

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

**Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy**

Rev (04/18/2023)

**This application cannot be returned by fax or email.  
We must have an original signature to process.**

<b>Section 1: Select the following that applies to you.</b>
<input type="checkbox"/> I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)
<input type="checkbox"/> I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)
<input type="checkbox"/> I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)

**Section 2: General Information**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
NV Pharmacist Registration # \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information**

Pharmacy/State Government Entity Name: \_\_\_\_\_  
NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer Contact Name: \_\_\_\_\_  
Employer Contact Telephone: \_\_\_\_\_ Employer Contact email: \_\_\_\_\_

**Section 4: Employer Information**

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:  
\_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer Contact Name: \_\_\_\_\_  
Employer Contact Telephone: \_\_\_\_\_ Employer Contact email: \_\_\_\_\_

**Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)**

Name of Site (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country/Territory/Province: \_\_\_\_\_  
Is this a medical, residential, or business site?     Medical     Residential     Business  
Days of the week and hours services will be provided at this site? \_\_\_\_\_

Name of Site (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country/Territory/Province: \_\_\_\_\_  
Is this a medical, residential, or business site?     Medical     Residential     Business  
Days of the week and hours services will be provided at this site? \_\_\_\_\_

Name of Site (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country/Territory/Province: \_\_\_\_\_  
Is this a medical, residential, or business site?     Medical     Residential     Business  
Days of the week and hours services will be provided at this site? \_\_\_\_\_

Name of Site (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country/Territory/Province: \_\_\_\_\_  
Is this a medical, residential, or business site?     Medical     Residential     Business  
Days of the week and hours services will be provided at this site? \_\_\_\_\_

Name of Site (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country/Territory/Province: \_\_\_\_\_  
Is this a medical, residential, or business site?     Medical     Residential     Business  
Days of the week and hours services will be provided at this site? \_\_\_\_\_

Name of Site (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country/Territory/Province: \_\_\_\_\_  
Is this a medical, residential, or business site?     Medical     Residential     Business  
Days of the week and hours services will be provided at this site? \_\_\_\_\_

(Use and make copies of this page if necessary)

**Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.**

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

4. Provide an explanation of the policy for users of the services when you are unavailable.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

6. Provide a description of the business plan for the services provided.

**Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.**

**A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy**

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
  - a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
  - b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
  - c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
  - a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
  - b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
  - c. Comply with all applicable federal and state laws and regulations, including, without limitation:
    - i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
    - ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
  - a. Serves as a managing pharmacist; or
  - b. Provides pharmaceutical services at:
    - i. A facility for modified medical detoxification, as defined in NRS 449.00385;
    - ii. An independent center for emergency medical care, as defined in NRS 449.013;
    - iii. A facility for intermediate care, as defined in NRS 449.0038;
    - iv. A facility for skilled nursing, as defined in NRS 449.0039; or
    - v. A surgical center for ambulatory patients, as defined in NRS 449.019.

**B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

- a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
- b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

**C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

**D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.**

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
  - a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
  - b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
    - i. The height, weight and age of the patient and any allergies that the patient may have;
    - ii. The medical records regarding any medications prescribed to the patient;
    - iii. The results of any relevant laboratory tests;
    - iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
    - v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
    - vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
    - vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
  - a. The overutilization or underutilization of a medication;
  - b. Therapeutic duplication;
  - c. The appropriateness of the prescribed dosage and route of administration;
  - d. The appropriateness of the directions for use of the medication;
  - e. The appropriateness of the duration of the treatment with the prescribed medication;
  - f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
  - g. Any contraindication or interactions between multiple medications prescribed for the patient; and
  - h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

- a. The name or identifier of the registered pharmacist;
- b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
- c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the 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. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows 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, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Original Signature, no copies or stamps accepted

\_\_\_\_\_

Date

<b>Board Use Only</b>	Date Received: _____ For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file. For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda.
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