

**16**

NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane ≈ Reno, NV 89509

PHARMACEUTICAL TECHNICIAN APPLICATION

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

Complete Name (no abbreviations):

First: Courtney Middle: Renee Last: Lee  
 Home Address: 1 W Lake mead Blvd Apt #: \_\_\_\_\_  
 City: Las Vegas State: NV Zip Code: 89108  
 Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: Sacramento, CA Sex:  M or  F  
 E-mail Address: \_\_\_\_\_

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

- Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.
- Copy of a certificate from an ASHP approved pharmacy technician school.
- Non ASHP approved school and PTCB or ICPT.

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

1. Are you 18 years of age or older?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. Are you a high school graduate or the equivalent?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)</b>	

	Yes	No
<b>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?</b> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
5. 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 #:		
		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
	<u>CA</u>	<u>4/12/2018</u>	<u>18MI007005</u>	<u>Sacramento</u>	<u>Superior court of California</u>

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

Are you the subject of a court order for the support of a child?.....	Yes	No
<b>IF you marked YES to the question, above are you in compliance with the court order?.....</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 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 law enforcement agency

Original Signature, no copies or stamps accepted Courtney Lee Date 7/29/19

Board Use Only: Date Processed: _____	Amount: <u>\$ 40.00</u>
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Superior Court of California, County of Sacramento - Order of Informal Probation, DUI First



Case Number 15MT001065 Def. Name Lee, Courtney R. Viol(s) 23152(a) VC - First Offense 23152(b) VC - First Offense 23152(e) VC - First Offense 23152(f) VC - First Offense 23152(g) VC - First Offense

The defendant appeared before this Court for judgment and sentence, and having been duly arraigned for said purpose for the above violation(s) and no legal cause being shown why judgment should not be pronounced, IT IS ORDERED THAT imposition of sentence be suspended and that the defendant be placed on INFORMAL probation to this court for the term of THREE (3) years from this date on the conditions checked below:

- 1. (OAL) Obey all laws
2. (DRINK/DRIVE) Do not drive a motor vehicle with any drugs or any measurable amount of alcohol in your system.
3. (VALID/LIC) Do not drive without a valid Calif. driver's license or in violation of Calif. Vehicle licensing laws.
4. (VALID/INS) Do not drive without insurance.
5. (REST/LOSS) Make restitution for personal injury/property damage/loss caused in this offense.
6. (REST/TBD) Restitution to be determined by the District Attorney's Office. Victim(s): Christine Nalise #TBD; RHP North # 665-

Table with columns: Fine / Assessment Type, Amount, Reduced Amount, OR SERVE, DAYS C/J/S IN LIEU OF FINE. Includes rows for Base Fine, \*CIF, \*Penalty Assessment, \*Court Construction Penalty Assessment, \*ICNA Penalty Assessment, \*DNA Penalty Assessment, \*DNA Penalty Assessment, \*DNA Penalty Assessment, \*DNA Penalty Assessment, \*EMS-Co. Penalty Assessment.

\*\* THE FINES & ASSESSMENTS LISTED BELOW ARE NOT CONVERTIBLE TO COUNTY JAIL OR REDUCED BY CREDITS. SEE REVERSE SIDE OF THIS DOCUMENT FOR A CALCULATION OF PENALTY ASSESSMENTS\*\*

- Rest Fine in the amt. of \$150.00 purs. to PC 1202.4(b)
Emergency Medical Air Transport Fund (GC76000.10) (EMAT) \$4.00
(1202.44 PC) Addtl. Rest. Fine in the amt. of \$150.00 purs. to PC 1202.44 stayed pending revocation of probation.
(ALC/ASMT) Alcohol Abuse Education & Prevention Asmt (VC 23645) \$50.00
(ALC/ASMT2) Alcohol & Drug Program Assessment (VC 23649) \$10.00
(DMVA/FEE) DMV History Fee \$10.00 (VC 40508.6)
(NCA)-Night-Court-Assessment-(VC-42006)-\$4.00
(Class/Fee) Classification Fee \$99.19 (GC 29550.2(a))
(Book/Fee) MJ Booking Fee \$402.38 (GC 29550.2(a))
(RCCC/FEE) RCCC Booking Fee \$267.71 (GC 29550.2(a))

8. (JAIL/SERVE) 25 hrs / days in the CJ, credit for time served ONE days. Plus days good time work time (GTWT) =
Consecutive Concurrent to Released to apply Straight time
Court has no objection to a Work Release Program. Qualify or surrender at Main Jail RCCC on:
Stay to sign up on or before: Court objects to: SWP HD/Medical HD.
CJ may be done in County. Show proof of enroll / completion on: at in Dept.
County Jail converted to hours of ASP by / within days / months.

- 9. (NO/DRUGS) Do not knowingly use, handle or possess controlled substances of any kind unless lawfully prescribed to you by a licensed medical practitioner.
10. (NO/ASSOC) Do not associate with persons you know to be illegal users/sellers of controlled substances, nor be in a place where you know illegal controlled substances are present.
11. (NO/ALC) Do not knowingly consume or possess any alcoholic beverages in any amount whatsoever nor be in places where you know alcohol is the chief item for sale.
12. (DUI/1ST) You are hereby ordered to report to and enroll in the First Offender High Blood Alcohol 6-month Program 9-month Program SB-38 Program within 72 hours from today or release from custody.
13. (ATTEND/AA) Defendant to attend AA or 12-Step meetings and provide proof of attendance on at in Dept. or in the alternative serve days in the county jail consecutive.
14. (LIC/REST) Driver's License revoked/suspended / restricted for a period of months/years pursuant 13202.5 VC.
15. (S&S)SEARCH: Deft shall submit his/her person, property and automobile and any object under defendant's control to search and seizure, in or out of the presence of the defendant, by any law enforcement officer and/or Probation Officer, at any time of the day or night, with or without his/her consent, with/without a warrant. Defendant being advised of his/her constitutional rights in this regard, and having accepted probation, is deemed to have waived same.
16. (ADV23593VC) Advised pursuant 23593(a) VC that a DUI resulting in someone's death can be charged as murder.
17. (BBSS) Defendant shall not refuse to complete a blood alcohol chemical test when offered by any peace officer with reasonable cause to do so. Your blood and/or breath will be subject to search and seizure by any law enforcement officer at any time of the day or night, with or without your consent, and with or without a warrant.
18. (IID) Install an Ignition Interlock Device (IID) on any vehicle you own or operate for a period of years.
19. Other:

Judge of the Superior Court LAURI A. DAMRELL Dept. 2 Date 4-12-18



BOARD OF PHARMACY  
1625 NORTH MARKET BLVD., SUITE N-219  
SACRAMENTO, CA 95834  
(916) 574-7900

# Pharmacy Technician

VALID UNTIL APRIL 30, 2020

REGISTRATION  
NUMBER TCH 158189  
RECEIPT NO. 80850529

COURTNEY RENEE LEE  
VALLEY QUAIL CT.  
ANTELOPE CA 94843

In accordance with the provisions of section 4115 of the Business and Professions Code, the individual named hereon is registered as a Pharmacy Technician, and is subject to the rules and regulations of the California State Board of Pharmacy. Please notify the Board of Pharmacy of any name or address change in writing. Please include your registration number with any correspondence to this office.

SIGNATURE OF REGISTRANT

FORM WPHTCH (12/31/16)

1/28/18  
1/28/18

The official status of this license can be verified at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

## PHARMACY TECHNICIAN CERTIFICATION BOARD

Courtney Renee Lee  
30013777 - CPht

Certified June 17, 2016  
Apply by June 01, 2020  
Expires on June 30, 2020

