

RENEWAL NOTICE

DHHS - DIVISION OF PUBLIC HEALTH
LICENSURE UNIT
PO Box 94986
Lincoln NE 685094986
PH: (402) 471-2118

X

YOUR DISPENSING PRACTITIONER LICENSE EXPIRES JULY 1, 2010. THE RENEWAL FEE OF \$625.00 AND THIS DOCUMENT MUST BE POSTMARKED ON OR BEFORE JULY 1, 2010 TO AVOID EXPIRATION.

LEROY HARRISON CARHART, MD
BELLEVUE HEALTH CLINIC PHARMACY
1002 W MISSON AVE
BELLEVUE NE 68005

Premise/Actual Location:
Bellevue Health Clinic Pharmacy
1002 W Misson Ave
Bellevue NE 68005

LICENSE#: 1001881

ANNUAL RENEWAL

MAKE CHECK PAYABLE TO "DHHS LICENSURE UNIT" (YOU WILL NOT RECEIVE A RECEIPT). PLEASE ALLOW THREE WEEKS TO PROCESS YOUR RENEWAL.

****ONLINE RENEWAL IS NOT AVAILABLE FOR THIS LICENSE TYPE****

THE APPLICANT MUST ANSWER THE FOLLOWING QUESTIONS TO COMPLY WITH NEB. REV. STAT. §4-108 THROUGH 4-114. IF YOU FAIL TO ANSWER THESE QUESTIONS, THE RENEWAL WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU AS INCOMPLETE.

- (1) I am a citizen of the United States YES NO
- (2) I am a qualified alien under the Federal Immigration and Nationality Act. YES NO
My immigration and alien number are as follows: _____ and I agree to provide a copy of my USCIS.

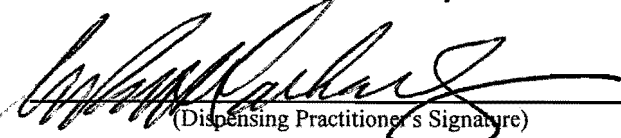
A Final Renewal Notice will be sent if payment is not received by July 1, 2010. Payment must be RECEIVED by August 1, 2010 to avoid LAPSED status of the license.

NAME CHANGE—If you have had or will have a change in the name (ie: marriage or divorce) of the dispensing practitioner, you will need to submit to the Department an Affidavit of Name Change and a copy of the proof of name change. You may make the changes on this form; but, these changes will not be shown on the renewed license until the Affidavit for Name Change has been processed. The Affidavit for Name Change may be found at the following web site: <http://www.dhhs.ne.gov/crl/nameform.pdf>. You do not have to wait until the name on the license has been amended in order to submit your renewal.

CHANGE OF OWNERSHIP OR ADDRESS – Please be aware that you will not be able to amend the primary practitioner in whose name the permit has been issued. You will be required to obtain a new permit in the name of the new primary practitioner. A license is issued only for the premises. A change in the location of the dispensing would require a new dispensing practitioner license. Please e-mail annette.scheinost@nebraska.gov to request the application.

CLOSINGS – When a pharmacy (dispensing practitioner) ceases legal existence, discontinues business, changes location or has a change of ownership, the dispensing practitioner of that pharmacy must notify the Department within 15 days of closing. You can find the regulations that cover the closing of a pharmacy (dispensing practitioner) in 175 NAC 8 Section 8-003.04. Please e-mail annette.scheinost@nebraska.gov to request the appropriate closing form.

I hereby attest that I am the person making application for renewal. I am of good character. I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate. I understand that this information may be used to verify my lawful presence in the United States.


(Dispensing Practitioner's Signature)

28 June 2010
(Date Signed)

MD lic #15162 Active - prerequisite license met. AS

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A Final Renewal Notice will be sent if payment is not received by July 1, 2009. However, payment must be received by August 1, 2009, to avoid revocation of the license.

AMENDMENTS—If you have had or will have a change in the name (ie. marriage or divorce) of the dispensing practitioner, you are required to complete an Application for Amendment. You may make the changes on this form, but these changes will not be shown on the renewed license until the Application for Amendment has been processed. Contact our office at (402) 471-2118 to request the amendment form. You do not have to wait until the license has been amended in order to submit your renewal.

Please be aware that you will not be able to amend the primary practitioner in whose name the permit will be issued. You will be required to obtain a new permit in the name of the new primary practitioner.

CHANGE OF OWNERSHIP OR ADDRESS – A license is issued only for the premises and persons named in the application and is not transferable. Change of ownership (sale, whether of stock, title, or assets, lease, discontinuance of operations) or change of premises terminates the license. You must apply for a new dispensing practitioner license. Please contact our office at 402/471-2118 to request an application.

CLOSINGS – When a pharmacy (dispensing practitioner) ceases legal existence, discontinues business, changes location or has a change of ownership, the dispensing practitioner of that pharmacy must notify the Department within 15 days of closing. You can find the regulations that cover the closing of a pharmacy (dispensing practitioner) in 175 NAC 8 Section 6-003.04.

Questions about this license renewal can be sent to the Office of Medical and Specialized Health at annette.scheinost@nebraska.gov or vonda.apking@nebraska.gov or you can call 402/471-2118.