day per pharmacist with a couple techs is enough. 4) I am so sick of hearing about metrics & quotas & could just barf! There is no more such thing as patient care in retail pharmacy. That concept is dead!
5	A push to not encourage a "drive-thru" mentality. We (the pharmacy profession) have shot ourselves in the foot because we push the fact that medications can be given to you in 5 mins or less. The pharmacy community in whole needs to encourage marketing pharmacies for safety and precision and less on how fast the pills get to you.
6	All pharmacists should get an uninterrupted lunch break and time to go to the restroom when needed.
7	DIR Reform, Pharmacy Bill of rights, PBM reform, all so that a pharmacist can help patients instead of getting ulcers about negative reimbursements and keeping the lights on.
8	Divide rph pts equally
9	Drop all sales metric measuring pharmacist performance per prescription filed.
10	Electronic prescriptions and transitioning to all electronic. The amount of time wasted on reaching out to the doctors office to clarify poorly hand written prescriptions would be essential to finishing other tasks. Transitioning to an all electronic system, although some clarification would still be needed, would be a great benefit for reduction in errors from look alike sound alike medications as well as time saving within the pharmacy.
11	Eliminate none licensed personel and hire trained and licensed employees.
12	Eliminate pharmacist distractions and interruptions.
13	Eliminate vaccinations
14	Elimination of metrics, avoidance of mandatory unpaid overtime
15	Employer to allow more staffing during open hours " BOP could help by allowing more than 3 techs per RPh , but ultimately the the staffing œmodels that corporate employs are designed by œ bean counters œ and put too much pressure to perform at
16	Have more technicians
17	Having a call center, or adding technicians
18	Having weekly and monthly staff meetings to address patient safety concerns.
19	Hire more pharmacists.
20	I have no issues with my current workplace; however my per-diem retail pharmacy job definitely needs improved work conditions. The staffing and performance metrics seen in retail are ridiculous and do not allow for patient safety.
21	I retired early at 62 years of age because the retail pharmacy I worked for didn't give us lunch break and the previous retail gave us only half hour lunch break and we don't exactly close on time for lunches
22	I think the number one reason for errors in the pharmacy is being understaffed and not having pharmacist overlap and still having to complete prescriptions within a specific timeframe. This leads to errors and pharmacist burnout because they are not being supported. Retail pharmacies need to staff their pharmacies with more pharmacists which in turn would allow more technician help.
23	I work in close door long term care phsrmacy
24	I'm unsure. I'm sure there are areas to be improved, but compared to retail chain, this is the best place I've ever worked. I have TIME to catch errors/typos, I have TIME to call doctors or to call patients regarding questions I have on their meds. I feel much more diligent/thorough here compared to [redacted].
25	Importance of techs paying attention to patient notes
26	In retail, reduce interruptions while doing data entry, prescription checking, echoing call in prescriptions are very important. Maintaining as much quiet in the pharmacy as possible and emphasizing to techs, techs in training & cashiers their importance in maintaining as quiet an environment as possible for accuracy.
27	Increase ratio of pharmacist to technician

	A
28	Increased staffing and not putting all job responsibilities on the pharmacists
29	Less interruptions, or phone calls
30	Make transfers easier
31	More direct patient education.
32	more pharmacist which will lead to less interruptions which leads to less errors
33	More pharmacists. We have so many pharmacist-dependent tasks (many not legally required to be a pharmacist, but employer mandated) at my job that are extremely manual and labor intensive and we frequently have just one pharmacist on duty. Sometimes we have 2 pharmacists, which is much more adequate but can still seem like not enough if there are many phone calls and interruptions and new referrals. Our computer system does not allow scanning of medication, everything enters and leaves the pharmacy with manual entry and check.
34	More Pharmacists. Get rid of work metrics. Spend more time filling out time forms than doing a proper patient care experience.
35	More space
36	More techs
37	My primary practice is good, but when I worked for Walgreens full time as a central utility RPH, I brought out concerns of Pt. Safety constantly, they were ignored. I was pressured to verify under 10seconds, and threatened with termination weekly.
38	My work site and position are not in a retail setting however I have many friends that work in that setting and there is a lot pressure to complete all the tasks as quickly as possible with minimal staff, that breds patient safety situations. I have prior extensive experience in institutional settings and staffing is also highly scrutinized, not so much by pharmacy leadership but by those in C Suite positions. Many times those individuals are not pharmacists and have no frame of reference as to what is needed or appropriate. Staffing models in hospitals cannot be based on same metrics as nursing or other departments. There is no real direct conversion for pharmacy productivity in that setting.
39	N/A
40	Na
41	Need pharmacist double coverage to complete management tasks. Another pharmacy technician to help process prescriptions.
42	no suggestion
43	No suggestions for my current workplace. My current job is very fulfilling and why I chose pharmacy. However, I used to work for a big box retail company. The expectations they have on one pharmacist are absolutely unrealistic. When I used to work fo
44	None
45	None and my current practice
46	None at the moment
47	None at this time
48	none right now
49	None.
50	None. Be able to work at your own pace and not be rushed
51	Non-stop demand for more, faster. Eliminate greed driven mentalities and hiding behind the excuse of: œcost of operations.
52	Not applicable
53	Not enough staff. Hire more staff
54	Provide support structure that enables the pharmacist to provide non-dispensing functions the appropriate time to provide direct patient clinical services without dispensing interruptions.
55	Publishing prescription counseling metrics for all pharmacies. For example, at pharmacy xyz 68% of all new prescriptions were counseled by a pharmacist for the past 3 months.
56	Reduce phone interruptions. Reduce paperwork.
57	reduced pressure to process all waiting prescriptions within 15 minutes
58	The biggest concern is the number of technician working. I believe in my DHA/DOD setting that Active Duty Service Members should not be transferred without a replacement. We have had two civilians change jobs and three active duty members transferred overseas since October of 2022 and have just hired two civilian replacements but no Active Duty Technicians to replace the ones that have left. I have 3 people (myself included) running a 7 staff pharmacy. I am doing more technician duties than pharmacist duties after close of business just to keep up. I left a retail job where the last straw was being the only pharmacist on duty from 8 am to 2pm while administering over 100 COVID vaccines plus flu and pneumonia and zoster vaccines.
59	There is biased against employees and managers will discipline employees of their choosing and not reprimand employees who actually caused patient harm.

	A
60	To improve patient care, companies should conisder overlapping pharmacists for 4 hours or more; another option is to have pharmacists working together; lack of breaks/relief for pharmacist is another big problem which increase fatigue in a pharmacist and that increases the potential for errors reaching the public.
61	Treatment of staff in retail chains
62	Utilizing all employees to their fullest capabilities. Ensuring everyone is held accountable for their responsibilities so others don't have take on more work to ensure patient safety.
63	we need more pharmacist to further assist patients. We need to eliminate metrics as those metrics are not in the patients best interest. Metrics are being used by big companies to add additional pressures to pharmacist forcing them to work faster or else that would lead to coaching metrics. Everyone works at a different level of comfort. And there are circumstances arise during a work day that may interrupt those metrics. We are not pharmacists but we are machines trying to beat the clock each and every prescription. If patient's knew the stress we are under and with medications that they're ingesting and the possible errors that occurring on a daily basis. We are only promoting mortality for them and we are not taking the steps needed to better our profession.
64	working on prescriptions uninterrupted with calls, transfers, new phone rx, insurance calls. manditory electronic prescriptions
65	Workload is too high, targets for pharmacy metrics are too high, as these all compromise patient safety. There should also be a mandatory UNINTERRUPTED lunch break for the Pharmacist.
66	Workload left over from other pharmacists that don't complete task or cherry pick. This puts an extreme strain on the pharmacists that are left to complete tasks.
67	No response.

	A
1	**Question 56: What other recommendations for changes do you have that you believe would lead to improved patient care or patient safety?**
2	**Question 3: Question 3: Which of the following most closely describes your primary practice setting?** **b. Retail Chain Pharmacy**
3	**Reponses**
4	1 hour lunch
5	1. I work multiple locations and practice hours within the same company. I have to address over 800+ scripts during a shift with other services. I work the overnight with heavy emergency room orders. 2. It is harder to help patients in a safe and quality manner the more interactions you have to supervise. (Aka why I am in opposition to increase in ratio) not about extra help. It is the missed opportunities to stop errors and improve patient care. 3. Improved patient care and safety requires the ability to answer patient questions and build confidence. My recommendation is to not change the ratio of technicians to pharmacist in my practice setting. I recommend that no company should demand phone hold time or other metrics/surveys be used in pharmacy as indications. I recommend adequate in store pharmacist staffing by volume. 200 to 250 per pharmacist with minimum of 2 technicians plus 1 if there is a drive thru. I recommend signage to remind patients that we are not a fast food restaurant. I recommend adequate compensation for dispensing presciptions (insurance companies) to afford the necessary staffing. Non-pharmacists should not be supervisor of pharmacists. Zero understanding and training lead to patient safety gaps and decreases in overall patient care needs.
6	1.Ratio rph: tech increase to 4:1. 2. Rx volumes will dictate minimum staffing of : cashiers and tech and rphs that is fair and safe for patients and associates
7	1hr lunch, clocking in and out plus OT pay like California and less Chiefs over the pharmacist . Every boss or supervisor takes time to explain why or why not something can be done . If you cant see that as a distraction then im talking to the wall. If you think I am being overly dramatic you should do a survey asking pharmacy employees 1 question . Have you ever broke down and cried because of work and if so how many times .
8	2 pharmacist minimum per shift
9	2 pharmacists at a site
10	2 technicians to a pharmacist at all times, except within the last 2 hours of the workday where only one may be required
11	A designated employee to give immunizations who is not the dispensing pharmacist. Eliminating metrics that measure productivity verse last year or œplan and constantly leave the pharmacy focused on pushing services instead of safely dispensing medicat
12	A retail pharmacy should be a pharmacy; the pharmacist should not be assigned management of the rest of the store, nor should the store staff have access to the pharmacy at all.
13	A wage minimum for technicians state wide. Clerks at gas stations make more, and techs have peoples lives in their hands. It hard to expect techs to truly care about their profession when the industry doesnt value their role enough to pay them more t
14	œApply online œ doesnt work.
15	Actual private area for counseling. Allowed to close drive-through or lobby service in low staff situations.
16	ACTUALLY FOCUS ON PATIENT CARE INSTEAD OF METRICS AND PROFITS.
17	Added workload=needs more staff.
18	Additional staffing to ease the workload for pharmacy staffs
19	Adequate staff, no increase to the tech ratio (I dont need another person showering me with more work) and 8 hour shifts with adequate breaks. More than 1 pharmacist on duty in any store filling more than 200 prescriptions per day.
20	Adequate staffing. Reasonable expectations. Reasonable and humane pharmacist schedules.
21	Adjust tech ratio to unlimited.
22	Again, I think better staffing is the biggest help.
23	All metric should be removed, they serve no purpose for patient care or patient safety
24	All pharmacies open for more than 10 hours should have three pharmacist scheduled to provide assistance and truly uninterrupted breaks as well as actual time for PICs to handle additional duties required to design, audit, train and implement safety related SOPs.
25	All technicians supposed properly trained to help on any appropriate stations such as RTS, QT, Inventory, cycle counts, not just at the cash register and production. But some technicians are not trained enough on some other stations or do not know how perform particular functions. This raises workload for pharmacist and might impact safety.
26	Allow more staffing and overlapping so that pharmacist can focus on their jobs and avoid interruptions from customers/phone calls.

	A
27	Allow technicians to ask patients if they would like counseling. While I love talking to patients and going over their medication a large percentage refuse the consult. With all the duties and expectations put on us it would be nice to continue working rather than leaving my station and thoughts just to be told they've had the medication before or they're just not interested. My technicians are capable of offering consultation and then bringing those interested down to the pharmacist. When counseling first started it was novel and patients were willing and wanting to listen, however nowadays most just say no.
28	Allow the pharmacists time to truly consult on a new prescription. We have 2 drive thru lanes and 3 walk up counter lanes. Not able to consult all at once.
29	Allow the PIC to decide how many technicians that they can safely supervise based on practice setting...with technology not all pharmacies operate the same so regulations should not have a one size fits all approach like they do today.
30	Allowing ALL staff to take a break/lunch. Also, designating a person(s) to do non-dispensing responsibilities.
31	Allowing for patients to be able to accept or decline counseling to a cashier or technician or even electronically. Or having a better way of making sure we are only requiring counseling on truly new prescriptions versus new prescription numbers that are linked to a drug the patient has been on long term with no changes.
32	any and all phone items, such as MTM, reminders, refills, etc. no phone at all. it is too hard to handle. get a call center. get a pharmacist to give vaccines or a tech only to do the coals and vaccines
33	Appropriate staffing. At least 1 tech hr per 8 scripts filled in 1 hr
34	Aside for more staffing, we need someone to answer the phone ton ensure that the Pharmacists can answer the phone that is needed by the patient or other medical practitioner that only the Pharmacists can do and also someone will be in charge as the cashier rather than the Pharmacist do it and getting behind to our job as a Pharmacist
35	Being constantly interrupted is the and fatigue are the major problems with patient safety. Having additional pharmacist staff per 11-12 hour shift would greatly help. Also, 1 30 minute meal break on an 11-13 hour shift is not enough.
36	Better behavior from patients
37	Better pharmacy software to catch DDIs more accurately
38	Better scheduled hours for the staff throughout the entire work day
39	Better system esp with CAP counseling with Walgreens intercom. Also need faster speed to get things done faster.
40	Better trained pharmacy technicians...better qualified because training them while dispensing is also very distracting
41	Better training for technicians
42	Better training programs for incoming technicians. It's hard to train a new technician hire on site. It actually takes away from the workflow and available technician help to reach and train, which just creates a more unsafe environment.
43	Better work environment
44	Board of pharmacy should implement how rxs can be done by one pharmacist
45	BOP should further regulate and limit the providers' pain prescriptions to solve the opioid epidemic.
46	Break time
47	Chain pharmacies need to focus less on metrics and more on patient safety. Only way to do that is by allowing pharmacies to have enough staff on any given day to safely fill prescriptions. Pharmacists should not feel obligated to come super early, skip l
48	Clean working environment and better health and safety conditions in the pharmacy. There's not time to clean when processing 600 or more prescriptions a day and our clientele are demanding.
49	Clinical/MTM services should be done by non-dispensing pharmacists. Impossible to do both effectively and safely
50	Close on Sundays Close earlier surprising the week No more 12 hour shifts
51	COMPLETE and ABSOLUTE separation of dispensing services and non-dispensing services. Non-dispensing services are great opportunities for patients but MUST be treated/respected as such, not just another number in a metric.
52	Corporate companies giving the appropriate budgeted hours for pharmacists and technicians. For safety the tech/ cashier hours to rph hours should not be 7:1.
53	Corporate to treat as professionals' healthcare not sales to make them rich.
54	Decrease the number of non-dispensing related activities.
55	Decrease workload
56	designate specific staff for specific task during the shift, reduce amount of multitasking like jumping around from stations
57	directly phone call to provider for rx concerned about
58	Do a script volume to RPH to Tech ratio regulation. At 1 location I did 900 a day with 1 RPH for a 11.5 hours shifts. So basically each script I will only have 46 seconds to verify (assuming I dont do anything else in a pharmacy), so to set a limit o
59	Dont allow unrealistic metrics. Allow enough help for Day to day pharmacy practices.
60	Eliminate metric lead mindset completely..
61	Eliminate metrics

	A
62	Eliminate metrics , eliminate flu shots goal or immunization goal, provide more technician help will greatly increase patient safety.
63	Eliminate metrics based on volume of prescriptions
64	Eliminate non dispensing responsibilities and the constant threat of disciplinary action if metrics arent achieved or individualize the responsibilities to realistic expectations.
65	Eliminating COVID testing at pharmacies or having dedicated locations, not approving flu testing, increased staffing during flu shot season, improved training, measures to reduce burnout and turnover in staff
66	Eliminating metrics. Prioritizing pharmacist well being.
67	Eliminating vaccines in the retail setting. Eliminating MTMs and phone calls to patients.
68	Employee training
69	Enforcing practitioners to adhere to gdmt. Especially for opioids.
70	Enforcing the counseling laws.
71	Engaging more pharmacist in upper pharmacy management in the companies as against using non pharmacist who do not know nitty-gritty of processing prescriptions and optimal clinical patients' care services .
72	Extra help at least on counter. so tech do data entry , one tech do counting and answer the phone and Pharmacist can focus on verification and counsel rather that filling , typing verification all to gather in rush ,besides doing vaccination or mtm Staffing model is very unrealistic 1 pharmacist 2 techs w,t,f One tech constantly on counter so one tech and pharmacist work inside to everything from order to typing to answering phone , counting , insurance problems etc. constantly in rush and pressure to finish things in suggested time line
73	Extra help for non dispensing related work load
74	Fewer metrics overall. Also, vaccine "goals" should not trump shared clinical decision making for appropriate vaccines for individual patients. Corporate needs to stop trying to make us do everything for everyone. Flu/COVID vaccines? Sure. But is a stressed out retail pharmacy really the appropriate place for pediatric vaccinations? I don't think so. Also you could mandate a way to make them give us the time, resources and help to let us do our jobs and actually talk to every patient like we want to.
75	Finally, I would like to mention the kindness of a pharmacist during practice. The pharmacy manager demanded all pharmacy staff not give any discount to the patient (without insurance) unless they ask because this will affect the profit and bonus of the
76	Fire the manager
77	Focus on patient safety and production quality rather than metrics and bottom line
78	Get back to filling prescriptions. Reform the PBMs.
79	Get rid of metrics.
80	Get rid of metrics. Pharmacists are forced to buzz through drug interaction warnings because corporate and management wants us to finish a certain amount of prescriptions each day.
81	Get rid of the metrics, make greater staffing levels mandatory to be open for business, and level the playing field so that independent pharmacies can be profitable again and increase the amount of choices patients have for where they can fill their pres
82	Getting rid of metrics that our company requires. Let us just attend to our patients, be staffed enough to have conversations with our patients without feeling rushed.
83	Getting rid of the rxom position a lot of times that technician will try to boss the pharmacist around even the store manager will try to boss the pharmacist around but its our license. No one should be able to boss us around when it comes to us making
84	Give more time for vaccines, 10 minute windows is not enough when some patients are new and getting multiple vaccines, inputing insurance info and drawing up multiple vaccines can easily take more than 10 minutes. Less calls to patients for MTM when we barely have time to help the patients within the pharmacy.
85	Give pharmacist more power to reject and modify medication management. MDs now cooperating with Rp
86	good language translation services are required.
87	Happy employees make happy & safe patients. Something has to change, the big pharmacy's are great at promising change & then slowly pulling them away or never even implementing.
88	Have a pharmacist and technician work an hour before the pharmacy opens PAID and get a head start for the day. This time, there will be no interruptions, focusing on dispensing safely. Again, never allow a pharmacist to be alone. Employers should not pus
89	Having a proper workload set by the pharmacy board would enhance patient safety and care.
90	Having a way for pharmacists to better communicate with patients doctor to clarify, discuss prescriptions
91	Having either an extra RPh or tech or clerk

	A
92	Having more staff to deal with constant phone calls, ringing out / counseling patients, giving vaccines, doing MTMs, all while verifying and processing prescriptions. If retail chains want us to do more, they need to provide more staffing to ensure patient safety and also prevent us from burning out from the workload.
93	Having more than one pharmacist in busy stores
94	Having the PIC have enough time to do PIC workload instead of trying to do PIC workload during a staff pharmacist shift. If PIC is part of the workload for the day but has other tasks, they are constantly getting interrupted which then increases workload for other staff pharmacists.
95	Help with more technician help and reducing non dispensing responsibilities.
96	How long does it take to safely fill 1 prescription ?
97	I believe more help, be it pharmacists or technicians, would have the greatest impact on improving patient care and safety.
98	I believe patient care would be improved if the pharmacist didnt have to administer so many vaccines. There are days when 40-50 vaccines are administered without additional pharmacist help.
99	I believe that there should always be a pharmacist that can just focus on safety, especially for the more complicated patient cases. One that does not run the risk of getting interruptions and has time to thoroughly review a patient and guidelines and m
100	I believe there should be more education on how to maintain health rather than take a pill for everything. Pain management has gotten out of hand especially with the use of narcotics. Doctors need to re evaluate what they are prescribing across the board.
101	I can only think of more labor. Maybe having one or two people that are only focusing on non dispensing activities. I understand the need for these services but they cannot be added to the already overwhelmed dispensing pharmacist.
102	I do not like where these questions were heading with what seems to be leaning toward removing non-dispensing activities from a dispensing pharmacist. Efficiency can be achieved to provide quality patient care but there are fewer practitioners with that capability here. The most effective non-dispensing interventions come from the pharmacists who dispense that patients medications. We have seen a large drop off in the quality of these services when moved to centralized services!
103	I have noticed instances where patients, upon receiving new prescriptions, do not consistently receive the level of counseling that is crucial for their understanding and adherence to prescribed regimens. Patient counseling is a cornerstone of responsible pharmacy practice, serving as a vital means of empowering individuals with the knowledge they need to safely and effectively manage their medications. In the retail setting, where accessibility and patient interaction are paramount, the impact of comprehensive counseling cannot be overstated. Because retail pharmacists often face time constraints and high workload demands, the observed lack of counseling represents a potential gap in patient safety and care. Patients may not be fully informed about their medications, including important details such as usage instructions, potential side effects, and other relevant information that could impact their well-being. By increasing the staffing levels, retail pharmacies can mitigate the impact of time constraints and high workload demands on individual pharmacists. Additional personnel can contribute to a more efficient workflow, allowing pharmacists the necessary time to dedicate to patient counseling without compromising on the overall operational efficiency of the pharmacy.
104	I have to work a whole day shift without a technician. I have to process insurance, Good Rx, give shots, run a cash register and answer the phone¦¦alone! Not safe for patients.
105	I honetsly believe that pharamcists shouldnt be working more than 8 hours in a retail setting. Its go go go like a fast food place from the minute you walk in and creates a perfect environmnet for mistakes to be made. This is also leading to less job satisfaction and pharmacists are just so burnt out that its affecting patient care and their personal lives.
106	I know that you guys have no control over this but if we were able to retain quality technicians in retail it would improve patient safety. But the reality is that they are overworked and underpaid. We are asking them to be immunizers without additional
107	I see multiple filled prescriptions for the same drug on a daily basis and when management is asked about it we are told "yes, but it gets deleted at the end of the day". Any and all prescriptions are entered either by technicians or by an automated system without regard to patient history review. As a clinical review pharmacist we are given seconds to review, fix and/or return Rx's for corrections. It is obvious that Rxs are "pushed out of the queue" just to get rid of it to avoid time spent.
108	I suggest better staffing and advocating support services for the pharmacy team. Cut back on high demands for non-dispensing services (MTM services, immunizations, and point-of-care testing) to focus more on the individual pharmacy teams for better retention. Most people tend to leave due to harsh work conditions (listed above)
109	I think all prescriptions should be electronically from practitioners to pharmacy
110	I think doctors should be required to provide patient's weight, height, and/or lab work that could be relevant to the prescription, especially for children dosing. On inventory day, another pharmacist needs to be scheduled. This is currently not a requirement and we are expected to count all of the inventory while doing our normal duties which is next to impossible so we all end up staying past our paid hours to get it done while the next shift pharmacist is there.

	A
111	I think that having a minimum set number of technician and pharmacist staff per number of prescriptions filled, that could not be decreased by the employer would be beneficial. I also think that the extremely unrealistic expectations with regard to our metrics needs to change. I got into this to help people, not to be a salesman, cold-caller, or any of the many other, non-pharmacist hats that we are required to wear.
112	I think we should discuss/decide what is a safe number of prescriptions/vaccinations ONE pharmacist can safely perform and staff the correct number of pharmacists. I don't always believe increasing the tech:rph ratio will help. It helps a little but it can also lead to more attention diverted to supervising more technicians. In the end, everything funnels down to the pharmacist.
113	I want mandatory longer lunch hours. At least 45 minutes. We work long shifts, give us a break!
114	I would like to recommend All Prescribes should be sending prescriptions now electronically not just for controlled substances. The fax submission should be eliminated because the ink smears letters and numbers. Examples: 5 may look as 6 or the other way. We have to call and verify each time.
115	I would like to see [redacted] work from home division remove their metrics for reviewing prescriptions and assessing DURs. I understand why work from home requires some monitoring to make sure people are actually working, but they are always on us about making sure we are reviewing prescriptions faster. The department goal is to review a prescription in 16.6 seconds or less and complete a DUR in around 6 seconds. I have zero quality events, am a very dedicated worker (no non-work tasks on company time), and cannot meet this expectation. I'm being threatened with write ups, etc to go faster. I'm a great pharmacist and I shouldn't be forced to review a prescription in a certain amount of time or face discipline. I want to make sure the prescription is safe for the patient. [redacted] rushing us and constantly putting pressure on us to go faster is risking patient safety. Patient safety should come above all else.
116	I would recommend less paperwork required to be printed and kept on file. Pharmacy spaces are crammed full of paperwork for vaccines, prescription processing, etc. It makes it very problematic when we are constantly asked to inventory stacks after stacks of paperwork required by all the different corporate regulations on top of DEA and BOP requirements
117	I would say if the company should be required to staff the pharmacy as the pharmacy manager deems. The people sitting in the office only see numbers and not the total experience we are expected to deliver to the patient. Also computer systems should be required to run properly. If the company cannot fix the issues the system should be removed.
118	If retail pharmacies want to provide clinical services to patients, pharmacists should be required do that in a clinical, uninterrupted setting.
119	Immunizations at the pharmacy is important due to it's accessibiliy. I feel that it really requires a dedicated space and a dedicated staff, if we are to continue to focus on this as large source of revenue.
120	Immunizer should not be part of the workflow or limit immunization.
121	Improved relationships with other healthcare professionals and re-establishment of our profession as doctors of pharmacy. We have become a œswap meet of healthcare¦.we need to re-establish our profession as being the medication experts.
122	Improved response time with providers as most calls go to voicemail or have to leave a message
123	Incorporating a separate entity to perform medication treatment management calls.
124	Increase amount of pharmacists on duty during a shift.
125	Increase in pharmacists/decrease in individual workload. More paid time off would lead to more refreshed pharmacists. Nurses that have a high work load have more days off (usually they work three 12 hour days and have 4 days off) We are easily as high paced as the nurses.
126	Increase number of pharmacist and technicians
127	Increase overlap pharmacist hours and increase technician hours
128	Increase paid rate for technician to reduce turn over (keep experienced technician)
129	Increase Pharmacist Staffing
130	Increase pharmacist to technician ratio. Require all pharmacy technicians get nationally certified.
131	Increase reimbursement from insurance companies
132	Increase staffing with fair scheduling, not to use productivity numbers (and how fast you are) to mentally stress us out. So we dont rush to do things.
133	Increase staffing.
134	Increase tech ratio (4/1) is good
135	Increase technician and cashier help
136	Increase technician to pharmacist ratio
137	increase the number of pharmacists per shift
138	Increase the number of pharmacists per shift.
139	increase the number of techs and pharmacists and offer training hours in addition to tech hours
140	Increase the technician to pharmacist ratio
141	Increased in the amount staff both pharmacists and technicians
142	Increased pay to match current inflation rates.

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143	Increased staff, especially pharmacists. But we also need better incentives for technicians
144	Increased staffing
145	Increased staffing and adequate training time is most important.
146	Increased staffing and directing non-dispensing and non-patient responsibilities away from pharmacists to improve patient safety. Suggest scheduling more shifts or more staff to focus on non-dispensing and non-patient responsibilities.
147	Increasing staff, have mandatory two 15 minute breaks and 30 min lunch and midshift pharmacist to allow this to happen.
148	Increasing technician pay will help retain and attract more quality applicants, which will lead to improved patient care.
149	injections are stressed by cooperate because of profit margin increases from them. Yet no additional staffing, time, or safety issues are addressed for the increased work load. of course extreme pressure is constantly put on the pharmacy to increase injection numbers because of the greater profitability.
150	It would be nice to have another pharmacist on duty to focus more on patient counselling/immunization counselling, therefore not rushing to keep up with the dispensing workload.
151	Just appropriate staffing levels in the pharmacy and stop pressuring pharmacist with ¨metrics.
152	Just fill prescriptions
153	Keep equipment current and in working order.
154	Keep safety items in stock
155	Legal regulations should be made to make sure that no pharmacist work alone with no help. Also, the pharmacist should be allowed to leave pharmacy during lunch break while the gates are closed. We are still required to stay in the pharmacy or in the store building.
156	Less controlled substance volume. Only allowing certain amounts of opioids/gfds done daily because these are very time consuming prescriptions to handle, verify, fill, and put documentation from the doctors.
157	Less interruption so pharmacist can have time to talk with patients, extending lunch hour for staffs (30 mins not enough to have lunch and rest), less non-dispensing service
158	Less interuption to the pharmacist..more staff ..better training for technicians
159	Less metrics especially for non dispensing activities. We need to be able to focus on safely filling scripts in a timely manner.
160	Less metrics expectations.
161	Less workload to be able to actually verify scripts and minimize errors
162	Limit vaccination schedule ,but if the can schedule more help Like Cashier or tech we can do vaccination
163	Longer breaks, 30 minutes isnt sufficient.
164	Maintaining 3:1 tech to Rph ratio and encouraging staffing to be 1 Rph (8 hour shift) for every 200 prescriptions processed to ensure safety. (Eg. 500 prescriptions = 2.5 pharmacist shifts)
165	Making it mandatory for more than 1 pharmacist per shift for every 300 scripts per day.
166	Mandated breaks
167	Mandatory 1 hour lunch to prevent burnout.
168	Mandatory meal lunch for all pharmacist
169	Maximum # of prescriptions that can be filled by one pharmacist. Metrics that are used to push speed over safety. It is all about the #'s not safety. Retail pharmacy is not set up for safety, but getting the most out of each employee: Each employee at the pharmacy is expected to multitask(answer the phone while typing or filling, ring out customers and run back to fill, or type. Pharmacists are giving immunizations then running(literally in some cases) then verifying prescriptions answering the phone and running to do a new drug consultation. All being monitored and timed.
170	Maximum 8 hour shift for pharmacists and treat anything extra as overtime just like in California, so that retail companies would ensure having two pharmacists present each day. Eliminating metrics would drastically help with patient safety as well becau
171	Maybe starting for, and paying for, shifts that begin before opening. It can allow a good start on the day to not feel like you are starting the day already being behind on workflow and then having things pile up as the day goes on. Emploers could reduce hours that the pharmacy is open, but still have the employees work, closed door, to get good uninterrupted work done which would increase focus and safety.
172	More adequate cleaning of pharmacy interior and exterior and the onboarding of more experienced pharmaceutical technicians.
173	More effective text and messaging capabilities rather than phones
174	-More guidelines/requirements on staffing (ie when multiple pharmacists on required, staffing/labor requirements) -No metrics -Requiring cashier options (ie some companies do not allow cashiers whatsoever and really should be required to create systems that allow for cashiers)
175	More help
176	more help with non pharmaceutical help such call center to help with non stop phone calls

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177	more patient understanding md tells patients their script will be done in 20 mins without checking ie if it's in stock if we are at lunch or even not open yet or multiple controls being filled early and we say no after checking pmp and calling Dr back only to leave a message as they are completely unaware 120mme or that is 12 days early.
178	More pharmacist on duty
179	More pharmacists in same shift.
180	More pharmacists per shift in a 24 hour store.
181	More pharmacists required to be staffed
182	More pharmacists should be staffed in pharmacies that have high demands. It is dangerous for one pharmacist to handle >300 prescriptions and supervise > 3 technicians during a shift.
183	More staff
184	More staffing
185	More staffing all around, but must hire 1 pharmacist to every 2 technicians. Safe measures must be taken so that employers cannot find a loophole and just hire more technicians or cashiers without additional pharmacist help. Pharmacists should be able to complete non-dispensing roles without the pressure of meeting metrics for dispensing. Employers should be required to have different pharmacists completing different tasks rather than having one pharmacist complete dispensing roles as well as non-dispensing roles. Employers should have clinical pharmacists on staff to complete non-dispensing roles such as immunizations, patient education (diabetes, smoking cessation, PrEP/PEP, contraception), MTM, and all other tasks that require more than 10 minutes of undivided attention from pharmacist. Employers should be prohibited from requiring dispensing pharmacist to complete any tasks that will take away from processing prescriptions and providing first fill consultations.
186	More staffing that companies must adhere to (provide hours). If we had enough staffing throughout the day, the pharmacist can truly focus on patient care. Increasing the number of techs we can supervise as an rph will not change the problem of the compan
187	More staffing with both pharmacist and technicians. Less metrics and that alone I feel will make huge strides in employee turnover and create less stressful work place environments
188	More staffs
189	More support from pharmacists and technicians
190	More tech help
191	More tech help required, pharmacist should not have to work alone, extend their to fill prescription
192	More tech hours
193	More techs
194	More techs or clerk help at the counter
195	More than 3 technicians per 1 pharmacist should be allowed.
196	More than one pharmacist on duty at a time. Well trained support staff
197	More time for counseling, I feel rushed to get to the next patient
198	More time for patient counseling ergo more pharmacist hours.
199	Move all waiting areas far away from hearing and watching all patient interactions
200	Multiple pharmacist on duty.
201	N
202	N/A
203	Na
204	Needs to remove CLIA services from the pharmacy which is affecting and delaying patient getting medication due to pharmacist is busy providing CLIA services.
205	No metrics or goals
206	No pressuring for metrics
207	Non dispensing activities have to be a dedicated task and should not be required to be completed between processing prescriptions
208	None
209	Not allowing customers to verbally abuse pharmacy staff.
210	Not allowing other store departments (deli, bakery, etc) to use our profits to cover their loss in sales, causing pharmacy to have to cut available tech hours even more.
211	Not doing immunizations
212	Not to focus too much on non pharmacy related tasks and numbers.
213	OTC recommendations from non prescription customers are a nuisance when trying to deal with our own patients prescriptions. Also, because of our relationship in the community, we have patients that come and take up our time counseling on prescriptions th
214	Outlaw metrics

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215	Outsource refill calls, delivery orders.Eliminate covid/flu testing at retail pharmacies
216	overlap pharmacists
217	overworked/harassed pharmacists = deadly mistakes
218	Patients getting tested for diseases in a place that can also treat them if they were in fact positive.
219	Patients no longer respect the work we do. Our employers have reduced the profession to a glorified cashier. When people walk up to the counter they don't understand the importance and the magnitude of the work we do. They expect quick service and our employer demands it through metrics and unrealistic expectations. Vaccinations are something we are expected to promote without any consideration for patient safety. Appointments are scheduled at all times of day and night and regardless of staffing levels. Feels like we're just throwing darts when vaccinating and just billing insurance, ringing up people, and listening to complaints.
220	Patients over profit
221	Patients should be more realistic about their expectations we deal with insurance rejection daily and we could not find enough people to help resolve insurance and they want the pharmacy to bring in more scripts make more calls give more immunization! Pl
222	Penalizing pharmacy supervisors and companies harshly
223	Pharmacist overlap Dedicated Rph or tech for vaccines Dedicated Rph for calls and mtm
224	Pharmacists do not have time to drink water. I remember once mentioning to a pharmacy manager that Im trying to remember to drink water more. She said- but how can you drink water? Because then youll have to go to the bathroom and you dont have tim
225	Pharmacists have been forced to stay and work without pay in order to keep up with workflow and keep conditions in the pharmacy "adequate" to care for patient safety. It has been an open secret in the industry for decades. Due to fluctuations in the current economy, pharmacists' pay is now decreasing rather than increasing, leading to a crisis point in the industry.
226	Pharmacists or technicians whose primary job is everything except dispensing.
227	Pharmacy employees need to feel valued by their employers. Taking care of your staff goes a long way for workplace productivity. [redacted] pharmacy was the BEST company I ever worked for. They took care of us and no one ever left. The minute [redacted] bought [redacted] out, everything went downhill.
228	Pharmacy guilds,chains respecting pharmacists,board inspectors surprise visits to problem stores unanounced ti see what really goes on
229	pharmacy need more staff or eliminating metrics
230	Pharmacy staff cannot legally work until they clock-in and receive pay. This will prevent pharmacists from arriving early to work several hours early to catch up while being off the clock. This is often abused by district managers, who knowingly have their employees come in early off the clock. A possibility of how it can be enforced is to make it a legal requirement to clock-in after logging into a computer. I wish there were better ways to enforce this.
231	Pharmacy technician pay needs to be increased,so that the best can be recruited.
232	Please expand technician to pharmacist ratio, Increase number of technicians allowed per day, please add the legal minimum number of 2 technician required per rph as a requirement so that the employer would not allow to cut technician hours too low. Please also increase technician pay. They deserve to get pay $18 minimum with this type of setting.
233	Please require pharmacies staff 2 pharmacists per shift.
234	Pls remove metrics
235	Provide enough hours
236	Pt safety starts with enough help. Having 2 pharmacist on duty is a huge help even if the overlap is only half of the day. There are simply too many questions or situations that need to be resolved by RPh which being alone definitely leads to interruptions and distractions.
237	Putting a cap on how many vaccine appts per hour.
238	Read above
239	Reduce the amount of phone interruptions in and outbound. Allow pharmacists the right to deny disruptive patients like a doctors office will by severing them from the practice.
240	Reduce the metrics or the expectations the company is using to measure performance. It's a lot of pressure to try to get 80% of prescriptions out on time, expecially when your averaging 400 rx a day w/ no pharmacist overlap.
241	Reducing pharmacist to tech/ cashier ratio back to 2 to 1
242	Reducing pressure to immunize and pressure from district managers to speed up workflow while also managing other tasks
243	Refer to question 55.
244	Reform or eliminate third party insurance. The technology is there
245	Regarding to patient care and patient safety, working with a super busy pharmacy, we absolutely need to have at least 2 pharmacist to counseling & answers all the questions related to the therapy.

	A
246	Remote verification should be addressed. My company allows pharmacists in other states to review rxs and I have found countless errors they have approved upon product verification in the store. If I did not look back at the hardcopy for every single rx I physically check at product review, the errors would have been dispensed. And at that point the NV BOP would not be able to discipline the pharmacist that is responsible but licensed in another state. The workload placed on me requires me to use remote verification but if I had more help I would be able to not use it.
247	Removal of pharmacy metrics
248	Remove customer service surveys as a factor of how good a pharmacist is. My employer wants every Rx to be filled in 10 min or less if patient is waiting in store regardless on how many Rx has been dropped off . Fearful of a bad customer service we have to work super fast. Total time to prepare RX under 5 min . We should not be pressured to multi task . Answer the phone , while preparing vaccines and verifying Rx all at the same time
249	Remove metrics from retail pharmacy.
250	Remove metrics or unrealistic metric goals
251	Removing metric based performance review processes would put the focus back on safely dispensing as opposed to dispensing quickly.
252	Removing ridiculous goals
253	Removing the requirement for digital enrollment, auto refills, mtm and specialty refills. Everything we do is a metric and is monitored. This all takes away from patient care and safety.
254	Require at least 1 pharmacy technician be staffed during all open hours
255	Require call centers for patient requests
256	Require more pharmacist overlap Give more tech hours Require certain amount os scripts per rph
257	Respect for Pharmacists and eliminate the chaotic work environment.
258	Retail chains are cutting hours and increasing workload on all staff to the determinant of patient care.
259	Review protective PTO policy for techs, they can call in anytime even right before the shifts and come late too
260	See #55. Substitute insurance for government.
261	See above
262	Significant education and additional training. Gaining experience as a new grad pharmacist should come with less potential for patient harm.
263	Space is an issue--We are currently performing Clinical Services in a makeshift 5'X3' booth next to the bathrooms at the [redacted] Market. Something more accommodating and sterile not to mention more comfortable for Patients would be welcome by all.
264	Spending adequate time counseling patient on new medications. Give patients an option to text or email on questionable use of medications, directions, dosage and side effects.
265	Staffing
266	Stop MTM, disease testing by the staff in retail stores.
267	Stop putting us on time limit to fill prescriptions .
268	Stop the majority distraction of pharmacist, for exaple cash registration and phone calls activity
269	Stop treating us like we work at McDonalds.
270	Take away goals and metrics for vaccinations. We spend so much time pushing vaccines, that we wear ourselves thin with other tasks. Everything gets backed up because I dont have any immunizing technicians on site. Pharmacist only things like consultat
271	Take out the metrics, lessen non-dispensing duties for pharmacists.
272	The board should get feedback from rph using their personal email and not the work email. The rph needs to feel free to express themselves.
273	The board should require that those none dispensing tasks should require one pharmacist doing only that particular tasks especially for those pharmacies that are doing more than 200 scripts per day.
274	The design of the pharmacy needs to change. We still need to be accessible but there should also be an area the isn't accessible to everyone so no interruptions
275	The greatest safety concern that should be implemented in all retail pharmacy settings is the minimum number of tech hours employers must be required to give pharmacists based on the number of prescriptions filled in addition to providing services and vaccines. It will not make a difference whether 3 or 4 technicians are allowable under one rph supervision if the amount of technician hours your company allows you to schedule in a day is 10-20 hours. The real issue is not how many technicians you can supervise safely, but how many technician hours are actually given to you to complete the workload and goals that assigned to you. Any workload requires the number of hours to complete the work; the number of people is useless without the hours.

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276	The number one thing that would help me was if my company gave me more technician hours. Having one technician per day simply wasn't enough. Also, the stress of having metrics and upper management holding you accountable needs to go away. I would love to have been able to take a break or lunch without fearing falling behind even more. A pharmacist should never be scheduled alone in a pharmacy. If my prescription volume was higher, I would say that having pharmacist overlap needed to happen.
277	The ratio of techs + cashiers to 1 pharmacist should be 4 or less. There are days when my tech to pharmacist ratio is 1:8 for several hours during the day. Many times when I do have a 2nd pharmacist, if they get pulled to work at another store for a sick call out, then I work a 12 hour day with 1 pharmacist 8 techs/cashiers, 4 opening 4 closing. However if I didn't have that many techs the whole operation would be in jeopardy of collapsing. If even 1 tech calls in sick it takes 2 to 3 days to catch back up. That happened this week, one tech called out on Wednesday, another tech came in part of the day to cover, but due to that and high volume of new prescriptions the last few days today (Friday) when I left at 2pm we had 300 prescriptions still to fill from Wed-Fri, not counting the 200+ that the prescribers probably would be sending in before they left for the weekend at 4pm. Then if today was anything like last night, there would be a lot of acute medications coming in from the urgent care and prescribers due to a lot of respiratory illnesses going around the town. It is a recipe for failure, or misfills, or patient harm.
278	The retail chains have too much power over pharmacy. The business metrics are now more important than patient safety.
279	there is no way for a pharmacist to meet corporate standards or metrics when being forced to work solo; MTM phone calls, immunizations, patient dialogue is strictly compromised when forced to answer the vast majority of telephone calls, being forced to f
280	There is not a 'one size fits all' approach that will resolve this problem. The practice at one pharmacy is far different than another. This is true within the same chain as one pharmacy located near a hospital will deal with far greater new and complex Rx's vs. a pharmacy within the same chain located in a suburban residential area, which will primarily deal with well established pt's and primarily refill Rx's. Extrapolate this to closed-door pharmacies, hospital pharmacies, compounding pharmacies, etc. and the 'one size fits all' solution becomes woefully inadequate to address the profound variability of workload and safety issues facing pharmacists and pharmacies. The chains and privately owned pharmacies will give you various cost reasons as to why they cannot accommodate increased pharmacist staffing however, they did not hesitate to jump on the $4 Rx band wagon over a decade ago. Given this fact alone, the argument is without merit. The simple fact is they have calculated what is the acceptable financial risk they are willing to accept to maximize profits at the expense of pt safety. I am in no way saying we should eliminate all the risk. This would be impossible and financially astronomical. But there is however, an ideal place where the risk to the pt is appropriately mitigated and we are currently nowhere near that as of today. Some representatives from both the Retail Association and some chains would like to tell you the simple fix is just eliminating the tech ratio. They provide supposed studies and statistics from other states such as Arizona. Let's address the Arizona study first: it does not exist. [redacted] the former Executive Director admitted this to be the case after he retired. As to the increased ratio, most pharmacies in Nevada are not operating at the current allowed ratio of 3:1. In most cases it is 1:1 or 2:1. Arizona which has no ratio limit sees the exact same. Most pharmacies rarely ever exceed 3:1. The key to remember in all of this is that the pharmacist IS the rate limiting step in the operation of the pharmacy. For good reason. Increasing the number of people they must supervise will funnel more work to the pharmacist further compounding the problem. I have seen it first-hand. This is the profound challenge facing the Board when crafting such regulations. How does one craft a regulation that is broad enough in scope, yet tailored to adequately address the various practice settings? It wasn't until the Colgan Air disaster that the FAA finally addressed a very similar conundrum but unfortunately, the 'wrong' people (politically connected) had to lose their lives in order for this to happen. Commercial air travel in many ways is like operating a pharmacy: airplanes and operations come in many shapes, sizes, and provide a wide range of services with the responsibility for the safe operation ultimately falling on the shoulders of the PIC. In this case, the Pilot In Command; better known to the public as the Captain. In the absence of the Captain, this falls to the first officer. There is very much a direct correlation to the practice of pharmacy and commercial aviation. If an agency such as the FAA could get this done through the creation of the complex regulation known as FAR Part 117, pharmacy Boards should be equally adept in crafting something very similar. The template has already been created and we shouldn't have to wait for the 'wrong' people to lose their lives before something is finally done.
281	There should be 2 Pharmacists on duty overlaping shift at least every Monday and Tuesday. Workload & Productivity metrics and quotas of immunizations is stressful, with 1 or 2 technicians help only. There should have a clek or cashier to avoid too much Interuption in workflow.
282	There should be a limit on number of prescriptions per pharmacist
283	There should be a minimum amount of overlap between pharmacist working per day (not zero)!
284	There should be a minimum number of techs required to work in a practice setting based on volume
285	There should be requirements of how many pharmacist should be staffed, And also technicians according to volume of prescriptions being filled

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286	To enhance patient care and safety in pharmacies, addressing several critical issues is imperative. The most pressing concern is the unrealistic metric standards set by corporations, which significantly impact patient safety. These metrics often prioritize speed over accuracy in prescription verification, creating a high-pressure environment that can lead to errors. Revising these metrics to focus more on the quality and accuracy of prescription verification is essential for improving patient care. In addition to adjusting metric standards, streamlining the hiring process and boosting recruitment efforts for pharmacy technicians is crucial. The current complex hiring procedures can be a deterrent, leading to staff shortages. Simplifying these processes and actively recruiting more technicians would help in adequately staffing pharmacies, thus distributing the workload more evenly. Furthermore, providing more technician hours is vital. Many pharmacists currently find themselves multitasking and handling multiple roles due to inadequate staffing. By allocating more hours to pharmacy technicians, pharmacists can focus more on their primary responsibilities, such as patient consultation and medication management, enhancing both patient care and safety. Implementing these changes, starting with the revision of corporate metric standards, followed by improved hiring processes and increased technician hours, would alleviate the pressure on pharmacists. This approach would create a more efficient and safer environment for patients, leading to significant improvements in patient care and safety in the pharmacy sector.
287	Transfers from one pharmacy to another can be a difficult, long process because the out-going pharmacist is too busy to answer the phone to do a transfer. We need an approved electronic or fax request that can be sent from pharmacy to pharmacy. I should not have to wait 45 minutes on hold to speak to a pharmacist to transfer prescriptions or transfer profile
288	Until Pharmacists have more control of pharmacies nothing will change
289	Upgraded software
290	Vaccines, especially travel vaccines and,birth control prescribing require alot of time that take the pharmacist away from dispensing for a good amount of time
291	Very important to provide meal breaks for pharmacists because they have a lot of responsibilities. Working for 7-9 days straight and providing only 1 day rest leaves room for mistakes. Pharmacist is extremely exhausted and needs enough days or rest to recuperate from the straight days of work and Walgreens tries to separate days off to make sure RPhs are working more hours than resting
292	[redacted] uses off site pharmacists to validate rxs, which has become the excuse for eliminating on site help. These pharmacists do not help with the hundreds of consults that may be necessary per day. Many errors have also been found with their verifications. Many errors have also been found from the [redacted] central fill facility, along with pharmacies being unable to keep needed medications in stock and ONLY being able to obtain them from the centralized pharmacy. As a result, proper and timely care is extremely diminished. The call center is also a hot mess. Patients are often given incorrect information and transferred to staff in store without proper introductions or bridges and this leave the patient and staff members frustrated. [redacted] only cares about profit and the level of care over the years has SIGNIFICANTLY diminished. They may say they don't review based on metrics, but in the end it all factors into reviews. Leaders in the front end of the store have been given titles without proper training and have no idea what's happening in pharmacy. Leaders for [redacted] in Las Vegas do not care about staff, which is why many staff members participated in walk outs in October. Due to so many centralized services, pharmacists on site often have no idea what is going on and out of the pharmacy. Corporate employees are extremely disconnected from what happens in store, coming ay employees to preach or discipline them, but have no idea how to put any off what they preach into practice. Several leaders are also backstabbers, talking poorly about employees to others. We also had a store manager who we believed was drinking on the job, but he was never really investigated. It seems these things all get brushed under the rug. More and more is constantly expected from employees, but corporate never gives back.
293	We have been keeping asking for Flex systems back. They only give us 2 months and takeaway. We cant keep up
294	We need a MANDATE to require corporations to staff with a MINIMUM of 3 techs to open/close per day. A MINIMUM OF 3 TECHS AT OPEN AND CLOSING EVERYDAY!!!! We have an IN window, an OUT window, multiple phones constantly ringing, vaccines galore. Vaccines are corporate scheduling of 20 vaccines every 15 minutes NO JOKE during flu season. 20 VACCINES EVERY 15 MINUTES and REQUIRING us TO WALK IN anyone that requests as well. AND NOT TO MENTION THE COPIOUS AMOUNT OF BILLING AND REBILLING TO MULTIPLE DISCOUNT CARDS AKA GOODRX.
295	We need more power to turn away excessive amounts of opioid prescriptions. Must constantly tip toe around conversations and hope a complaint is not submitted. If we accepted every opioid prescription/patient that calls here or comes in daily¦wed be se
296	We need requirements for breaks, a fully staffed team of pharmacists and technicians. If a store is offering other services such as immunizations, we need to always have a second pharmacist there to handle those patients and issues separately. We need da
297	We need security at every pharmacy and we need to have a pharmacist never left alone

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298	We should have more paid offstage hours. It is hard to take care of administrative and clinical duties when you are always in need for dispensing responsibilities. We should also be able to be staffed before opening to public and we should have the autonomy to adjust schedules bassed on individual store needs. Patients have different patterns in different neighborhoods. i should be able to make the right business decisions for my team and my patients especially since it is my name and my leagal responsibility.
299	We were given a 30 minute break for lunch and supposed to have 2 breaks in between but never able to take breaks due to the workload . We need extra / enough help fulfill the demand in the retail pharmacy. What happen to the 3 techs to 1 pharmacist ratio?
300	Work hours should be adjusted for pharmacists, like an overlapping schedule or shorter work hours. Additional pharmaceutical technicians but no additional pharmacists may lead to more medication errors. More problems may be caused bh too many staff to supervise
301	You should have 1 pharmacist verifying prescriptions, 1 pharmacist product verifying medications another pharmacist to counsel on prescriptions and making sure lunches and breaks are being followed, 1 pharmacist to handle doctor calls, transfers and other duties that include ordering meds and handling the other functions that are required of the pharmacy (Legal requirements and also Corporate requirements) ex. Inventory, audit and waste.
302	No response.

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1	**Question 56: What other recommendations for changes do you have that you believe would lead to improved patient care or patient safety?**
2	**Question 3: Which of the following most closely describes your primary practice setting?** **a. Institutional/Hospital Pharmacy**
3	**Reponses**
4	2 lane drive throughs should be outlawed.
5	Adding clinical activities that complement dispensing, to provide high level of care. For example, having a separate pharmacist to consult and provide flu shots, while one pharmacist focuses on dispensing safely.
6	Adequate reimbursement for non-dispensing pharmacist services. Consideration of limited tech check tech activities to eliminate need for unnecessary pharmacist oversight (cart fill activities)
7	Adequate staffing and better pay will decrease the turnover of staff , hence improving patient care and safety.
8	As someone who has worked in both retail and hospital setting in the past 3 years, the biggest issue I have seen across the board is staffing. Many colleagues are trying to leave the field of pharmacy due to feeling overworked to the point of burnout. It
9	Basically more staffing and mandatory breaks and that is a pipe dream.
10	Better communication between corporate and the pharmacy staff
11	Better communication between management and employees
12	Better physicians
13	Care should be given that
14	Change productivity metrics that reflect pharmacy practice not census
15	De-centralized pharmacy model. Adding a patient safety pharmacist, not using another pharmacies EPIC program or hiring an informatics pharmacist on site. IV team instead of a different person everyday
16	de-emphasis on metrics
17	Duties keep being added without additional staff . Anticoag , electrolyte, renal dosing, med rec , off site emergency depts , etc Limit prescriber drug selection to formulary stock .
18	Eliminate non-dispensing services that can be done in an actual provider setting
19	ELIMINATION OF ANY METRIC NOT DIRECTLY RELATED TO PT CARE, INCLUDING VACCINATIONS
20	Employer would review the daily task and try to estimate the reasonable time required
21	Establishing reasonable staffing levels for pharmacists based on prescription volume is crucial. Implementing thresholds that require additional pharmacists on duty during peak prescription levels can alleviate workload stress and improve patient safety. Increasing technician wages to ensure competitive compensation is essential for fostering long-term commitment and expertise. This step can elevate the quality of service and retain experienced technicians. Revising or eliminating excessive metrics that primarily prioritize profit over patient care is pivotal. Emphasizing quality of care and safety rather than solely focusing on metrics can lead to better outcomes for both patients and staff. Shifting decision-making processes from a top-down approach to a ground-up model is imperative. Allowing input and involvement from frontline pharmacy professionals can lead to more effective and practical solutions that address the actual challenges faced at store levels. Enabling retail pharmacies to have a voice in legislative changes that directly impact their operations is crucial. Providing avenues for retail pharmacy stakeholders to vote or contribute to proposed legal modifications ensures that laws are shaped with consideration for real-world implications rather than abstract intentions.
22	Fewer budgetary constraints with pharmacy.
23	Focus on the patient first instead of the bottom line
24	Hire more pharmacy technicians to help answer phones and complete simpler tasks so pharmacists are not constantly interrupted while processing orders
25	Holding corporations accountable for the mistakes they force their employees to make to keep up with work load.
26	I work in hospital setting¦ our computer system is hosted by a larger facility and we have no autonomy to make changes in this system, which has lead to multiple patient safety issues. This model is a significant contributor to increased errors amd nega
27	If the diabetes management is going to be billed as clinical pharmacy consult, it should be done by a pharmacist, not nurses, who then ask the pharmacist about the billing and refills, as if that is managing or consulting anything.
28	In retail settings that I have worked definitely get rid of matrix. Companies should not tell you how long it should take to get a script out vs patient safety.
29	Increase number of pharmacist per shift and perhaps reduce shifts at high volume stores from 12-13 hours to 8.
30	Increased pharmacist technician ratio for HOSPITALS only
31	INCREASED PHARMACY STAFFING IN BOTH TECHNICIANS AND PHARMACISTS THAT ARE COMPETENTLY TRAINED FOR VARIOUS TASKS THROUGHOUT THE HOSPITAL PHARMACY
32	Increasing the number of pharmacists would lead to improved patient care/patient safety. Pharmacist will focus on one area at a time such as immunizations, MTM, and processing prescriptions. Pharmacist can also focus on clinical activities to help improve patient safety.
33	Inpatient pharmacists to review all discharge medications upon discharge.

	A
34	input from the hourly workers - dont really feel anyone listens to what we say -
35	Less interruptions
36	Less pharmacist involvement with USP 797 and 800 and more involvement with clinical functions
37	Lessening non pharmacist duty while on shift
38	Limiting the amount of techs a pharmacist may supervise at a given time. Supervising more and more technicians without additional pharmacists to help only compiles the problem onto individual staff pharmacist. Interruptions also come from technicians to take care of problems they cannot and should not solve (ex clinical judgement).
39	Making it mandatory for companies to exhaust the pharmacist to tech ratio with every shift is each pharmacist is fully processing over 200 prescriptions. There needs to be increased industry standard base pay for pharmacists and technicians in order for people to stay motivated to be used like mules with no end ever in sight.
40	Meaningful reduction of alerts- Pharmacists get alert fatigue
41	Minimum pharmacist / tech staffing required for hospital bed size - independent of census. There have been times where census is so low, but we could not cut staffing further for fear of patient safety & care.
42	More pharmacists, eliminate metrics. Focus on patient care.
43	More respect and collaboration with physician partners. Less drug shortages.
44	N/A
45	Na
46	New graduates and pharmacists are not receiving a salary or the hours they require to live and pay their student loans. Pharmacist salaries have not kept pace with the work and inflation. It causes pharmacists to work multiple jobs and shifts, compromising their health and preventing them from providing better patient care or acquiring up-to-date knowledge.
47	No metrics. No timed filling of scripts.
48	None
49	Northern Nevada needs more formal pharmacy technician training programs to meet the demand. May be the state board could help in reaching that goal?
50	Not increasing technicians technician to pharmacist ratio and enforce this in institutional pharmacy. Technicians have limited scope with their license and everything they do is the ultimate responsibility of the pharmacist. It is unlikely the amount of oversight for patient safety is optimal with current ratios let alone increasing ratios. With the expectation of pharmacists doing more than dispensing and processing prescription orders and complexity of medical care now there just simply needs to be more pharmacists staffed. Equivalent sized or even smaller institutions outside of Nevada have sometimes twice as many staffing/clinical pharmacists than Nevada institutions.
51	On yearly inspection take closer look at condition pharmacy counter space pharmacist work stations general room in pharmacy also competency of director to be in that postion
52	Our institution absolutely needs to allocate money into hiring more pharmacists. Specialty pharmacists are responsible for orders and clinicals outside their specialties and causes increased work loads.
53	PCC computers from LTC facilities to help assess patients care
54	Pharmacist rounding is good (improve patient safety), but not at the expense of getting the meds to the patients,
55	Pharmacists should not be forced to choose between breaking the law and keeping their job. This is a struggle in all institutional settings due to reporting to non pharmacists. A pharmacist reporting to a nurse is an extreme safety concern
56	Pressure from employer for time spent on counseling calls, after call time, metrics
57	Purchasing more premade/commercially available products.
58	Recognition of the immense value of the pharmacy team from the overall C-suite etc.
59	Reducing the amount of national drug shortages. Continue effects to attract high quality technician candidates.
60	Remove additional MTM responsibilities from the retail pharmacists. Have more staffing for any vaccine seasons or clinics.
61	Remove productivity metrics
62	Review current patient medication profile before dispensing
63	See above
64	Showing your pharmacists that you value them! Leadership
65	Somehow eliminate the "insurance" time suck.
66	Technicians need to answer and triage phone calls and do missing dose queue
67	The board doesn't seem to care about the quality of pharmacies. Seems like no changes have been made nor repercussions to retail pharmacies for understaffing pharmacies. It's a real issue and like it or not the board is our representing body.
68	try to have a limit on work load each pharmacist can do in a shift.
69	Universal use of barcoding within the hospital
70	Unsure. Staffing seems to be the glaring issue. Just numbers of pharmacist:patient doesnt accurately reflect the difficulty of the job or workload. Other things like dealing with residents, new nurses, etc also have a large impact on our ability to
71	We need to be more electronic based: emar, automated filling, ect
72	No response.

	A
1	**Question 56: What other recommendations for changes do you have that you believe would lead to improved patient care or patient safety?**
2	**Question 3: Which of the following most closely describes your primary practice setting?** **c. Independent Pharmacy** **d. Department of Defense or Veterans Affairs Pharmacy** **e. Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)** **f. Consultant Pharmacist** **g. None of the above, I am currently unemployed or retired.** **No Response**
3	**Reponses**
4	1 to 4 tech ratio
5	1) if the board can mandate bathrooms for pharmacies surely, they can mandate uninterrupted lunch breaks too & supper breaks. 2) the board should really treat pharmacists a lot easier when they make mistakes. And the employer should be fined & punished much harsher than the pharmacist especially when you look at the working conditions, they make us work. A sliding scale of punishment for the employer should look at the staffing level, the PT, PTT, clerks, # of rx's/hour the pharmacist was working under, how many days straight they were working, whether they were under the weather at the time because they couldn't get relief, how many hours that week they worked and start sending the message to the employer that you treat pharmacist with respect & dignity in this state or you will be fined more & more. The way the courts have pre-sentencing report provided by P&P which looks at the totality of the circumstances in which the crime occurred & the background & history of the convicted, is how the board should be looking at the poor pharmacist & the greedy employer when something goes wrong with a stated goal of reducing the responsibility & punishment to the pharmacist & increasing it on his/her employer for setting up & creating the conditions in which this occurred. I see how the board treats pharmacists & there isn't much sympathy, caring or compassion for us. Gone are the days where a simple mistake is just that. Now the board goes after us for blood & money. Please chill out & treat us with a little pity & mercy for what we have to go through on a daily basis.
6	10 to 15 years ago, if our pharmacy was doing 3000 Rxs/week we would be allowed to have about 160+ hours of RPh/ week" when I left , we were allowed 98 " with the shift to put more of the workload on techs and computer advances that have helped effi
7	Adding patient safety ce for techs and Rph
8	Adequate rest time and uninterrupted meal periods o give time to unwind and rest, increased tech to pharmacist ratio
9	all electronic rx with insurance company interface to eliminate or greatly reduce non covered items
10	An extra pharmacist should be employed with overlapping shifts
11	Better pay
12	Don't have one at the moment
13	Eliminate mtm
14	Eliminating workplace metrics
15	fewer technicians per pharmacist
16	Get rid of performance metrics in retail settings.
17	Getting rid of the drive through option; that additional workflow adds unnecessary burden to the pharmacy staff.
18	Greater PBM regulation
19	Have a separate verification queue pre fill and post fill
20	Have more efficient work flow designs.
21	I have nothing but wonderful feedback regarding my current workplace. However, my previous workplace could use much improvement. I decided to leave it because of the unrealistic expectations they have on the pharmacy staff. Pre covid times were alrea
22	I struggle to keep competent, and well-trained pharmacy technicians in my pharmacy because pharmacies aren't getting reimbursed for the "dispensing" process of medications. Therefore, we are being forced to come up with non-dispensing opportunities to help pay for the technicians and pharmacy staff to do the job they were originally hired to perform.
23	If pharmacists were empowered to counsel all patients/care givers every time a prescription is dispensed. We would decrease errors and increase patient understanding and compliance, but this cannot be done when only one pharmacist is working.

	A
24	In general: chains delegate a certain amount of "tech hours" to their pharmacies based on the PREVIOUS year's amount of prescriptions SOLD (including vaccines). With chains always encouraging bringing in new patients, transfer-in's, and and pushing more vaccines every year, how can they think that providing the previous year's tech hours would suffice for THIS year? It's unfair not only to the employees but the patients as well. Many will wait days to get an antibiotic from an urgent care because these chains are so behind because they're only allocated a certain amount of tech or RPh hours. This is probably one of the worst things (in my opinion) that could have happened to pharmacy. Regional managers need to understand that they need to base their hours off the CURRENT need of the pharmacy - not just a "projected" need. ALSO... Pharmacy metrics (which most chains use) lead to massive amounts of anxiousness and when inadequately staffed lead to a decline in employees' mentality. I myself used to be so anxious in the pharmacy DUE TO METRICS and even was depressed at home thinking about the metrics we COULDN'T meet because WE WERE INADEQUATELY STAFFED, and even felt anxious before and arriving to my pharmacy because I knew we were behind in our day, ever single day.
25	Increase in pharmacists per shift
26	Increased staffing in general.
27	Increasing the number of pharmacist and not continually attempting to increase the number of technicians and technicians in training; for the benefit of for profit companies that lobby the board.
28	Just because a technician is certified does not mean that they can do the job. Personnel is unable to pick capable staff.
29	Less focus on metrics in retail pharmacies
30	Ltc - by fixing consulting hour to asnwer question
31	Making a pharmacist to prescription verification law, that factors both dispensing and non-dispensing duties. The law can have different ratios depending on the type of pharmacy and other workload factors (such as drive thru availability, number of pharmacy phone calls per day, etc.). Also, while eliminating non-dispensing duties for a pharmacist may free up time, sometimes performing those duties can help a pharmacist catch errors and improve patient care as well. Therefore, it would be great if a law could be implemented that focused more on increasing pharmacist staffing instead of focusing on eliminating a pharmacist's tasks. While increasing the number of non-pharmacist staff can help improve workflow, I only see that increasing drug errors since the pharmacist is the final check point.
32	Making sure all staff members have a sense of responsibility to the community they serve to provide the best pharmacy care possible & reminding them when standards are slipping, providing constructive advice to improve pharmacy care, and educate all staff to how important it is for accuracy to maintain the trust & confidence of the community they serve. What may appear as an unimportant detail to a staff member such as a wrong doctors name on a prescription label may alarm a patient because they think the medication in the bottle is for someone else, since they know they never saw the prescriber on the label.
33	Making sure that pharmacists get lunch and breaks regularly, and do not allow the big chains to avoid providing these basic needs
34	Measure patient care outcomes and overall wellness and safety
35	Monitor providers/physician poly pharmacy closely & not be afraid to question their rxs
36	MORE COUNSELING TIME
37	more pharmacist which will lead to less interruptions which leads to less errors
38	More scrutiny on retail chain to treat pharmacist and techs better
39	More staffing
40	More workforce
41	N/A
42	Na
43	NO drive thrus.
44	no metrics hanging over pharmacist and staff
45	No metrics. Totally trained technicians. Do not increase RPh / tech ratio
46	no suggestion
47	None
48	None at this time
49	None in present setting
50	Not applicable
51	Other states have transitioned into giving technicians more duties, such as the ability to check refills for prescriptions. Giving more responsibilities to technicians and having more technicians to help would free up the pharmacist to help in more clinical areas that are needed.
52	Our pharmacy dispensing system would greatly help patient care.
53	Pharmacist consults are important to me as this is my last check for patient safety and some pharmacists I worked with dont do the proper counseling

	A
54	pharmacists should be given the flexibility of their workday to ensure good communication with patients especially since their expertise as a healthcare provider is so valuable
55	Providing overlap pharmacist hours, increasing technician hours and technician ratio to allow the pharmacist to determine the pharmacy staffing needs to ensure safe dispensing practices.
56	Reduce inventory mgt by rph
57	Reduce work load for retail pharmacists
58	Remove the extreme level of micromanaging that exists. I cannot use my professional judgement to improve patient care because my job would be in danger if I chose to do something against employers policy
59	Removing metrics. Retail pharmacies put a lot of emphasis on meeting specific metrics within a timeframe and then get reprimanded for not meeting those metrics and in some cases are unattainable.
60	Separate pharmacist to handle phone calls and interruptions than the one responsible for checking outgoing Rx's. Computer systems that scan barcodes to enter inventory items and to check them as they leave.
61	Sexual education in the school system.
62	Staff that care about the job they perform.
63	target certain interactions between patients and pharmacist and pay a Pharmacist for completing these interactions
64	The adage of doing more with less has got to go. This cannot be what the world needs for proper, safe, effective patient care.
65	the retail chain pharmacists need more help.the pharmacists are over worked. there should be 2 pharmasists on each shift.
66	There should be more pharmacists in retail establishments. The work should not be primarily performed by technicians.
67	Treat human beings with respect. Eliminate non-stop alerts to handle more calls. Alert fatigue is real.
68	Try to complete task before they are due to reduce having to rush to finish work.
69	Unfortunately, we cannot safely multi task. Pharmacists should be assigned a task and then rotate but when I was in retail I was expected to do vaccines, fills, answer calls, pt consults, customer questions, drive thru, communicate with other prescribers, pharmacies, insurance.
70	Walgreens needs to remove metrics. Data verification under 12 seconds and clinical review under 5 seconds is a safety risk to Pt.
71	We could use more space in out dispensing area
72	We need more pharmacist to assist with the work load so we can safely dispense the medications for patients. With added pharmacist during the day can also increase technician staffing. We should have clinics days where we can provide vaccinations and pharmacist can alternate between filling and complete vaccinations at the same time. Large corporations are closing down retail pharmacies and decreasing staff levels so they have more profitability. We need to do better to have more pharmacist during the day (even mid shift) so that we can service our patients more effectively and safely
73	While we are human more staff in general that can have built in safety check processes would reduce patient safety errors.
74	No response.

	A
1	**Question 57: Please share any other comments you may have:**
2	**Question 3: Which of the following most closely describes your primary practice setting?** **b. Retail Chain Pharmacy**
3	**Responses**
4	15 breaks for rph in addition to 30 min lunch when working 10 or more hrs
5	30 minute lunch never is 30 minutes. We always close late and its more of a time to catch up.
6	A direct line of anonymous tips/complaints for pharmacists regarding employers could be helpful. Unfortunately the threat of retaliation and termination does not allow pharmacists/technicians to express their concerns in the current environment.
7	Add one 15 minute break on top of the lunch break which is 30 mins. When I work for 13 hours, starting from 8am, and take a lunch at 1:30-2pm, and it gets busier at 4-7pm.. pharmacist should be allowed a 15 min break in the evening just to breathe, use t
8	Adequate staffing and pay for all pharmacy employees
9	All pharmacies in NV (not only new ones or freshly renovated ones) should have a private bathroom for Pharmacy staff; this would decrease the diversion of drugs, and prolonged unnecessary breaks by PTs, and most of all, it would dignify the Pharmacy Staff, because at pharmacies without bathrooms, Pharmacist and Technicians alike have to use public restrooms that are often unsanitary, with biological hazards such as urine, feces, diapers, and even used hypodermic needles throughout the restroom.
10	Also, pharmacists are given so many responsibilities and are given little leeway to delegate these to other properly trained staff. Doctors and other clinicians are trusted to delegate many of their tasks, yet pharmacists are not treated the same. In a
11	Always have 2 pharmacists on a busy day
12	as a floater, I have witnessed there were many toxic work environments in every store location, low moral, not treating each other as humans, high employee turnaround, lack of training staff
13	Background checks need to be efficient, not taking a month to process.
14	Better training for new grad pharmacists. Disappointed with the amount of follow-up training is required for next gen pharmacists.
15	changing the required number of technicians and pharmacist required to fill a certain # of scripts per day / time frame, would be a big help. I see 2 options that would help with pharmacy to patient safety issues. 1. if pharmacist were to unionize across the state or 2 if the state were to put in restrictions to help. unfortunately, I think it is the nature of large corporations to push for every possibility of increased margins regardless of patient safely and more importantly employee safety. I sincerely hope the state is helpful to not only the public but the people who serve them in this capacity.
16	Companies are putting a lot of pressure to pharmacist on increasing prescription and vaccines and testing and this only going to get worst on patients safety
17	Competitive pay minimum $60 or more per hour We are salary and sometimes have to come in early or leave late to finish job Not every shift gets a lunch break every day No chairs available
18	Corporate metrics as a priory instead of patient safety should stop
19	Corporate pharmacy is only about the dollar. Making them money to facilitate their bonuses. We need to take it back and focus on whats important and thats building patient relationships and safety. Why do we have to rush and move them along like c
20	[redacted], [redacted], [redacted] want to increase Technicians but the issue is we need more pharmacist staffing.
21	Drs are the cause of drug abuse. They are the ones prescribing the drugs of abuse.
22	During busy hours we need additional cashier/s but often do not have it or front store is unable to provide. To have additional staff for busy hours such as from 11-30-1 pm and 4-6 pm.
23	efficient workload and safety working environment
24	Eliminate metric based practice and let us focus on providing quality and safe patient practice and interaction
25	Employer does not care about patient safety. They only want you to do more with less help.

	A
26	Every single year corporate cuts our hours to bare minimum in the summer saying because the pharmacy is slower in summer However, this year with Covid making a comeback, Covid testing for travel and school starting at the beginning of August, there is no summer slowdown. We suffer through it, then once we get flu vaccines in we get hours restored. This year of course though, the new Covid vaccine (Omicron variant) came out at the same time as the new RSV vaccine along with the seasonal Flu vaccine. So now this year it was a triple whammy. Many people were getting all three at the same time. This is terrific for the public, but a difficult challenge for pharmacies, since instead of just flu vaccines we are the main source for the public to get vaccinated. We also do other vaccines so our work load pre-school starting is extremely high due to school vaccines. Then as soon as school starts, the kids get sick and then the whole family is on antibiotics, steroids, cough medicine and albuterol inhalers. These days pharmacies are a lab, an immunization center, a MTM hub, a training center for new diabetes patients, a walk in medical advice hub, a place where you can get your blood pressure checked for free-so you can send your results in to the Tele-doc, as well as doing more prescriptions than ever. Today I had to apologize to an elderly lady at least 7 times because she had to sit in the waiting room for a while to get a vaccine. I was trained to do all of this, but I can not do it all at the same time, as well as giving good counsel on prescriptions, and verifying them accurately and be polite, kind courteous, helpful and be in a good mood as I am expected to be.
27	Everyone I work with feels burned out all the time. And we have more staff then some of the other chains- it's the fast pace environment and increase in additional duties (vaccinations, BCP prescribing, etc) and LONG daily and weekly hours that is causing this.
28	Front end management shouldn't try to pressure pharmacists to fill narcotic rx just to meet script volume demands.
29	Give employees incentives. Stop asking for more without appreciating what we are already doing
30	Give us a one or two page summary of the changes to pharmacy law each year.
31	Hard to find technicians and cashiers who will stay longer.
32	Have 2 rph on duty or 1 rph and intern to help with counseling and managing techs
33	have one pharmacist or tech be in charge of all calls and vaccines
34	Have the rest period longer than 30 minutes. Have enough staff to answer the phones, give immunizations, put away drugs on truck delivery days.
35	Have to get rid of the metrics , Very high goals and increase labor help . Must have mandatory so many hours of help for said amount of prescriptions, Vaccines and MTM and other Clinical Engagements.
36	Having pharmacy technicians required to be able to give vaccines would greatly help with workflow. When there is a high demand for vaccines it is difficult for me to do all the vaccines , counsel, answer doctor phone calls and check on medications for pa
37	How long does it take to fill one prescription?
38	I actually quit the retail job because of safety. I felt safety is definitely not built into the system and the flow. I don't want to hurt someone unintentionally from work so I had to quit. I want to be able to go to sleep everyday because I don't know what I would do if a wrong dispensing causes great harm or death to a patient.
39	I am concerned about the current corporate focus on PROFITS over PATIENT CARE!! [redacted] IS REPORTING RECORD PROFITS WHILE CUTTING PHARMAIST'S AND TECHNICIAN'S HOURS.
40	I am just filling this as a pharmacist who worked for [redacted] for two years and quit in july,2023 becuase of horrible work conditions. I am doing this in support of my colleagues who work at a chain pharmacy
41	I am personally disappointed with my employer. Today for example was ridiculous. The other pharmacist called in sick, thus making me do the work of 2 pharmacists. I asked scheduler for help she said there is none available. I told her that the pharmacist to tech ratio was off, she told me to send them home.
42	I and my coworkers have been sick often due to unsafe work conditions. We have complained about space issues, tripping over mats/totes/trash bins, and not having clean air vents (filters have not been changed in the 9 years I've worked at my location). Supervisors are told and all they want to do is add another computer here or there to process more orders.
43	I appreciate that the NV board of pharmacy has sent out a survey to evaluate the current sentiments of working pharmacists in the state.
44	I believe there should be a heavier fine for pharmacies that break the law. The $5,000 or $10,000 fines are nothing to these companies that make 20 billion dollars a year in profit. California and Illinois hits pharmacies with heavier fines. I just believe that would help these companies get the memo and make changes for the better.
45	I can see why the world of pharmacy is not a favorable career as before as 15 years ago. Too much student loans, with less pay, and its a high stressful job!
46	I do not support increasing pharmacist to tech ratio, I think it adds risk to my license.
47	I don't feel safe working in retail. The patients should definitely not feel safe either.
48	I enjoy the people I work with Techs and rph work as a team [redacted] was the worst employer I worked for with regards to not being allowed a lunch break and disregarding patient safety
49	I feel All pharmacists should punch a clock. As a previous PIC, I worked an immense number of hours over my scheduled workshift for non dispensing task, paperwork & trying to catch up.

	A
50	I feel that if we have a hard time staffing or finding hires, district leaders and corporate leaders should greatly reduce our metrics or goals. District managers often tell us that the only way we can get more staffing œhours for our store is to sell
51	I feel that patient safety has been put on the back burner and all that is the focus is profits. I refuse to come in early, stay later, or close late and open at regular time for lunch (cutting out 30 min short) especially without pay or proper staffing.
52	I feel unsafe operating a pharmacy by myself without a technician staffed
53	I feel very burnt out and its very sad that it has come to this. If I could I would change my profession. I dont recommend anyone becoming a pharmacist anymore. Its just too much pressure for us to handle. I have had to start antidepressants to get
54	I feel, in recent months, especially with some brave colleagues threatening to walk off the job, things are slowly beginning to improve, but after 10+ years I have never been able to wonder why State Boards and professional pharmacy organizations (APhA)
55	I genuinely believe that the Board of Pharmacy has a responsibility to address these concerns and advocate for standards that prioritize patient safety over productivity goals. Your attention to this matter is crucial in maintaining the integrity of pharmaceutical care and, ultimately, safeguarding the well-being of those we serve. Additionally, I urge the Board to consider the importance of fostering safe work environments for pharmacy staff. The current high-pressure conditions, characterized by unrealistic timeframes for prescription reviews and drug utilization assessments, contribute to a stressful workplace that is mentally draining for pharmacists and support staff alike. Addressing these concerns is not only essential for patient safety but also integral to ensuring the overall health and well-being of the pharmacy workforce.
56	I graduated in 2014. At that time my preceptor, a full professor and chair of the residency program, told me that she left a major retail chain long ago (for her) because a good day was being able to get the correct drug to the correct patient. I relish the opportunities I have to touch a patient's life and treat them like a real patient and not just a script number. But those days are so few and far between while I'm working at a major chain. It's disgusting. I love being a retail pharmacist. It is my calling. I left my first career to become a retail pharmacist. I don't want to regret that decision.
57	i have answered this survey based on my previous employer that i have recently just left 3 months ago. i had stayed with this certain 3 letter chain pharmacy company for about 14 years and was given so much responsibilities with no compensation (ie. raises for 5 years or no acknowledgement of appreciation).. just more work, with the same amount of pay. the turnover of pharmacy technicians were very high because either the company was desperate for help and all these new people did not even go to pharmacy tech school because it became no longer a "requirement" to be a pharmacy technician. we were just hiring people who was willing to work and learn pharmacy. i think thats where BOP's requirements of becoming a technician failed. if an rph have to go to school and learn the foundation of pharmacy, there should be a requirement for technicians to at least learn BASIC pharmacy (ie. sig codes, brand and generic meds, calculations) knowledge. i felt as an rph i was teaching a pharmacy tech how to do pharmacy, instead of checking the accuracy of prescriptions. since i have left that employer and joined another pharmacy that does way more prescriptions with less non-dispensing duties and no metrics to go by, i have felt more at ease and less stressed. the new employer has equipped us pharmacists with better high performing technicians.
58	I hope something changes for the better & SOON. The profession of pharmacy has become a shame over the years. I really hope the board is going to do something that will make a difference & not just slap some lipstick on a pig. Talk is cheap.
59	I need to contact you because my retail chain of 25 years recently terminated me due to not doing enough metrics (even though I was).
60	I recently stepped down from management after 15 years. My answers today are somewhat different than when I was managing earlier this year. My experience and views on how to deal with customers and staff have changed over the years and it has made our jobs in retail more difficult on many different levels. I still love pharmacy and will continue to work as a pharmacist but yes something must be done to make the workplace better for everyone.
61	I think increased staffing would fix almost all the problems. I also believe insurances contracting with certain pharmacies leads to a decrease in patient care. I know patients who want to leave a pharmacy but cant because of insurance preferences and her budget
62	I think our staffing hours should not be based on unattainable scorecards. a cut in man hours lengthens time for pts to get med at right time

	A
63	I think people forget that we are clinicians, not money makers. We have no degree in business. We have a doctorate and a license to dispense. Someone with a bachelors degree and no dispensing license should not have a say in what I do in the pharmacy and should not push any numbers on me. No one with just a high school diploma who is a store manager should be my boss. I don't mean for this to sound condescending. I worked hard for my degree. I want the best for my patients. This is why I went to school. I do not understand how a store manager can have any say about the pharmacy. I do not understand how a district manager can have no pharmacy background but also have a say in my pharmacy. If you are going to be higher up in a corporate retail chain, it should be required for you to have a PharmD or equivalent because they make decisions that are not best for patients but are best for business because they are not clinicians. They should not be able to hold policies and business models over any pharmacist because it is our license that we are using. It is up to us whether we dispense a medication or not and to use our best judgement. If a district manager wants to run a pharmacy a certain way, they can use their dispensing license to do so.
64	I used to work 10 hours a day, but now it is only 8 hours, so much better
65	I will never work retail pharmacy again. Big chain companies care only about the bottom line. I developed anxiety because every day I went to work, I was afraid I was going to harm a patient. I was so overworked, under staffed and spent countless hours working off the clock just to finish my daily work. Retail pharmacy has turned into fast food mentality. There is zero respect for our profession from customers and other health care professionals. Its incredibly sad.
66	I wish I had known what I was getting myself into early on before accumulating hundreds of thousands in debt for education and be forced to work
67	I work consistently 4 or even 7 hours extra for free, on top of my regular 12 hours day shift. Without a slip of water or food or restroom break for those paid 12 hours shift. I cannot keep giving my free time to the company that has priority for profit over patient. Please help the pharmacy professionals. We are so helpless. Please.
68	I work in a high volume retail pharmacy. The processing and filling of prescriptions is essentially like playing an intense video game. For those who understand that, imagine someone constantly chatting in your ear, 5 phone lines ringing, and you need to leave your computer frequently. How successful was your game?
69	I would like 4 tech ratio to accomplish and delegate tasks to increase patient related needs and requests. Also volume related staffing of rphs and supportive personnel. I have been given what I need but I would like more to provide even better care and service for my patients
70	I would like to express my deep concerns regarding the current state of retail chain pharmacy, particularly the impact of corporate practices on staff well-being and patient safety. A significant change is urgently needed in the retail pharmacy sector. The relentless pursuit of profits by corporations is not only detrimental to the health and well-being of the pharmacy staff but also poses a serious risk to patient safety. The intense pressure to meet corporate expectations often leads to a work environment where pharmacists and technicians are stretched to their limits. This situation is not sustainable and is counterproductive to the primary goal of any healthcare profession: ensuring the safety and well-being of patients. The well-being of staff in retail pharmacies should be a top priority. When pharmacists and their teams are adequately supported and have the necessary resources, they are in a better position to provide high-quality care. This includes ensuring reasonable workloads, fair compensation, adequate rest periods, and a supportive work environment, eliminating metrics. By shifting the focus towards taking care of pharmacists and pharmacy technicians, we can create a more positive and productive work environment. This change will not only improve the morale and job satisfaction of the pharmacy staff but will also lead to better patient outcomes. In conclusion, I urge the board to consider the serious implications of the current corporate practices in retail pharmacies. It is imperative to recognize that prioritizing the well-being of pharmacy staff will ultimately lead to improved patient safety and care. A reevaluation of these practices and a commitment to positive change are essential for the future of the pharmacy profession and the health of the communities we serve. I remain dedicated to upholding the oath I took as a pharmacist, prioritizing patient care and safety above all else.
71	I would like to see the NVBOP try and have at least an annual paid high end dinner drinks maybe a well know guest speaker and live band at a decent casino in Vegas. You could even put an optional $100 entry fee for those that wanted to attend when we get licensed every 2 yrs. Pharmacist are hermits mostly and could really use a push in a group organization direction like the AMA .
72	Ive been a pharmacist for 11 years and Im deeply saddened with how retail pharmacy has fallen to these big corporations. I truly hope that nevada law can make the necessary changes to help better protect our patients and pharmacists. Its been a lo
73	Ive only been a pharmacist for 3 years, but Ive changed employment settings 5 times and at all 5 locations, we arent properly staffed. Employers do not care about us and we are constantly undermined and under appreciated. There are so many days wh
74	If I had a skill set that would translate into an income within the same realm of a pharmacist I would have left pharmacy already. However, my skillset is specialized and cannot easily lead into another career path. I have stayed with my company only because I do not want to work for either of the leaders of our industry known as [redacted] and [redacted]. It is my understanding that it is a couple horror show working for them. I was also told during a board visit that at least I do not work for one of them and that the groceries stores were much better.

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75	if you have more techs it just adds to the pharmacist having to monitor, check, review, and answer questions.
76	I'm not sure how to fix things, but pharmacy does not appear to be moving in a positive direction for patients or pharmacists or technicians.
77	Immunizations and other non dispensing administrations should be done at times that do not slow or disrupt normal pharmacy dispensing duties
78	In closing, pharmacist base salary and 40K benefits need to be addressed, so that the best Pharmacists can be hired.
79	In the retail setting we have selling, filling, and other services. Let's be clear that adequate staffing should be on entering not sold status.
80	Increase rate of pay
81	Increasing non-pharmacist staff in the pharmacy can actually increase the burden on the pharmacist on duty to provide proper supervision.
82	Increasing staff would greatly help with providing the best patient care so you have time to actually focus on each prescription/patient that comes in without feeling rushed or stressed. There were numerous times I was told I take too long with one patie
83	increasing tech hours at bigger retain chains especially during the winter season and having a second pharmacist on helps with work load and allows for better patient care. patient and pharmacy won't feel rush or stress to meet certain criterias
84	Interruptions effect my accuracy the most.
85	It appears the developers of this survey do not or have not worked in the "trenches" of our profession.
86	It is extremely difficult to find and hire competent cashiers and technicians. The job is very stressful and the pay doesnt encourage qualified and dedicated applicants.
87	It was impossible to get to know my patients medical needs and truly take care of them like pharmacists should. Proper counseling hardly ever happened. Patients and patient safety need to take priority over company profits.
88	It wasn't until I left chain retail that I realized how negative work had made me. After some time away, I no longer believe the worst in everybody and instead believe there is good in people again. I feel like the "public" needs changing. Not just staffing, metrics, etc. And I don't know how to do that.
89	Its a tough work not easy at all but job opportunity for RpH now is very limited so far I dont see any job for me but retail
90	Let pharmacist and technicians focus on filling medications correctly. Phone calls for mtms, delayed picked up should have dedicated additional staff focusing on these tasks as opposed to doing multiple task in verifying prescriptions and doing calls causing increase in error incident.
91	Many pharmacists are burnt out which is leading to a decrease in productivity which then increases the workload for other pharmacists. This creates a viscous, exhausting, cycle of burnout.
92	Miss you guys ;)
93	More adequate RPh and techs and clerks help
94	More help
95	More inspections, questions and requirements on the companies and their metrics/requirements themselves, rather than just the physical pharmacies and their PIC's alone. Corporations should have to answer more directly to the BOP in each state they're operating pharmacies in, considering they set the expectations and requirements on the pharmacists themselves at the threat of job loss/wage loss/bonus loss/etc if those expectations aren't met, no matter how dangerous those working conditions are to the patients and employees themselves.
96	More pharmacists and technicians hours during any given shift, increase pay for our hard working technicians so the experienced technician will stay with us
97	More power to the pharmacist to decide staffing needs, not the company, less money going to corporations and more staying in the community
98	More staffing to help patient care and not rushing. Also better working environment for trainees.
99	More technicians would provide a safer and more calm environment, allowing them to time to focus and not make errors. When our technicians make errors it affects the patient and the pharmacist has to spend time correcting the issues. The technicians face a lot of pressure and are often interrupted too
100	Most employers today use black and white method of using numbers/ metrics to schedule staffs without realizing that pharmacists today have to take on so many non-dispensing services. And that leads to short staffs. Employers always push to improve customer service while trimming down hours.
101	My employer requires us to work 9.5 hrs a day 5 days a week. This in my opinion leads to burnout and an imbalanced work/life balance. No flexibility to work longer hours and have more days off. This would GREATLY improve work satisfaction and less burnout having that option.
102	My priority is always patient safety and care over the number of prescriptions I verify, but as a conscientious employee I cant help but feel stressed at the pharmacist work load.

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103	My store is probably one of the better staffed stores, but it wasn't always like that. We've recently been given more hours for staffing, but that was only after issues arose from the increased demand in vaccines/scripts. While we are in a safer position now than other pharmacies, we haven't always been there, and it won't always be like that. And while I don't work as many extra hours now as others, it's because I've given up. I've worked 14 hours days when it was supposed to be only 11 to get all my tasks caught up. I could easily do that now, but I choose to not let work run my life. Just because I don't, doesn't mean that I couldn't, or shouldn't.
104	N
105	N/A
106	NA
107	Needs rule by state like California to increase safety
108	Nevada require much more counseling log than other states that require interrupt pharmacist work too frequently
109	New companies are remotely staffing multiple hospital pharmacies and have already reached levels that rival retail chain pharmacy workloads. I would suggest this be the next area of concern after making sure retail chain pharmacies are appropriately staffed and structured to avoid obvious breaks in the chain of public and patient safety for testing, vaccinations and dispensing.
110	Next thing you know the chains will want to get rid of pharmacists in the pharmacy and have all the checks done remotely or by AI. This profession used to be so great. Why has pharmacy leadership allowed all of this to happen? Plus how can you say this s
111	no comment
112	Non
113	Non Pharmacists (non licensed) personnel should not be allowed to override decisions made by licensed pharmacists regarding the safe operation of the pharmacy at any time.
114	None
115	None at this time.
116	Not having to worry about non-patient/dispensing tasks will improve patient safety.
117	One of the biggest current problems is dealing with the abuse and general time consumption of dealing with drug shortages.
118	Opioid crisis is out of control. We as pharmacists need help in this area.
119	Our industry is evolving rapidly. Especially with fulfillment methods, most of our chains are trying to ease the burden of the balance of dispensing vs nondispensing activities with microfilfillment which is not yet a well oiled machine just yet but at least is being addressed proactively. I really feel the best possible support is anti-PBM legislation and make Nevada open access and drug price transparency.
120	Our profession has become very undesirable leaving high turn over rates of underpaid/overworked techs and testament to our local pharmacy program enrolling "70% less" pharmD candidates than usual. We feel defeated everyday on duty due to understaffing to support the demands of our community safely and efficiently. I see the trend of people leaving the profession due to frustration causing more stress on those who stay. And the last 3 years the ones who stayed are slowly leaving. This cycle is causing unsafe/inefficient patient care across the nation. Please please please help our profession.
121	Our retail chain recently implemented 30 minutes pharmacy lunch break. Due to the workload, I use this time to catch-up because the phones are off and the gates are closed at the pharmacy. I've only actually eaten twice since they started our 30 minute meal break few months ago.
122	Outline the quantity and MME that can be prescribed exclusively for dental purposes and migraines. A lot of patients that take narcotics for chronic pain are using them for migraines. Legislate that post surgical pain prescriptions should be sent to the pharmacy only post surgery. I see people send in and fill prescriptions for post surgical pain management 2-4 weeks before surgery. Some of the surgery might never happen and how do you determine how much medicine to prescribe for a surgery you did not perform?
123	Patient safety is number one priority for me and adding extra tasks all this non medication services CLIA services affecting pharmacist to focus on medication therapy and its increase stress and work load which affect patient safety
124	Patients do not respect pharmacist anymore the amount of verbal abuse, license threatening and corporate threatening in a retail setting is unacceptable. Corporate surveys for patient œretention should be eliminated. Retention is not based on servic
125	Pay the technicians and pharmacist well enough to boost their morale and motivation.
126	People and Patient driven instead of metrics.. Focus on right behaviors and forget metrics completely..
127	People generally and understandably, do not want to wait. Metrics focused on prescriptions but does not count, as this survey has put it, non-dispensing services, phones, customer/patients and other variables does not make sense. I understand metrics, why there is one but not including everything makes it an unfair measure of practice. Customer surveys, metrics, non-dispensing services are all factors, among others, in pharmacy practice now.
128	Pharmaceutical technicians should not give consultation or suggestions to patients just because the pharmacist is too busy attending to non-dispensing services

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129	Pharmacies should be required to access Webiz before administering vaccines. Too many times I have seen unnecessary or duplicate vaccines administered.
130	Pharmacists are valuable - stop replacing pharmacists with techs - fight for the profession for adequate reimbursement that allows more than 1 pharmacist serving the public
131	Pharmacists need to be union and have someone protecting their rights. Unfortunately, all the bad practice and illegality is well known by Nevada Bord but they really Do Not Care!
132	Pharmacists should be allowed to sit down. We are not robots . We deserve to sit . Some times we are so pressed we dont even use the bathroom for ours . Fearful that a patient maybe upset waiting for the pharmacist for consultation
133	Pharmacy corporations should not be allowed to pressure pharmacist to verify prescriptions by promised time it is a unnecessary metric, when caring for the patient is more important
134	Pharmacy has become a rat race from the time the pharmacy opens until it closes...it has become a race to finish and fill as many prescriptions as possible. Drive thru services made it like fast food instead of safety. Maybe if there were more pharmacies so all the work wasn't all in one place. More pharmacist working at a time.
135	Pharmacy insurance or discount coupons from manufacturers should be made available to participating pharmacies prior to drop off or pick up to avoid any delay.
136	Pharmacy run score card to compare the all the store every week, Performance measure or time takes for each stage. 56 Seconds to verify? How many mtm ? Vaccination, per week , compare all store increases every week , comparing increases stress, anxiety if you behind then others. ,since all store has different thing to deal .comparison does not help rather than increase stress The time set up by System is very unrealistic ,put pharmacist in rush that cause errors
137	PHARMACY SUPERVISORS AND MANAGEMENT SHOULD NOT BE IN PLACE TO DRIVE PHARMACY PROFITS THROUGH DRIVING METRICS. THEY USED TO BE THERE FOR ACTUAL SUPPORT.
138	Pharmacy Technicians should get salary increase specially if they can help with immunization.
139	Please enforce my mandatory 30 minute break.
140	Please make a legal requirement for each pharmacy to operate safely with at least 2 to 3 technician minimum per 1 pharmacist so that the employer would not cut too many hours leaving us having a few hours of tech per day, 10 hour shift. Due to low number of tech hours budget weekly, we do not have enough number of technicians to assist all customers.
141	Please read through topic discussions on www.reddit.com/r/pharmacy and www.reddit.com/r/pharmacist
142	Please require pharmacies staff 2 pharmacists per shift.
143	Prescribers are difficult to reach when verifying prescriptions. Medical assistants have become an obstacle that impairs the efficient verification of prescriptions.
144	Proper compensation would be nice to avoid burnout of technicians and Pharmacists, though this appears to be an issue with corporate and their stance where patient safety matters only when it doesn't affect their profits.
145	Proper workload balance
146	Pushed too hard to reach unattainable metric/goals and told its all to keep patients healthy when its most about profits. Too much to constantly keep up with as a PIC: Compliance audits/inspections, metrics, BOP inspections, inventory, excessive amounts
147	Really hope the Board of Pharmacy is able to do something about current work conditions as it not only affects the employees but patients. I have been a pharmacist for 25 years and it has been great in the beginning but has become a multi-tasking nightmare. Companies are only looking at the profit and # of patients that can be processed. Not processed safely. If something happens then it is the pharmacist's fault as they shouldn't have rushed.... but they have to in order to hit the "goals". I am actively pursuing goals to get out of the profession that I used to love.
148	Regarding the idea of increasing the number of technicians a pharmacist can supervise, I believe it could suffer from diminishing returns. Time that could be spent doing clinical tasks, such as consultation and communicating with other healthcare providers, may be used to supervise additional staff instead. I don't believe this is where the role of a pharmacist should be going.
149	Respect for pharmacist, some management treat them like a home servant
150	Retail pharmacy has become unbearable. I've left a large chain because of the impossible expectations.
151	Retail pharmacy makes one feel as if they are on the brink of capsizing on a sinking boat. More pharmacists are required to solve issues regarding patient safety (consultations) and all non pharmacy related services like immunizations.
152	Retail Rphs are overworked and under paid. Performance evaluations are just ridiculous and unfair. Even if your manager gave you a good review but the other people involved in giving a raise will mandatory lower your score or since youve been in the c
153	Salaried pharmacists should have overtime pay too since a lot of us stay behind after our shift just to clear it up for the people working the next day. Or just have two pharmacists scheduled in a day so theres no work left behind after shifts.
154	Should be a regulation for the chain pharmacies to always have technician on duty. Im considering going to the state legislature about this concern.

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155	Should pay for pharmacist work after hours. Should have all electronic prescriptions, no more handwritten prescriptions. Hand written prescriptions are not safe most of the time.
156	Since COVID I have struggled with mental health and work continues to expect more and more without taking anything off the plate. They say they are helping but they arent. They budget for a skeleton crew at all times and expect you to constantly do the
157	Technicians need to make more than a gas station attendee
158	Technicians should be required to do all vaccinations.
159	Thank you for addressing this issue!
160	Thank you for doing this.
161	Thank you for sending out this survey and listening to our concerns.
162	Thank you from the bottom of my heart for this survey. The questions asked here have been well thought-out and inquired about a variety of topics.
163	Thank you NV BOP for this initiative! I hope there would be changes implemented after this survey as soon as possible. The demands and responsibilities for pharmacists are always increasing. While I am happy to do extra tasks to help serve our patients, additional help is needed from the company and government to ensure the patient's care and safety. I feel that the laws and policies are not fast enough to adapt to the changing landscape of the pharmacy practice. Increase communication from the BOP to pharmacy staff and public would be beneficial; consistent monthly newsletters would be nice; regular open dialogues or public forums would be favorable.
164	Thank you so much for doing this. It really feels good to feel like someone is listening, after feeling like we dont matter. My first job was at a Taco Bell when I was young. I hated it, and determined to never work there again. Pharmacy has become
165	The board of pharmacy needs to protect retail community chain pharmacists unsafe workplace conditions to improve patient safety. In Nevada, community chain pharmacists need to be required to staff the pharmacies to complete workflow daily.
166	The board of pharmacy was slow to implement laws and care about pharmacist to help and prevent errors.
167	The BOP should care more and investigate when a pharmacist files a complaint about working conditions in a pharmacy. The way a company runs its businesses has a direct effect on patient safety. It is discouraging to be told that BOP cannot do anything for us when patient safety is on the line. Our patients deserve better.
168	The disrespect and hostility for doing our job should not be tolerated
169	The metric system and management style mainly contributed the ability to verify the prescription effectively and safely for the patients. In addition, the pharmacy manager puts more pressure on pharmacy staff for the bonus payment, which even puts more burden on the pharmacists to promote patient safety. Therefore, I would recommend the Board of Pharmacy set a guideline for a certain number of prescriptions for pharmacists to verify per day or week. In addition, pharmacists must have enough time to verify and check the prescriptions in the best condition. If any pharmacy manager takes advantage of his or her power to pressure his or her staff to verify faster and provide unsafe working conditions. Please have a phone number or specific forms for the staff pharmacists to express their concerns and present complaints to the Board of Pharmacy about the management. Thank you,
170	The metrics is super stressful
171	The primary practice setting that I listed was with [redacted] retail pharmacy (my previous employer). There were days and weeks when I could not relax even on my days off. I would come to work anxious about the workload and metrics that my employer demanded from us, dealing with multiple situations unprepared by my employer, and constantly worrying whether or not, my mental health is more important than the company's values. Due to my large workload and multiple tasks at the pharmacy, I felt like it was easy to make a medication error, which led to increased stress levels and anxiety at work. My healthcare physicians suggested I quit my job due to poor work conditions at my retail pharmacy company, which led to taking medications for anxiety, depression, and eczema flares due to work stress. I have floated to several different [redacted] locations and the work conditions are the same or worse with less pharmacy support.
172	The safe number per day really depends on the system. At [redacted] you can safely fill more because their computer system is designed to prevent medication errors. Other places, not so much.
173	The solution is simple, but many BoPs refuse to act. Require big companies to ensure adequate help isnt asking a lot when you are dealing with patient safety. Just ask the this question to any other medical professionals: Have you EVER seen another whi
174	The workload that has been put on us is unfair and unsafe on top of tech hours being cut so badly we are working by ourselves. Pharmacy never used to be like this. We have lost so many great techs because of cut hours/wages and lost great pharmacists due

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175	There are not enough labor laws to help protect labor rights of pharmacists in Nevada. Salaried pharmacists are expected to complete work/hours outside of work in addition to scheduled pharmacy hours without pay. Pay increases even for the highest performers have barely made it to 2-3% yearly increase which to is not enough to help offset inflation. New graduates or pharmacists changing companies are offered $50-60 hourly with many given less than 25 hours weekly. It is disappointing this is the same offer from 15-20 years ago with significantly more competition entering the workforce, despite school tuition hikes in the last decade. The working conditions, minimal labor protection, and no incentive in pay guarantee to offset the expenses/commitment has plummeted interest in the profession, as seen in the lack of applicants in the pharmacy school. Great candidates are looking into other professions, and sadly pharmacists are discouraging their own family and friends from our profession due to the bleak job outlook and poor working conditions. Our community needs good pharmacists to guarantee their medication safety, and a lot needs to be changed to regain a positive interest in our profession. Our neighboring state California has taken strides in the profession, gaining workforce rights like requiring pharmacists to clock in and out during working hours and during lunch to protect from interruptions so they are adequately paid for their time. They are not allowed to open the pharmacy without a technician present. The Board no longer allows companies to use business metrics and goals to be evaluated because it affects patient safety. The bottom line is that this the safest process that we can do to ensure errors are kept minimal without interruptions and the stress of meeting metrics so that pharmacist can fully focus on preventing errors and identifying safety issues. I truly believe that not allowing quantitative measurements that pharmacists stress to add in addition to dispensing and requiring at least minimal technician hours (not more technicians allowable) will vastly decrease the number of errors and patients hurt so we do not compromise their care.
176	There should always be at least 1 technician working with a pharmacist at all times (like in California) to promote patient safety and safety in the workplace. Its scary to work by yourself in the pharmacy. Sometimes we get a last minute rush, or a fam
177	There should be a Pharmacist assign for MTM and equip so less interuptions in filling, dispensing and verification of Prescription.
178	They do not have hours for sick call. I think mental health is extremely important for pharmacists as well. All pharmacists need mental health breaks
179	Things need to change!! We have to stop big retail chains dictate what we do without regard to patient safety.
180	This is not the same profession that I began 28 years ago. Had I known it would become what it is, I never would have become a pharmacist
181	This survey failed to address the pharmacy profession other than retail. Expectaion to fill Rx's as quickly as possible puts patient safety at risk. For example, I would like to know how patient safety is paramount when doing clinical review and one is only given 6 seconds to perform a proper review.
182	Transfer of prescription must be limited, or needs to go back to the old way of limiting rx to be transferred only if rx has filled at least once in the pharmacy. If Md send rx to wrong pharmacy, they need to resend to the right pharmacy instead having pharmacy to transfer for their mistake.
183	Travel vaccines/meds consultations and immunizations have taken out a lot of time from our work flow. Then we still have to clear the queues for that day. We have to follow companys protocols to accept or deny new patients but sometimes feeling the com
184	Twelve hour shifts with one thirty-minute lunch break are ridiculous. Also, expecting one pharmacist to deal with dispensing prescriptions, vaccines, patient consults, answer customer questions, handle drive-thu issues, ring register, deal with inventory and ordering and everything else we do with no errors is insane. I'm old enough and experienced enough to say "no" if necessary but most pharmacists won't and errors will become more common and more serious it the current situation continues.
185	Ultimately the safety of the patients is our number one priority and secondly the pharmacist and technicians well being & mental sanity need to be addressed due to unrealistic expectations and pressure from the companies metrics! The outrageous workl
186	Unrelated to the board, but the pay scale for pharmacy is also not very good for chain retail pharmacies, which exacerbates staffing issues.
187	Unsafe to voice concerns without feeling that I put my job at risk.
188	Until ALL interruptions are eliminated or decreased and third party is reformed or eliminated, NOTHING will change or improve
189	[redacted] caused me to have psychological damage from the stress, weight gain, lack of rest periods (because of no overlap) lack of bathroom breaks and constantly being berated by patients with no repercussions from corporate when my life was threatened on multiple accounts
190	[redacted]
191	[redacted] greed is excessive . Managers and technicians are incentivized to pushing vaccines
192	[redacted] in Las Vegas is the employer referred to above

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193	We get a designated lunch, but no additional rest periods for pharmacists, only technicians get breaks. Employees don't have enough vacation/sick time to take well-deserved breaks and take time off when sick, and we don't have any coverage when we do need time off, which leads to people working when sick, injured, in pain etc and increases stress and burnout. Increasing the number of techs increases my stress and workload in a different way. I work very hard to stay focused so as not to make a mistake, but it is exhausting to keep track of everything going on. And yet I wouldn't be able to fill all those prescriptions without them. Which means we need another pharmacist if we need more technicians. And with staffing where it is, we are almost always "behind."
194	We have a central fill location which is supposed to help us with workload but it cause many problems which includes customer complaints. It also automatically pull in non maintenance medications such as Ibuprofen and other medications and when the customers come in to pick up their medication, we have to pull it back and it takes extra time which could have been avoided
195	We need more breaks or lunch should be longer than 30 minutes
196	We need more specializes pharmacy and pharmacist to offer a better service. We are trying to do to much at one setting
197	While my current employer is not as bad, I had to quit my previous employer Walgreens due to such stressful job environment, more goals/quotas to be met, pressure from store managers and district managers who some dont event have pharmacist degree but di
198	Without enough staffs to accommodate work flow and patient care, there is higher chance to make errors because everyone has to work faster and harder to meet metrics. Besides that limited staff also affected the time patient has to wait in pharmacy to pick up their medications.
199	working less hours per week is the key for my life change
200	Yes, pharmacy is a business but also a means for patients to get life saving medication. This should be taken seriously. Pharmacists should be able to safely evaluate each prescription and not push for completion due to time constraints from the company and deal with constant interruptions that open the door for numerous medication errors.
201	You cannot tell me that a pharmacist being pulled in 6-12 directions at any one time will never make a mistake. You cannot tell me that a technician trying to multitask at the same level wont make a mistake. My company likes to say that some techs act
202	No response.

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1	**Question 57: Please share any other comments you may have:**
2	**Question 3: Which of the following most closely describes your primary practice setting?** **a. Institutional/Hospital Pharmacy**
3	**Responses**
4	Allergies!!!
5	Allow pharmacists to make clinical judgements regarding medications. (Ie; 2 lisinopril 2.5mg daily instead of one 5mg tablet
6	Before our current management took over, we had amazing outcomes with our diabetic patients and hypertension patients because we had in person visits with them, the pandemic changed that to telephone visits, which are often no show and not effective. We need to go back to being 50% clinical & 50% retail like we were; this will greatly improve patient safety & outcomes, in addition to eliminating errors. We also need to be less cluttered; our manager focuses on ordering things and overfilling the pharmacy, rather than anything to do with patients; he does not care about the patients at all, sadly. We need a major refocus in our management, but this has been a struggle, he distracts more than he ever helps, unfortunately.
7	better understanding of pharmacist work from physicians and Nurses. Also from general public.
8	[redacted] is a patient safety nightmare. Please do something about it!!! Staff is scared to work here and management doesnt care
9	Dea caps on scheduled rxs dispensed without the pharmacy knowing what that cap is does not help with the opioid crisis but instead compromise patient safety for those in need of these medications for legitimate reasons
10	Even though more tech would be helpful to get things done, if the ratio is too great, it is hard to check everything safely (without rushing which could lead to more errors).
11	Hospital pharmacy is 200% less stressful than retail pharmacy. Workload is about half with more staff.
12	Hospital setting is very different than retain setting for patient safety, but the priority is still number 1.
13	I do other projects for the company I work for outside of pharmacy hours, that can be stressful, but the pharmacy work during business hours is easily accomplished. My biggest stress is the computers going down.
14	I know retail pharmacies are massively overwhelmed, especially during vaccination times. But I wish that the board of pharmacy paid better attention to hospital pharmacies. We are also massively understaffed in Nevada and we are also looking into unionizing.
15	I only work part time currently due to a past pharmacy job of high stress, high workload, and spending 60 hrs a week working, when only being compensated for a 40 hour week. Basically I burnt out
16	I quit retail about 2 years ago. The big companies will never come with more help unless forced. Its as bad as youve heard.
17	I realize that the healthcare system is struggling, in my setting the administration is so far out of touch with the daily needs and struggles of our department ~ we are unseen and unrecognized.
18	I switched careers from [redacted] to [redacted] pharmacy. Both pharmacies processed the same amount of prescriptions, but the biggest difference is that instead of having one pharmacist working an 10+ shift there are sometimes 3-4 pharmacist each working an overlapped 8 hour shift. This allows the pharmacists to spread the amount of consultations, vaccines and other non-dispensing activities amongst themselves. Moreover, the pharmacist is not pressured to spend such little time on prescription verification, but rather can safely analyze DUR and seek clarification without sacrificing on getting patients their medications in timely manner. My work life balance has been greatly increased since making the switch.
19	I want to love where I work, but some days it worries me to be there when I see how little administration cares about us and in turn how little they actually care for patient safety.
20	I would prefer to hire more technicians than less but it could have a positive or negative impact on patient safety and medication errors. Some technicians are not very detail oriented and make a lot of mistakes whereas others are very accurate. Hiring more pharmacists concurrently would help pharmacists spread the workload and not feel overwhelmed with the amount of items to check that techs have prepared. I believe both hiring more pharmacists and more technicians would improve patient safety and reduce med errors
21	It would be so nice to feel like we have a board that cares for us. It feels like it works against us and any time I have called I get an "you're a pharmacist, you should know" attitude.
22	Its not necessarily the number of techs working. Its their work responsibilities that need updated.
23	KEEP IN MIND I WORK IN A HOSPITAL WITH 800+ BEDS ADMITTED ON THE ADULT SIDE. BUT THERE IS ALSO CHILDRENS HOSPITAL AND THE ER PATIENTS TO CONSIDER. ON DAY SHIFT, THERE IS MORE STAFFING, ON SWING SHIFT STAFFING DECREASES, AND ON 3RD SHIFT - WE ARE BARE BONES SKELETON CREW BUT PATIENT VOLUME AND DEMAND DOES NOT CHANGE. AND FREQUENTLY INCREASES.
24	Lots of pharmacists feel they are not supported by their own governing organization and are left to rot. Whereas nursing and physician groups at least try to support their profession. The liabilities of the law, the additional responsibilities, and the ever increasing risk of patient safety that we carry on our broken backs just isn't worth proceeding in this profession anymore. The non-existant pay increases over the past couple of decades does not match up all the additional responsibilities and work we all have to endure.

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25	Many of these questions are not applicable for hospital and clinical pharmacists so consider a separate survey for them to address
26	N/A
27	NA
28	NA.
29	Nevada is also behind other states in what pharmacists are able to do within their scope of practice. Many more states have outpatient/inpatient prescribing, more liberal collective practice agreements, etc. As more of these practices (such as COVID immunizations, Paxlovid prescribing, vancomycin AUC/MIC dosing, etc) have been slowly introduced in Nevada the number of pharmacists staffing has stayed the same. And employers and institutions haven't appeared to show any interest in providing more FTEs for the additional work. This will only get worse as other states expand pharmacists scope of practice. And allowing technicians to do pharmacist duties (such as immunize) under pharmacist supervision just allows employers to not staff more pharmacists but carry more of a liability being responsible for the activities an individual without even a 4-year degree which we have to directly supervise anyway.
30	No other comments
31	None
32	not at this time
33	Over my 30+ years in pharmacy I have seen an increased emphasis on patient safety, so much so that I earned a credentialing in patient safety. However, the emphasis on USP 797 and 800 , though extremely important and does add dimensions of patient safety, has created delays in patient care due to the "extra steps" in creating a sterile/accurate dose. These delays add extra stress to an already busy patient care process.
34	Pharmacy has gone downhill, we let employers push us around to much and for too long.
35	Pharmacy has not been what I imagined it would be¦these companies make sooooo much money off the backs of our hard work. Its very easy and quick to lose motivation (I see sooo many pharmacists and especially techs who do the bare minimum) this means
36	Pharmacy has not really changed and retail always drive for profit and under staffing due to management greed and lack of empathy.
37	PROVIDERS NEED TO BE HELD ACCOUNTABLE - THEY DO NOT ANSWER THE PHONES, THEY ALLOW UNEDUCATED MA'S TO GIVE RX'S OVER THE PHONE, AND GIVE MEDICATIONS WITHOUT A PHARMACIST REVIEW AND NO KNOWLEDGE OF THE PT'S OTHER MEDICATIONS LEADING TO ERRORS
38	Receive meal break required by law , but zero additional breaks
39	Reflecting on my entry into retail pharmacy about 15 years ago, the staffing levels were reasonable, enabling us to manage our workload efficiently. I could dedicate time to addressing issues, conducting follow-ups with healthcare providers, and ensuring comprehensive patient care. With my background in hospital and ambulatory care pharmacy, I comfortably balanced the demands of retail until I transitioned to an ambulatory care role in a hospital. However, during my five years in retail pharmacy, I witnessed concerning changes in the work dynamics. There was a persistent push to reduce technician hours and replace experienced technicians with lower-cost hires and minimal training. This restructuring impacted workflow, forcing unreasonable speed expectations on the remaining staff, leading to psychological and physical burnout for both technicians and pharmacists. The high turnover resulted in constant changes within the team, disrupting continuity and patient care. The working conditions deteriorated to a point where the well-being of healthcare staff was compromised. It became evident that caring for patients necessitates a supportive environment that prioritizes the well-being of the healthcare team. Despite being offered roles of higher responsibility based on performance, I chose not to continue in retail pharmacy due to the discordance between the work environment and my personal values, particularly in the treatment of technicians. I firmly believe that a healthy and supportive work environment is essential for delivering quality patient care, and regrettably, the current conditions in retail pharmacy diverge significantly from these principles
40	some of these questions are difficult to answer related to a hospital clinical pharmacy setting, but sometimes noise levels and interruptions while processing medication orders can be an issue. I've grown accustom to this setting and have personal mental checks to keep myself from putting through orders that I haven't evaluated thoroughly due to distractions/interruptions. I feel like there is very little one can do about it in this setting, unfortunately.
41	Some patient safety issues get swept under the carpet by administration
42	Stop increasing the number of techs per pharmacists. Its more stress on the pharmacists to have to be responsible for them.
43	Survey difficult need more explanation boxes to cover questions things like flex schedule due to census without out reguard to patient aquity
44	Thank you
45	Thank you so much for doing this survey. Timely and important!
46	The increased number of pharmaceutical technicians may pose a threat to patient safety as pharmacists are required to supervise more technician duties
47	Time for patient counseling and developing personal professional relationships.

	A
48	We must put into law minimum staffing for pharmacy size and/or workload - orders processed/dispensed. And not based on quantity of patient.
49	We need more advocates for Pharmacists and patient safety in all types of pharmacy settings
50	No response.

	A
1	**Question 57: Please share any other comments you may have:**
2	**Question 3: Which of the following most closely describes your primary practice setting?** **c. Independent Pharmacy** **d. Department of Defense or Veterans Affairs Pharmacy** **e. Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)** **f. Consultant Pharmacist** **g. None of the above, I am currently unemployed or retired.** **No Response**
3	**Responses**
4	1) I am lucky I can work for a small independent retail store. I would change careers overnight (to my other non-pharmacy part time job which I do work once or twice a month) if I had to work for a chain. They make the pharmacists at the other chain retails in town work 12-13+ hours a day & have to fill over 300 rx's/day. I have filled in on emergency for them & would never do it full time. That is absolutely insane. It is chaos all day. It is horrible for your health. We pharmacists (in general) are treated like fast food restaurant workers flipping burgers all day. I have it easy compared to them and am still burned out. You know how hard it is to get a day off? Nearly impossible. You have to work when you are sick & miserable cause there is no coverage for you. No other profession in the USA abuses their employees like pharmacists are abused. And if I had it to do all over again, I would NOT become a pharmacist. 2) we need to start training employers & pharmacists that in the name of patient safety, only those who truly need their prescription filled right this second (mother with sick kid in her arms) gets special treatment. All other customers need to wait their turn in line & we will get to later in the day. If we would start training everyone that this is a major way to reduce chaos (& the subsequent med errors) life would be better. I have started doing that at my pharmacy & the med errors have dropped dramatically. I repeat dramatically. Catering to every patient right here right now does nothing but create chaos & med errors. Patients are not entitled to have everyone stop what they are doing & fill their rx right now. But that is how it is in a lot of pharmacies & that is the attitude of a lot of patients. That is a disservice to everyone, all in the name creating a competitive edge is getting your script volume up so you can make someone else rich. Again. What ever happened to patient care. Lastly, I am grateful in that I don't have to administer vaccines & all that other non-prescription related stuff otherwise I would leave even this job. Listen, we are tied to preparing a product (prescriptions) for sale to a customer. Until that non-sense is no longer our job, all that other stuff they tout as patient care is just window dressing & has no business detracting from the safe & accurate filling of prescriptions.
5	As mentioned above, with the shifting of more workload to the techs, their pay scale should have been elevated more than it has 16 to 20 bucks an hour is in line with fast food , and the last time I checked, we were healthcare ¦ does that mean anything
6	Being professional in a community pharmacy: requires looking, acting, & speaking professionally. Being ready to work and on time when starting a shift. Help other staff members to perform their best and always remember you will never be appreciated by everyone you serve, since many in our current culture resent anyone standing between them and their drugs.
7	Does the patient truly benefit from a corporate mentality that is driven by œnot how but how many? Why is quality sacrificed for the mere sake of productivity?
8	Don't have one at the moment
9	excessive DEA policy against opiates to the extent patients with severe pain are being grossly under treated for fear of the DEA
10	Hopefully in the future - one day: Dramatically decrease dispensing functions of a pharmacist (which probably will be taken over by AI) and emphasize clinical knowledge/ patient consultation and education regarding patient lifestyle changes, nutrition, and possible drug- drug adverse interactions as well as patient discussions utilizing complementary medicine and assist in the development of an integrative health care approach.
11	I am glad this Problem is finally making an impression on the board as they have always preached patient and public safety while neglecting and not supporting pharmacists who are clearly overwhelmed and have asked for their help.
12	I am so grateful our BOP cares enough about patient safety to send this survey. It gives me hope for our pharmacy profession in Nevada.
13	I answered question 58,59, 60, and 61 based on my experience at a retail pharmacy
14	I feel for the community pharmacists who were being abused by the large chains and denied technician help, all in the quest for decreased cost and increased profit. There has to be a way to balance profit with patient safety, and unsafe working conditions is not it. I feel lucky to have escaped that career choice for much of my career, although poorly-managed hospital pharmacies aren't a picnic either. Gone are the days of employer-employee loyalty and fidelity. I'm glad to have landed a job in IT after 37 years as a clerk, tech, intern and pharmacist in various settings.
15	i hope the board will pass some regulations
16	I left retail pharmacy 10 years ago due to the expectations at that time and they have only gotten worse. I believe errors are frequently not caught because patients don't know to ask questions.
17	I left retail the day I was physically and verbally threatened by a patient and will never work in retail again. The company I worked for had such a poor response.

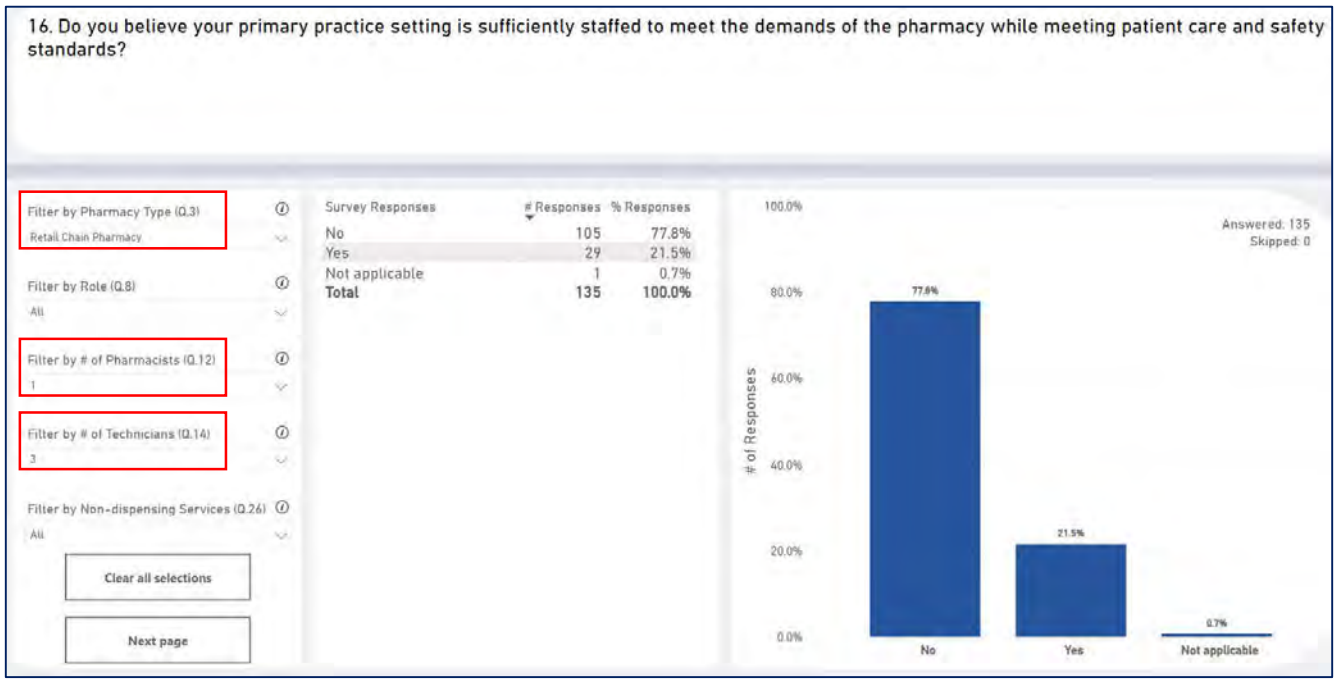
	A
18	I left retail this year after COVID pandemic due to increased pressures for providing vaccinations with no additional support in pharmacy staffing, training, roll-out of vaccination preparedness and then after providing over 5,000 shots in a year, having overlap pharmacists hours cut, technician hours cut, increased demands on non-dispensing patient services and metrics. I no longer felt safe dispensing medications for patient care.
19	I left Walgreens when I was sure that I was going to injure a patient or have a stroke due to the amount of hours I worked off the clock. I am certain that the majority of pharmacists who work at Walgreens and CVS now feel the same way. 58 thru 61 were all yes when I worked chain, and all somewhat when I worked at a grocery store.
20	I love being an Infectious Disease Consultant Pharmacist and Consultant Pharmacist
21	I love my current full time position, but do not see myself ever returning full time to a retail setting due to severe staffing shortages and performance metrics.
22	I support removing any metrics for retail pharmacists.
23	I wish that I did not pick "not applicable" because I am retired. If I were to answer these questions, I would answer them as negative responses. All the places that I have worked, the Chief was more concerned about a bonus than patient care.
24	I wish you had sent this survey out a year ago. My current employer is an independent pharmacy and it is amazing. My previous employer was the 3 letter. I worked for them from the time they took over Target pharmacy in 2016 until I quit in August 2022. From the moment [redacted] became my employer, I always told myself I would stop working for them once I felt like conditions were unsafe. I think I stayed a few years longer than that. Even before the pandemic hit, they were reducing technician hours to unsafe levels/stressful levels. Every single day I was scheduled to work I went in one hour before open just to try and set the pharmacy up for success (try to clear out QT, fridge temps, make sure the computers were up and running for the day, etc) and then many days I'd stay late just to clean thing up (put away the order, clear out QP that was overdue, file hard copies, etc) I know I diminished my value as a pharmacist by working off the clock but even with an experienced pharmacy team we could not physically handle taking care of patients and a business with the amount of help they said we were allotted. The quotas they expected were ridiculous - I remember one year [redacted] gave us a flu shot quota of around 1200. Well we reached that goal around late October so they gave us an "extended goal" - nothing was ever good enough for them. The real craziness started when the covid vaccine became available and we were expected to vaccinate all day long while continuing to dispense prescriptions. Sure, they made some technological upgrades which helped make some things faster. However, when you have a diabetic patient being counseled on how to use supplies for the first time and you want to spend 20 minutes helping them out by giving them that human connection you can't because you have vaccine appointments and a million other things to do. It's disheartening. If you really want to see some interesting things you should get your hands on the colleague survey [redacted] gives their employees every year. I'm sure I'm not the only one that begged for more help every year. I became a pharmacist to help people. By the time I finished with [redacted] in 2022, I felt like the only one I was helping was [redacted] to pad their bottom line. They didn't care about their team or their patients. I was just a number making them X amount of profit.
25	I work at an independent pharmacy with other pharmacists. I feel bad for RPhs who work at chains burdened with a lot of work.
26	I worked 14 years in one retail pharmacy and I quit because they cant find relief pharmacist so I can go on vacation (staffing problems)
27	Ive worked at [redacted] and have felt that I didnt have enough help to fill prescriptions safely. Didnt have enough help to be able to take a break, also couldnt get a break to pump while lactating. [redacted] burnt me out and affected my physical
28	If you increase the tech ratio, you are only worsening the problem. All that work is still falling on the ONE pharmacist. That ONE pharmacist will be the bottle neck and will feel pressured to finish all the tasks as quickly as possible. Someone WILL mak
29	Increasing Pharmacy tech ratio will lead to better patient care and safety. By having more techs they will reduce the busy work a pharmacist is doing allowing RPh to do only Rph duties. Final verification and counseling. Increasing or Eliminating the ratio has been shown to work in other states. Every Pharmacist have different abilities those abilities limit how many they can do safely on a individual basis there should be no quota for what they must get done.
30	Most of these questions do not represent my current conditions. We compound. I feel the survey should include an œother option with space for comment.
31	My pharmacy collaborates with nursing and we also have "on call" hours outside of our regularly scheduled shifts.
32	N/A
33	N-a
34	no comment
35	No comments
36	no suggestion
37	None

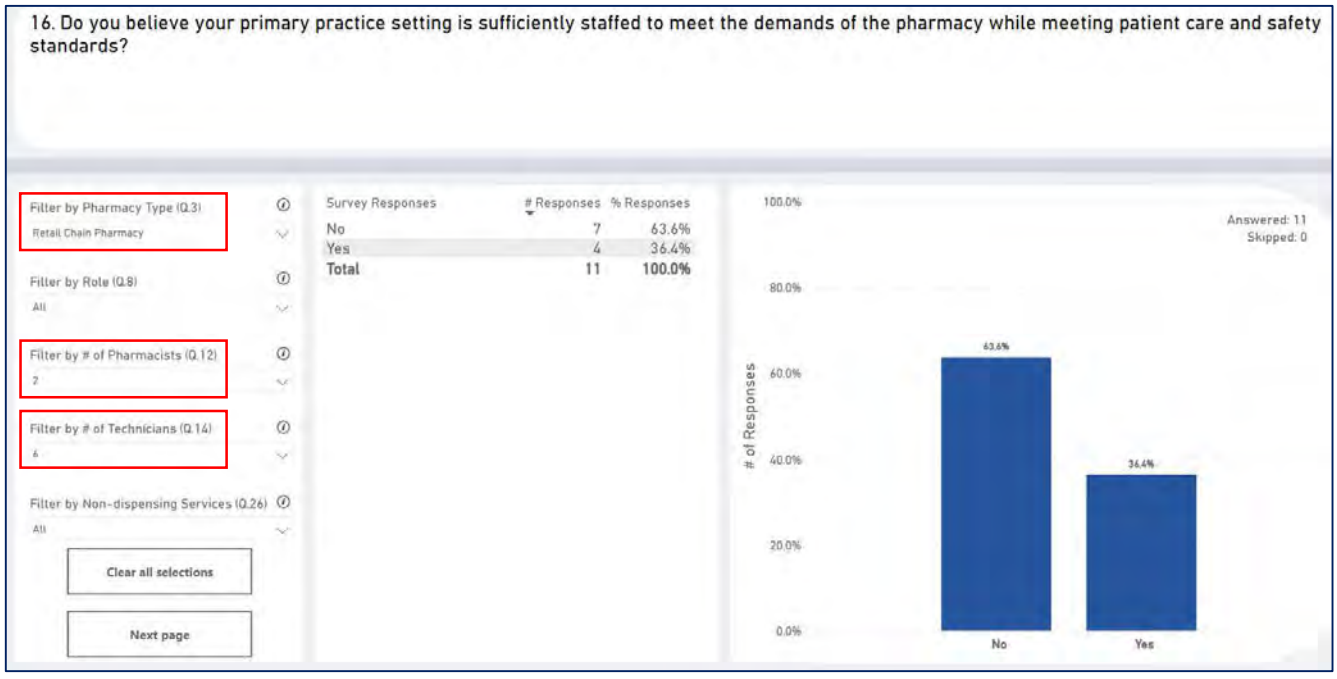
	A
38	Pharmacist and pharmacy personnel have got be more valued by the community, prescribers, and business. Patients of all classes, health status, and financial wellness will wait hours/months if necessary for a doctor appointment but cannot be bothered to wait 5 minutes for their medications???? The pharmacy world is broken by greed of money and time. All medical services were given a great and mighty disservice when they became a business and not healthcare. My position with DHA/DOD is much better that it was in RETAIL, but there is still room for much improvement. My job in retail and here has been reduced to be an editor of my technicians, the doctors, and even the patients. I feel my degree as a pharmacist is being only about 10% of the time, yet I am still paying for a $200,000 education that brings me very little reward other than a pay check.
39	Pharmacy cannot be treated like a fast food situation although some of those business have implemented strong quality check measures to ensure accuracy.
40	Q47. Remove eliminate and use decrease to describe the factors distracting RPh when processing orders in community & hospital RX
41	see the above comments. We need to have more pharmacist to assist our patients. Do NOT increase technician ratio's. A pharmacist cannot have a high metrics, flu shots, patient questions, increase technician & cashier ratio; increase phone calls, consults to better serve our patients. There is a mass exodus of people leaving the pharmacy career.. There is definitely no work and home life balance. We can't say anything because pharmacist are trying to pay off the loans we have incurred to enter this career. Take a survey: not many pharmacist are happy with their career choices.
42	since the vast majority of errors occur at input, this is where the pharmacist should be, not a tech
43	The practice of pharmacy in a chain retail setting is becoming too stressful and leads to a case of burnout for the Pharmacist
44	There is a limit to what one pharmacist, even with competent PharmTech help, can reasonably safely process. That limit can change from day to day or even hour to hour based on multiple factors: health of pharmacist or PharmTech that day, unique prescription problems, temperature in the pharmacy, pressure from waiting patients and the looming workload metrics. Most times, you can only complete what you can get done and if that completion rate leaves unfilled prescriptions, then the next day starts off behind. I have a limit and a safe speed and that speed varies based on some of the above items and the competency of the PharmTechs working with me.
45	There is no shortage of Pharmacists but rather, there is a shortage of good paying pharmacist jobs and also a high shortage of conducive work environment.
46	This is an independent pharmacy whos main emphasis is quality service to our patients. We have a small staff that all work well together to provide a good service to our patients. More important than quantity of staff is the quality of staff.
47	TOO MANY TECHNICIANS FOR TOO FEW PHARMACISTS.
48	Unreasonable metric standards should be discontinued , need more pharmacists to do multiple jobs
49	Vaccinations and mtm have no place in a pharmacy setting. Too distracting. Too many interruptions. Main reason I quit practicing pharmacy. These could be addressed by a separate pharmacist, whose job was to vaccinate or do mtms
50	Vaccinations should not be forced requirement of employment especially Covid boosters that are dangerous. Give RPh discretion to give or not give vaccinations. COVID boosters are dangerous and this is documented.
51	Walgreens metrics are a Pt. Safety risk
52	When I was with CVS (2017-2019), I was so run-down and burned out I almost decided to go BACK to school for a non-healthcare related career. I was depressed. I didn't love pharmacy like I used to. I'm so happy I was able to find a different employer and brought my love for pharmacy back to life.
53	No response.

Additional Reports

Report 1

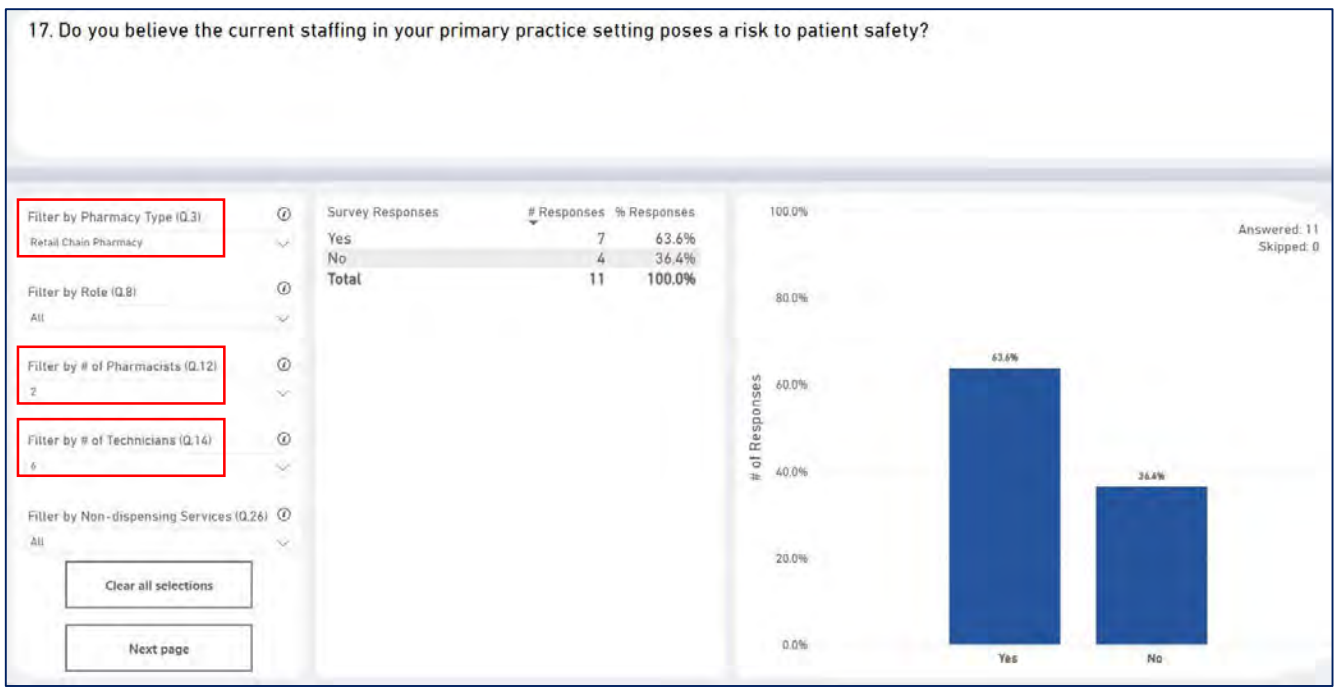
This report provides a view to certain survey questions depending on the staffing model in a Retail Chain Pharmacy setting. This report specifically looks at the responses to questions 16, 17, 18 and 47 based on Retain Chain Pharmacies staffed with one (1) pharmacist and three (3) pharmaceutical technicians vs two (2) pharmacists and six (6) pharmaceutical technicians. (As a reminder, the results of **question 12** demonstrated that most Retail Chain Pharmacies staff their pharmacy with one (1) pharmacist per shift (67.2% of responses) or two (2) pharmacists per shift (21.5% of responses) and the results of **question 14** demonstrated that most Retail Chain Pharmacies staff their pharmacy with three (3) pharmaceutical technicians per shift.)



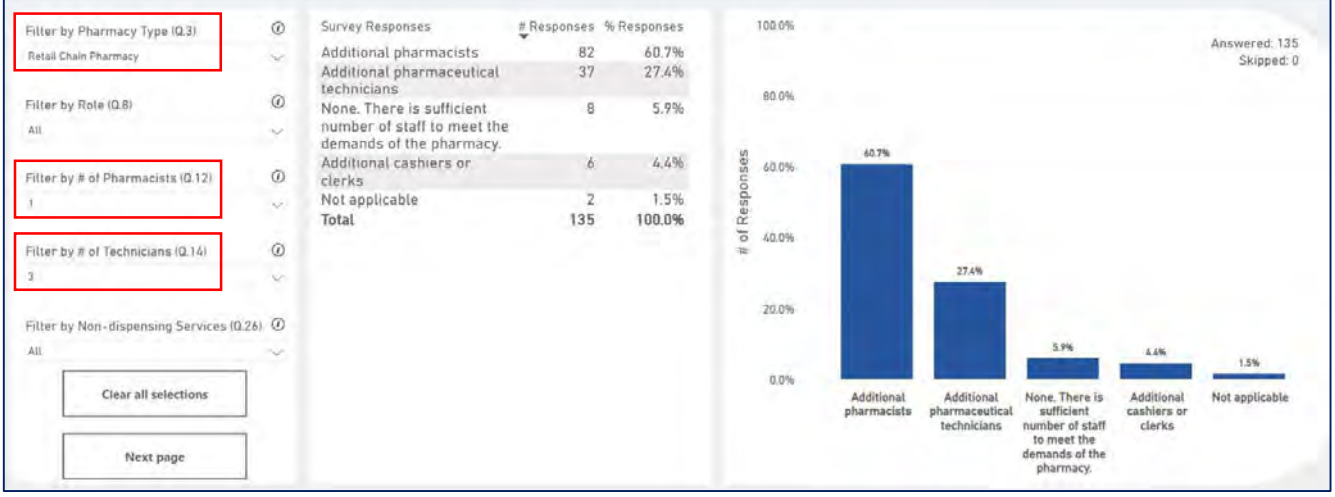


17. Do you believe the current staffing in your primary practice setting poses a risk to patient safety?

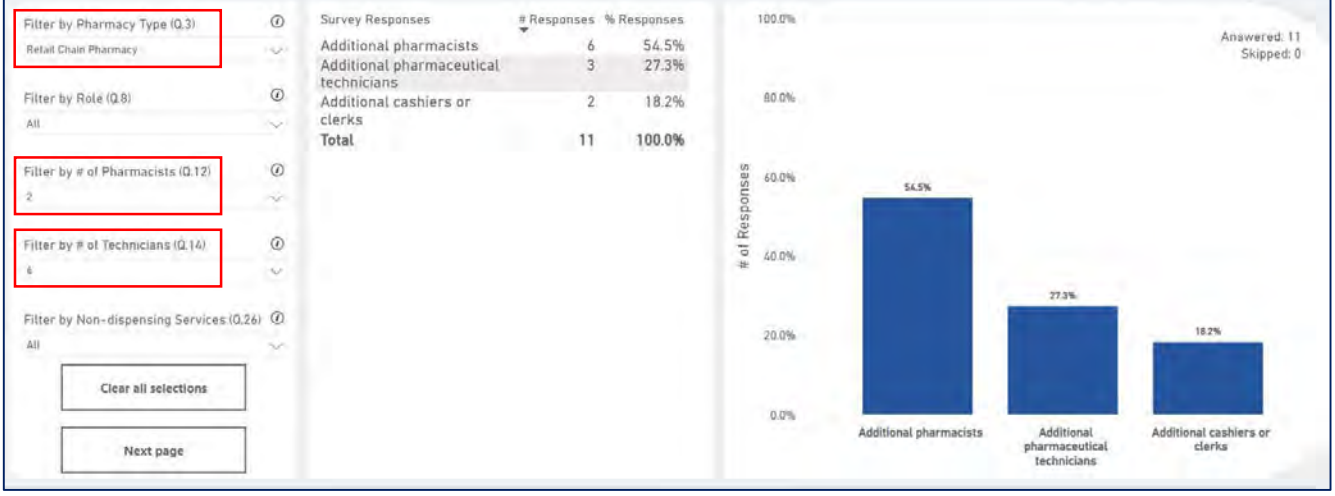
17. Do you believe the current staffing in your primary practice setting poses a risk to patient safety?



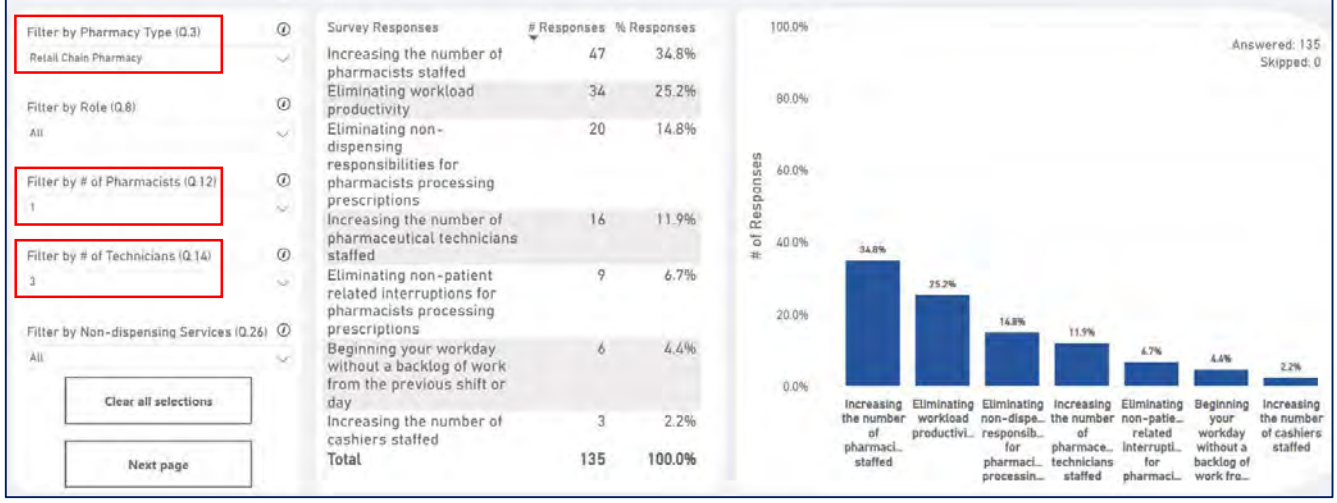
18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?



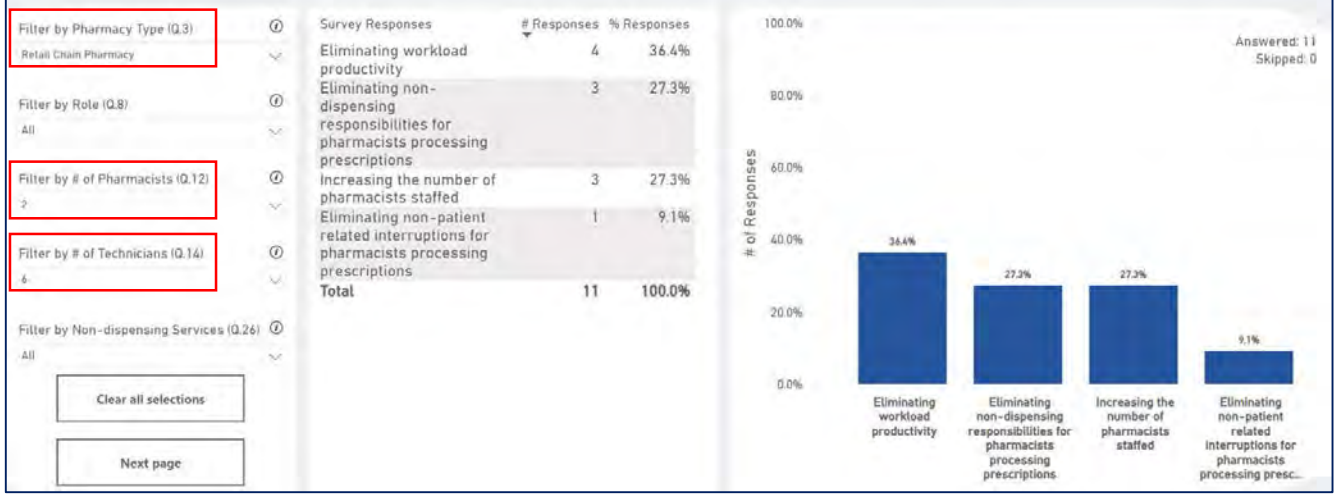
18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?



47.1 The reponses below were ranked as 1 (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety).

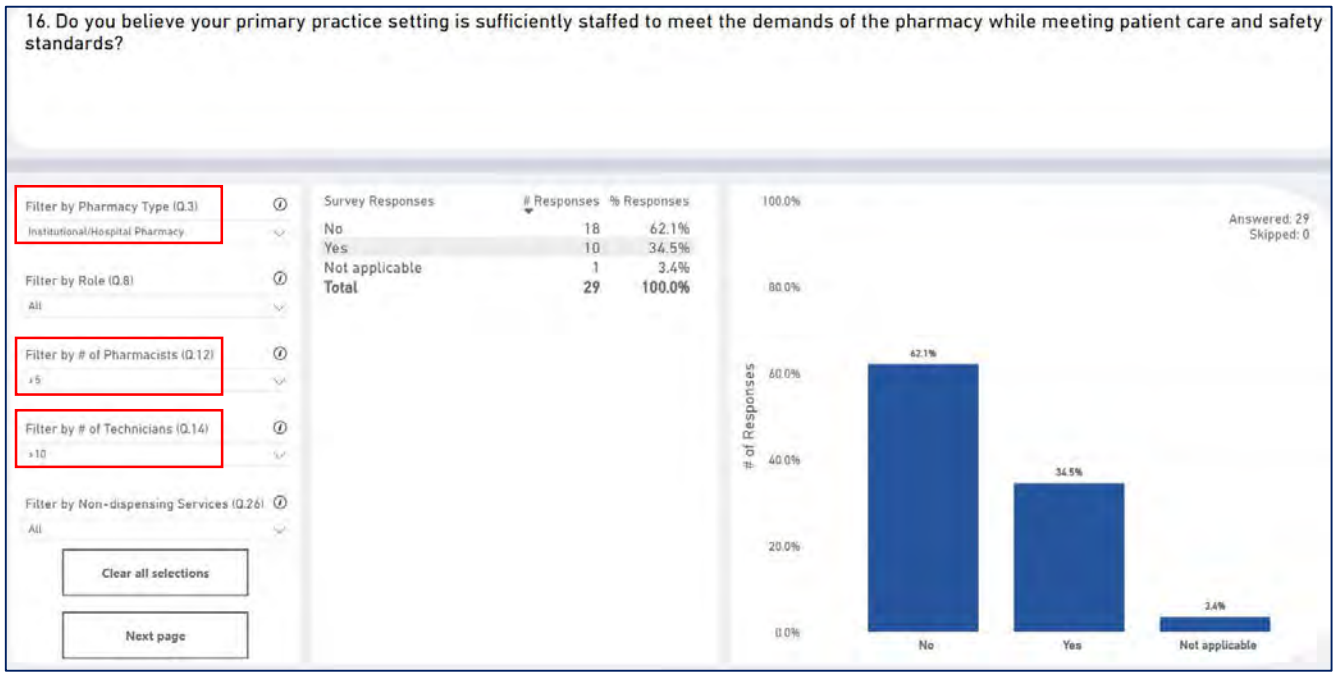


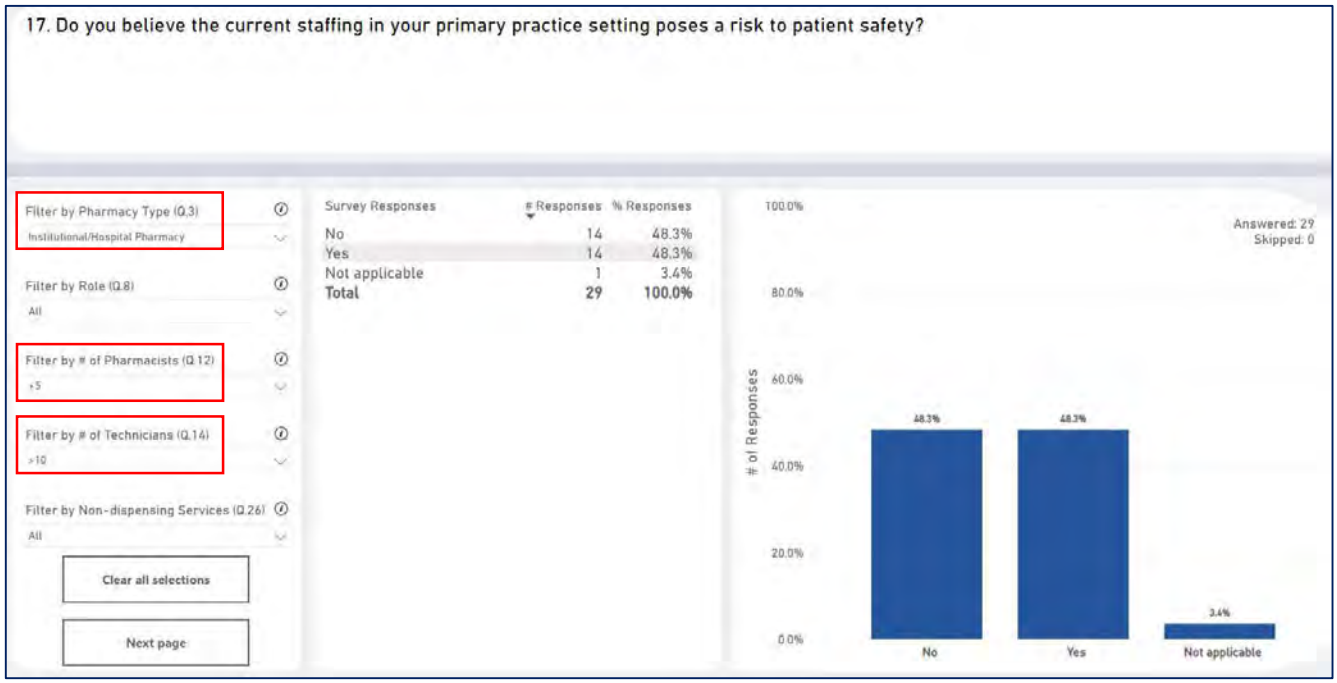
47.1 The reponses below were ranked as 1 (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety).



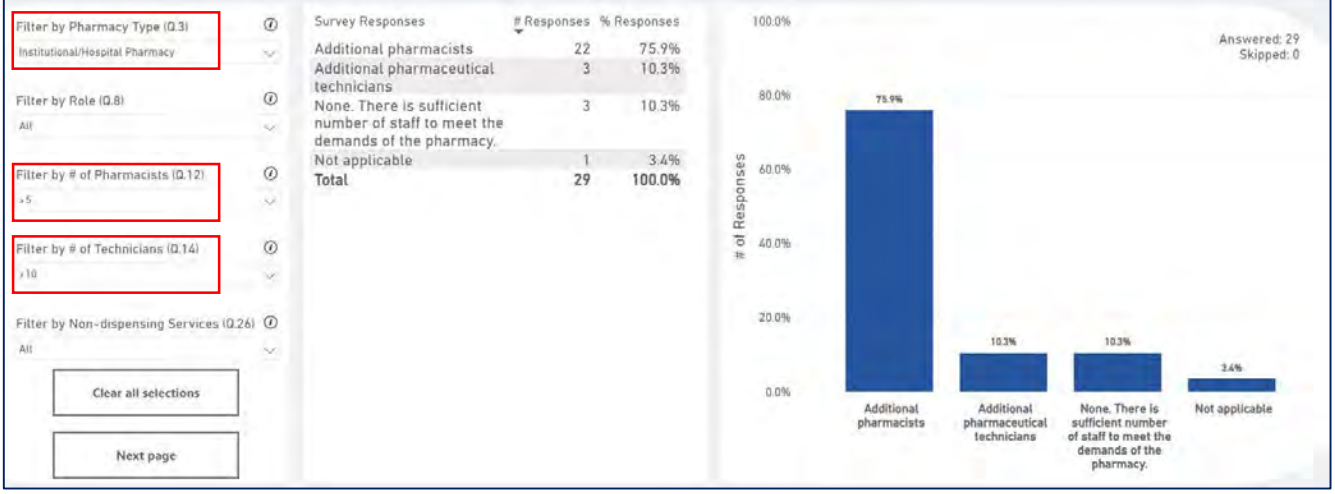
Report 2

This report provides a view to certain survey questions depending on the staffing model in an Institutional/Hospital Pharmacy setting. This report specifically looks at the responses to questions 16, 17, 18 and 47 based on Institutional/Hospital Pharmacies staffed with greater than five (5) pharmacists and greater than ten (10) pharmaceutical technicians. (As a reminder, the results of **question 12** demonstrated that most Institutional/Hospital Pharmacies staff their pharmacy with greater than five (5) pharmacists per shift (36.7% of responses) and the results of **question 14** demonstrated that most Institutional/Hospital Pharmacies staff their pharmacy with greater than ten (10) pharmaceutical technicians per shift.)

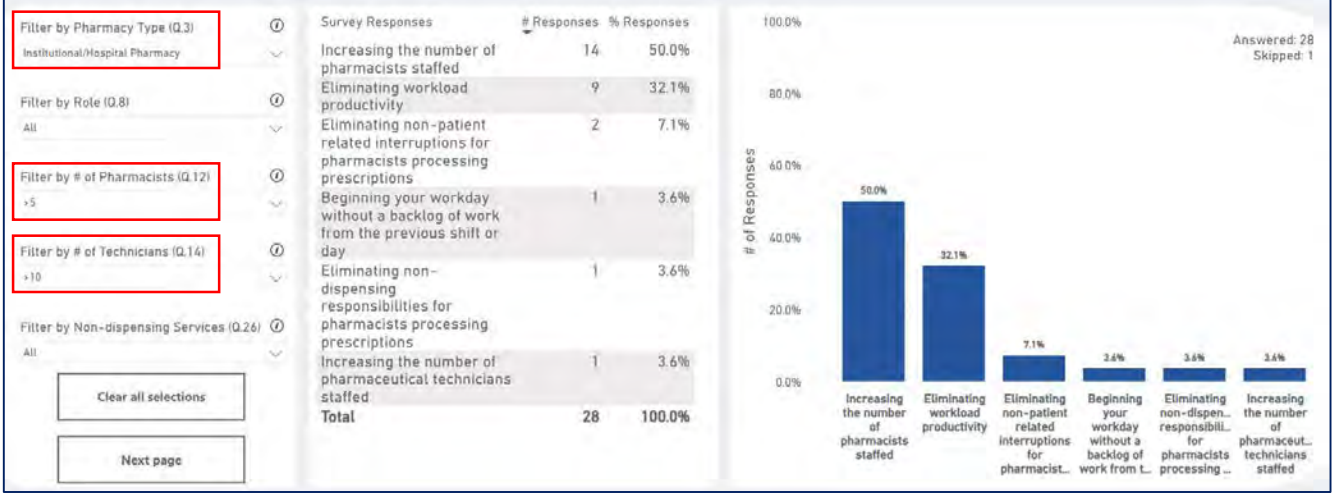




18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?



47.1 The reponses below were ranked as 1 (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety).



21

21A

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R052-24

April 1, 2024

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: §§ 1 and 2, NRS 639.070.

A REGULATION relating to medical products; making certain provisions governing medical products applicable to certain pressurized stockings; prohibiting a medical products provider or other person from selling, leasing or otherwise providing certain pressurized stockings without an order from a practitioner; requiring a medical products provider or other person to provide certain training concerning any pressurized stocking sold, leased or otherwise provided to a consumer; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations governing the storage, handling, sanitation and security of medical devices. (NRS 639.070) Existing regulations prescribe certain requirements applicable to a medical products provider or other person who sells, leases or otherwise provides medical products to a consumer with regard to medical products sold by the medical products provider or other person. (NAC 639.6946, 639.6948-639.6952) Existing regulations provide that pressurized stockings that have a pressure rating of less than 20 millimeters of mercury are not medical products for the purposes of those requirements. Existing regulations thereby exempt a medical products provider or other person from requirements relating to medical products when the provider or other person provides such pressurized stockings. (NAC 639.6935) **Section 1** of this regulation removes that exemption, thereby requiring a medical products provider or other person to comply with those requirements when providing such pressurized stockings.

Existing regulations prohibit the sale, lease or provision to a consumer of a pressurized stocking that has a pressure rating of 20 millimeters of mercury or more without an order from a practitioner. (NAC 639.69545) **Section 2** of this regulation revises this prohibition to instead apply to any pressurized stocking for which such an order is required by the United States Food and Drug Administration or according to the label of the stocking, regardless of its pressure rating.

Existing regulations require a medical products provider or other person who sells, leases or otherwise provides a pressurized stocking to a consumer that has a pressure rating of 20 millimeters of mercury or more to provide certain training concerning the stocking to the

consumer or his or her family, caregiver or agent. (NAC 639.69545) **Section 2** requires such a medical products provider or other person to provide such training when selling, leasing or otherwise providing to a consumer any pressurized stocking, regardless of its pressure rating.

Section 1. NAC 639.6935 is hereby amended to read as follows:

1. "Medical products" includes medical devices, equipment, supplies and gases intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease.

2. The term does not include:

(a) Controlled substances;

(b) Dangerous drugs, except medical gases and supplies that facilitate the use of a dangerous drug, including, without limitation, normal saline and other similar inert liquids; ***or***

(c) Medical devices, equipment, supplies or gases the regulation of which is governed by any other board or agency other than the Board **.** ~~[; and~~

~~(d) Pressurized stockings that have a pressure rating of less than 20 millimeters of mercury.]~~

Sec. 2. NAC 639.69545 is hereby amended to read as follows:

1. A pressurized stocking ~~[that has a pressure rating of 20 millimeters of mercury or more]~~ may not be sold, leased or otherwise provided to a consumer without an order from a practitioner ~~[.]~~ ***if:***

(a) The United States Food and Drug Administration requires the pressurized stocking to be sold only upon a prescription or order of a practitioner; or

(b) The pressurized stocking is labeled in a manner which directs that the pressurized stocking be sold only upon a prescription or order of a practitioner.

2. A medical products provider that sells, leases or otherwise provides to a consumer a pressurized stocking ~~[that has a pressure rating of 20 millimeters of mercury or more]~~ shall provide training to the consumer or the consumer's family, caregiver or agent in the use,

maintenance and potential problems in the use of the stocking. The training must be provided by a person who is certified by the manufacturer of the pressurized stocking in the fitting and use of the stocking.

21B

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R054-24

April 1, 2024

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[~~omitted material~~]** is material to be omitted.

AUTHORITY: § 1, NRS 453.146, 453.2182 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 to include: (1) certain fentanyl-related substances; (2) certain hallucinogenic substances which are structurally related to hallucinogenic substances currently contained in schedule I; and (3) tianeptine.

Section 1. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-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;

Alpha'-methyl butyryl fentanyl (2-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

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;

2',5'-dimethoxyfentanyl (N-(1-(2,5-dimethoxyphenethyl)piperidin-4-yl)-N-phenylpropionamide)

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

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);

Fluoroisobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide);

3-Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-carboxamide);

Furethidine;

Hydroxypethidine;

Isobutyryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide);

Isotonitazene;

Isovaleryl fentanyl (3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Ketobemidone;

Levomoramide;

Levophenacylmorphan;

Meta-fluorofentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide);

Meta-fluoroisobutyryl fentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl) isobutyramide);

Methoxyacetyl fentanyl;

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;

Ortho-fluorofuranyl fentanyl (N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);

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-methoxybutyryl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

Para-methoxyfuranyl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);

Para-methylcyclopropyl fentanyl (N-(4-methylphenyl)-N-(1-phenethylpiperidin-4-yl)cyclopropanecarboxamide);

PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphan;

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);

Tianeptine;

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;

Hydromorphinol;

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:

ADB-BUTINACA (some trade or other names: N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-butyl-1H-indazole-3-carboxamide;

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);

Alpha-PiHP (some trade or other names: 4-methyl-1-phenyl-2-(pyrrolidin-1-yl)pentan-1-one);

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-benzodiazepin-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-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

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; fluorpentyl 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-iodophyenyl)-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[3.3.1.13,7]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);

Methoxetamine (some trade or other names: MXE; 2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone)

3-MMC (some trade or other names: 3-methylmethcathinone; 2-(methylamino)-1-(3-methylphenyl)propan-1-one);

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: MMDA);

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[3.3.1.13,7]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-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

1-pentyl-N-(tricyclo[3.3.1.1^{3,7}]dec-1-yl-1H-indole-3 carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

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; Phezipam; 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-benzo[f]isochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy);

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP); or

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP).

For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-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);

Fenethylline;

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)-2-2(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-oxazolamine);

Methylenedioxypyrovalerone (some trade or other names: 3,4-Methylenedioxypyrovalerone, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone, Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-benzeneethanamine; N,N-alpha-trimethylphenethylamine);

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-methylbenzodioxolylpentanamine; 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.

21C

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Alliance for Pharmacy Compounding

Compounding the Joy of Living®

April 9, 2024

Nevada Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

Dear members of the Nevada Board of Pharmacy:

I am writing on behalf of the Alliance for Pharmacy Compounding regarding the proposed regulation LCB File No. R100-23. The proposed regulation potentially conflicts with FDA guidance and Nevada law, and clarification is necessary.

Section 7: 1(b) of the proposed regulation states "The compounded drugs are not sold or otherwise provided by the pharmacy or pharmacist to any person other than the ultimate user of the drugs, the agent of the ultimate user of the drugs or a practitioner who will be administering the drugs to a patient." Section 7: 4 states "A pharmacy shall not sell or otherwise provide a compounded drug to a retail pharmacy or a practitioner." It is unclear if these sections are intended to apply to 503B Outsourcing Facilities, which are allowed to wholesale medications to certain entities under Nevada law.

Section 5 of Nevada SB 161, signed into law on June 12, 2023, states "Any person or entity authorized to dispense controlled substances and dangerous drugs, including, without limitation, a pharmacy, institutional pharmacy or practitioner, may: (a) Purchase or otherwise acquire controlled substances and dangerous drugs compounded or repackaged by an outsourcing facility directly from the outsourcing facility without an order from a practitioner."

Furthermore, existing regulations prohibit a pharmacy from providing a compounded drug to a retail pharmacy or practitioner, except under certain circumstances. (NAC 639.757) Section 7 of the proposed regulation eliminates this exception, thereby prohibiting a pharmacy from providing a compounded drug to a retail pharmacy or practitioner in any circumstance. While removal of these provisions is consistent with the Drug Quality and Security Act (DQSA) requirement that compounded medications for office-use only be provided by 503B Outsourcing Facilities for human use, it does not allow for the provision of compounded preparations for office-use by veterinarians.

Surveys conducted by the American Veterinary Medical Association and other associations found that over 90% of veterinarians felt that access to compounded medications for office-use was important or very important to their ability to provide care for their patients. Previous Board regulations allowed veterinarians access to compounded preparations for office-use. Likewise, provision of compounded prescriptions for veterinary office-use is expressly allowed by FDA Guidance for Industry #256, which became effective April 1, 2023.

While several 503B Outsourcing Facilities provide compounded preparations to veterinarians, due to the restraints imposed by cGMP, their offerings are limited to just a few active ingredients, dosage forms and strengths. Because of the cGMP requirement, 503B Outsourcing Facilities lack the flexibility necessary to provide office-use medications for all of the different species and disease states veterinarians encounter. Therefore, we respectfully request the inclusion of a carve-out for 503A

pharmacies to provide compounded medications for veterinary office-use when the drug cannot be sourced from a 503B.

In addition, the terms “sold” and “sell” should be replaced with more precise language. The Food, Drug & Cosmetic Act states that 503A pharmacies can *dispense* medications pursuant to patient-specific prescriptions. 503B outsourcing facilities can *distribute* medications without a patient-specific prescription to healthcare facilities.

For these reasons, we urge you to clarify and update the proposed regulation accordingly.

Thank you for this opportunity to comment on this proposed regulation. Please direct any questions to me at scott@a4pc.org.

Best,

Scott Brunner, CAE
Chief Executive Officer

The Alliance for Pharmacy Compounding is the voice for pharmacy compounding, representing more than 500 compounding small businesses – including compounding pharmacists and technicians in both 503A and 503B settings – as well as prescribers, educators, researchers, and suppliers.

REVISED PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R100-23

March 6, 2024

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: §§ 1-9, NRS 639.070.

A REGULATION relating to pharmacy; removing requirements that certain applicants appear before the State Board of Pharmacy and receive certain instructions; revising provisions governing the administration of immunizations by pharmacists; revising provisions governing the transfer of prescriptions by facsimile machine; removing provisions authorizing a pharmacy to sell or otherwise provide a compound drug to a retail pharmacy or practitioner; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations governing the practice of pharmacy. (NRS 639.070) Existing regulations require certain applicants for a license to operate a pharmacy in the State of Nevada to appear before the Board in support of the application. (NAC 639.215) **Section 1** of this regulation removes this requirement and instead authorizes the Board to require the same such applicants to appear before the Board in support of the application. Under existing regulations, certain applicants who appear before the Board in support of an application are required to receive instructions relative to the pharmacy laws. (NAC 639.215) **Section 1** removes this requirement.

Existing regulations require certain physician assistants who apply for a registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices to personally appear before the Board for a determination and an assignment of the specific authority to be granted to the physician assistant. (NAC 639.272) **Section 2** of this regulation removes this requirement and instead authorizes the Board to require the same such physician assistants to personally appear before the Board.

Existing regulations prohibit a physician assistant from writing a prescription in the form of an order on the chart of a patient in a hospital unless the physician assistant: (1) is authorized by the hospital's rules; and (2) has filed a copy of his or her form for prescriptions with the pharmacy of the hospital. Under existing regulations, the form for prescriptions of a physician assistant must be approved by the Board. (NAC 639.283) **Section 3** of this regulation eliminates the requirement that the Board approve this form.

Existing regulations: (1) authorize a physician to establish a written protocol authorizing pharmacists to administer certain immunizations; and (2) require that any such protocol include a

restriction that a pharmacist may not administer an immunization except at an authorized location. (NAC 639.2971) **Section 4** of this regulation removes this requirement.

Existing regulations: (1) authorize a registered pharmacist to apply to the Board to engage in the practice of pharmacy at a site other than a licensed pharmacy; and (2) require the Board to consider any such application at a hearing before the Board. (NAC 639.403, 639.406) **Section 5** of this regulation removes the requirement that the Board hold a hearing to consider such an application and instead authorizes the Board, at its discretion, to hold a hearing on an application.

Existing law requires the Board to adopt regulations concerning the electronic transmission of certain prescriptions by facsimile machine. (NRS 639.0745) Among other requirements, existing regulations authorize a pharmacy to transfer prescriptions by facsimile machine to another pharmacy if the transmission includes certain information. Existing regulations authorize the Board to exempt a pharmacy from this requirement if the Board is satisfied that: (1) the pharmacy's computer system will accurately represent the identity of the pharmacist responsible for the transfer; and (2) the identity of the pharmacist responsible for the transfer cannot be falsified, modified, added or otherwise provided without the knowledge and assent of that pharmacist. (NAC 639.7145) **Section 6** of this regulation removes provisions authorizing the Board to exempt a pharmacy from the requirement that a transmission include certain information. Instead, **section 6** authorizes a pharmacy to transfer prescriptions by facsimile machine to another pharmacy without including certain information if the pharmacy determines that it meets the criteria previously considered by the Board in determining whether to grant an exemption.

Existing regulations prohibit a pharmacy from selling or otherwise providing a compounded drug to a retail pharmacy or practitioner, except under certain circumstances. (NAC 639.757) **Section 7** of this regulation eliminates this exception, thereby prohibiting a pharmacy from selling or otherwise providing a compounded drug to a retail pharmacy or practitioner in any circumstance.

Existing law authorizes an advanced practice registered nurse to prescribe controlled substances, poisons, dangerous drugs and devices if the advanced practice registered nurse obtains a certificate of registration from the Board and meets certain other requirements (NRS 639.2351) Existing regulations authorize the Board to require each advanced practice registered nurse who applies for such a certificate of registration to appear personally before the Board for a determination and an assignment of the specific authority to be granted to the advanced practice registered nurse. (NAC 639.850) **Section 8** of this regulation removes the requirement that an advanced practice registered nurse who applies for such a certificate of registration and is required to appear before the Board must appear personally. **Section 8** also removes certain limitations on the purposes for which the Board may require such an appearance.

Existing law authorizes an advanced practice registered nurse to dispense controlled substances, poisons, dangerous drugs and devices if the advanced practice registered nurse obtains a certificate of registration from the Board and meets certain other requirements. (NRS 639.1375) Existing regulations require certain advanced practice registered nurses who apply for such a certificate of registration and the collaborating physicians of such nurses to appear personally before the Board for a determination and an assignment of the specific authority to be granted to the advanced practice registered nurse. (NAC 639.870) **Section 9** of this regulation removes this requirement and instead authorizes the Board to require the same such advanced practice registered nurses and collaborating physicians to appear before the Board for a

determination and an assignment of the specific authority to be granted to the advanced practice registered nurse.

Section 1. NAC 639.215 is hereby amended to read as follows:

639.215 1. ~~[An]~~ ***The Board may require an*** applicant for a license to operate a pharmacy in the State of Nevada ~~[must]~~ ***to*** appear before the Board in support of the application ~~[and must receive instructions relative to the pharmacy laws if]~~ ***:***

(a) If the applicant:

~~[(a)]~~ ***(1)*** Is applying for a license to operate a pharmacy in this State for the first time;

~~[(b)]~~ ***(2)*** Responded affirmatively to any of the questions on the application regarding his or her character or competency; ***or***

~~[(c)]~~ ***(3)*** Is applying for the licensure of a pharmacy located outside the State that will be shipping compounded parenteral products into this State; or

~~[(d) Is requested to do so by]~~

(b) Any time the Board ~~[.]~~ ***determines an appearance is necessary to evaluate the application.***

2. If an applicant who is required to appear before the Board is:

(a) A partnership, all partners must appear.

(b) A corporation, a designated representative of the corporation must appear. If the designated representative is not an officer of the corporation, a letter authorizing him or her to appear on behalf of the corporation that is signed by an officer of the corporation must be submitted with the application. Documentation of the status of the person signing the letter of authorization must be submitted with the application.

3. If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation. Documentation of the status of the person signing the application must be submitted with the application.

4. A special meeting of the Board will not be called for the purpose of considering an application for a license to operate a pharmacy until the applicant has paid the Executive Secretary sufficient money to defray all expenses of the meeting.

Sec. 2. NAC 639.272 is hereby amended to read as follows:

639.272 1. The application of a physician assistant for:

(a) A registration certificate to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices; or

(b) A registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices,

➥ must be in writing and filed with the Executive Secretary.

2. Each application for a registration certificate to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the license issued by the Board of Medical Examiners or certificate issued by the State Board of Osteopathic Medicine that authorizes the applicant to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's supervising physician; and

(d) Any other information requested by the Board.

3. Each application for a registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the license issued by the Board of Medical Examiners or certificate issued by the State Board of Osteopathic Medicine that authorizes the applicant to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's supervising physician; and

(d) Any other information requested by the Board.

4. ~~[Each]~~ ***The Board may require a*** physician assistant who applies for a registration certificate pursuant to subsection 3 ~~[must:~~

~~(a) Personally]~~ ***to personally*** appear before the Board for ***a*** determination and ***an*** assignment of the specific authority to be granted to the physician assistant ~~[if]~~ ***:***

(a) If the physician assistant ~~[:~~

~~(1) Responded]~~ ***responded*** affirmatively to any of the questions on the application regarding his or her character or competency; or

~~[(2) Is requested to do so by]~~

(b) Any time the Board ~~[,]~~ ***determines an appearance is necessary to evaluate the application.***

5. Each applicant who applies for a registration certificate pursuant to subsection 3 must:

(a) Personally appear before the Board if an appearance is required pursuant to subsection 4; and

(b) Pass an examination administered by the Board on the law relating to pharmacy.

~~[5.]~~ ***6.*** Each physician assistant to whom a registration certificate is issued must be registered to a supervising physician.

Sec. 3. NAC 639.283 is hereby amended to read as follows:

639.283 A physician assistant shall not write a prescription in the form of an order on the chart of a patient in a hospital unless the physician assistant is authorized by the hospital's rules and has filed a copy of his or her form for prescriptions with the pharmacy of the hospital. ~~[The form must be approved by the Board.]~~

Sec. 4. NAC 639.2971 is hereby amended to read as follows:

639.2971 1. A physician may establish a written protocol authorizing pharmacists to administer immunizations by an intranasal, intramuscular or subcutaneous injection. Except as otherwise limited by the physician pursuant to subsection 5, any pharmacist who is trained and certified in accordance with NAC 639.2973 may subscribe to the written protocol and administer immunizations in compliance with the protocol. Such a protocol must contain:

(a) The name of the physician who is authorizing the administration of immunizations by a pharmacist;

(b) The immunizations that may be administered by a pharmacist;

(c) Detailed policies and procedures that a pharmacist must follow while administering immunizations, including, without limitation, procedures to follow in the case of adverse reactions or emergencies following administration;

(d) A procedure for the review of the protocol and its operation by the physician at least once annually, and the making and keeping of a record of the review;

(e) When appropriate, specific instructions related to the age of the patient;

(f) Except as otherwise provided in subsections 2 and 3, a restriction that a pharmacist may not delegate his or her authority to administer an immunization;

(g) ~~[A restriction that a pharmacist may not administer an immunization except at an authorized location, which location may not be the home of the patient, unless the patient resides in a licensed facility for long-term care or in a hospital;~~

~~(h)]~~ A requirement that the immunizations will be administered according to all applicable federal, state and local laws; and

~~[(i)]~~ ***(h)*** The signature of the physician authorizing the administration of the immunizations and the time period for which the written protocol is effective.

2. An intern pharmacist may administer immunizations by an intranasal, intramuscular or subcutaneous injection under the direct and immediate supervision of a pharmacist who has subscribed to a written protocol established by a physician.

3. A pharmaceutical technician may administer immunizations by an intranasal, intramuscular or subcutaneous injection under the direct and immediate supervision of a pharmacist who has subscribed to a written protocol established by a physician if the pharmacist has determined, in his or her professional judgment, that the patient should be immunized. A record of each immunization administered by the pharmaceutical technician must be maintained in the manner prescribed by NAC 639.2977.

4. If a physician orders a deviation from the written protocol for the benefit of a specific patient, the physician shall note the deviations from the written protocol in the record of the patient.

5. A physician may include restrictions to a written protocol established by the physician pursuant to subsection 1 by limiting the protocol to any of the following:

(a) A specific pharmacist or pharmacists;

(b) A specific location or locations;

(c) The administration of a specific immunization or immunizations; or

(d) Other limitations as the physician determines necessary.

Sec. 5. NAC 639.406 is hereby amended to read as follows:

639.406 1. ~~[Upon submission of an]~~ ***The Board will consider each*** application ***submitted*** pursuant to NAC 639.403 ~~[, the Board will schedule a hearing before the Board. At the hearing, the Board will consider the application and any other relevant information]~~ to determine whether the practice and services proposed in the application will be provided in a manner that is safe and in the best interests of the health, safety and welfare of the public. ~~[The Board may consider, without limitation, the following factors in]~~ ***In*** determining whether to approve, deny or modify such an application ~~[:]~~ ***, the Board may consider, without limitation, the following factors:***

(a) The information contained in the application;

(b) The education, experience and expertise of the applicant;

(c) The disciplinary history of the applicant, if any; and

(d) Whether the applicant has sufficient malpractice or other liability insurance.

2. At ***its discretion,*** the ***Board may schedule a hearing on an application. At any such*** hearing, the Board ~~[may]~~ ***:***

(a) Will consider the application and any other relevant information; and

(b) May request that the applicant modify his or her application.

3. If the Board approves an application, the Board will provide the applicant with documentation indicating the approval and setting forth the terms and conditions, in addition to

those prescribed by NAC 639.408, under which the applicant may provide the services approved by the Board.

4. If the Board denies an application, the Board will provide the applicant with a written notice of the denial indicating the reasons for the denial and identifying any deficiencies in the application.

Sec. 6. NAC 639.7145 is hereby amended to read as follows:

639.7145 1. Information relating to a prescription may be transferred from a pharmacy to another pharmacy by a facsimile machine pursuant to NAC 639.713 if:

(a) The transmission from the transferring pharmacy:

(1) Includes the information required by subsection 2 of NRS 639.2353, which may be provided in the form of an accurate printout of the pharmacy's computerized record of the prescription; and

(2) Except as otherwise provided in subsection 2, includes:

(I) A copy of the original prescription maintained in the records of the transferring pharmacy on which the pharmacist at the transferring pharmacy has signed the copy and written his or her license number; or

(II) The signature and handwritten license number of the pharmacist at the transferring pharmacy and a notation that specifically indicates that the pharmacist intends to transfer the prescription.

(b) The transmission is prepared and transmitted by a pharmaceutical technician or pharmacist at the transferring pharmacy.

2. A pharmacy may transfer prescriptions by facsimile machine to another pharmacy without complying with the provisions of subparagraph (2) of paragraph (a) of subsection 1 only

~~[upon application to and authorization by the Board. The Board may grant that authority to a pharmacy]~~ if the ~~[Board is satisfied]~~ ***pharmacy determines*** that:

(a) The pharmacy's computer system will accurately represent the identity of the pharmacist responsible for the transfer; and

(b) The identity of the pharmacist responsible for the transfer cannot be falsified, modified, added or otherwise provided without the knowledge and assent of that pharmacist.

3. A pharmacy which maintains its records of prescriptions in a computer system shall invalidate in its system a prescription transferred by a facsimile machine to another pharmacy.

Sec. 7. NAC 639.757 is hereby amended to read as follows:

639.757 1. A pharmacy or pharmacist is not required to obtain a license as a manufacturer to compound drugs if:

(a) The compounded drugs are prepared in a quantity that is:

(1) Necessary to fill a prescription or chart order; or

(2) Reasonably necessary to fill future prescriptions or chart orders based upon the previous history of practitioners and patients who regularly use the pharmacy;

(b) The compounded drugs are not sold or otherwise provided by the pharmacy or pharmacist to any person other than the ultimate user of the drugs, the agent of the ultimate user of the drugs or a practitioner who will be administering the drugs to a patient;

(c) The compounded drugs are dispensed pursuant to a prescription or chart order;

(d) Except as otherwise provided in paragraph (e) and subsection 2, the active ingredients used to compound the drugs:

(1) Have a monograph in and meet or exceed the standards of the *United States Pharmacopoeia - National Formulary*, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670;

(2) Have been components of drugs approved by the Food and Drug Administration; or

(3) Are authorized to be used in pharmacy compounding pursuant to 21 U.S.C. § 353a(b)(1) or the regulations adopted pursuant thereto; and

(e) Except as otherwise provided in subsection 2, for an active ingredient used to compound the drugs that does not have a monograph in the *United States Pharmacopoeia - National Formulary*, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670, the active ingredient is:

(1) Prepared by a manufacturer or distributed by a distributor registered with the Food and Drug Administration;

(2) Accompanied by a certificate of analysis provided by the manufacturer or distributor of the ingredient; and

(3) Prepared to a grade that, at a minimum, satisfies the requirements set forth in:

(I) The *Food Chemicals Codex*, as adopted by reference in paragraph (d) of subsection 1 of NAC 639.670; or

(II) *Reagent Chemicals: Specifications and Procedures*, as adopted by reference in paragraph (e) of subsection 1 of NAC 639.670, if the active ingredient is a certified analytical reagent, is for use in high pressure liquid chromatography, is for use in spectrophotometric applications or is a primary standard grade for use in standard solutions for analytical purposes.

2. In compounding a drug product, a pharmacy or pharmacist may use an active ingredient that does not satisfy the requirements of paragraphs (d) and (e) of subsection 1 if the pharmacy

or pharmacist establishes the purity and safety of the ingredient by reasonable means, satisfactory to the Board, which include, without limitation, analysis of the lot in which the ingredient was packaged, the reputation of the manufacturer of the ingredient and the reliability of the source of the ingredient. A pharmacy shall make and maintain a record of the means that the pharmacy relied upon in determining that an ingredient was pure and safe pursuant to this subsection.

3. Except as otherwise provided in this subsection, a pharmacy or pharmacist shall not compound a drug that has been withdrawn or removed from the market because the drug was found to be unsafe or ineffective. A pharmacy or pharmacist may compound a drug for veterinary use that has been withdrawn or removed from the market because the drug was found to be unsafe or ineffective for use in humans if the drug remains available for veterinary use.

4. A pharmacy shall not sell or otherwise provide a compounded drug to a retail pharmacy or a practitioner . ~~[, except that a pharmacy may sell or otherwise provide a compounded drug to:~~

~~(a) A practitioner who will be administering the drug to a patient; or~~

~~(b) A practitioner or another pharmacy if the compounded drug is:~~

~~(1) A highly concentrated drug product that is not commercially available; or~~

~~(2) Needed to fill a particular prescription or chart order in the possession of the receiving pharmacy at the time the receiving pharmacy orders the compounded drug from the compounding pharmacy.~~

~~5. The quantity of a compounded drug that is sold or otherwise provided to a practitioner or pharmacy pursuant to subsection 4 must not exceed the amount necessary for the practitioner or pharmacy to serve the present needs of the patients of the practitioner or pharmacy.]~~

Sec. 8. NAC 639.850 is hereby amended to read as follows:

639.850 1. The application of an advanced practice registered nurse for a certificate of registration to prescribe controlled substances, poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the certificate issued by the State Board of Nursing which authorizes the applicant to prescribe controlled substances, poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's collaborating physician, if the applicant is required to have a collaborating physician pursuant to NRS 632.237; and

(d) Any other information requested by the Board.

2. ~~[Each]~~ ***The Board may require an*** advanced practice registered nurse who applies for a certificate of registration ~~[may be required by the Board]~~ to appear ~~[personally]~~ before the Board ***.*** ~~[for a determination and an assignment of the specific authority to be granted to the advanced practice registered nurse.]~~

Sec. 9. NAC 639.870 is hereby amended to read as follows:

639.870 1. The application of an advanced practice registered nurse for a certificate of registration to dispense controlled substances, poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the certificate issued by the State Board of Nursing which authorizes the applicant to dispense controlled substances, poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's collaborating physician, if any;

(d) Written verification from the State Board of Nursing that the applicant has passed an examination on Nevada law relating to pharmacy; and

(e) Any other information requested by the Board.

2. Each application for the issuance or the biennial renewal of a certificate of registration must be accompanied by a nonrefundable fee of $300. The biennial certificate of registration covers the period beginning on November 1 of each even-numbered year.

3. ~~[Each]~~ ***The Board may require an*** advanced practice registered nurse who applies for a certificate of registration and his or her collaborating physician, if any, ~~[must]~~ ***to*** appear ~~[personally]~~ before the Board for a determination and an assignment of the specific authority to be granted to the advanced practice registered nurse ~~[if]~~ ***:***

(a) If the advanced practice registered nurse:

~~[(a)]~~ ***(1)*** Will be operating in a practice not previously licensed by the Board; ***or***

~~[(b)]~~ ***(2)*** Responded affirmatively to any of the questions on the application regarding his or her character or competency; or

~~[(c) Is requested to do so by]~~

(b) Any time the Board ~~[,]~~ ***determines an appearance is necessary to evaluate an application.***

4. Each advanced practice registered nurse to whom a certificate of registration is issued must be registered to a collaborating physician unless:

(a) The advanced practice registered nurse is not required to have a collaborating physician pursuant to subsection 3 of NRS 632.237; or

(b) The advanced practice registered nurse will not prescribe any controlled substance listed in schedule II.

5. An advanced practice registered nurse who fails to renew his or her certificate of registration within the time prescribed by statute or regulation must pay, in addition to the fee for renewal required by subsection 2, a fee equal to 50 percent of the fee for the renewal of the certificate.

21D

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R013-24

February 26, 2024

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: §§ 1, 2 and 4-6, NRS 639.070, 639.0727 and 639.074; § 3, NRS 639.070, 639.0727, 639.074 and 639.170.

A REGULATION relating to pharmacy; establishing the procedure for a registered nurse who is engaged in the performance of any public health program approved by the State Board of Pharmacy to obtain a certificate of registration to dispense dangerous drugs; establishing certain duties and limitations of such a registered nurse; prescribing the fees for the issuance and renewal of a certificate authorizing such a registered nurse to dispense dangerous drugs for human consumption; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes a registered nurse to dispense dangerous drugs when the nurse is engaged in the performance of any public health program approved by the State Board of Pharmacy. (NRS 454.215) Existing law authorizes the Board to adopt regulations as may be necessary to ensure that proper and adequate safeguards, including dispensing procedures, are followed to protect a registered nurse who participates in a public health program approved by the Board. (NRS 639.074)

Existing regulations require a practitioner who wishes to dispense controlled substances or dangerous drugs to apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. (NAC 639.742) **Section 1** of this regulation similarly requires a registered nurse who participates in a public health program approved by the Board and who wishes to dispense dangerous drugs to apply to the Board on an application provided by the Board for a certificate of registration. **Section 1** also sets forth certain limitations applicable to a registered nurse who is issued such a certificate of registration. **Section 3** of this regulation establishes the fees for the issuance or renewal of such a certificate, which are equal to the fees for the issuance or renewal of a certificate for other types of dispensing practitioners.

Existing regulations require a dispensing practitioner to: (1) counsel patients under certain circumstances; and (2) maintain certain records. (NAC 639.707, 639.708, 639.745) **Section 2** of this regulation includes registered nurses who have been issued a certificate pursuant to **section 1** within the definition of "dispensing practitioner," thereby making those requirements applicable to such a registered nurse.

Sections 4 and 5 of this regulation make conforming changes to ensure that certain provisions of existing regulations are not in conflict with the provisions of **section 1**.

Section 6 of this regulation makes a conforming change relating to the discipline of a dispensing practitioner for a violation of the provisions of **section 1**.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. A registered nurse who wishes to dispense dangerous drugs for human consumption pursuant to subsection 4 of NRS 454.215 must apply to the Board on an application provided by the Board for a certificate of registration to dispense dangerous drugs for human consumption. A certificate of registration issued pursuant to this section:

(a) Entitles the registered nurse to dispense dangerous drugs for human consumption only when he or she is engaged in the performance of any public health program approved by the Board.

(b) Must be renewed at the same time and in the same manner as certificates of registration by other practitioners.

(c) Is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. The operator of a public health program through which a registered nurse wishes to dispense dangerous drugs for human consumption pursuant to subsection 4 of NRS 454.215 must also submit an application to the Board on a form provided by the Board. The application must include, without limitation, a protocol for accomplishing the objective set forth in subsection 2 of NRS 454.00973. The Board will approve the protocol if:

(a) The applicant submits evidence that the protocol:

(1) Has been developed or approved by the Division of Public and Behavioral Health of the Department of Health and Human Services; or

(2) Has previously been approved by the Board; or

(b) The Board determines that the protocol is designed to accomplish the objective set forth in subsection 2 of NRS 454.00973.

3. A registered nurse who is issued a certificate of registration pursuant to this section shall:

(a) Ensure that all drugs are dispensed only to the patient personally at a facility or vehicle of the public health program;

(b) Comply with all applicable requirements that apply to practitioners who are registered pursuant to NAC 639.742, including, without limitation, requirements concerning labeling, recordkeeping or counseling; and

(c) Dispense drugs only in accordance with the protocol approved pursuant to subsection 2.

4. A registered nurse who is issued a certificate of registration pursuant to this section shall not:

(a) Prescribe a dangerous drug;

(b) Prescribe or dispense a controlled substance;

(c) Compound a drug product;

(d) Employ or use the services of a dispensing technician or supervise a dispensing technician in training; or

(e) Operate a remote site.

5. As used in this section, "public health program" has the meaning ascribed to it in NRS 454.00973.

Sec. 2. NAC 639.010 is hereby amended to read as follows:

639.010 As used in this chapter, unless the context otherwise requires:

1. "Automated drug dispensing system" means a system that performs operations, other than compounding or administration, related to the storage and dispensing of drugs.

2. "Board" means the State Board of Pharmacy.

3. "Controlled substance" has the meaning ascribed to it in NRS 0.031.

4. "Dangerous drug" has the meaning ascribed to it in NRS 454.201.

5. "Direct supervision" means the direction given by a supervising pharmacist or dispensing practitioner who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

6. "Dispensing practitioner" means:

(a) A practitioner to whom the Board has issued a certificate of registration pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs, or both, for human consumption; ~~[or]~~

(b) A licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption ~~[.]~~ *; or*

(c) A registered nurse to whom the Board has issued a certificate of registration pursuant to section 1 of this regulation to dispense dangerous drugs for human consumption.

7. "Dispensing technician" means a person who performs technical services in a pharmacy under the direct supervision of a dispensing practitioner and is registered with the Board pursuant to NAC 639.7425.

8. "Dispensing technician in training" means a person who is registered with the Board pursuant to NAC 639.7424 in order to obtain the training and experience required to be a dispensing technician pursuant to subparagraph (1) of paragraph (c) of subsection 2 of NAC 639.7425.

9. "Executive Secretary" means the Executive Secretary employed by the Board pursuant to NRS 639.040.

10. "Federally-qualified health center" has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

11. "Federally-qualified health center vehicle" means a vehicle that meets the requirements of paragraph (c) of subsection 1 of NAC 639.7422.

12. "Licensed veterinarian" has the meaning ascribed to it in NRS 638.007.

13. "Oncology group practice" means two or more dispensing practitioners who practice oncology in a group practice.

14. "Pharmaceutical technician" means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

15. "Pharmaceutical technician in training" means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a

pharmaceutical technician pursuant to subparagraph (3) of paragraph (d) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

16. "Practitioner" has the meaning ascribed to it in NRS 639.0125.

17. "Prescription drug" means a drug or medicine as defined in NRS 639.007 which:

(a) May be dispensed only upon a prescription order that is issued by a practitioner; and

(b) Is labeled with the symbol "Rx only" pursuant to federal law or regulation.

18. "Public or nonprofit agency" means a health center as defined in 42 U.S.C. § 254b(a) which:

(a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

19. "Reproductive healthcare center" means a health facility owned and operated by a nonprofit corporation or a public health center, as defined in subsection 8 of NRS 449.260, principally engaged in providing family planning services and reproductive healthcare, including, without limitation, the testing, diagnosis and treatment of, or providing of medication to prevent, a sexually transmitted infection or other infection of the urogenital system.

20. "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

21. "User-based access technology" means software or hardware that restricts access to an automated drug dispensing system to authorized users by requiring two-factor authentication.

Authentication factors may include, without limitation, knowledge, hardware tokens or biometric information.

Sec. 3. NAC 639.220 is hereby amended to read as follows:

639.220 1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist ..... Actual cost of the examination

For the investigation or registration of an applicant as a registered pharmacist..... $200

For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity..... 200

For the investigation or issuance of an original license to conduct a retail pharmacy 500

For the biennial renewal of a license to conduct a retail pharmacy 500

For the investigation or issuance of an original license to conduct an institutional pharmacy 500

For the biennial renewal of a license to conduct an institutional pharmacy 500

For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution 500

For the biennial renewal of a license to conduct a pharmacy in a correctional institution..... 500

For the investigation or issuance of an original license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed pursuant to chapter 449 of NRS 500

For the biennial renewal of a license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed pursuant to chapter 449 of NRS 500

For the issuance of an original or duplicate certificate of registration as a registered pharmacist 50

For the biennial renewal of registration as a registered pharmacist 200

For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse) 100

For the initial registration of a pharmaceutical technician, pharmaceutical technician in training, dispensing technician or dispensing technician in training 50

For the biennial renewal of registration of a pharmaceutical technician, pharmaceutical technician in training, dispensing technician or dispensing technician in training 50

For the investigation or registration of an intern pharmacist 40

For the biennial renewal of registration as an intern pharmacist 40

For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances 80

For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances 80

For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, facility for treatment with narcotics, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances 200

For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, facility for treatment with narcotics, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances 200

For authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances 80

For the biennial renewal of authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances 80

For the investigation or issuance of an original license to engage in business as an authorized warehouse or medical products provider 500

For the biennial renewal of a license to engage in business as an authorized warehouse or medical products provider 500

For the investigation or issuance of an original license to a manufacturer or wholesaler..... 1,000

For the biennial renewal of a license for a manufacturer or wholesaler 1,000

For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon..... 50

For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption..... 300

For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption..... 300

For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption..... 150

For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption..... 150

For authorization of a registered nurse to dispense dangerous drugs for human consumption while engaged in the performance of a public health program approved by the Board..... 300

For the biennial renewal of authorization of a registered nurse to dispense dangerous drugs for human consumption while engaged in the performance of a public health program approved by the Board..... 300

For the investigation or issuance of an original license for an automated drug dispensing system..... 500

For the biennial renewal of a license for an automated drug dispensing system..... 500

For the investigation or issuance of an original license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility..... 250

For the biennial renewal of a license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility..... 250

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.

5. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally-qualified health center that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,

➥ is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

6. A practitioner who is exempt from the payment of a fee pursuant to subsection 5 shall notify the Board in writing of each change of address or additional address, or both.

7. In addition to any other fees paid by an applicant for a certificate, license or permit issued pursuant to chapter 639 of NRS, the Board may require that the applicant pay the actual costs of inspection incurred by the Board.

Sec. 4. NAC 639.742 is hereby amended to read as follows:

639.742 1. Except as otherwise provided in NAC 639.7421 and 639.7423 ~~[,]~~ ***and section 1 of this regulation,*** a practitioner who wishes to dispense controlled substances or dangerous drugs, or both, for human consumption must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without

limitation, a telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs, or both, for human consumption. A certificate of registration to dispense controlled substances or dangerous drugs, or both, for human consumption is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. Except as otherwise provided in NAC 639.7421, 639.7422 and 639.7423 ~~[,]~~ ***and section 1 of this regulation,*** if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances, or both, for human consumption is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. Except as otherwise provided in this section and NRS 639.23277 and NAC 639.395, 639.648, 639.719 and 639.7423 ~~[,]~~ ***and section 1 of this regulation,*** the dispensing practitioner and, if applicable, the owner or owners of the facility and any federally-qualified health center vehicle, 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;

(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility or federally-qualified health center vehicle, as applicable;

(f) All drugs are dispensed only to the patient personally at the facility or federally-qualified health center vehicle, as applicable;

(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

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

4. Except as otherwise provided in NAC 639.648, 639.719, 639.7423 and 639.7424 ~~[,]~~ ***and section 1 of this regulation,*** with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;

(b) Remove drugs from stock;

(c) Count, pour or reconstitute drugs;

(d) Place drugs into containers;

(e) Produce and affix appropriate labels to containers that contain or will contain drugs;

(f) Fill containers for later use in dispensing drugs; or

(g) Package or repackage drugs.

5. Except as otherwise provided in NAC 639.7423 ~~[,]~~ ***and section 1 of this regulation,*** a dispensing practitioner may compound drug products if he or she complies with the provisions of NAC 639.661 to 639.690, inclusive, as if:

(a) He or she were a pharmacist;

(b) His or her practice site was a pharmacy; and

(c) Any dispensing technician involved in the compounding was a pharmaceutical technician.

6. Except as otherwise provided in subsection 6 of NAC 639.746, the dispensing practitioners of an oncology group practice or a group of practitioners practicing at a reproductive healthcare center registered pursuant to NAC 639.746 are jointly responsible for ensuring that the requirements of subsection 3 are met.

Sec. 5. NAC 639.744 is hereby amended to read as follows:

639.744 ~~[A]~~ ***Except as otherwise provided in section 1 of this regulation, a*** dispensing practitioner may employ more than one dispensing technician at a time, except that only one of those dispensing technicians, including, without limitation, a dispensing technician staffing a remote site or satellite consultation site, may be designated and allowed to perform the functions described in subsection 4 or 5 of NAC 639.742 at one time. A dispensing practitioner shall make and maintain a document on which must be recorded for each day the name of the dispensing technician so designated and allowed to perform the functions described in subsection 4 or 5 of NAC 639.742, and maintain the record for not less than 2 years.

Sec. 6. NAC 639.7445 is hereby amended to read as follows:

639.7445 If a dispensing practitioner allows any person to perform any act in violation of NAC 639.742 to 639.7445, inclusive, ***and section 1 of this regulation,*** the dispensing practitioner is subject to discipline relating to his or her registration as a dispensing practitioner, including, without limitation, the temporary and immediate suspension of his or her registration as a dispensing practitioner until:

1. The violation is remedied; or

2. If an accusation has been made pursuant to NRS 639.241, the Board holds a hearing.

21E

PROPOSED REGULATION OF

THE STATE BOARD OF PHARMACY

LCB File No. R051-24

April 10, 2024

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: §§ 1-6, NRS 453.221 and 639.070.

A REGULATION relating to certified registered nurse anesthetists; requiring a certified registered nurse anesthetist to obtain a certificate of registration to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices under certain circumstances; prescribing the procedure and fees for the issuance and renewal of such a certificate; requiring a certified registered nurse anesthetist to notify the State Board of Pharmacy of a change in location of practice; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations: (1) relating to the registration and control of the dispensing of controlled substances within this State; and (2) governing the dispensing of poisons, drugs, chemicals and medicines. (NRS 453.221, 639.070) Existing law authorizes a certified registered nurse anesthetist working under the supervision of a physician to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices to treat a patient under the care of a physician in a critical access hospital before, during and after surgery or childbirth. (Section 2.6 of Senate Bill No. 336, chapter 229, Statutes of Nevada 2023, at page 1444)

Section 3 of this regulation prohibits a certified registered nurse anesthetist from ordering, prescribing, possessing and administering controlled substances, poisons, dangerous drugs and devices under such circumstances unless he or she has been issued a certificate of registration by the Board. **Section 3** prescribes: (1) the process for the issuance and renewal of such a certificate; and (2) certain conditions applicable to such a certificate. **Section 6** of this regulation prescribes the fee for the issuance or renewal of such a certificate. **Section 5** of this regulation sets forth the grounds for denial, suspension or revocation of such a certificate.

Section 4 of this regulation requires a certified registered nurse anesthetist to notify the Board of a change in the location of the practice of the certified registered nurse anesthetist not later than 10 days after the change occurs. **Section 2** of this regulation defines "certified registered nurse anesthetist" for purposes of **sections 3, 4 and 5**.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this regulation.

Sec. 2. ***As used in sections 3, 4 and 5 of this regulation, unless the context otherwise requires, "certified registered nurse anesthetist" has the meaning ascribed to it in NRS 632.014, as amended by section 2.8 of Senate Bill No. 336, chapter 229, Statutes of Nevada 2023, at page 1445.***

Sec. 3. ***1. A certified registered nurse anesthetist shall not order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices in accordance with paragraph (a) of subsection 1 of section 2.6 of Senate Bill No. 336, chapter 229, Statutes of Nevada 2023, at page 1444, unless he or she holds a certificate of registration issued by the Board.***

2. Each application of a certified registered nurse anesthetist for the issuance or renewal of a certificate of registration to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices in accordance with paragraph (a) of subsection 1 of section 2.6 of Senate Bill No. 336, chapter 229, Statutes of Nevada 2023, at page 1444, must be accompanied by the fee prescribed by NAC 639.220 and include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of his or her:

(1) License as a registered nurse; and

(2) Certificate of registration as a certified registered nurse anesthetist; and

(c) Any other information requested by the Board.

3. The Board may require a certified registered nurse anesthetist who applies for a certificate of registration to appear personally before the Board for a determination and an assignment of the specific authority to be granted to the certified registered nurse anesthetist.

4. Any certificate of registration issued pursuant to this section is a revocable privilege and no holder of such a certificate acquires any vested right therein or thereunder.

5. A certificate of registration issued pursuant to this section must be renewed biennially.

Sec. 4. *A certified registered nurse anesthetist shall notify the Board in writing of a change in the location of the practice of the certified registered nurse anesthetist not later than 10 days after the change occurs.*

Sec. 5. *The Board may deny the application of a certified registered nurse anesthetist for a certificate of registration or suspend or revoke his or her certificate of registration if the certified registered nurse anesthetist:*

1. Is not of good moral character;

2. Is guilty of habitual intemperance;

3. Becomes or is under the influence of liquor, any depressant drug or a controlled substance while on duty, unless the drug or substance has been taken pursuant to a practitioner's prescription;

4. Is guilty of unprofessional conduct or conduct contrary to the public interest;

5. Is addicted to the use of any controlled substance;

6. Has been convicted of a violation of any federal law or law of this or any other state relating to controlled substances;

7. Has been convicted of a felony or other crime involving moral turpitude, dishonesty or corruption;

8. Has willfully made to the Board or its authorized representative any false written statement which is material to the administration or enforcement of any provision of chapter 453, 454 or 639 of NRS;

9. Has obtained a certificate of registration by filing any application, record or affidavit or any information in support thereof, which is false or fraudulent;

10. Has violated any provision of the Federal Food, Drug, and Cosmetic Act or any other state or federal law or regulation relating to prescription drugs;

11. Has failed to renew his or her certificate of registration by failing to pay the renewal fee;

12. Has failed to maintain the security of his or her drug supply;

13. Has supplied patients with prescriptions that are presigned in blank;

14. Has violated section 2.6 of Senate Bill No. 336, chapter 229, Statutes of Nevada 2023, at page 1444, any provision of chapter 453, 454, 585 or 639 of NRS or any regulation pertaining to the practice of pharmacy, controlled substances, dangerous drugs or devices; or

15. Has had his or her license as a registered nurse or certificate of registration as a certified registered nurse anesthetist issued pursuant to chapter 632 of NRS suspended or revoked.

Sec. 6. NAC 639.220 is hereby amended to read as follows:

639.220 1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist ..... Actual cost of the examination

For the investigation or registration of an applicant as a registered pharmacist.....$200

For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....200

For the investigation or issuance of an original license to conduct a retail pharmacy 500

For the biennial renewal of a license to conduct a retail pharmacy 500

For the investigation or issuance of an original license to conduct an institutional pharmacy 500

For the biennial renewal of a license to conduct an institutional pharmacy 500

For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution 500

For the biennial renewal of a license to conduct a pharmacy in a correctional institution.....500

For the investigation or issuance of an original license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed pursuant to chapter 449 of NRS 500

For the biennial renewal of a license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed pursuant to chapter 449 of NRS 500

For the issuance of an original or duplicate certificate of registration as a registered pharmacist.....50

For the biennial renewal of registration as a registered pharmacist 200

For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse) 100

For the initial registration of a pharmaceutical technician, pharmaceutical technician in training, dispensing technician or dispensing technician in training 50

For the biennial renewal of registration of a pharmaceutical technician, pharmaceutical technician in training, dispensing technician or dispensing technician in training 50

For the investigation or registration of an intern pharmacist 40

For the biennial renewal of registration as an intern pharmacist 40

For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances 80

For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances 80

For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances 200

For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances.....200

For authorization of a certified registered nurse anesthetist to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices in accordance with paragraph (a) of subsection 1 of section 2.6 of Senate Bill No. 336, chapter 229, Statutes of Nevada 2023, at page 1444 200

For biennial renewal of authorization of a certified registered nurse anesthetist to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices in accordance with paragraph (a) of subsection 1 of section 2.6 of Senate Bill No. 336, chapter 229, Statutes of Nevada 2023, at page 1444.....200

For authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances 80

For the biennial renewal of authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances 80

For the investigation or issuance of an original license to engage in business as an authorized warehouse or medical products provider 500

For the biennial renewal of a license to engage in business as an authorized warehouse or medical products provider.....500

For the investigation or issuance of an original license to a manufacturer or wholesaler.....1,000

For the biennial renewal of a license for a manufacturer or wholesaler 1,000

For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon.....50

For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption.....300

For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption.....300

For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....150

For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....150

For the investigation or issuance of an original license for an automated drug dispensing system.....500

For the biennial renewal of a license for an automated drug dispensing system.....500

For the investigation or issuance of an original license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility.....250

For the biennial renewal of a license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility.....250

For the investigation or issuance of an original license for a facility for treatment with narcotics to administer opioid agonist treatment medication.....80

For the biennial renewal of a license for a facility for treatment with narcotics to administer opioid agonist treatment medication.....80

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.

5. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally-qualified health center that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,

➥ is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

6. A practitioner who is exempt from the payment of a fee pursuant to subsection 5 shall notify the Board in writing of each change of address or additional address, or both.

7. In addition to any other fees paid by an applicant for a certificate, license or permit issued pursuant to chapter 639 of NRS, the Board may require that the applicant pay the actual costs of inspection incurred by the Board.

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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. Licensing Activities Report
F. Citations & Fines issued pursuant to NRS 632.2895

May 2024 Temporary License since last Board Meeting

Name	License Type
Corey Rodas	Pharmacist
Lilliana Ngo	Pharmacist
Yafit Kamel	Pharmacist
Qiuyu Chen	Pharmacist
Laemsing Root	Pharmacist

Citations & Fines issued pursuant to NRS 639.2895 (Since last Board Meeting)

- **Cease & Desist/Citation –**
  - **Unlicensed Practice: 6**
  - **Other: 0**
- **Citation & Fine –**
  - **Unlicensed Practice: 0**
  - **Misfill: 12**
  - **Other: 7**

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R 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 639.870: APRN Dispensing License/pharmacy applicant appearance	06/02/22	06/02/22 – Dave revising language.	R086-22	06/29/22; 07/05/22: under Dave review; 10/12/23: Included in R100-23 (Executive Order Regs)				
NAC 453.310: DEA Registration	10/13/22	10/19/22	R197-22	05/12/23: to Dave/ Yenh; 05/26/23: Under review by Yenh/Peter; 05/30/23: Hold till final rule on state specific DEA registration requirement.	11/02/23	12/07/23	12/22/23	2/27/24
NAC 639.694: DME Administrator for DME Inventory at a Licensed Hospital	09/07/23	09/12/23	R058-23	10/09/23	11/02/23	12/07/23	12/22/23	2/27/24

NAC 639.520: Security of Pharmacies	09/07/23 Dave to meet with industry							
NAC 639: Administrative Fine in Lieu of Disciplinary Action	09/07/23	09/12/23	R057-23	10/09/23	11/02/23	12/07/23	12/22/23	2/27/24
NAC 639: Protocol for RPH to Treat OUD (AB156)	09/07/23	09/12/23	R059-23	10/19/23	11/02/23	12/07/23	12/22/23	2/27/24
Regulations relating to Governor Lombardo's Executive Order 003-2023. Changes in these Regulations streamline and clarify licensing requirements while ensuring public safety; and providing other matters properly relating thereto.	10/11/23	10/18/23	R100-23	3/6/24	3/14/24; 4/9/24	5/30/24	4/18/24 - Early Review	
NAC 453: The proposed amendments relate to controlled substances adding synthetic cannabinoids to the controlled substances listed in Schedule I.	10/11/23	10/18/23	R101-23	11/08/23 - To Dave/ Yenh for review.	3/14/24	4/18/24	4/25/24	
NAC 453: Add Zuranolone to Schedule IV	12/07/23	12/13/23	R144-23	01/03/24	2/6/24	3/7/24	3/18/24	4/19/24

NAC 639: The proposed amendment ensures proper and adequate safeguards for registered nurses who participate in certain public health programs or certain mental health services.	01/18/24	2/6/24	R013-24	2/26/24	3/14/24; 4/9/24	5/30/24		
NAC 639: The proposed amendment removes various provisions relating to compounding which are in conflict with current United States Pharmacopeia compounding standards.	01/18/24 03/07/24	3/12/24	R053-24					
NAC 453: The proposed amendments relate to controlled substances adding tianeptine, hallucinogenic substances and fentanyl related substances to the controlled substances listed in Schedule I.	3/7/24	3/12/24	R054-24	4/1/24	4/9/24	5/30/24		

A REGULATION relating to pressurized stocking. Allowing pressurized stocking to be provided without a prescription in certain circumstances.	3/7/24	3/12/24	R052-24	4/1/24	4/9/24	5/30/24		
The proposed amendments establishes the registration requirements for certified registered nurse anesthetist, under the supervision of a physician licensed pursuant to chapter 630 or 633 or NRS, to order, prescribe, possess, and administer controlled substances, poisons, dangerous drugs and devices to treat a patient under the care of a licensed physician in a critical access hospital in preparation for surgery or childbirth, during surgery or childbirth and while a patient recovers from surgery or childbirth.	3/7/24	3/12/24	R051-24	4/10/24	4/24/24	5/30/24		
Amendment to Nevada Administrative Code (NAC) 639.708. The proposed amendments clarifies record keeping requirements of counseling by a pharmacy.	4/18/24	4/23/24	R085-24					

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