



# Nevada State Board of Pharmacy

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## DISPENSING PRACTITIONER CERTIFICATION OF DISPENSING TECHNICIAN HOURS

(This form is submitted after hours after been completed.  
DO NOT submit with the application)

Dispensing Technician: \_\_\_\_\_

Dispensing Technician License #: \_\_\_\_\_

Dispensing Practitioner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I certify to the Board that the above named dispensing technician has successfully completed \_\_\_\_\_ hours of training and experience and is competent to perform the tasks of a dispensing technician. \*\*

\*\* A minimum of 500 hours is required.

I further certify that I understand that a dispensing technician will only access the room or lockup where the medications are stored and dispense medications when I am on-site at the facility. (NAC 639.743)

I further certify that the technician and I both will initial the prescription record and prescription label at the time of dispensing. (NAC 639.743)

\_\_\_\_\_  
Signature of Dispensing Practitioner

\_\_\_\_\_  
Date