

**Renewal Application
Pharmaceutical Technician Trainee**

Application Fee : \$40.00
Convenience Fee : \$2.00
License Number : PT21126
License Type : Pharmaceutical Technician Trainee
New Expiration Date : 10/31/2020

Personal Information

First Name :
Middle (initial only) :
Last Name :
License # :

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA :
Military Address : ☐
Street :

Country :
City : State : Zip :
Practice Phone : Practice Fax :

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐
Street :

Country :
City : State : Zip :
Home Phone : Cell Phone :
Email Address : Fax :

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

- ☐ I DO NOT have a Nevada Business license number.
☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.
☒ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :
Business License # :

Child Support Information - Check appropriate answer

- ☒ I am NOT SUBJECT to a court order for the support of a child.
☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am 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.
☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or 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 pursuant to the order.

Military Service Information

Have you ever served in the military : ☐ Yes ☒ No

Legal Information

1. Since your last renewal or recent licensure have you 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? ☐ Yes ☒ No
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? ☐ Yes ☒ No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? ☒ Yes ☐ No

I unintentionally failed to disclose my record on my previous application and am now on a Leave of Absence from Pima Medical Institute until appearing before the board.

Document Name	Document Type	Date	Link	Action
No Record Found				

Document Name :

Document Type :

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

[Click here to complete upload](#)

Cancel

Board Administrative Action

State :

Date :

Case # :

Criminal Action

State :

Date :

Case # :

County :

Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ☐ Yes ☒ No

Acknowledgement and Declaration

Technicians in Training must be registered at each PLACE of employment. By signing below, you certify that you have completed at least 1 hour of continuing education in an approved Nevada Law, program as required.

By signing and submitting this renewal application, I certify that: 1. My DEA certificate is CURRENT and reflects my current NV practicing address, and 2. I hold an active and current Nevada license with my professional licensing board

It is a violation of Nevada Statute 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.

Signature :

Date Of Application :

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2018 to 10/31/2020	License Renewal Fee	\$40.00
	Convenience Fee	\$2.00
	Total :	\$42.00

Fee and Payment

Payment Method :

Application Fees :

Convenience Fee :

Reference Number :

InvoiceDate : 11/03/2018

Paid

Pay & Submit



Background Profile

Report Date: 08/13/2018
Report No.: 4249645
Applicant: Odegard, Brittany Renae

Client Account Manager: Student
Prepared For: Pima Medical Institute General
3333 E. Flamingo Road
Las Vegas, NV 89121
Client ID: 3794
Attention:
Department Code:
Comments: A SSN Death Index search was performed against the SSA Death Master File with the provided SSN, and NO date of death information was located.

VITAL INFORMATION

Applicant: Odegard, Brittany Renae
Address: 4 Bucksln st
Henderson NV 89074
Alias Name(s): Odegard, Brittany R
Odegard, Brittany
Social Security No: xxx-xx-0396
Date of Birth: 1
Sex:
Driver's License State: SD
Driver's License No:
Applied For:

SUMMARY

Public Records	Record Found
Sanction Check	COMPLETE/SEE ATTACHED
Positive Identification	VERIFIED

Background Profile



Investigate further.

Report Date:	08/13/2018
Report No.:	4249645
Applicant:	Odegard, Brittany Renae

PUBLIC RECORDS

Jurisdictions/Registries Searched	Results	Degree
STATEWIDE, SD	RECORD	Other
STATEWIDE, SD	RECORD	Other
STATEWIDE, SD	RECORD	Misdemeanor
STATEWIDE, SD	RECORD	Misdemeanor
STATEWIDE, SD	RECORD	Other
STATEWIDE, SD	RECORD	Other
STATEWIDE, SD	RECORD	Other
STATEWIDE, SD	RECORD	Misdemeanor
SEX OFFENDER, US	CLEAR	
CLARK, NV	CLEAR	
STATEWIDE, SD	RECORD	Misdemeanor
STATEWIDE, SD	RECORD	Other
STATEWIDE, SD	RECORD	Misdemeanor
STATEWIDE, SD	RECORD	Other
STATEWIDE, SD	RECORD	Other
STATEWIDE, SD	RECORD	Misdemeanor

County Searched:	**STATEWIDE**, SD	SSN on Record:	xxx-xx-N/A
Name on Record:	Odegard, Brittany Renae	DOB on Record:	1 1
Degree:	Other	File Date:	07/09/2012
Case No:	49399M1218729	Disposition Date:	07/23/2012
Charge:	See Below		
Disposition:	CT1) Guilty CT52&3) Dismissed		
Sentence:	Unspecified		
Fine and Court Costs:	\$66 Costs		
Comments:	Minnehaha County		

Offense:
 CT1) Fail to Maintain Financial Responsibility - 2nd Degree Misdemeanor
 CT2) No Driver's License - 2nd Degree Misdemeanor
 CT3) No Seatbelt Violation - Petty Offense

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:
 W 46th St #118
 Sioux Falls, SD 57105

County Searched:	**STATEWIDE**, SD	SSN on Record:	xxx-xx-N/A
Name on Record:	Odegard, Brittany Renae	DOB on Record:	1
Degree:	Other	File Date:	09/12/2013
Case No:	49MAG13-006375	Disposition Date:	09/26/2012
Charge:	Warning Ticket Violation		



Investigate further.

Background Profile

Report Date: 08/13/2018
Report No.: 4249645
Applicant: Odegard, Brittany Renee

CRIMINAL REPORT HISTORY CONT'D

Disposition: Guilty
Sentence: Pay Fine/CC
Fine and Court Costs: \$75 Combined
Comments: Minnehaha County

Degree: Municipal Ordinance

Slight variation in spelling of middle name on record.

Address on record, also appears on Positive ID:

1 W 46th St #118
Sioux Falls, SD 57105

County Searched: **STATEWIDE**, SD
Name on Record: Odegard, Brittany Renee
Degree: Misdemeanor
Case No: 41MAG13-000343
Charge: See Below
Disposition: CT 1) Dismissed CT's 2,3,4) Guilty
Sentence: 30 Days License Suspended
Fine and Court Costs: \$166 Combined
Comments: Lincoln County

SSN on Record: xxx-xx-xxxx
DOB on Record: 1-1-1990
File Date: 08/26/2013
Disposition Date: 09/24/2013

Degree: Class 2 Misdemeanor

Offense:

CT 1) Under 21 Driver
CT 2) Open Alcoholic Beverage Container Accessible in Vehicle
CT 3) Speeding On Interstate Highway
CT 4) Possession Of Alcohol By Minor

Slight variation in spelling of middle name on record.

Address on record, also appears on Positive ID:

1 W 46th St #118
Sioux Falls, SD 57105

County Searched: **STATEWIDE**, SD
Name on Record: Odegard, Brittany Renee
Degree: Misdemeanor
Case No: 49MAG13-004424
Charge: Possession of Alcohol by Minor
Disposition: Guilty
Sentence: Pay Fine/Costs
Fine and Court Costs: 120 Fine/Costs

SSN on Record: xxx-xx-xxxx
DOB on Record: 1-1-1990
File Date: 06/18/2013
Disposition Date: 06/26/2014



Investigate further.

Background Profile

Report Date: 08/13/2018
Report No.: 4249645
Applicant: Odegard, Brittany Renae

CRIMINAL REPORT HISTORY CONT'D

Comments: Minnehaha County

Degree: 2nd Degree

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:

1 W 46th St #118
Sioux Falls, SD 57103

County Searched: **STATEWIDE**, SD
Name on Record: Odegard, Brittany Renae
Degree: Other
Case No: 49POA12-004563
Charge: Municipal Speeding
Disposition: Dismissed
Sentence: N/A
Fine and Court Costs: N/A
Comments: Minnehaha County

SSN on Record: xxx-xx-xxxx
DOB on Record: 1/12
File Date: 12/14/2012
Disposition Date: 03/13/2013

Degree: Municipal Ordinance

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:

1 W 46th St #118
Sioux Falls, SD 57103

County Searched: **STATEWIDE**, SD
Name on Record: Odegard, Brittany Renae
Degree: Other
Case No: 49MAG12-027951
Charge: See Below
Disposition: CT1) Dismissed CT2) Guilty
Sentence: 30 Days Jail/28 Days Suspended
Fine and Court Costs: \$266 Fine/Costs
Comments: Minnehaha County

SSN on Record: xxx-xx-xxxx
DOB on Record: 2
File Date: 12/14/2012
Disposition Date: 03/13/2013

Offense:
CT1) Driving with Suspended (Not Revoked) License - 2nd Degree Misdemeanor
CT2) Fail to Maintain Financial Responsibility - 2nd Degree Misdemeanor

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:

W 46th St #118
Sioux Falls, SD 57103

County Searched: **STATEWIDE**, SD
Name on Record: Odegard, Brittany
Degree: Other
Case No: 49399A1225662

SSN on Record: xxx-xx-xxxx
DOB on Record: 1
File Date: 09/21/2012
Disposition Date: 10/17/2012



Investigate further.

Background Profile

Report Date: 08/13/2018
Report No.: 4249645
Applicant: Odegard, Brittany Renee

CRIMINAL REPORT HISTORY CONT'D

Charge: Warning Ticket Violation
Disposition: Guilty
Sentence: Unspecified
Fine and Court Costs: \$75 Fine/Costs
Comments: Minnehaha County

Degree: Municipal Ordinance

Address on record, also appears on Positive ID:
W 46th St #118
Sioux Falls, SD 57105

County Searched: **STATEWIDE**, SD
Name on Record: Odegard, Brittany Renee
Degree: Misdemeanor
Case No: 4399M1223248

SSN on Record: www.www.N/A
DOB on Record:
File Date: 08/27/2012
Disposition Date: 09/13/2012

Charge: See Below
Disposition: CT1) Dismissed CT2) Guilty
Sentence: 2 Years Probation
Fine and Court Costs: \$120 Fine/Costs
Comments: Minnehaha County

Offenses:
CT1) Driving with Suspended (Not Revoked) License - 2nd Degree Misdemeanor
CT2) Fail to Maintain Financial Responsibility - 2nd Degree Misdemeanor

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:
W 46th St #118
Sioux Falls, SD 57105

County Searched: **STATEWIDE**, SD
Name on Record: Odegard, Brittany Renee
Degree: Other
Case No: 49399M1220186

SSN on Record: www.www.N/A
DOB on Record:
File Date: 07/19/2012
Disposition Date: 01/30/2013

Charge: Careless Driving
Disposition: Guilty
Sentence: Pay Fine/Costs
Fine and Court Costs: \$130 Fine/Costs
Comments: Minnehaha County

Degree: Municipal Ordinance

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:
W 46th St #118
Sioux Falls, SD 57105

County Searched: **STATEWIDE**, SD

SSN on Record: xxx-xx-N/A



Investigate further.

Background Profile

Report Date:	08/13/2018
Report No.:	4249645
Applicant:	Odegard, Brittany Renee

CRIMINAL REPORT HISTORY CONT'D

Name on Record: Odegard, Brittany Renee
Degree: Misdemeanor
Case No: 49399M1220187
Charge: No Drivers License
Disposition: Guilty
Sentence: Pay Fine/Costs
Fine and Court Costs: \$130 Fine/Costs
Comments: Minnehaha County

DOB on Record:
File Date: 07/19/2012
Disposition Date: 01/30/2013

Degree: 2nd Degree

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:
W 46th St #118
Sioux Falls, SD 57105

County Searched: **STATEWIDE**, SD
Name on Record: Odegard, Brittany Renee
Degree: Misdemeanor
Case No: 63POA13-002340
Charge: Speeding On State Highway 91/65
Disposition: Guilty
Sentence: Pay Fine/CC
Fine and Court Costs: \$220 Combined
Comments: Union County

SSN on Record: xxx-xx-N/A
DOB on Record: 2
File Date: 09/30/2013
Disposition Date: 09/30/2013

Degree: Class 2 Misdemeanor

Address on record, also appears on Positive ID:
W 46th St #118
Sioux Falls, SD 57105

Slight variation in spelling of middle name on record.

County Searched: **STATEWIDE**, SD
Name on Record: Odegard, Brittany
Degree: Other
Case No: 49399M121990
Charge: Warning Ticket Violation
Disposition: Dismissed
Sentence: N/A
Fine and Court Costs: N/A
Comments: Minnehaha County

SSN on Record: www-xx-N/A
DOB on Record: 12
File Date: 07/16/2012
Disposition Date: 07/27/2012

Degree: Municipal Ordinance

Address on record, also appears on Positive ID:
1 W 46th St #118
Sioux Falls, SD 57105



Investigate further.

Background Profile

Report Date:	08/13/2018
Report No.:	4249643
Applicant:	Odegard, Brittany Renee

CRIMINAL REPORT HISTORY CONT'D

County Searched:	**STATEWIDE**, SD	SSN on Record:	xxx-xx-N/A
Name on Record:	Odegard, Brittany Renee	DOB on Record:	
Degree:	Other	File Date:	05/21/2012
Case No:	49399M1212933	Disposition Date:	07/27/2012
Charge:	Pet Violations - Animal at Large Dog/Cat		
Disposition:	Guilty		
Sentence:	Pay Fine/Costs		
Fine and Court Costs:	\$105 Fine/Costs		
Comments:	Minnehaha County		

Degree: Municipal Ordinance

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:
1 W 46th St #118
Sioux Falls, SD 57105

County Searched:	**STATEWIDE**, SD	SSN on Record:	xxx-xx-N/A
Name on Record:	Odegard, Brittany Renee	DOB on Record:	
Degree:	Misdemeanor	File Date:	10/26/2010
Case No:	49399M1030167	Disposition Date:	11/08/2010
Charge:	No Drivers License		
Disposition:	Guilty		
Sentence:	Pay Fine/Costs		
Fine and Court Costs:	\$120 Fine/Costs		
Comments:	Minnehaha County		

Degree: 2nd Degree

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:
W 46th St #118
Sioux Falls, SD 57105

SANCTIONCHECK

Status: COMPLETE/SEE ATTACHED

Background Profile

PreCheck

Investigate further.

Report Date:	08/13/2018
Report No.:	4249645
Applicant:	Odegard, Brittany Renae

SANCTIONCHECK HISTORY

CONFIDENTIAL

NO SANCTIONS OR MATCHES FOUND

The applicant's name(s) was screened against the lists of federal and state agencies with sanction authority and did not produce a match with a sanctioned/excluded individual. The name and any potential matches are all carefully reviewed, and best efforts are made to confirm matches using all available personal identifiers.

Please note that a lack of identifiers on either the sanction record or provided by your applicant may result in PreCheck reporting "No Sanctions or Matches Found."

For details of the sanction lists searched, go to our website at: www.PreCheck.com/SanctionCheck



Background Profile

Report Date:	08/13/2018
Report No.:	4249645
Applicant:	Odogard, Brittany Renae

DISCLAIMERS

This report is provided for your exclusive use in strict confidence. Information contained herein should not be the sole determining factor in evaluating the individual. Human error in compiling this information is possible.

If you hire this individual, we recommend as a quality control measure that you positively identify the applicant by comparing the background report with the following identifiers:

- Social Security Number (SSN)
- State Identification or Driver's License
- Date of Birth (DOB)

If a discrepancy exists regarding the First, Middle, or Last Name, SSN, or DOB, please contact your Client Account Manager immediately to initiate further investigation.

Adverse Action

Adverse action is required under the Fair Credit Reporting Act (FCRA) when a decision, based in whole or part from information contained in a Consumer Report, is used to deny employment or promotion, terminate, reassign, or make any other employment decision that adversely affects the individual.

Before you take the adverse action, you must give the individual a pre-adverse action disclosure that includes a copy of the individual's consumer report and a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act"--- a document prescribed by the Federal Trade Commission.

When you take the adverse action, you must give the individual notice either orally, in writing, or electronically that the action is being taken. This notice must include:

- the name, address, and phone number of the Consumer Reporting Agency(CRA) that supplied the report;
- a statement that the CRA that supplied the report did not make the decision to take the adverse action and cannot give specific reasons for it; and
- a notice of the individual's right to dispute the accuracy or completeness of any information the agency furnished, and his or her right to an additional free consumer report from the agency upon request within 60 days.

Public Records

Public records searches consist primarily of criminal history record searches but may also include various misconduct registry searches. Registry searches are labeled accordingly. PreCheck conducts criminal history record searches as far back as county and state level indices allow. The majority of indices provide records from the previous 7 years; a limited number of indices allow searches as far back as 10-20 years.

Positive Identification

PreCheck conducts a search of consumer databases to substantiate the individual's usage of SSN, addresses, and potential aliases. The Social Security Administration (SSA) restricts SSN verification to employers. To verify, contact the SSA at 1-800-772-1213 and provide your Company's Employer Identification Number, the individual's name, date of birth, and SSN.

END OF REPORT

PT21126

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane Reno, NV 89509

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Brittany Middle: Renae Last: Odegard

Home Address: Buckskin St Apt #: _____

City: Henderson State: Nevada Zip Code: 89074

Telephone: 702-571-1111 Social Security Number: _____

Date of Birth: _____ Place of Birth: Rapid City, SD Sex: ☐ M or ☒ F

E-mail Address: _____

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

I am requesting registration at the following pharmacy:

Pharmacy: Pima Medical Institute Store #: N/A

Address: 3333 E. Flamingo Rd

City: Las Vegas State: NV Zip Code: 89121

Signature of Managing Pharmacist: Lorinda Trinidad-Lomer Lic #: PT 10792 Date: 6/2/18

(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)

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 3. 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"/> |
| 4. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

- Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒
IF you marked YES to the question, above are you in compliance with the court order?..... N/A Yes ☐ No ☐

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 and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT 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, Date: 1.4.18

Board Use Only Date Processed: 7/12/18 Amount: \$40.00