

## APPLICATION BY RECIPROCATION AS A PHARMACIST

As of July 1, 2008, Nevada will accept reciprocation of pharmacists licensed in all states, including California and Florida.

Pharmacists reciprocating from California will need to have been issued a license by taking and passing the NAPLEX exam. Therefore, we can only accept California pharmacists who were licensed after January 1, 2004. There are no restrictions for pharmacists reciprocating from Florida, so all Florida pharmacists may apply.

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 MPJE exam.

Required to get approval for 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 through NABP, you can then be approved to sit for the examination.

You will receive an authorization to test (ATT) along with all information needed to schedule your MPJE from NABP. The MPJE IS 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 MPJE exam can be taken once every 30 days (retake fee of \$185.00 required). If you fail the MPJE, you will be provided with the retake requirements. All scores will be sent by mail ONLY within three (3) weeks of taking the test. **WE DO NOT GIVE SCORES OR PASS/FAIL OVER THE PHONE.**

We cannot license a candidate until the official NABP application is on file in the RENO office.

You have one (1) year from the date we receive the Nevada application to complete the process of licensure. The \$300.00 fee includes all required fees including the \$150 registration fee. The \$300.00 fee does NOT include the fee for the MPJE exam or the \$300.00 fee for NABP. 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 RECIPROCATATION 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: \_\_\_\_\_  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.

State which are licensed by exam: \_\_\_\_\_

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: \_\_\_\_\_ 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**