

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane - Reno, NV 89509
TECHNICIAN DISPENSING IN TRAINING APPLICATION
 Registration Fee: \$40.00 - (non-refundable)

First: Ange Middle: Marie Last: COOK
 Home Address: 1120 Turnstone Court Apt #: ---
 City: Las Vegas State: NV Zip Code: 89031
 Telephone: _____ Social Security Number: _____
 Date of Birth: _____ Place of Birth: Justin, Ca Sex: M or F
 E-mail Address: none

I am requesting registration at the following dispensing practitioner's office:

Dispensing Practitioner: Eric Wolfson D.O
 Practice Name: wolfson medical center pharmacy Tenaya
 Address: 3150 N. Tenaya Way Suite 400
 City: Las Vegas State: NV Zip Code: 89128
 Signature of Dispensing Practitioner: [Signature]

(Without the signature of the dispensing practitioner, the application will be returned.)

- 1) Are you 18 years of age or older? Yes No
 2) Are you a high school graduate or the equivalent? Yes No
 (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)
 3) 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.
 4) I have I have not ___ been charged, arrested or convicted of a misdemeanor or felony
 5) I have ___ I have not been the subject of an administrative action whether completed or pending.
 6) I have ___ I have not had a professional 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 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action State: _____ Date: _____ Case #: _____
 and/or
 b) Criminal Action State: NV Date: 1998 Case #: marijuana charge + paracetamol charge
 County: Clark Court: _____

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions 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 hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature: Ange Cook Date: 9-15-10

Board Use Only Received: OCT 14 2010 Check Number: 1067 Amount: 40.00

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