

PT09689

NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable)

New Application Change of Pharmacy Additional Pharmacy (Please check one)
Complete Name (no abbreviations):

First: REBECCA Middle: LOUISE Last: PENN

Home Address: 1301 E. BLACKHORN Apt #: _____

City: PAHRUMP State: NV Zip Code: 89048

Telephone: _____

Date of Birth: _____

E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: WALGREEN'S Store #: 05046

Address: 770 S. Hwy 100

City: PAHRUMP State: NV Zip Code: 89048

Signature of Managing Pharmacist: [Signature] Lic #: 14698 Date: 7/18/08

(Without the signature of the managing pharmacist, the application will be returned.)

- 1) Are you 18 years of age or older? Yes No
- 2) Are you a high school graduate or the equivalent? Yes No
- (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)
- 3) I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.
- 4) I have I have not been charged, arrested or convicted of a misdemeanor or felony
- 5) I have I have not been the subject of an administrative action whether completed or pending.
- 6) I have I have not had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action State: _____ Date: _____ Case #: _____
and/or

b) Criminal Action State: _____ Date: _____ Case #: _____
County: _____ Court: _____

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

I am I am not subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

I am I am not in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

[Signature]
Signature

7/18/08
Date

Board Use Only
Received: JUL 23 2008 Check Number: 861 Amount: 40-