

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: CHRIS Middle: M Last: IRWIN
 Home Address: 1722 Bell Ave Apt #: _____
 City: Sparks Fallon State: NV Zip Code: 89406
 Telephone: _____ Social Security Number: _____
 Date of Birth: _____ Place of Birth: Reno NV Sex: M or F
 E-mail Address: _____

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

Pharmacy: Career College of Northern Nevada Store #: School
 Address: 1421 Pullman Drive
 City: Sparks State: Nevada Zip Code: 89434

Signature of Managing Pharmacist: Adrienne Santiago Lic #: PT01986 Date: 5/31/2011

(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 and/or State: _____ Date: _____ Case #: _____
 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: _____ Date: 2-28-11

Board Use Only Received: JUN 16 2011 Check Number: 775 Amount: 40.00

57100



Career College of Northern Nevada

"Training Employees to Employer Specifications"

1421 Pullman Drive
(775) 856-2266
www.ccn.edu



Sparks, NV 89434
FAX (775) 856-0935

May 31, 2011

Re: Chris M Irwin
Pharmacy Technician Training Application

Dear Nevada State Board of Pharmacy,

This student enrolled in the program on July 19, 2010. The student was made aware of the requirements of the program, which included a background check. As of this date this student refuses to submit to a background check.

We are submitting his application for Pharmacy Technician in Training, as he is close to externship in this program. This student will not be able to complete the program as the clinical rotations require a background check.

While this student checked "no" on his application, the student also told me he is in the process of getting an item removed from his criminal background history. The student refuses to tell me exactly what is contained in his background.

Thank you,

A handwritten signature in cursive script that reads 'Adrienne Santiago'.

Adrienne Santiago
Department Chair
Pharmaceutical Technician Training