

ADVANCED PRACTICE REGISTERED NURSE (APRN)
INFORMATION AND CHECKLIST - DISPENSE

This application cannot be returned by fax or email.
We must have an original signature(s) and fee to process.

Download application and mail to the address on the top of the application with the required \$300.00 fee. The fee is payable by money order or cashier's check only, we do not accept personal or business checks, cash or credit cards. If the application is received with a personal check, business check or cash, you will be sent an email asking for the correct fee. If the corrected fee is not received within 21 days, the application and fee provided will be shredded.

Fee is made payable to : **Nevada State Board of Pharmacy**

Before calling with questions, please read all information carefully.

You must be required to have either a prescribing registration or controlled substance registration with the pharmacy board to obtain a dispensing license.

The Nevada Pharmacy Laws are available on the website under the tab "Nevada Statutes & Regulations." The "Nevada Statutes & Regulations" are the only study guide available for the required dispensing examination with the nursing board. <http://bop.nv.gov/board/ALL/Regulations/>

Please contact the Nevada State Board of Nursing the schedule the required exam.

You **must have** dispensing and prescribing privileges with the Nevada nursing board to receive dispensing and prescribing privileges from the Pharmacy Board

If your dispensing address changes, you will be required to submit a new application before moving and pay the \$300.00 fee. The new location will require an inspection. You will not be required to retake the dispensing exam.

All registrations expired October 31, of the even numbered years, no matter when the license is issued. If you have any questions, please feel free to contact the Reno office at 775/850-1440..

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane Reno, NV 89509 (775) 850-1440

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE • DISPENSE

You must have current pharmacy board registration to submit this application.

REGISTRATION FEE: \$300.00 (non-refundable money order or cashier's check only, no cash)

First: _____ Middle: _____ Last: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ SS#: _____ Date of Birth: _____

E-mail address: _____

Board of Nursing APN Certificate #: _____ Pharmacy Board #: _____

NEVADA PRACTICING LOCATION (REQUIRED)

Practice Name (if any): _____

Physical Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

						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 type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?							<input type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation, administrative action whether completed or pending in <u>any</u> state?							<input type="checkbox"/>	<input 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 type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:								
Board Administrative Action:		State	Date:	Case #:				
Criminal Action:		State	Date:	Case #:	County	Court		

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

By checking this box, no collaborating physician is required per my Nursing Board license.

 Original Signature of APRN, no copies or stamps accepted _____
 Date

_____ (Print Name of Physician, if required)

 Original Signature of collaborating Physician, no copies or stamps accepted _____
 Date

Board Use Only	Received _____	Amount _____
----------------	----------------	--------------