

Application for Authority to Dispense Controlled Substances  
or Dangerous Drugs or Both.

This application is for dispensing of medications from your office. Example: You will write a prescription and then fill the prescription like a pharmacy does. If all you do is prescribe, please use the controlled substance application.

Download application, document order form and mail to the address on the top of the application with the required \$300.00 fee. The fee is payable by check or money order only, we do not accept credit cards.

The address you are applying to dispense **must** match your current controlled substance registration and DEA certificate.

Your dispensing site will require an inspection by Board of Pharmacy personnel before the dispensing certificate can be issued or the dispensing of medications can occur from your office. Once the completed application and fee has been received by the Reno office, you will receive a letter to schedule the appointment to have your dispensing site inspected.

If your dispensing address changes, you will be required to submit a new application before moving and pay the \$300.00. The new location will require an inspection.

As of January 1, 2005, all dispensing practitioners who dispense controlled substances must comply with the following:

- ✓ Have a computer system into which all controlled substance prescriptions or prescription data is entered that are dispensed by the dispensing practitioner. (No more paper-only prescription record systems for controlled substances.)
- ✓ Begin transmitting the data to the Controlled Substance Task Force on a weekly basis.
- ✓ Obtain a National Council for Prescription Drug Programs, Inc. (NCPDP) Provider Number. Contact NCPDP at (480) 477-1000 or [ncpdp@ncpdp.org](mailto:ncpdp@ncpdp.org) for an application.

Dispensing practitioners who only dispense dangerous drugs are exempt from the reporting requirements.

You must be the only person who prepares prescriptions for dispensing unless you designate an employee or employees to serve as a dispensing technician. Please see "Licensing Application" tab on the home page for the application for a dispensing technician in training. A minimum of 500 hours is required to a dispensing technician in training.

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



# DOCUMENT ORDER FORM

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Practice Name (if any): \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NV Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

1. Do you, as a dispensing practitioner or in conjunction only with other practitioners, wholly own your practice? Yes  No

2. If the answer to Question 1 was no, please indicate how the dispensing site is owned:

Corporation owned, publicly traded \_\_\_\_\_

Corporation owned, non-publicly traded \_\_\_\_\_

Sole ownership, other than practitioner \_\_\_\_\_

Partnership, other than practitioner \_\_\_\_\_

(Please check which one best describes the ownership)

3. Do you have any employees you would like to train to perform prescription dispensing functions? Yes  No

4. If the answer to Question 3 is yes, please indicate how many employees you would like to register as dispensing technicians in training \_\_\_\_\_

**PLEASE INCLUDE THIS FORM WITH  
THE DISPENSING APPLICATION.**

## Guidelines to inputting prescription information

### *DEA numbers*

A DEA number consists of two alpha characters and 7 numbers

A DEA number for a doctor always start with the letter "A" or "B"

The second letter in the DEA number is the first letter of the last name of the practitioner.

A mid-level practitioner, i.e., physician assistant (PA), advanced practitioner of nursing (APN) homeopathic practitioner (HMD) always start with the letter "M"

Do not use the letter "O" in place of the number zero "0"; do not use the letter "I" in place of the number one "1"

Do not input bogus numbers, i.e., AB1111119, AA1234563

### *Patient Names*

Include middle initial when applicable

Quote animal names, i.e., "Simon" K9 or "Buffy" cat

Do not include any other symbols in name i.e., +++++, #####, or @@@@ @@@@

If you include Jr or Sr it should be included in the first name not the last, i.e., John Jr

### *Patient addresses*

Post office boxes are not addresses, use physical address

No punctuation marks

Do not spell out the street direction, i.e., north, south, east, west, use N, S, E, W

Make sure you input the apartment number if applicable and use the # sign instead of the word "apt", "suite" or "unit" for their apartment number

Apartment numbers that include letters no dashes or spaces, i.e., A1234 not A-1234 or A 1234

Abbreviate Drive to Dr; Street to St, Court to Ct, etc.

Do not double space between street numbers and street names

Samples of correct addresses:

123 E Sahara Ave #1234

45667 S Maryland Pky #B

Do not add the city name to the street address

### *Patient ID*

Always include area code for telephone numbers

Include dashes in SS#

Add aka's or maiden in this field

**ASAP Telecommunications Format for Controlled Substances**

<u>Field Name</u>	<u>Field Type</u>	<u>Format</u>	<u>Field Length</u>	<u>Field Positions</u>
Identifier	1	A/N	3	001 - 003
Bin	1	N	6	004 - 009
Version Number	1	N	2	010 - 011
Transaction Code	1	N	2	012 - 013
Pharmacy Number	2	A/N	2	014 - 025
Customer ID Number	3	A/N	20	026 - 045
Zip Code	3	A/N	3	046 - 048
Birth Date	3	N	8	049 - 056
Sex Code	3	N	1	057 - 057
Date Filled	4	N	8	058 - 065
Rx Number	4	N	7	066 - 072
New - Refill Code	4	N	2	073 - 074
Metric Quantity	4	N	5	075 - 079
Days Supply	4	N	3	080 - 082
Compound Code	4	N	1	083 - 083
NDC Number	4	N	11	084 - 094
Prescriber ID Number	4	A/N	10	095 - 104
DEA Suffix	4	A/N	4	105 - 108
Date Rx Written	4	N	8	109 - 116
Number Refills Authorized	4	N	2	117 - 118
Prescription Type	4	N	1	119 - 119
Customer Location	3	N	2	120 - 121
Diagnosis Code	3	A/N	7	122 - 128
Alternate Prescriber #	4	A/N	10	129 - 138
Patient Last Name	3	A/N	15	139 - 153
Patient First Name	3	A/N	15	154 - 168
Patient Street Address	3	A/N	30	169 - 198
State	3	A/N	2	199 - 200
Zip Code (Extend)	3	A/N	9	201 - 209
Triplicate Serial Number	4	A/N	12	210 - 221
Payment Code	1	A/N	1	222

\*Note: All A/N fields must be left justified, right blank filled, and all N fields are right justified, left zero filled.

## Field Definitions and Values of Necessary Fields

Field Name	Definition	Values/Comments
Identifier	Transmission type identifier	ASB
BIN (N/A in NV)	Bank identification number used to identify the state agency to which information is transmitted. Each processor will need to have a bin assigned by: American National Standards Institute, 1430 Broadway, New York, NY 10018 (212) 354-3300	
Version Number (N/A in NV)	A number to identify the format of the transactions sent or received	AS2 indicates 5/95 format used
Transaction Code (N/A in NV)	Format designed to transmit all Schedules. Specific schedules can be identified by the drug's NDC	01=Controlled Substances
Pharmacy Number	NABP number assigned to the pharmacy	
Customer ID Number	A number to identify the patient receiving the Rx or The person picking up the prescription	Social Security or Driver's License #
Zip Code	3 digit U.S. Postal Code identifying the State Code	Indicate the first 3 positions of the customer's zip code
Birth Date	Customer's birth date	YYYYMMDD format
Sex Code	Sex of the customer	1=Male 2=Female
Date Filled	Date the prescription was filled	YYYYMMDD format
Rx Number	Prescription number	Assigned by the pharmacy
New-Refill Code	Code indicating whether the prescription is new or refill	00=New 01-99=Refill
Metric Quantity	Number of metric units of drug being dispensed	
Days Supply	Estimated number of days the prescription will last	
Compound Code	Code indicating whether or not the prescription is a compound medication	0=Not Specified 1=Not Compound 2=Compound
NDC Number	National Drug Code of the drug dispensed	(5-4-2) format
Prescriber ID Number	DEA number of the prescribing physician	
DEA Suffix	DEA Suffix	
Date Rx Written	Date the Rx was written	YYYYMMDD format
Number Refills Authorized	Number of refills authorized by Prescriber	
Prescription Type	Code indicating the origin of the prescription	0=Not Specified 1=Written 2=Telephone 3=Electronic 4=Fax
Customer Location	Code indicating location of patient (customer)	00=Not Specified 01=Home 02=Nursing Home 03=Outpatient 04=Hospice
Diagnosis Code	ICD-9 or CPT code provided by Prescriber	
Alternate Prescriber #	State license number on HIN. To be included if DEA number field is for an institution rather than the Prescriber	
Patient Last Name	Patient last name	Up to 15 characters

<b>Field Name</b>	<b>Definition</b>	<b>Values/Comments</b>
Patient First Name	Includes middle initial and suffix	
Patient Street Address	Street Address – a PO Box is not an address	
State	Standard two-digit state abbreviation	
Zip Code (extended)	Full zip code including 4-digit suffix	report as 5 or 9 digits without hyphen
Triplicate Serial Number (Not used in NV)	Number assigned to triplicate prescription document. The use of this number is for states that already have a triplicate Rx program and would like to capture this number	
Payment Code	The type of payment – how the prescription is being paid	c=cash i=private insurance s=State payed f=Federal payed