

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane ~ Reno, NV 89509
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Terry Middle: _____ Last: Russell
 Home Address: mount hope dr. Apt #: _____
 City: Las Vegas State: NV Zip Code: 89156
 Telephone: (702) 738 0267 Social Security Number: _____
 Date of Birth: _____ Place of Birth: Monroe, La Sex: M or F
 E-mail Address: _____

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: NORTHWEST CAREER COLLEGE Store #: _____
 Address: 7398 SMOKE RANCH ROAD
 City: LAS VEGAS State: NV Zip Code: 89128
 Signature of Managing Pharmacist: [Signature] Lic #: PT07935 Date: 12/7/17

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes No
 2. Are you a high school graduate or the equivalent? Yes No
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	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"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:		
		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

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

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT 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: [Signature] Date: 10/13/17

Board Use Only Date Processed: _____ Amount: \$40.00