

Nevada State Board of Pharmacy  
431 W Plumb Lane  
Reno, NV 89509  
(775) 850-1440

Required Addendum for APN's and PA's applying for DEA registrations

Please complete the following information and return by mail to address above or by fax to (775) 850-1444. When the completed form has been received and is complete, we will notify DEA of the required information.

Name: \_\_\_\_\_ APN or PA (Circle one)

Practicing Address: \_\_\_\_\_  
(This can not be a home address)

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

Telephone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Supervising Physician: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board Use Only

Date Received: \_\_\_\_\_ Date DEA notified: \_\_\_\_\_

Pending CS #: \_\_\_\_\_ Lic #: \_\_\_\_\_