

**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: Michelle    Middle: ROSE ANN    Last: Lambert

Home Address: 588 MONA LN.    Apt #: \_\_\_\_\_

City: HENDERSON    State: NV.    7in Code: 89015

Telep \_\_\_\_\_    Social Security Number: \_\_\_\_\_

Date \_\_\_\_\_    Place of Birth: Fontana CA.    Sex: M or  F

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

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

Pharmacy: Walgreens    Store #: 4763

Address: 3765 Las Vegas Blvd. South

City: Las Vegas    State: NV.    Zip Code: 89109

Signature of Managing Pharmacist: Emily L. Morse    Lic #: 16925    Date: 3/1/11

(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.

Signature: Michelle Lambert    Date: 3/1/11

**Board Use Only**  
 Received: MAR 20 2011    Check Number: 184    Amount: 40

56252  
15206

To Whom it may concern, 3/1/11

IN JULY OF 2007 I WAS  
ARRESTED FOR CONTEMPT OF  
COURT. WHEN THEY PICKED ME  
UP FOR THAT I HAD A VERY  
SMALL AMOUNT OF METHAMPHETAMINE  
IN MY POCKET. I WAS CHARGED  
WITH POSSESSION OF DANGEROUS  
DRUGS NOT TO BE INTRODUCED  
INTO INTERSTATE COMMERCE.

I COMPLETED DRUG COUNSELING  
AND PAID MY FINES.

I HAVE BEEN CLEAN + SOBER  
SINCE AND MY LIFE HAS TAKEN  
A BIG TURN FOR THE BETTER.

I AM GOING ON FOUR YEARS SOBER.  
THANK YOU, Michelle Gulbit



