

**16**

**16A**

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: Michael Middle: Anthony Last: Brand

Home Address: 0 Fairway CT Apt #: \_\_\_\_\_

City: Sparks State: NV Zip Code: 89431

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

Date of Birth: \_\_\_\_\_ Place of Birth: Sacramento, CA Sex: [X] 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: \_\_\_\_\_

I am requesting registration at the following pharmacy:

Pharmacy: WALGREENS Store #: 11226

Address: 305 LEMMING DRIVE

City: RENO State: NV Zip Code: 89506

Signature of Managing Pharmacist: [Signature] Lic #: 7931 Date: 8/6/19

(Without the signature of the managing pharmacist, the application will be returned.)

- 1. Are you 18 years of age or older? Yes [X] No [ ]
2. Are you a high school graduate or the equivalent? Yes [X] No [ ]
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

Table with 2 columns: Question, Yes/No. Contains questions 3-5 regarding mental illness, criminal records, and disciplinary actions.

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

Table for Board Administrative Action with columns for State and Case #.

Table for Criminal Action with columns for State, Date, Offense, and 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 [X]
IF you marked YES to the question, above are you in compliance with the court order? 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 [Signature] Date 9/13/19

Board Use Only Date Processed: \_\_\_\_\_ Amount: 40.00

PT22133

NEVADA STATE BOARD OF PHARMACY  
985 Damonte Ranch Pkwy Ste 206 - Reno, NV 89521  
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

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

Complete Name (no abbreviations):

First: Michael Middle: Anthony Last: Brand

Home Address: Montezuma Way Apt #: \_

City: Sparks State: NV Zip Code: 89434

Telephone: \_ Social Security Number: \_

Date of Birth: \_ Place of Birth: Sacramento, CA 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: F2491157

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 12540

Address: 9705 Pyramid Way

City: Sparks State: NV Zip Code: 89441

Signature of Managing Pharmacist: [Signature] Lic #: 19906 Date: 3/24/19

(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="radio"/> | <input checked="" type="radio"/> |
| 4. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....?   | <input type="radio"/> | <input checked="" type="radio"/> |
| 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....?  | <input type="radio"/> | <input checked="" type="radio"/> |

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?.....?  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 [Signature] Date: 3/27/2019

Board Use Only Date Processed: \_\_\_\_\_ Amount: 40.00

**16B**

NEVADA STATE BOARD OF PHARMACY  
985 Damonte Ranch Pkwy Ste 206 - Reno, NV 89521  
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

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

Complete Name (no abbreviations):

First: Justin Middle: Rhodes Last: Ross

Home Address: MT. Charleston St. Apt#: \_\_\_\_\_

City: Reno State: NV Zip Code: 89506

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

Date of Birth: \_\_\_\_\_ Place of Birth: Ely, NV 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: \_\_\_\_\_

**I am requesting registration at the following pharmacy:**

Pharmacy: Sierra Nevada Job Corps Store #: \_\_\_\_\_

Address: 14175 Mt. Charleston St

City: Reno State: NV Zip Code: 89506

Signature of Managing Pharmacist: [Signature] Lic #: PT13875 Date: 9/9/19

(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 <u>any</u> state? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. 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"/> |
| 6. 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 (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		1 1	

Criminal Action:	State	Date:	Case #:	County	Court
DUI	NV	09/17/2017	17CR173716K	Pershing	Lake Township Justice 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?.....  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: Justin Ross Date: 09/06/19

Board Use Only Date Processed: \_\_\_\_\_ Amount: \$40.00