NEVADA STATE BOARD OF PHARMACY

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

Mechanical Device License Application

Non-Refundable $250 fee

Rev (05/05/2023)

This application cannot be returned by fax or email.
An original signature and fee are required to process.

Approval of this application is required for a pharmacy to use a mechanical device (Device) to furnish drugs and medicines for ***administration*** to registered patients in a medical facility (NRS 449.0151). A license to use Device is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder. NAC 639.720.

A license is not required for a Device that meets the requirements of NAC 639.720 and is located inside a hospital licensed pursuant to chapter 449 of NRS. "Hospital" means an establishment for the diagnosis, care and treatment of human illness, including care available 24 hours each day from persons licensed to practice professional nursing who are under the direction of a physician, services of a medical laboratory and medical, radiological, dietary and pharmaceutical services. NRS 449.012.

Instructions:

1. Print and mail the completed application to the address indicated above with a **non-refundable fee of $250.00** paid for by credit or debit card or a check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee

2. Once the completed application with fee is submitted, the Device MUST be inspected by a Board inspector before a license may be issued. You will receive an email to schedule your inspection.

3. After the Device receives a satisfactory inspection and the application is approved, you will receive your license via email. Please check your spam or junk mail if necessary. The license must be posted on the Device.

Please Note:

- A separate application and fee are required for each Device at a designated location.
- A new application with payment of fee is required for any change in location of a Device. A satisfactory inspection of the new location will be required before a new Mechanical Device license will be issued and before the Device can be used for administration of drugs and medicines.
- A Device license must be renewed in October of each even numbered year regardless of when the original license was issued. Fees ARE NOT prorated.
- Nevada statutes and regulations can be accessed at www.bop.nv.gov
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

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Section 1: Pharmacy Information

Pharmacy Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Managing Pharmacist Name: _____

Managing Pharmacist Phone #: _____ Email: _____

Section 2: Mechanical Device (Device) Information

Name of Device: _____

Make: _____ Model/MFG #:_____

Serial #: _____

MFG Name: _____

Section 3: Location for the Device (NRS 449.0151)

Select the type of Medical Facility in which the device will be located and provide a copy of the facility license from the Nevada Department of Health and Human Services with the application.

☐ A surgical center for ambulatory patients;
☐ An obstetric center;
☐ An independent center for emgergency medical care:
☐ An agency to provide nursing in the home;
☐ A facility for intermediate care;
☐ A facility for skilled nursing;
☐ A facility for hospice care;
☐ A facility for the treatment of irreversible renal disease;
☐ A rural clinic;
☐ A nursing pool;
☐ A facility for modified medical detoxification;
☐ A facility for refractive surgery;
☐ Other:

Name of location: _____

Address of location: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Section 4: Laws pertaining to the use of a Mechanical Device by a pharmacy. By signing this application, you attest you have read and understand the components in this section.

1. The mechanical device must conform to all of the following provisions:
    a. All drugs and medicines stocked in the device must be approved for use in the device by a registered pharmacist employed by the:
        i. Medical facility in which the drug or medicine is administered; or
        ii. Pharmacy that supplies the medical facility in which the drug or medicine is administered.

Continuation of Section 4:

b. Access to the device must be:
    i. Limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists, registered pharmacists, licensed practical nurses, registered nurses or other practitioners who are:
        1. Authorized by law to prescribe or administer controlled substances, poisons, or dangerous drugs and devices; and
        2. Employed by the medical facility or pharmacy that supplies the medical facility.
    ii. Monitored and controlled by the pharmacy which supplies the medical facility or the registered pharmacist who is employed by the medical facility.
c. Each container of a drug or medicine stored in the device must be labeled in a manner which includes the information required pursuant to subsection 2 of NAC 639.476.
d. The device must be designed in such a manner that:
    i. Each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable and which includes:
        1. The name, strength, quantity and form of dosage of the drug or medicine which is stocked, inventoried or removed from administration to a patient;
        2. The day and time access to the device is obtained;
        3. If a drug or medicine is removed for administration to a patient, the name of the patient;
        4. An inventory of the drugs and medicines stored in the device; and
        5. The name of the person who obtained access to the device.
    ii. Access to the device may be obtained only by a person with the use of a code which identifies that person.

2. A pharmacy which supplies drugs and medicines to a medical facility which are furnished by a mechanical device pursuant to NAC 639.720(1) shall maintain a written policy which sets forth:
    a. The duties of all persons who are authorized to obtain access to the device; and
    b. The procedure for:
        1. Maintaining the security of the drugs and medicines stored in the device during the maintenance and repair of the device;
        2. The preparation of an inventory of the drugs and medicines stored in the device; and
        3. Stocking the device with drugs and medicines.
3. A license authorizes the use of the mechanical device at the medical facility at which the mechanical device is located.
4. Each medical facility that uses a mechanical device pursuant to NAC 639.720(1) must make and maintain a record of any waste of a controlled substance in the manner provided in NAC 639.486. The record of any waste of a controlled substance may be prepared:
    a. By the mechanical device if the mechanical device is capable of making and maintaining such a record and documenting the record of the waste being witnessed by another person as provided in paragraph (g) of subsection 1 of NAC 639.486; or
    b. As a written record.

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.

_____

Managing Pharmacist Print Name (First, Last)

_____ _____

Managing Pharmacist Original Signature (electronic, copies or stamps not accepted) Date

Board Use Only	Date Received: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit Cards are charged a 5% processing fee		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** — — — — — — — — — — — — — — — —	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**License Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		