

## NEVADA STATE BOARD OF PHARMACY

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

### Reproductive Healthcare Center – Dispensing Practitioner Shared Inventory Registration Application

**Non-Refundable \$300.00 Fee**

Rev (02/14/2023)

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

Approval of this application is required for a reproductive healthcare center to maintain a single inventory of **dangerous drugs**, excluding compounded drug products, received at a site of practice in lieu of maintaining separate inventories for each dispensing practitioner of the reproductive healthcare center. A dispensing practitioner cannot maintain a shared inventory with other dispensing practitioners or dispense from a Shared Inventory Site before this application is approved and a certificate of registration is issued. A Reproductive Healthcare Center - Dispensing Practitioner Shared Inventory Certificate of Registration is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder. NAC 639.742 - 639.745.

A "reproductive healthcare center" means a health facility owned and operated by a nonprofit corporation or a public health center, as defined in subsection 8 of NRS 449.260, principally engaged in providing family planning services and reproductive health care, including, without limitation, the testing, diagnosis, and treatment of, or providing of medication to prevent sexually transmitted infection or other infection of the urogenital system.

#### **Instructions:**

1. Print and mail the completed application to the address indicated above with a **non-refundable fee of \$300.00** 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 a completed application and fee is submitted and reviewed by the Board, the Shared Inventory Site **MUST** be inspected by a Board inspector before a certificate of registration may be issued. You will receive an email to schedule your inspection.
3. Once an application is approved, the Shared Inventory Site receives a satisfactory pre-inspection, and all other requirements have been completed, you will receive your Reproductive Healthcare Center - Dispensing Practitioner Shared Inventory Certificate of Registration in your email. Please check your spam or junk mail.

#### **Please note:**

- A separate Certificate of Registration is required for each Shared Inventory Site.
- A change in Shared Inventory Site location requires a new application with payment of a registration fee. A satisfactory inspection of the new location will be required before a new Reproductive Healthcare Center - Dispensing Practitioner Shared Inventory Certificate of Registration will be issued and before any dispensing can take place from the new Shared Inventory Site location.
- Each practitioner who will be dispensing from the shared inventory must have a Dispensing Practitioner Registration. NAC 639.742. Please locate the Dispensing Practitioner Registration application here:  
<https://bop.nv.gov/Services/newapps/Practitioners/>
- **A practitioner MUST have a dispensing registration at all sites Dangerous Drugs will be stored and dispensed. This includes Shared Inventory Sites and other practice sites where Dangerous Drugs are stored and dispensed.**
- Controlled substances and compounded drug products cannot be maintained in the shared inventory.
- The reproductive healthcare center shall provide written notice to the Board of the addition to or removal of a dispensing practitioner from the Reproductive Healthcare Center Dispensing Practitioner Shared Inventory Site not later than 15 days after the addition or removal.
- Each practitioner who dispenses from the shared inventory shall comply with the requirements of NAC 639.745, including, without limitation, maintaining separate records of each dangerous drug dispensed by that practitioner.
- Every dispensing practitioner who dispenses from the shared inventory is jointly responsible for ensuring that the requirements of NAC 639.742(3) are met.
- The Certificate of Registration must be renewed in **October of even numbered years** despite when the original certificate was issued. Fees ARE NOT prorated.
- Nevada statutes and regulations can be accessed at [www.bop.nv.gov](http://www.bop.nv.gov)
- For questions contact us at 775-850-1440 or by email at [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov).

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**Reproductive Healthcare Center – Dispensing Practitioner Shared Inventory Registration Application**

**Non-Refundable \$300.00 Fee**

Rev (02/14/2023)

**Type of Application**

- ☐ New Shared Inventory Site Location
- ☐ Shared Inventory Site Location Change (Provide current Shared Inventory Site License #: \_\_\_\_\_ )
- ☐ Changes in Dispensing Practitioners sharing inventory (Provide current Shared Inventory Site License #: \_\_\_\_\_ )  
(Application fee is not required for this change) (DO NOT SUBMIT A FEE)

**Section 1: General Information**

Reproductive Healthcare Center Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from physical address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Nevada Business License # (and provide a copy with your application): \_\_\_\_\_

Medical Director Name: \_\_\_\_\_

**Section 2: Shared Inventory Site**

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Section 3: List all registered dispensing practitioners that will be dispensing from the Shared Inventory Site. (Use a separate piece of paper if additional space is needed.)**

Name: _____	Dispensing Practitioner Registration #: _____
Name: _____	Dispensing Practitioner Registration #: _____
Name: _____	Dispensing Practitioner Registration #: _____
Name: _____	Dispensing Practitioner Registration #: _____
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Name: _____	Dispensing Practitioner Registration #: _____
Name: _____	Dispensing Practitioner Registration #: _____

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.

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Medical Director Print Name (First, Last)

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Medical Director Original Signature (electronic, copies or stamps not accepted)

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Date



# 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](http://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:**

\_\_\_\_\_

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