

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR AUTHORITY TO DISPENSE DRUGS

Registration Fee: \$300.00 (non-refundable money order or cashier's check only)

This application is for physicians only. APRN's or PA's have their own dispensing applications.

New Dispensing Location Address Change (Requires Fee and New Application)
Current Dispensing License # _____

Do you, as a dispensing practitioner or in conjunction only with other practitioners, wholly own your practice? Yes No
If no, please complete the Application for Non-Practitioner Dispensing Site Owners as required by NAC 639.742 (2).

I will be dispensing controlled substances dangerous drugs or both. Must check a box.

If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on this application.

First: Roger Middle: _____ Last: Estevez Degree: MD

Practice Name (if any): Roger estevez MD., P.C

Nevada Address 4020 Pecos Mead Rd Las Vegas, NV 89121 Suite #: 275
(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____ SS#: _____ Sex: M or F

E-mail address: _____ Date of Birth: _____

City: _____ State: NV Zip Code: 89121

Nevada Work Telephone: 702-570 6107 Nevada Fax: 702-570 6113

Practitioner License Number: 13199 Specialty: Internal Medicine

You must be licensed with your respective BOARD before we will process this application.

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
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 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 documentation:

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

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

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

Original Signature, no copies or stamps accepted. Date 7/09/2018

Board Use Only	Received: _____	Amount: <u>\$300.00</u>	Entity# <u>51174</u>
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Include with the Application for Authority to Dispense Drugs

Practitioner Dispensing
Controlled Substance Waiver Form

Each dispensing practitioner must complete this form. Do not submit for a group.

Print Name: Roger Estevez

Address: 4020 Pecos McLeod Rd

City: Las Vegas State: NV Zip: 89121

Telephone: 702-570 6107

I will be dispensing controlled substances at the address listed above and I understand that I am required and submit data to the Prescription Controlled Substance Abuse Prevention Task Force weekly as required by NAC 639.745 [1(f)].

I will not be dispensing controlled substances at the address listed above. If I choose to dispense controlled substances in the future, I must contact the Nevada State Board of Pharmacy to modify my license.

By signing and dating this waiver form, I certify that the information provided is true.


Original Signature of Dispensing Practitioner

7/09/2018
Date