

NEVADA STATE BOARD OF PHARMACY
 431 W. PLUMB LANE – RENO, NV 89509 (775) 850-1440

CHANGE OF MANAGING PHARMACIST FORM

Fee: \$50.00 (No credit cards, non-refundable and not-transferable)

*This form is only required for pharmacies physically located in Nevada. We only require written notification from an out-of-state pharmacy for a manager change.

General Information

License #: PH _____

Pharmacy Name: _____ Store #: _____

Address: _____

City: _____ State: * NV Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

New Managing Pharmacist Name: _____

License #: _____ Date Started: _____

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="radio"/>	<input type="radio"/>
1. Been charged, arrested, or convicted of a felony or misdemeanor in any state?	<input type="radio"/>	<input type="radio"/>
2. Been the subject of an administrative action whether completed or pending in any state?	<input type="radio"/>	<input type="radio"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="radio"/>	<input type="radio"/>
If you marked YES to any of the numbered questions above, please include the following information:		
Board Administrative Action: State _____ Date: _____ Case #: _____		
And/or Criminal Action: State _____ Date: _____ Case #: _____ County: _____ Court: _____		

PHARMACY MANAGER'S RESPONSIBILITIES

(PHARMACY MANAGER, MUST READ, SIGN AND DATE THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220).
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282; NAC 639.510; NAC 639.473(2)).
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NRS 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254(2))
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11; NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from the last fill date for original paper prescription). (NRS 639.236; NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268; NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286; NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature of New Managing Pharmacist (no stamps or copies)

Date

Board Use Only

Date Received: _____ Check #: _____ Amount: _____