

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ~ Reno, NV 89509

APPLICATION FOR PHYSICIAN ASSISTANT (PA) • PRESCRIBE

REGISTRATION FEE: \$80.00 (non-refundable cashier's check or money order only, no cash)

First: Russell Middle: Patrick Last: Johnson
 Home Address: 9545 SWISS STONE CT
 City: LAS VEGAS State: NV Zip Code: 89123
 SS#: _____ Date of Birth _____ Sex: M or F
 Telephone: _____ E-mail address: _____

PRACTICING LOCATION (Required)

Practice Name (if any): DR STEVEN WOLPER
 Physical Address: 3233 W. CHARLESTON BLVD Suite #: 202
 City: LAS VEGAS State: NV Zip Code: 89102
 Telephone: 702-878-3152 Fax: 702-878-1405
 Medical/Osteopathic Board PA #: PA1753 Issued: 7/11/2016 Expires: 6/30/2017

SUPERVISING PHYSICIAN – Please Print

Supervising Physician: DR STEVEN WOLPER Degree: MD
 (Please print)
 Physical Address: 3233 W. CHARLESTON BLVD Suite #: 202
 City: LAS VEGAS State: NV Zip Code: 89102

						Yes	No	
1. 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 checked="" type="checkbox"/>
2. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....							<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....							<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....							<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions (2,3,4) above, include the following information & provide an explanation & documentation:								
Board Administrative Action:		State	Date:	Case #:				
			/ /					
Criminal Action:	State	Date:	Case #:	County	Court			
	PA	7/28/2012	15364645	ERIE	ERIE CO. COURTHOUSE			

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed PA 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 of PA (No copies or stamps accepted) Russell P. Johnson PA Date 8/2/2016
 Original Signature of Supervising Physician (No copies or stamps accepted) _____ Date 8/2/2016

Board Use Only: Date Processed: _____ Amount \$80.00 93744

Russell P. Johnson PA-C

9545 Swiss Stone Ct. Las Vegas, NV. 789123

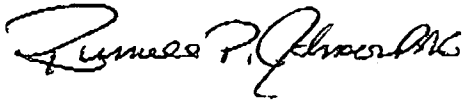
August 1, 2016

Board of Pharmacy
431 W. Plumb Lane
Reno, NV. 89509

Dear Board Member:

This is additional information to the Controlled Substance application for Russell Patrick Johnson PA-C. As indicated on the application to include past citations and explanations. Please contact me at the above contact information for any additional information required.

Sincerely,



Russell P. Johnson PA-C