

Physician's Assistant (PA) - Prescribe - Download application and mail to the address on the top of the application with the required \$80.00 fee and attachment. The fee is payable by check or money order only, we do not accept credit cards.

Upon receipt of the completed application, fee and required documents, a license to prescribe will be issued. You **must** be registered with the Nevada medical or osteopathic board to receive prescribing privileges from the Pharmacy Board.

If you are interested in a DEA number to prescribe controlled substances, please contact DEA at 702/759-8202 in Las Vegas to receive an application or access their website at www.deadiversion.usdoj.gov to apply.

The attached addendum is required if you will be applying for a DEA number. Please include with the application. If you currently have a DEA number and wish to transfer it to Nevada, please complete the attached DEA transfer form and return with the application.

All registrations expire **October 31, of the even numbered years**. If you have any questions, please feel free to contact the Reno office at 775/850-1440.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR PHYSICIAN'S ASSISTANT • PRESCRIBE

REGISTRATION FEE: \$80.00 (non refundable)

First: _____ Middle: _____ Last: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

SS#: _____ Date of Birth: _____ M or F

Telephone: _____ E-mail address: _____

PRACTICING LOCATION

Practice Name (if any): _____

Physical Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Medical/Osteopathic Board PA #: _____ Issued: _____ Expires: _____

SUPERVISING PHYSICIAN

Supervising Physician: _____ Degree: _____
(Please print)

Physical Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

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 and/or	State: _____ Date: _____ Case Number: _____
b)	Criminal Action	State: _____ Date: _____ Case Number: _____
	County: _____	Court: _____

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature of Physician's Assistant

Date

Signature of Supervising Physician

Date

Board Use Only	Received _____	Check Number _____	Amount _____	3/2009
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Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440

Required Addendum for APN's and PA's applying for DEA registrations

Please complete the following information and return by mail to address above or by fax to **(775) 850-1444**. When the completed form has been received and is complete, we will notify DEA of the required information.

Name: _____ APN or PA
(circle one)

Practicing Address: _____
(This can not be a home address)

City: _____ State: NV Zip: _____

Work Telephone: _____

Work Fax: _____

Supervising Physician: _____

APN or PA Signature: _____ Date: _____

***** When you receive your DEA certificate, fax (775/850-1444) a copy to the Reno office. DEA will not provide the board of pharmacy with a copy. Upon receipt of the DEA certificate copy, a Nevada certificate of registration will be issued**

Board Use Only

Date Received: _____

Date DEA notified: _____

Pending CS #: _____

UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION

LAS VEGAS DIVISION
550 S MAIN STREET #A
LAS VEGAS, NV 89101
(702) 759-8202

DEA TRANSFER FORM

DEAR REGISTRANT:

IN ORDER TO TRANSFER YOUR FEDERAL DEA NUMBER IT WILL BE NECESSARY FOR YOU TO COMPLETE THIS FORM. PLEASE COMPLETE ALL ITEMS. BE SURE TO USE A BUSINESS ADDRESS, DO NOT USE A P.O. BOX UNLESS IT IS ACCOMPANIED BY A STREET ADDRESS. OFFICIAL ORDER FORMS CAN ONLY BE SENT TO A BUSINESS ADDRESS.

DEA NUMBER _____ DATE OF RELOCATION _____

PRINT NAME _____ BUSINESS TELEPHONE NUMBER _____

OLD BUSINESS ADDRESS

NEW BUSINESS ADDRESS

MAILING ADDRESS

NEVADA STATE LICENSE NUMBERS

MEDICAL LICENSE _____

EXPIRATION DATE _____

CS LICENSE _____

EXPIRATION DATE _____

DO YOU NEED DEA ORDER FORMS YES _____ NO _____

SIGNATURE

DATE

FOR ADDITIONAL INFORMATION CALL, (702) 759-8202.