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APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocatation (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

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

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

Complete Name (no abbreviations):

First: Sathish Middle: - Last: Ariarra Cariappa

Mailing Address: Highland Trl

City: Bullhead city State: AZ Zip Code: 86442

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: India

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

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: Arizona Date of Issuance: May 2008

College of Pharmacy Information

Graduation Date: June 2000
(mm/dd/yy)

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

Name of Pharmacy School: Kakatiya University

Location of School: WARANGAL, INDIA

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: SEP 23 2019 Amount: 330.00 Entity #: _____

Email _____ MPJE _____

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?
<u>TX</u>	<u>48211</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>DE</u>	<u>A1-0003993</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>PA</u>	<u>RP450294</u>	Yes <input checked="" 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: NONE

	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 & 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, it's 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.

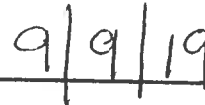
No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

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



Date

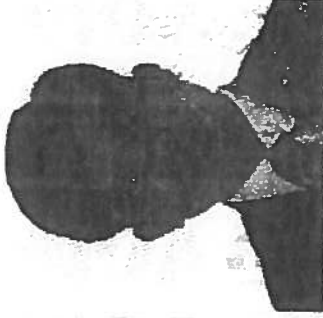
FPGEC CERTIFICATE



National Association of Boards of Pharmacy
Foreign Pharmacy Graduate Examination Committee
1600 Feehanville Drive, Mount Prospect, IL 60056

I hereby affix the seal of the National Association of Boards of Pharmacy® for the Foreign Pharmacy Graduate Examination Committee™, and certify that

SATHISH ARIARRA CARIAPPA



SATHISH ARIARRA CARIAPPA
EE# 203-2173

whose photograph and name have been so sealed on this Certificate, has passed the Foreign Pharmacy Graduate Equivalency Examination®, the Test of English as a Foreign Language™ (TOEFL®) and the Test of Spoken English™, or the TOEFL Internet-based Test, and has met all other requirements for Certification.

This is not a license to practice pharmacy. Before using this Certificate in the licensing process, its authenticity should be verified in writing through the National Association of Boards of Pharmacy.

Carmen, A. Calzone, Executive Director/Secretary

MARCH 30, 2006

Date

Candy Nally

email 9/30
needs to appear

From: Pharmacy Board
Sent: Monday, September 30, 2019 10:41 AM
To: Candy Nally
Subject: FW: Sathish A Cariappa eProfile 338200

From: NABP Competency Assessment [mailto:CompAssess@nabp.pharmacy]
Sent: Monday, September 30, 2019 9:23 AM
To: David Wuest <dwuest@pharmacy.nv.gov>
Cc: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Sathish A Cariappa eProfile 338200



847/391-4405
Fax: 847/375-11
1600 Fernhill
Mount Prospect,
help@nabp.phar

September 30, 2019

Sathish A. Cariappa:
NABP e-profile # 338200

Dear Executive Director Dave Wuest:

Sathish A. Cariappa contacted the National Association of Boards of Pharmacy® (NABP®) regarding a registration for the Multistate Pharmacy Jurisprudence Examination® (MPJE®). NABP records show that the candidate has five failed attempts at the MPJE. In accordance with NABP's testing policy, the board of pharmacy must provide approval to NABP for requests that exceed the five-time testing limit before a candidate is permitted to register for the examination.

The testing limit was put in place in keeping with NABP's mission to protect public health by assisting its member boards of pharmacy and offer programs that promote safe pharmacy practices for the benefit of consumers.

NABP member boards retain the authority to determine a candidate's eligibility to test for the NAPLEX and MPJE. **If a candidate has not passed the NAPLEX or MPJE within five attempts and a member board deems**

this candidate eligible to take the NAPLEX or MPJE after the fifth attempt, NABP will deliver the NAPLEX or MPJE to the candidate in accordance with NABP standards.

Attempts were for the jurisdiction of Nevada.

DATE	SCORE
2/7/2009	72
6/29/2009	72
10/20/2015	73
6/13/2016	73
8/7/2018	68

Please provide NABP with the board's decision and justification regarding this request.

Sincerely,

NABP Competency Assessment

National Association of Boards of Pharmacy

1600 Feehanville Dr, Mount Prospect, IL 60056

www.nabp.pharmacy | CompAssess@nabp.pharmacy





NABP
National Association of
Boards of Pharmacy
www.nabp.pharmacy

1600 Feehanville Drive
Mount Prospect, IL 60056
T) 847/391-4406
F) 847/375-1114

Date Completed : 9/5/2019

To : Nevada Board of Pharmacy

The applicant below is seeking Licensure in your State

State(s) of Examination : Arizona

License No : S016571

License Being Used as the Basis of Transfer : Arizona

Date of Issue : 05/30/2008

APPLICANT DETAILS

e-Profile ID:	338200	Customer ID:	
Name:	Mr. Sathish Ariarra Cariappa	Mailing Address:	Highland Trl Bullhead City, AZ 86442
Maiden and / or Other Name(s):		Phone Number:	
Gender:	Male	Email Address:	YAHOO.COM
Date of Birth:		Citizenship:	Other H1b visa
SSN:			

PHARMACY EDUCATION

Name/Location of First Pharmacy School:	Kakatiya University India	Name/Location of Additional Pharmacy School:	
Graduation Date:	06/01/2000	Graduation Date:	
Degree Received:	Foreign Pharmacy Degree (non-US obtained)	Degree Received:	
Intern Hours:	1500		
EE Number:	203-2173	FPGEC Certified:	Yes
		FPGEC Certification Date:	3/30/2006

PHARMACY EXAM INFORMATION

State	Date of Exam Exam Date	Five-Part NABPLEX						
		NAPLEX	Integrated NABPLEX	Chemistry	Mathematics	Pharmacology	Pharmacy	Practice of Pharmacy
		Score	Score	Score	Score	Score	Score	Score
AZ	11/5/2007	64.00						
AZ	3/25/2008	89.00						

MPJE: AZ-72, AZ-77, DE-70, DE-74, DE-76, NV-72, NV-73, NV-73, NV-73, NV-68, PA-69, PA-79, TX-78

Additional Information:

e-Profile ID : 338200

Sathish Ariarra Cariappa

e-LTP Application

Customer ID : 231835

EMPLOYMENT HISTORY**Last Three Years of Employment**

Name of Employer	Address	Job Title	Start Date	End Date
Walgreens Pharmacy	2530 Hwy 95 Bullhead City, Arizona 86442	Intern/Pharmacist	10-2006	Present

PHARMACIST'S LICENSES


State	License Number	Exam Name	Obtained By	Issue Date	Expiration Date	Board Action	License Status
Arizona	S016571	NAPLEX	Exam	05/30/2008	10/31/2019	No	Active/Good Standing
Delaware	A1-0003993	MPJE	License Transfer	11/16/2009	09/30/2020	No	Active/Good Standing
Pennsylvania	RP450294	MPJE	License Transfer	11/25/2015	09/30/2020	No	Active/Good Standing
Texas	48211	MPJE	License Transfer	12/03/2009	10/31/2019	No	Active/Good Standing

DISCLOSURES

Question	Answer
1. Have you ever voluntarily surrendered your pharmacist license or any pharmacist registration issued by a federal or state controlled substance authority? If yes, provide details.	No
2. Has your pharmacist license in any jurisdiction ever been revoked, suspended, restricted, terminated, or otherwise been subject to disciplinary action (public or private) by any board of pharmacy or other state authority? If yes, provide details.	No
3. Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the federal Food and Drug Administration, the federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state or federal pharmacy, liquor, or drug laws? If yes, provide details.	No
4. Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than minor traffic offenses) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense? If yes, provide details.	No
5. Do you currently have any condition or impairment including, but not limited to, substance or alcohol abuse or dependency, that in any way affects your ability to practice pharmacy in a safe and competent manner? If yes, provide details.	No
6. Have you ever had any application for initial licensure, renewal licensure, or licensure by transfer denied by any licensing authority whether in pharmacy or any other profession? If yes, provide details.	No

Additional Comments:

The National Association of Board of Pharmacy (NABP) hereby certifies that information submitted in this application has been verified under verification procedures established by NABP through the Disciplinary Clearinghouse maintained by NABP, including license and disciplinary information, which is verified through the appropriate state Board of Pharmacy or Regulatory agency



Mr. Carmen A Catizone, Executive Director/Secretary

e-Profile ID : 338200

Sathish Ariarra Cariappa

e-LTP Application

Customer ID : 231835