

**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                      |     |                                     |                                     |
|  | <u>PA</u> | <u>7/28/2012</u> | <u>15364645</u> | <u>ERIE</u> | <u>ERIE CO. COURTHOUSE</u> |     |                                     |                                     |

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.

Russell P. Johnson PA 8/2/2016  
 Original Signature of PA (No copies or stamps accepted) Date  
[Signature] 8/2/2016  
 Original Signature of Supervising Physician (No copies or stamps accepted) Date

Board Use Only: Date Processed: \_\_\_\_\_ Amount \$80.00 03744

# Russell P. Johnson PA-C

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9545 Swiss Stone Ct. Las Vegas, NV. 789123

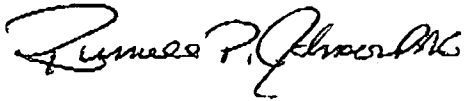
**August 1, 2016**

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**