

**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.

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 03744

# Russell P. Johnson PA-C

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9545 Swiss Stone Ct. Las Vegas, NV. 789123

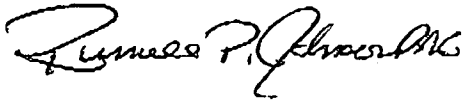
**August 1, 2016**

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**