

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane ≈ Reno, NV 89509 ≈ (775) 850-1440  
**APPLICATION BY RECIPROCATATION AS A PHARMACIST**

**Total Fee: \$300.00 (non-refundable, money order or cashier's check only)**

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

Complete Name (no abbreviations):

First: Magdalene Middle: T Last: Ladbs

Mailing Address: 11041 Shaw street

City: Westchester State: IL Zip Code: 60154

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Chicago, IL  M  F

E-mail Address: \_\_\_\_\_

**College of Pharmacy Information**

Graduation Date: June/2003  
(mm/dd/yy)

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

Name of Pharmacy School: Midwestern Chicago College of Pharmacy.

Location of School: Downers Grove, IL

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information.

State which are licensed by exam: IL License# 051-289355

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

State	License #	Is the license active?	State	License #	Is the license active?
<u>FL</u>	<u>PS411028</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Board Use Only**

Received: SEP 13 2010 Check Number: cc Amount: 300.00

Date Law Book Mailed: \_\_\_\_\_ MPJE Approved: \_\_\_\_\_

54776  
10191

- 1) I have  I have not  been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.
- 2) I have  I have not  been charged, arrested or convicted of a felony or misdemeanor.
- 3) I have  I have not  been the subject of an administrative action whether completed or pending.
- 4) I have  I have not  had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 2, 3 or 4 above, please include the following information and an explanation and/or documents. *\* See attached Document \* send by the BOP - NABP*

- a) Board Administrative Action and/or State: IL Date: 2001/2002 Case Number: 2001-05559-1  
2002-07833-1
- b) Criminal Action State: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_
- County: \_\_\_\_\_ Court: \_\_\_\_\_

**FEDERALLY MANDATED REQUIREMENTS**

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

I am  I am not  subject to a court order for the support of a child.

If you are subject to a court order for the support of a child, please mark the appropriate response.

I am  I am not  in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

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, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

Margalinda Lopez  
 SIGNATURE OF APPLICANT

Sept 2, 2010  
 DATE

**Professional History**

1. Have you ever voluntarily surrendered your pharmacist license or any pharmacist registration issued by a federal or state controlled substance authority?

Answer: No

2. Has your pharmacist license in any jurisdiction ever been revoked, suspended, restricted, terminated, or otherwise been subject to disciplinary action (public or private) by any board of pharmacy or other state authority?

Answer: Yes

3. Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the federal Food and Drug Administration, the federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state or federal pharmacy, liquor, or drug laws?

Answer: No

4. Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than minor traffic offenses) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense?

Answer: No

5. Are you presently or have you within the past five years ever participated in a chemical substance rehabilitation program ?

Answer: No

6. Have you ever had any application for initial licensure, renewal licensure, or licensure by transfer denied by any licensing authority whether in pharmacy or any other profession?

Answer: No

Explanation: As a technician (in 2002) my tech license in IL was suspended for 90 days then put on probation for 2 years for diversion of controlled substance (NOT for personal use or selling reasons). The Board of Pharmacy for IL lapsed my probation time from my tech license onto my IL pharmacist's license. That is why my pharmacist license in IL has disciplinary action. My pharmacist's license for FL has NO disciplinary action against it.

**Affidavit** (Must be completed)

To prove any of the information presented in this application, including but not limited to character, education, and practical experience claimed, I will submit a certified copy of the required documents and recent identical photographs, properly identified.

I, Dr. Magdalene T Ladas, under oath, hereby swear or affirm that I have read the foregoing paragraphs, and the information therein is complete, true, and correct. I understand that any false statements made by me in this Application may be punishable by law.

*Magdalene T Ladas*  
Signature of Applicant

Sworn to and subscribed before me this 30<sup>th</sup> day of August, 2010

My commission expires 09/15/2013. Notary Public Kristine Sylvia Rooney  
(Notarization not required in states where prohibited by law.)



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