

14



Jimmy Nguyen
Onslow Way,
San Jose, CA 95132

25 September, 2019

To Whom It May Concern,

I am writing to you regarding my NAPLEX registration. I am embarrassed to admit that I have attempted the NAPLEX five times and are now requesting your permission for another opportunity.

I have no good excuses for my poor performance on previous attempts; I foolishly underestimated the difficulty of the exam initially, rushed to reattempt the subsequent times, and neglected good test taking practices and my own health by choosing to cram more at the last minute instead of getting proper rest. In an attempt to cut down costs, I tried to rely on looking at guidelines alone and elected not to purchase the most recent copies of RxPrep; I then found myself going into the test with outdated information that cost me the handful of points that I needed to pass. Instead of asking my colleagues for help, I tried to hide my shameful performance and kept trying to push harder on my old approaches instead of putting focus into better ones.

Going forward, I am committed to a renewed test taking strategy that will prioritize proper pacing and rectifying my mistake of not investing in the most up to date resources. I understand that the decision to grant my request will not be made lightly and I want to express my sincerest appreciation for you taking time out of your busy schedule to give consideration to this letter and my request. If there is anything further that I can do to prove my seriousness and desire to redeem myself, please let me know. Thank you.

Respectfully,



Jimmy Nguyen

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocity.

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check only made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Jimmy Middle: Huy Last: Nguyen

Mailing Address: Onslow Way

City: San Jose State: CA Zip Code: 95132

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: San Jose, CA

Social Security Number: _____ Sex: M or F
(Full Number Required)

College of Pharmacy Information

Graduation Date: 5/31/17
(mm/dd/yy)

Degree Received: PharmD BS in Pharmacy Other (check one)

Name of Pharmacy School: Roseman University

Location of School: Henderson, NV

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: 6/22/17
Email: 6/22

Amount: \$330.00
NAPLEX: 6/15

Entity #: 71951
MPJE: 6/15

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
NV none		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

**Attach separate sheet if needed

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: _____

	Yes	No
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"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of a board citation or an administrative action or board citation 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 and/or documentation:**

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

FEDERALLY MANDATED REQUIREMENTS

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

4. Are you the subject of a court order for the support of a child?..... Yes No


4a. If you marked Yes, to the question 4, are you in compliance with the court order?..... Yes No

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist 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

6/8/17
Date