

Intern Application

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

Download application and mail to the address on the opt of the application with the required fee of \$40.00. 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.

Do not send the application without a social security number. It will returned and cannot be accepted, no exceptions. We do not issue deficiency letters.

You must include one of the following with the application:

*A letter from the dean's office stating you are enrolled in pharmacy school, not just **accepted** to pharmacy school. This letter must indicate you are enrolled in pharmacy school (**not just accepted**) and must be an original from the Dean of the pharmacy school. Your name must be on the letter from the school. We can't accept printouts from a web site.

or

*If foreign graduate, include copy of FPGEC certificate.

Upon receipt of original application, documents and fee, a certification of registration can be mailed to your home address. The application must contain an original signature, no copies accepted.

All registrations expire October 31, of the even number years, no matter when the license is issued. If you 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

INTERN PHARMACIST APPLICATION

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

Complete Name (no abbreviations):

First: _____ Middle: _____ Last: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Social Security Number: _____

(Full number Required, no exceptions)

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

E-mail Address: _____

Pharmacy School: _____

Attendance dates: _____

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGEC certificate to this application. You also need to complete the pharmacy school information.

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☐

Branch: _____ Military Occupation/Specialty: _____ Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number:

	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?...	☐	☐
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	☐	☐
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ..	☐	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	☐	☐

If you marked **YES** to any of the numbered questions (1-3) above, include the following information & **provide an explanation & 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 all applications.

	Yes	No
Are you the subject of a court order for the support of a child?.....	☐	☐
IF you marked YES to the question, above are you in compliance with the court order?.....	☐	☐

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern who, in their professional or occupational capacity, comes to know 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.

Original Signature, no copies or stamps accepted.

Date

Board Use Only Date Processed: _____ Amount: _____