

Dear members of the board,

My name is Nazanin Kazeminy and I am a Pharm D graduate of Roseman University of Health Sciences in Henderson, NV. I am writing this letter to request a retake of the Nevada state MPJE. Unfortunately, I have been unable to receive a passing score, despite my best efforts, due to certain circumstances that have had a direct effect in many aspects of my life, including my professional life.

Just a few months ago, having just completed the NAPLEX with a score of 98, I was sure that I was well on my way to being a licensed pharmacist in no time at all and I was very eager to take the MPJE and start working. I was sure that, even though the study of law wasn't my focus in the past, this would be a very feasible task.

As my personal and family life is concerned, much of my time is devoted to taking care of my parents as they are not in great health. My father is a heart transplant recipient with end-stage renal disease and mobility problems and in constant need of assistance. My mother is a cancer survivor who has limited function in one of her arms and is constantly challenged by taking care of herself as well as my father. As can be imagined, much of my personal life is devoted to taking care of my family.

Despite the personal and family and other personal factors, I want it to be known and clear that I have put much effort and planning into the MPJE. I have studied law material from Roseman University, two different federal law books, and all statutes completely; and I have done so multiple times. I have, however, been unfortunate in the passing of this exam. I have also reached out for guidance to previous professors and the board. It's possible that I may have misread the questions or been too eager to retake the exam and not allowed myself enough time between the tests. I never attempt anything halfheartedly and certainly take my profession and the mastery of all material relevant to my work, including the law, very seriously.

I have every intention to succeed in the field of pharmacy in the state of Nevada, as this is the only state in which I have resided and where I want to serve. It's also crucial for me to stay in Nevada as I am the only family member that my parents have here and I must not leave them. I thank you for your time in reading this letter and reach out to you for your guidance.



Sincerely,

Nazanin Kazeminy, Pharm D

*N. Km* 7/6/18



# NABP

National Association of  
Boards of Pharmacy  
www.nabp.pharmacy

1600 Feehanville Drive  
Mount Prospect, IL 60056  
T) 847/391-4406  
F) 847/375-1114

July 31, 2018

**Nazanin Kazeminy**

**NABP e-profile#** [REDACTED]

Dear Executive Secretary Pinson:

Please find the information for Nazanin Kazeminy requested from the National Association of Boards of Pharmacy® (NABP®) regarding a registration for the Multistate Pharmacy Jurisprudence Examination® (MPJE®). NABP records show that the candidate has five failed attempts at the MPJE. In accordance with NABP's testing policy, the board of pharmacy must provide approval to NABP for requests that exceed the five-time testing limit before a candidate is permitted to register for the examination.

The testing limit was put in place in keeping with NABP's mission to protect public health by assisting its member boards of pharmacy and offer programs that promote safe pharmacy practices for the benefit of consumers.

NABP member boards retain the authority to determine a candidate's eligibility to test for the NAPLEX and MPJE. If a candidate has not passed the NAPLEX or MPJE within five attempts and a member board deems this candidate eligible to take the NAPLEX or MPJE after the fifth attempt, NABP will deliver the NAPLEX or MPJE to the candidate in accordance with NABP standards.

Attempts were for the jurisdiction of Nevada.

DATE	SCORE
10/23/2017	[REDACTED]
12/28/2017	[REDACTED]
4/5/2018	[REDACTED]
5/22/2018	[REDACTED]
6/25/2018	[REDACTED]

Please provide NABP with the board's decision and justification regarding this request.

Sincerely,

Linda Johnson  
NABP Competency Assessment  
National Association of Boards of Pharmacy

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocation.

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

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

Complete Name (no abbreviations):

First: Nazanin Middle: \_\_\_\_\_ Last: Kazeminy

Mailing Address: [REDACTED]

City: Las Vegas State: NV Zip Code: 89138

Telephone: \_\_\_\_\_ E-mail Address: nkazeminy@student.roseman.edu

Date of Birth: \_\_\_\_\_ Place of Birth: Iran, Tehran

Social Security Number: \_\_\_\_\_ Sex: ☐ M or ☒ F  
(Full Number Required)

### College of Pharmacy Information

Graduation Date: 5/31/17  
(mm/dd/yy)

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

Name of Pharmacy School: Roseman university

Location of School: 11 sunset way, Henderson, Nevada, 89014

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: 4-10-17  
Email: 4-10

Amount: \$330.00  
NAPLEX: 10/1

Entity #: 71880  
MPJE: 10/1



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"/>
_____	<u>none</u>	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: \_\_\_\_\_

					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"/>						
<b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide an explanation and/or documentation:</b>						
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.

N. Kobz  
Original Signature, no copies or stamps accepted

4/3/17  
Date