

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: Sami Middle: Ng Last: Akhchin
 Home Address: _____
 City: Las Vegas State: NV Zip Code: 89148
 SS#: - 0739 Date of Birth: _____ Sex: M or F
 Telephone: _____ E-mail address: _____

PRACTICING LOCATION (Required)

Practice Name (if any): Southwest Medical Associates
 Physical Address: 7061 GRAND MONTECITO PKWY. Suite #: _____
 City: LAS VEGAS State: NV Zip Code: 89149
 Telephone: (702) 877-5199 Fax: (702) 750-3705
 Medical/Osteopathic Board PA #: PA 1916 Issued: 12/18/17 Expires: 6/30/19

SUPERVISING PHYSICIAN - Please Print

Supervising Physician: Hollis Julson Degree: MD
(Please print)
 Physical Address: 888 S Rancho Dr. Suite #: _____
 City: Las Vegas State: NV Zip Code: 89106

		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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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
		/ /			

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) Akhchin Date 1-10-18

Original Signature of Supervising Physician (No copies or stamps accepted) H Julson MD Date 2-1-18

Board Use Only: Date Processed: _____ Amount \$80.00 09960

PTD8589

NEVADA STATE BOARD OF PHARMACY
35 Double Eagle Ct #1100 ~ Reno, NV 89521 ~ (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: Nga ~~Ng~~ Middle: B Last: Ng

Home Address: Palace Monaco Ave Apt #:

City: Las Vegas State: NV Zip Code: 89117

Telephone: Social Security Number: 0739

Date of Birth: Place of Birth: Vietnam Sex: M or F

E-mail Address:

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

Pharmacy: CVS Pharmacy Store #: 8794

Address: 1600 North Buffalo Dr

City: Las Vegas State: NV Zip Code: 89128

Signature of Managing Pharmacist: [Signature] Lic #: 16570 Date: 5/22/07

(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 and/or State: Date: Case #:

b) Criminal Action County: State: Date: Case #: 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] Date: 5/22/07

Board Use Only Received: JUN 27 2007 Check Number: 111 Amount: 40.00