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

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

First: Cassandra Middle: m. Last: Sheffey
Home Address: Mountain Vista Street Apt #: 5
City: Las Vegas State: NV Zip Code: 89121
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Clark County, NV Sex: M or F
E-mail Address: _____

I am requesting registration at the following dispensing practitioner's office:

Dispensing Practitioner: Xiantu Wu
Practice Name: Healthcare Partners of Nevada
Address: 8285 W. Erby Avenue
City: Las Vegas State: NV Zip Code: 89113
Signature of Dispensing Practitioner: [Signature]

(Without the signature of the dispensing practitioner, 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)

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

3. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....
4. Been the subject of an administrative action whether completed or pending in any state?.....
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?

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

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

Criminal Action:	State	Date:	Case #:	County	Court
	NV	6/14/2017	CR004548-17	Clark County	North Las Vegas Municipal Court

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

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 H/A

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 in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Cassandra M. Sheffey August 26, 2019
Original Signature, no copies or stamps accepted Date

Board Use Only
Received: _____ Amount: \$40.00 Entity # _____

Renewal Application Pharmaceutical Technician

Application Fee : \$40.00
Convenience Fee : \$2.00
License Number : PT04553
License Type : Pharmaceutical Technician
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.

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 of 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

[Add Military Service Information](#)

Date From	Date To	Branch	Actions
08/30/1988	10/30/1990	Army/Army Reserve	<input type="checkbox"/> <input type="checkbox"/>

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?
- 2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state?
- 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?
- 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

Yes No

Yes No

Yes No

Acknowledgement and Declaration

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all 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 license PT 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 enforcement agency.

Signature : Cassandra Sheffey

Date Of Application : 09/28/2018

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

Save for Later

Save and Proceed to Payment

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 40

Convenience Fee : 2

Reference Number : 61312629115

InvoiceDate : 09/28/2018

Paid

Pay & Submit

2017
DUI