

Technician Dispensing in Training Applicants

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 \$40.00 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 or cash, it will be returned and will delay the processing of your application.

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

Before calling with questions, please read all information carefully

You must submit the application prior to starting the required 500 hours.

Upon receipt of the completed application and fee, a certificate of registration can be sent directly to the dispensing practitioner's office.

All dispensing technician in training registrations expire October 31 of the even numbered years, no matter when the license is issued. It is your responsibility to keep us up to date with your address. If you have any questions, please feel free to contact the Reno office.

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane . Reno, NV 89509 . (775) 850-1440
TECHNICIAN DISPENSING IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable, cashier's check or money order only, no checks)

First: _____ Middle: _____ Last: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____ Sex: M or F

E-mail Address: _____

I am requesting registration at the following dispensing practitioner's office:

Dispensing Practitioner: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Dispensing Practitioner: _____

(Without the signature of the dispensing practitioner, the application will be returned.)

- | | |
|--|--|
| 1. Are you 18 years of age or older? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Are you a high school graduate or the equivalent? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
- (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 type="checkbox"/> |
| 3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Been the subject of an administrative action whether completed or pending in <u>any</u> state?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 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 (3-5) above, include the following information & provide documentation:

| | | | |
|------------------------------|-------|-------|---------|
| Board Administrative Action: | State | Date: | Case #: |
| | | / / | |

| | | | | | |
|------------------|-------|-------|---------|--------|-------|
| Criminal Action: | State | Date: | Case #: | County | Court |
| | | / / | | | |

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of the application.

- 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 in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Original Signature, no copies or stamps accepted _____ Date _____

| |
|--|
| Board Use Only |
| Received: _____ Amount: _____ Entity # _____ |

DISPENSING PRACTITIONER CERTIFICATION OF TECHNICIAN DISPENSING HOURS

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

Dispensing Technician: _____

Dispensing Practitioner: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

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.

Dispensing Practitioner

Date