

Dispensing Technician in Training Applicants - Download application and mail to the address on the top of the application with the required \$40.00 fee. The fee is payable by check or money order only, we do not accept credit cards.

Upon receipt of the completed application and fee, a certificate of registration will be sent directly to the dispensing practitioner's office.

All dispensing technician in training registrations expire October 31 of the even numbered years. It is your responsibility to keep us up to date with your address.

If you have any questions, please feel free to contact the Reno office.

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

First: _____ Middle: _____ Last: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____ Sex: ___ M or ___ F

E-mail: _____

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

Dispensing Practitioner: _____

Practice Name: _____

Address: _____

City: _____ State: NV Zip Code: _____

Signature of Dispensing Practitioner: _____

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 dispensing technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature _____

Date _____

Board Use Only

Received: _____ Check Number: _____ Amount: _____

Please return by fax (775) 850-1444 once the 500 hours have been completed.

DISPENSING PRACTITIONER CERTIFICATION OF DISPENSING TECHNICIAN HOURS

Dispensing Technician: _____

Dispensing Practitioner: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

I certify to the Board that the above named dispensing technician has successfully completed
** _____ hours of training and experience and is competent to perform the tasks
of a dispensing technician.

** A minimum of 500 hours is required.

Dispensing Practitioner

Date