

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY RECIPROCATATION 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 FPGEC 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<u>4a. If you marked Yes, to the question 4.</u> are you in compliance with the court order?.....							Yes <input type="checkbox"/> No <input type="checkbox"/>	

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.

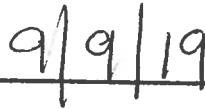
No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

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



SATHISH ARIARRA CARIAPPA
EE# 203-2173

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

whose photograph and name have been so sealed on this Certificate, has passed the Foreign Pharmacy Graduate 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. Catizone, Executive Director/Secretary

MARCH 30, 2008

Date