



**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509

**INTERN PHARMACIST APPLICATION**

**Registration Fee: \$40.00 (non-refundable money order or cashier's check only, no cash)**

Complete Name (no abbreviations):

First: Thomas Middle: Harry Last: Ealy

Home Address: Roca Ln Apt #: \_\_\_\_\_

City: Las Vegas State: NV Zip Code: 89130

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Mesa, AZ (Full number Required, no exceptions) Sex: ☒ M ☐ F

E-mail Address: tealy@student.roseman.edu

Pharmacy School: Roseman University of Health Sciences

Attendance dates: \_\_\_\_\_

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGE certificate to this application. You also need to complete the pharmacy school information.

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒

Branch: \_\_\_\_\_ Military Occupation/Specialty: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number:

N/A

	Yes	No
<b>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?...</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. 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"/>
3. 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 (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		<u>1/1</u>	

Criminal Action:	State	Date:	Case #:	County	Court
	<u>NV</u>	<u>06/03/2016</u>	<u>16CR007159</u>	<u>Clark</u>	<u>Henderson Municipal Court</u>

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

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern 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, no copies or stamps accepted. [Signature]

Date 08/20/2018

Board Use Only Date Processed: _____	Amount: <u>\$40.00</u>
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EALY, THOMAS



**\*Comments:**

Date: 01/21/11 Clerk KY  
 Dept. 1 / 2 / 3 / 4 / 5  
 Original-Court / Yellow-Akt Sent / Pink-Def Rev. 11/28/11  
 Effective Date: 011916

In the Justice/Municipal Court of <b>HENDERSON</b>	<b>State of Nevada City of Henderson</b>	<b>COURT</b>
Court Case # <b>1600007159</b>		Accident/Report # <b>16-098077</b>
<input type="checkbox"/> Juvenile	<b>TRAFFIC/MISDEMEANOR CITATION/COMPLAINT</b>	<input type="checkbox"/> Evidence Logged <input checked="" type="checkbox"/> Arrest
<input type="checkbox"/> Traffic <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Criminal <input type="checkbox"/> Warning <input type="checkbox"/> Parking	<input type="checkbox"/> School Zone <input type="checkbox"/> Hazmat <input type="checkbox"/> Construction Zone <input type="checkbox"/> S.T.E.P.	<input type="checkbox"/> Radar <input type="checkbox"/> Other Explain: <b>MAV</b>
Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		

At Location: **EASTERN AND NORTHWIND RIDGE**

Violation Date: **6/15/16** Time: **0050** Issue Date: **06/16/16** Time: **0100**

Defendant Type: ☒ Driver ☐ Passenger ☐ Pedestrian ☐ Other Explain:

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF NEVADA, CITY/COUNTY

NAME (Last, First, Middle): **PAUL THOMAS HARRIS**

Address: **PAULINE** City: **HENDERSON** State: **NV** Zip: **89002**

DOB: **06/15/1963** Race: **H** Sex: **M** Ht: **6'3"** Wt: **250** Eyes: **BRN** Hair: **BLK**

CDL: ☐ State: **NV** Class: **C** Expiration: **10/31/16** Restrictions: Endorsements:

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE AT THE ABOVE LISTED LOCATION:

Commercial Vehicle: ☐ US DOT #: VIN #: **8554**

Vehicle License: **MA653** Lic. State: **NV** Expiration: **6/15/16** Year: **03** Make: **BMW** Model: **327** Type: **4 DOOR** Color: **GRY**

Reg. Owner: ☒ Same Address:

DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):

1. Violation: **NOC 51113.7** ☒ NRS ☐ HMC ☐ CFR

Description: **ROSS MY CONCEAL 157** Posted Speed: **-** Actual Speed: **-** Cited Speed: **-**

To Wit: **THOMAS DID HAVE CONCEAL OF M3 ON HIS PERSON AND ADVISED THAT IT WAS HIS DID NOT HAVE M3 MEDICAL CARD**

NO BAIL: ☐ Bail Amount: **0.00** Admin Assessment: **0.00** Total: **0.00**

2. Violation: **NOC** ☐ NRS ☐ HMC ☐ CFR

Description: **RIGHT HEAD LIGHT LAMPED**

To Wit: **RIGHT HEAD LIGHT LAMPED**

NO BAIL: ☐ Bail Amount: Admin Assessment: Total:

I certify (or declare) that I have reasonable grounds/probable cause to believe and so believe that above named person committed the above infraction(s) and/or offense(s) contrary to law, under penalty of perjury under the laws of the State of Nevada.

Officer/Complainant PRINTED Name: Officer/Complainant's Signature: ID #:

Henderson Municipal Court 2nd Floor 243 Weller St. Henderson, NV 89015 (702) 287-3300	Henderson Justice Court 1st Floor 243 Weller St. Henderson, NV 89015 (702) 455-7851	Clark County Juvenile Court 801 N. Pecos Las Vegas, NV 89101 (702) 455-3320	Boulder City Municipal Court 501 Avenue G Boulder City, NV 89005 (702) 293-9278	Las Vegas Justice Court 200 Lewis Ave Las Vegas, NV 89101 Traffic (702) 671-3444 Criminal (702) 671-3116	Las Vegas Municipal Court 200 Lewis Ave Las Vegas, NV 89101 (702) 382-6878 (800) 464-6856	N. Las Vegas Municipal Court 2332 Las Vegas Blvd. North Suite 100 Las Vegas, NV 89030 (702) 633-1130
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You are hereby ordered to appear on **Month JULY Day 27 2016** at **0900** a.m. p.m.

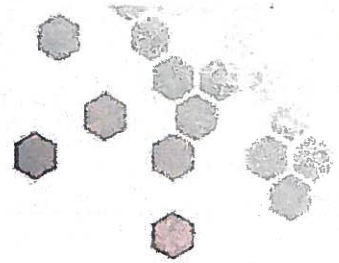
Without admitting having committed each of the above infractions/offenses, I hereby promise to respond as directed on this notice and waive my right to be taken immediately before a magistrate. (NRS 484.799 and NRS 484.303)

Defendant's Signature: **X** Interpreter Needed: ☐ Court Mandatory: ☐ Total Bail: **\$**

Failure to comply with this complaint or with the dates relating to this complaint will constitute a criminal offense.

H-189940 B

**ROSEMAN UNIVERSITY**  
OF HEALTH SCIENCES



August 20, 2018

Ms. Candy Nally  
Licensing Specialist  
Nevada State Board of Pharmacy  
431 W. Plumb Lane  
Reno, NV 89509

Re: **Thomas Harry Ealy** - PharmD Student  
Class of 2021

Dear Ms. Nally:

I am writing to advise you that Thomas Harry Ealy has enrolled in the Roseman University of Health Sciences College of Pharmacy Doctor of Pharmacy program on August 20, 2018 as a full-time student, with an anticipated graduation date of May 2021.

If you are in need of any further information, please do not hesitate to contact me at (702) 990-4433.

Sincerely,

Larry Fannin, PharmD  
Dean, College of Pharmacy  
Roseman University of Health Sciences  
[lfannin@roseman.edu](mailto:lfannin@roseman.edu)

