

**NEVADA STATE BOARD OF PHARMACY**  
 431 W. Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440  
**PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION**  
 Registration Fee: \$40.00 - (non-refundable)

**New Application**     **Change of Pharmacy**     **Additional Pharmacy** (Please check one)  
 Complete Name (no abbreviations):

First: Andrea    Middle: Kristin    Last: Boucher  
 Home Address: 347 Occidental Drive    Apt #: NA  
 City: Dayton    State: NV    Zip Code: 89403  
 Telephone: \_\_\_\_\_    Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_    Place of Birth: Las Vegas, NV    Sex: M or  F  
 E-mail Address: \_\_\_\_\_

**I am requesting registration at the following pharmacy or approved training program:**

Pharmacy: Walmart Pharmacy    Store #: 11648  
 Address: 3770 S. Highway 395 / Tapscott Lane  
 City: Carson City    State: NV    Zip Code: 89701  
 Signature of Managing Pharmacist: [Signature]    Lic #: 13981    Date: 9/23/10

(Without the signature of the managing pharmacist, the application will be returned.)

- 1) Are you 18 years of age or older?    Yes  No   
 2) Are you a high school graduate or the equivalent?    Yes  No   
 (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)  
 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: \_\_\_\_\_ Date: \_\_\_\_\_ Case #: \_\_\_\_\_  
 County: \_\_\_\_\_ 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.

Andrea Boucher    09/23/2010  
 Signature    Date

Board Use Only  
 Received: OCT 06 2010 Check Number: MO    Amount: 40.00

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