

Juliana Zschoche

June 18th, 2018

Nevada Board of Pharmacy
431 W. Plumb Lane
Reno, Nevada 89509

To Whom it May Concern,

I am writing to request placement on the Nevada Board of Pharmacy Meeting agenda in July. This request is regarding approval to work at a site other than a licensed pharmacy in the state of Nevada. I am a currently licensed pharmacist in another state who has completed the application process for licensure in the state of Nevada and will be sitting for my MJPE on July 13th. I am working with CrowdRx, Inc. – who is providing emergency medical services for Burning Man in August in Nevada. As this is not a licensed pharmacy, according to state law I must obtain approval to engage in any pharmacy practice at a site other than a licensed pharmacy. I have reviewed the Nevada Administrative Code that lists the necessary information regarding this request. I will be prepared with this requested information in writing for the Board Meeting.

Thank you for your assistance with this request. Please do not hesitate to let me know if any information is needed prior to the meeting and any next steps.

Respectfully submitted,
Juliana



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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane • Reno, NV 89509

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

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

Complete Name (no abbreviations):

First: Juliana Middle: Helene Last: Zschoche

Mailing Address: _____

City: _____ State: J Zip Code: _____

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: Rochester, NY, USA

Social Security Number: _____ Sex: M or F
(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: Maryland Date of Issuance: 7/17/2014

College of Pharmacy Information

Graduation Date: 05/11/2014
(mm/dd/yy)

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

Name of Pharmacy School: Ohio Northern University - Raabe College of Pharmacy

Location of School: 525 S. Main St. Ada, OH 45810

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

Board Use Only

Processed: 6/4/18 Amount: \$330.00 Entity #: 101140

Email: 6/4 MPJE: 6/4

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

State	Lic #	Is the license active?	State	Lic #	Is the license active?
<u>NONE</u>	_____	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"/>

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes No

Branch: _____
 Military Occupation/Specialty: _____
 Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			-

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes No
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes No

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.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.


Original Signature, no copies or stamps accepted

5/21/2018
Date