

APPLICATION BY EXAMINATION AS A PHARMACIST

Download application and mail to the address on the top of the application with the required \$300.00 fee. The fee is payable by **money order or cashier's check only**, we do not accept credit cards or personal checks. Fee is made payable to: Nevada State Board of Pharmacy.

Before calling with questions, please read all information carefully

You are required to access NABP's website at www.nabp.net to register on-line for the NAPLEX and MPJE exams.

Required to get approval for NAPLEX and MPJE: The Nevada application and \$300 fee. The application will not be accepted and will be returned if incomplete. Make sure the application is signed and/or dated.

Once your application has been received and approved, and you have registered for the MPJE and NAPLEX through NABP, you can then be approved to sit for the exams. You will not receive an ATT until you have applied to Nevada and NABP.

You will receive an authorization to test (ATT) along with all information needed to schedule your NAPLEX and MPJE from NABP. The NAPLEX and MPJE are given Monday through Saturday, excluding holidays. Allow 30 days for your application to be received and processed.

A Nevada law book will automatically be mailed within 30 days upon receipt of the completed application. The law book is the only study guide available for the Nevada MPJE exam. You can also access the law book on our web site under the tab "Nevada Statutes & Regulations."

The NAPLEX exam can be taken once every 91 days (retake fee of \$465.00 required). The MPJE exam can be taken once every 30 days (retake fee of \$185.00 required). If you fail either exam, you will be provided with the retake requirements. All scores will be sent by mail ONLY within three (3) weeks of taking the test(s). **WE DO NOT GIVE SCORES OR PASS/FAIL OVER THE PHONE.**

LICENSURE INFORMATION

A Nevada pharmacist's license will not be issued until you have successfully passed the NAPLEX and MPJE exams and submitted the following:

1) 1500 Intern Hours (minimum). Verification of intern hours must come directly to us from the state board of pharmacy where you are licensed as an intern. **NO EXCEPTIONS. INTERN HOURS ARE NOT REQUIRED TO TAKE THE EXAM, JUST NEEDED TO ISSUE THE LICENSE.**

DO NOT SEND COPIES OF PHARMACY INTERN HOUR AFFIDAVITS WITH YOUR EXAM APPLICATION. THEY WILL NOT BE ACCEPTED OR RETURNED.

2) Transcripts conferring your pharmacy degree. The transcripts must come directly to us from the school of pharmacy from which you graduated. ****Transcripts are not required for foreign graduates, FPGEC certificates only.****

TRANSCRIPTS AND INTERN HOURS ARE REQUIRED FOR LICENSURE EVEN IF YOU ARE A LICENSED PHARMACIST IN ANOTHER STATE. Intern hours and transcripts may be submitted to the board prior to taking the exams.

The \$300.00 fee includes all required fees including the \$150 registration fee. The \$300.00 fee does not include the fee for the NAPLEX or MPJE exams. All pharmacist's license in Nevada expire October 31 of the odd-numbered years. Fees are not pro-rated.

If you move, please keep us informed of your address. We have attempted to answer any questions you may have, but please feel free to contact the Reno office if you need additional information.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane ≈ Reno, NV 89509 ≈ (775) 850-1440
APPLICATION BY EXAMINATION AS A PHARMACIST

Total Fee: \$300.00 (non-refundable, money order or cashier's check only)

Money Order or Cashier's Check made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: _____ Middle: _____ Last: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Social Security Number: _____

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

E-mail Address: _____

College of Pharmacy Information

Graduation Date: _____

(mm/dd/yy)

Degree Received: PharmD BS in Pharmacy Other (check one)

Name of Pharmacy School: _____

Location of School: _____

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information.

Other states where you are (or were) licensed as a pharmacist or print "none"

State	License #	Is the license active?	State	License #	Is the license active?
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Board Use Only

Received: _____ Check Number: _____ Amount: _____

Date Law Book Mailed: _____ NAPLEX/MPJE Approved: _____

- 1) 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.
- 2) I have I have not been charged, arrested or convicted of a felony or misdemeanor.
- 3) I have I have not been the subject of an administrative action whether completed or pending.
- 4) I have I have not had a 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 2, 3 or 4 above, please include the following information **and** an explanation and/or documents.

- a) Board Administrative Action State: _____ Date: _____ Case Number: _____
and/or
- b) Criminal Action State: _____ Date: _____ Case Number: _____
- County: _____ Court: _____

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FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this form 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 have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

SIGNATURE OF APPLICANT

DATE